



# Ohio Legislative Service Commission

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## Fiscal Note & Local Impact Statement

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**Bill:** H.B. 261 of the 131st G.A. (LSC 131 1115-6)      **Date:** April 12, 2016  
**Status:** In House Health and Aging      **Sponsor:** Reps. Grossman and Huffman

**Local Impact Statement Procedure Required:** Yes

**Contents:** Establishes the State Trauma Board in the Ohio Department of Health and requires facilities that provide trauma care be designated by the Board as level I, II, III, or IV trauma centers

### State Fiscal Highlights

- The Ohio Department of Health (ODH) will incur costs to establish the State Trauma Board, which is created by the bill. ODH anticipates costs for the Board to be between \$1.6 million and \$3.2 million each year.
- ODH would realize a gain of trauma center designation revenue of approximately \$265,000 per year, which will be deposited into the General Operations Fund (Fund 4700). This revenue would be used by the State Trauma Board for trauma center administration.
- ODH would also realize a gain in revenue based on the amount collected from the additional court costs the bill establishes related to moving violations that result in accidents or collisions. This amount is estimated to be in the millions of dollars in each fiscal year and will also be deposited into Fund 4700.
- Costs related to maintaining the state trauma registry will shift from the State Board of Emergency Medical, Fire, and Transportation Services (EMFTS Board) to the State Trauma Board.
- The EMFTS Board could experience some savings due to the bill's relinquishment of some of its duties and permitting Board members to attend meetings through video or teleconference. However, the Board may also experience some costs to develop rules regarding standards for trauma care in prehospital settings and to participate in a joint committee with the State Trauma Board.
- The EMFTS Board could experience a minimal increase in administrative costs to adjust rules regarding the priority levels under which certain grant funds are distributed.
- The State Medical Board could experience a minimal increase in costs to investigate potential violations by physicians regarding trauma patient admission and transfer requirements.

## Local Fiscal Highlights

- Public hospitals applying for a trauma center designation are required to pay an application fee set by the Board. The bill requires application fees to be no more than \$10,000 for level I, \$5,000 for level II, \$3,000 for level III, and \$1,000 for level IV.
  - Public hospitals may experience a minimal increase in costs to adjust their trauma patient protocols.
  - Local public fire or emergency medical services departments could experience an increase in costs to follow standards established by the EMFTS Board if the standards fall outside of current practice.
  - Local courts may realize a one-time increase in administrative costs related to the additional court costs established by the bill.
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## Detailed Fiscal Analysis

### State Trauma Board

The bill creates the State Trauma Board within the Ohio Department of Health (ODH) and requires facilities that provide trauma care to be designated as a trauma center by the Board. Each facility seeking a trauma center designation must submit an application and fee to the Board. The Board is required to set the fees, but requires that they be no more than \$10,000 for a level I adult or pediatric trauma center, \$5,000 for a level II adult or pediatric trauma center, \$3,000 for a level III adult trauma center, or \$1,000 for a level IV adult trauma center. The bill specifies that the Board may grant provisional designation to a facility that meets certain requirements and submits a complete application and an application fee. The fees are required to be credited to the General Operations Fund (Fund 4700) used by ODH and must be used solely for the administration and enforcement of the statutes and rules governing trauma centers. The bill specifies that trauma center designation is valid for one year and may be renewed in accordance with procedures established in rules adopted by the Board and by paying a renewal fee, also established by the Board. The bill places the same limits on the renewal fees as the initial fees. The Board must designate a facility as a level I, II, or IV facility trauma center or a level I or II pediatric center if the facility has been verified as a trauma center by the American College of Surgeons (ACS), participates in a regional trauma organization in which the facility is located, and if the facility meets additional requirements that the Board may establish. To be eligible for a level III adult trauma center designation, a facility must meet criteria established by the Board, participate in a regional trauma organization in which the facility is located, and do either of the following: (1) be verified as a trauma center by the ACS, or (2) receive a determination regarding an ACS verification application, submit to the Board a plan to correct any deficiencies and have that plan approved by the Board. The bill specifies that, until the Board makes a determination on a facility's application for designation, a facility may

admit trauma patients if it is verified by ACS: (1) before the designation requirement takes effect and maintains that verification, or (2) after the designation requirement takes effect but before the Board begins accepting applications and it maintains that designation. The bill's provisions requiring designation of trauma centers take effect one year after the bill's effective date.

According to the Department of Public Safety's website, there are 47 hospitals in Ohio with an ACS trauma care designation. Of these, 11 have level I, 10 have level II, and 20 have level III adult trauma care designations. The remaining six are pediatric trauma care centers – three have level I and three have level II designations. There are currently no trauma care centers with level IV designations. If the maximum fee was charged, annual revenues of approximately \$265,000 could be generated each fiscal year. This number would differ if additional hospitals sought designation or if designation levels changed. Public hospitals with trauma care designations, or those seeking such designations, would incur this cost. Additionally, the bill requires a facility, in order to be eligible for trauma center designation, to participate in a regional trauma organization recognized by the Board. The bill permits regional trauma organizations recognized by the Board to impose participation fees on trauma centers if the fees have been approved by the Board and do not exceed maximum limits established by the Board. Participating public hospitals may incur this cost if they are not already part of a regional trauma organization. Public hospitals that currently pay fees to a regional trauma organization may experience an increase or decrease in the fee paid, depending on the approval of fees by the Board.

### **Court costs**

The bill requires a court to impose an additional court cost upon a person who is convicted of or pleads guilty to a moving violation if the offender caused an accident or collision. The additional costs are \$10 for an accident or collision that does not result in physical harm to a person, \$50 if it does result in physical harm to a person, and \$100 if it results in the death of a person. The bill states that these funds shall be deposited to the credit of Fund 4700 and shall be used to administer and enforce the bill's provisions and corresponding rules. The amount to be collected annually is estimated to be in the millions of dollars. For example, according to the Ohio Department of Public Safety Crash Statistics,<sup>1</sup> in calendar year (CY) 2015, a total of 224,377 crashes resulted in property damage, 74,470 resulted in injury, and 1,030 resulted in death. Based on the 2015 statistics, the amount of additional court costs collected could be approximately \$6.1 million.<sup>2</sup> However, this amount assumes a 100% collection rate. The actual amount collected would depend on the number of accidents and collisions as well as the rate of court cost collection. Additionally, there could be a one-time minimal increase in administrative costs to the local courts for accounting system changes for the collection

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<sup>1</sup> <https://ext.dps.state.oh.us/crashstatistics/crashreports.aspx>.

<sup>2</sup>  $(224,377 \times \$10) + (74,470 \times \$50) + (1,030 \times \$100) = \$6,070,270$ .

of these additional court costs. It is possible that the Treasurer of State might realize a minimal increase in administrative costs since the Treasurer would receive these transmissions and deposit them into Fund 4700.

### **Appeals and suspensions**

Facilities that are refused designation by the Board may appeal the decision to the Director of Health. If the Director determines that the facility meets the requirements for designation or renewal, the Director must order the Board to designate the facility as a trauma center at the level specified by the Director or to renew the facility's designation. The Board may also suspend or revoke a facility's designation under certain circumstances, which may also be appealed by the facility to the Director of Health. If a facility continues to operate as a trauma center after having its designation suspended or revoked, the Attorney General, at the request of the Board or Director must apply to the appropriate court of common pleas for an order enjoining its operation. ODH, the Attorney General's Office, and courts of common pleas could incur administrative costs related to the appeals and/or revocation process. The costs would depend on the number of such cases brought forward.

### **State Trauma Board membership and duties**

The bill also outlines the process for appointment, membership, and organization of the Board and specifies that members are to be reimbursed for necessary expenses related to their professional duties to the Board. In addition, the Director of Health is required to appoint a full-time executive director who is to receive a salary and be reimbursed for actual and necessary expenses incurred while carrying out official duties. The Board is required to appoint a medical director who is to be employed and paid by the Board and be reimbursed for actual and necessary expenses. The Board may also appoint other employees as it determines necessary. The duties and titles of those employees are to be prescribed by the Board.

In addition to designating trauma centers, the Board is tasked with developing a statewide system for improvement in the quality of trauma care and rehabilitation. The bill creates a quality committee to advise and assist in the system's development. Additional Board duties include, among other things, the following: (1) seeking and distributing grants, (2) developing and providing trauma-related education, (3) developing a statewide system for injury prevention in consultation with ODH, (4) making recommendations to the State Board of Emergency Medical, Fire, and Transportation Services (EMFTS Board) in the Division of Emergency Medical Services of the Department of Public Safety regarding the establishment of standards for trauma care in prehospital settings, (5) establish procedures for the approval of regional trauma organization fees, (6) divide the state geographically into trauma regions, and (7) establish requirements for provisional designation. Furthermore, the bill requires the Board to monitor compliance with the laws governing trauma care and to investigate possible violations.

The bill also transfers responsibility of maintaining the State Trauma Registry from the EMFTS Board to the State Trauma Board. The Board must develop a single patient identifier system to be used by the Registry and other registries that report information to it. The Board is required to consult with trauma data specialists throughout the state to carry out its duties related to the Registry. The bill permits the Board to request information for inclusion in the Registry from any person. However, the bill specifies the Board may request information from any emergency medical service organization, a first responder, or an emergency medical technician if the following are true: (1) the information cannot be obtained from the EMFTS Board or the Emergency Medical Services Incidence Reporting System, and (2) the Board requests, and the EMFTS Board grants, permission to request information from these entities or individuals. The bill also permits information that identifies or tends to identify a specific trauma care patient to be released from the State Trauma Registry directly to the National Trauma Data Bank or another state's trauma registry under specified circumstances.

ODH anticipates costs for the Board to be between \$1.6 million and \$3.2 million annually. This estimate includes costs for salaries for the executive and medical directors and regulatory personnel, funds for grants and education, miscellaneous costs, and State Trauma Registry implementation costs. Additionally, LSC received an estimate from a representative of the Ohio State University Wexner Medical Center. The Wexner Center anticipates that the State Trauma Board would require approximately 25 employees to carry out its responsibilities. Besides the executive director and the medical director, there would be an administrative assistant, two registrars, one biostatistician, and one epidemiologist. The remaining employees would be various program coordinators or liaisons. The Wexner Center estimated salary costs, including benefits, to be approximately \$2.3 million per year. The Wexner Center stated that there would also be costs for supplies, staff development, and for rent, professional fees, etc. The EMFTS Board, within the Department of Public Safety, could realize a decrease in costs since the State Trauma Registry would instead be maintained by the Board.

According to the Ohio Hospital Association, public hospitals that are designated as trauma centers might incur some costs related to the inspections by the State Trauma Board.

### **Time Critical Diagnosis Committee**

The bill establishes the Time Critical Diagnosis Committee of the State Trauma Board to advise and assist the Board in matters related to the development of a time critical diagnosis system of care. The bill requires the Committee to prepare a report detailing recommendations for such a system. The members of the Committee are eligible for reimbursement of actual and necessary expenses. The bill requires the Critical Diagnosis Committee of the State Trauma Board to meet not later than 90 days after the initial meeting of the Board.

## **Child Highway Safety Fund**

The bill requires that the State Trauma Board, instead of ODH, receives the money in the Child Highway Safety Fund (Fund 4T40) and must use it for the same purposes under current law. The fund consists of fines collected for violations related to child restraint systems in vehicles and is used to educate the public about child restraint systems and booster seats and to defray the cost of designating pediatric trauma centers.

## **EMFTS Board**

The bill requires the EMFTS Board to adopt rules establishing standards for providers of trauma care in prehospital settings and must consider recommendations from the State Trauma Board. The EMFTS Board may incur costs to establish these standards. Local public fire or emergency medical services departments could experience an increase in costs to follow the established standards if the standards fall outside of current practice.

The bill also repeals provisions of the law establishing the trauma committee of the EMFTS Board and requiring the medical director of that Board to direct and advise the Board on trauma issues. In addition, the bill permits members of the EMFTS Board to attend meetings by video conference or teleconference if certain requirements are met. The Board may experience some savings related to these provisions.

The bill also permits the EMFTS Board and the State Trauma Board to establish a joint committee to review matters that are within the jurisdiction of both boards. Members of the joint committee are to serve without compensation, but are to be reimbursed for necessary expenses incurred in the performance of their duties.

The bill also allows the EMFTS Board to transmit information from the Emergency Medical Services Incident Reporting System that identifies or tends to identify a specific recipient of emergency medical services to the National Emergency Medical Services Information System. The EMFTS Board could experience a minimal increase in administrative costs if it decides to transmit such information.

Additionally, under current law, the EMFTS Board is required to adopt rules to establish and administer a grant program. The grants awarded under this program are distributed based on a priority level. The bill makes changes to these priority levels. The EMFTS Board could experience a minimal increase in administrative costs to adjust rules regarding the distribution of these grant funds.

## **Trauma care protocols**

The bill requires trauma patient transfer protocols to specify procedures for selecting an appropriate trauma center to receive the patient and requires hospitals to furnish a copy of its trauma care protocols to the State Trauma Board free of charge. Public hospitals may realize an increase in administrative costs to adjust their trauma patient protocols. According to the Ohio Hospital Association, this cost should be minimal. Current law requires hospitals, when developing trauma care protocols, to

consider the guidelines from various entities. The bill requires hospitals to consider the guidelines established by the regional trauma organization that serves the trauma region in which the hospital is located as well. This might also increase costs to public hospitals.

The bill expressly exempts urgent care centers from provisions of law requiring hospitals to establish trauma care protocols.

Under current law, the EMFTS Board in the Division of Emergency Medical Services of the Department of Public Safety is required to adopt and review rules establishing written protocols for the triage of trauma victims that apply throughout the state. The bill requires the State Trauma Board to also review the state protocols. The bill requires the EMFTS Board to consult with the State Trauma Board before approving regional triage protocols as well, rather than with professional associations or labor organizations of emergency medical service personnel. Additionally, the bill adds a requirement that the state protocols require that pediatric trauma patients be transported to pediatric trauma centers and trauma patients who are 16 or 17 years old be transported to either adult or pediatric trauma centers. The EMFTS Board could experience a minimal increase in administrative costs to adopt the relevant rules.

### **Admission of patients by physicians**

Under current law, a physician is prohibited from admitting a patient for trauma care to a facility that is not designated as a trauma center. A physician is also prohibited from failing to transfer a patient to a trauma center in accordance with trauma protocols and patient transfer agreements. The bill specifies that a physician who violates either of these prohibitions may be subject to discipline by the State Medical Board. The State Medical Board could experience a minimal increase in administrative or investigative costs related to this provision.

## **Synopsis of Fiscal Effect Changes**

The substitute bill, LSC 131 1115-5, requires a court to impose an additional court cost upon a person who is convicted of or pleads guilty to a moving violation if the offender caused an accident or collision. The additional costs are \$10 for an accident or collision that does not result in physical harm to a person, \$50 if it does result in physical harm to a person, and \$100 if it results in the death of a person. The bill states that these funds shall be deposited to the credit of Fund 4700 and shall be used to administer and enforce the bill's provisions and corresponding rules. The amount to be collected annually is estimated to be in the millions of dollars. Based on 2015 statistics from the Ohio Department of Public Safety Crash Statistics, the amount of additional court costs collected could have been approximately \$6.1 million in 2015. However, this amount assumes a 100% collection rate. The actual amount collected would depend on the number of accidents and collisions as well as the rate of court cost collection. Additionally, there could be a one-time increase in administrative costs to the local courts for accounting system changes for the collection of additional court costs. It is

possible that the Treasurer of State may realize a minimal increase in administrative costs since the Treasurer would receive these transmissions and deposit them into Fund 4700.

Additionally, the substitute bill expressly requires a facility, in order to be eligible for trauma center designation, to participate in a regional trauma organization recognized by the Board. The previous substitute bill (LSC 131 1115-2) permitted the Board to require participation. The current substitute bill (LSC 131 1115-6) permits regional trauma organizations recognized by the Board to impose participation fees on trauma centers if the fees have been approved by the Board and do not exceed maximum limits established by the Board. Participating public hospitals may incur this cost if they are not already part of a regional trauma organization. Public hospitals that currently pay fees to a regional trauma organization may experience an increase or decrease in the fee paid, depending on the approval of fees by the Board. The substitute bill (LSC 131 1115-6) also requires hospitals, when developing trauma care protocols, to consider the guidelines established by the regional trauma organization that serves the trauma region in which the hospital is located. This might also increase costs to public hospitals. The substitute bill (LSC 131 1115-6) also requires the Board to divide the state geographically into trauma regions.

The substitute bill (LSC 131 1115-6) changes the requirements regarding level III designation. The substitute bill permits a facility to satisfy the requirements for level III designation by (1) receiving a determination regarding an ACS verification application, (2) submitting to the Board a plan to correct any deficiencies and having that plan approved by the Board, and (3) satisfying other criteria established by the Board. The previous substitute bill permitted a facility to satisfy the requirements by completing the application process for ACS verification and meeting other requirements established by the Board. As a result, there may be some additional administrative costs under the substitute bill (LSC 131 1115-6) for those public hospitals that submit a plan to correct deficiencies. However, this may allow additional public hospitals to obtain designation once a plan is accepted.

The substitute bill (LSC 131 1115-6) specifies that the Board may grant provisional designation to a facility that meets certain requirements that are specified in the bill and submits a complete application and an application fee. The substitute bill requires a facility with a provisional designation to make certain application documents available for public inspection and to furnish related documents to the Director of Health and the Board. Previous versions of the bill also allowed provisional designations to be granted under certain circumstances. However, the previous versions allowed the Board to adopt rules specifying these circumstances. As a result, there may be costs under the substitute bill (LSC 131 1115-6) to furnish these documents.



Under current law, the EMFTS Board is required to adopt rules to establish and administer a grant program. The grants awarded under this program are distributed based on a priority level. The substitute bill (LSC 131 1115-6) makes changes to these priority levels. The EMFTS Board could experience a minimal increase in administrative costs to adjust rules regarding the distribution of these grant funds.

The substitute bill (LSC 131 1115-6) permits information that identifies or tends to identify a specific trauma care patient to be released from the State Trauma Registry directly to the National Trauma Data Bank or another state's trauma registry under specified circumstances. The substitute bill also allows the EMFTS Board to transmit information from the Emergency Medical Services Incident Reporting System that identifies or tends to identify a specific recipient of emergency medical services to the National Emergency Medical Services Information System. The State Trauma Board and the EMFTS Board could experience a minimal increase in administrative costs if either Board decides to transmit such information.

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