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# Fiscal Note & Local Impact Statement

Click here for H.B. 431's Bill Analysis

**Version:** As Reported by House Health

**Primary Sponsors:** Reps. Schmidt and Liston

**Local Impact Statement Procedure Required:** Yes

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## Highlights

- The Ohio Department of Health (ODH) will experience an increase in administrative costs to promulgate required rules and possibly to establish an oversight committee to advise in implementation of the stroke registry database.
- Any government-owned hospitals recognized as a specified stroke center not currently participating in ODH's stroke registry could realize costs (the bill requires all such hospitals to participate in a registry). However, it appears that most recognized hospitals already do so. In addition, ODH may have some administrative costs to provide technical assistance to any newly participating hospitals.
- ODH is required to maintain the stroke registry database and process even if federal moneys are no longer available to support these activities. Currently, ODH receives federal funds from the U.S. Centers for Disease Control and Prevention (CDC) to participate in the Paul Coverdell National Acute Stroke Program.
- A government-owned hospital may choose to pursue certification from an accrediting organization that certifies hospitals in order to be recognized by ODH as a thrombectomy-capable stroke center, which could require the payment of a certification fee.

## Detailed Analysis

### Stroke registry database

The bill requires the Ohio Department of Health (ODH) to establish and maintain a process for the collection, transmission, compilation, and oversight of data related to stroke care. This must be done in a manner prescribed by the Director of Health. As part of this process, ODH must establish or utilize a stroke registry database to store the data, including data that aligns with

nationally recognized treatment guidelines and performance measures. However, the bill is not to be construed as requiring ODH to establish or utilize another database if ODH established or utilized a database that meets the bill's requirements prior to the bill's effective date. ODH must maintain the process and stroke registry database, even if federal moneys are no longer available to support the process or database.

The bill requires ODH to adopt rules as necessary to implement the bill's provisions, including rules specifying the data to be collected as well as the manner in which it is to be collected and transmitted for inclusion in the database. The bill also requires ODH, when adopting rules, to consider nationally recognized stroke care performance measures and nationally recognized stroke data platforms when designating a platform. Additionally, ODH must coordinate with (1) hospitals recognized by ODH as stroke centers and stroke ready hospitals and (2) national voluntary health organizations involved in stroke quality improvement in an effort to avoid duplication and redundancy when adopting rules. ODH may specify in rules that, of the information, statistics, or other data that is collected, only samples are to be transmitted for inclusion in the database.

Under the bill, each hospital recognized by ODH as a comprehensive stroke center, thrombectomy-capable stroke center, or primary stroke center must collect the data specified by ODH in rule and then transmit it for inclusion in the stroke registry database. The bill authorizes a hospital to contract with a third-party organization to collect and transmit the data for inclusion in the stroke registry database. The bill also authorizes ODH to establish an oversight committee to advise and monitor the bill's implementation and assist ODH in developing short- and long-term goals for the stroke registry database. The bill delays the effective date of the provisions regarding the stroke registry database to the date that is six months after the bill's standard 90-day effective date.

## Fiscal impact

Currently, ODH participates in the federal Paul Coverdell National Acute Stroke Program (Coverdell), administered by the Centers for Disease Control and Prevention (CDC), and collects, measures, and tracks data to improve the quality of care for stroke patients. ODH was recently awarded funds of $600,000 per year for three years (through June 2024) to continue participation in this program.[1] Coverdell has designated the American Heart Association and American Stroke Association's "Get With the Guidelines – Stroke" ("GWTG – Stroke") platform as the electronic data collection and reporting registry to which participating hospitals submit information. Hospitals and ODH pay a subscription fee to receive access to "GWTG – Stroke." Again, if a database is being utilized on the bill's effective date, ODH is not required to establish or utilize another database. As a result, these entities will continue to be able to utilize the "GWTG – Stroke" platform. However, the bill requires all hospitals recognized by ODH to participate in a stroke registry database. There are currently 75 hospitals recognized by ODH as a comprehensive, thrombectomy-capable, or primary stroke center. While most of these hospitals participate in

[1] The CDC received funding in 2001 to establish the Paul Coverdell National Acute Stroke Registry. During 2001-2004, the CDC funded eight Coverdell registries. Ohio was one of the states to receive such funding. Ohio has received additional funds in subsequent years as well.

the registry, it appears that there are a few that do not.[2] Those that do not participate would realize administrative costs to collect and input data and to pay the "GWTG – Stroke" subscription fee.[3] In addition, ODH could experience training or technical assistance costs to support newly participating hospitals or to verify new data submissions. Hospitals that currently participate should not realize any additional costs. However, there could be some costs if any additional data were required to be collected and transmitted to the registry under rules adopted by ODH.

ODH will also experience an increase in administrative costs to adopt required rules under the bill. Other costs will depend on the rules adopted and the differences, if any, between such rules and current operations (e.g., additional information was required to be collected and transmitted). The bill does allow ODH to specify in rule that, of the data collected, only samples are to be transmitted for inclusion. There could also be costs for ODH under the bill if an oversight committee to advise and monitor implementation is established. Costs may include any staff assistance for meeting organization.

As mentioned above, the bill requires ODH to maintain the process and the stroke registry database, even if federal moneys are no longer available to support these activities. Thus, ODH would be required to provide state funding for the program in the event that federal grant dollars are no longer available. In FY 2020, expenditures relating to the federal Coverdell grant were about $755,000.[4] A portion of this amount goes to a subrecipient, who serves as a clinical consulting team for the Coverdell Program and in this capacity leads statewide quality improvement initiatives, develops educational programs for providers, and is responsible for the integrity of the data sent to the CDC. Additionally, ODH uses Coverdell funds to produce data reports, provide technical assistance, and promote public awareness on the warning signs of stroke. Funds are also used to provide education, training, and resources to emergency medical services (EMS) personnel to help improve their assessment, triage, and transport of stroke patients.

## Recognition of stroke care hospitals

The bill adds hospitals that are certified as thrombectomy-capable stroke centers to current law that establishes a process by which hospitals may obtain recognition by ODH as comprehensive stroke centers, primary stroke centers, or acute stroke ready hospitals. Thus, hospitals that are thrombectomy-capable stroke centers may apply to ODH to become

[2] There are currently 84 hospitals that participate in Coverdell. It appears that some nonrecognized hospitals may participate.

[3] According to the American Heart Association, "GWTG – Stroke" fees vary for hospitals based on a hospital's total discharges. The base prices range to about $1,100 to $6,000. There are also optional additional layers that can be purchased to capture additional data elements.

[4] According to the Supplemental Schedule of Expenditures of Federal Awards (SEFA), which may be accessed by conducting a keyword "SEFA" search on the Office of Budget and Management's (OBM) website: https://obm.ohio.gov/home. The SEFA identifies federal grant awards administered by Ohio state agencies. The SEFA shows these expenditures as about $774,000 in FY 2019 and about $513,000 in FY 2018. According to ODH, these federal grant dollars are the primary source of funding.

recognized as such. Hospitals are prohibited from representing themselves as thrombectomy-capable stroke centers unless recognized as such by ODH under the bill.

## Fiscal impact

According to ODH's most recently updated comprehensive stroke center recognition list (as of January 31, 2022),[5] it appears as though ODH is already recognizing thrombectomy-capable stroke centers. Thus, there should not be any significant costs for ODH associated with these provisions. However, a government-owned hospital may choose to pursue certification from an accrediting organization that certifies hospitals in order to be recognized by ODH. This could require the payment of a certification fee.

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[5] See the ODH Stroke Hospital List, which can be accessed by conducting a keyword "Stroke Hospital List" search on ODH's website: https://odh.ohio.gov/home. According to the website, this list is updated every 30 days.