OHIO LEGISLATIVE SERVICE COMMISSION

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Fiscal Note & Local Impact Statement

Bill: H.B. 464 of the 132nd G.A. (L_132_1699-1)

Status: In House Health

Sponsor: Reps. Lipps and Antonio

Local Impact Statement Procedure Required: No

Subject: Stroke center recognition

State & Local Fiscal Highlights

- The Ohio Department of Health (ODH) may experience an increase in costs to administer stroke center recognition. ODH may also experience an increase in administrative costs to compile a list of recognized hospitals, publish and update the information to its website, and adopt rules.
- A government-owned hospital may choose to apply for certification from an accrediting organization approved by the Centers for Medicare and Medicaid Services or another organization acceptable to ODH, which would likely require the payment of a certification fee.

Detailed Fiscal Analysis

The bill provides for recognition of stroke centers and the establishment of protocols for assessment, treatment, and transport to hospitals of stroke patients.

Recognition of stroke centers and acute stroke ready hospitals

The bill permits eligible hospitals to be recognized by the Ohio Department of Health (ODH) as comprehensive or primary stroke centers or acute stroke ready hospitals. To be recognized, a hospital must submit an application to ODH. The application must be submitted in a manner prescribed by the Department. To qualify for recognition, a hospital must be certified by an accrediting organization approved by the federal Centers for Medicare and Medicaid Services (CMS) or another organization acceptable to ODH. If a hospital meets this requirement and submits a complete application, ODH must recognize it. The bill also specifies that if an accrediting organization establishes a level of stroke certification that is in addition to the three levels provided for in the bill, ODH must recognize a hospital certified at that level. The bill prohibits a hospital from representing itself as a stroke center unless it is recognized by ODH as such. However, the bill does not prohibit a hospital from representing itself as having a relationship or affiliation with a comprehensive or primary stroke center or acute stroke ready hospital that is recognized by ODH. ODH may suspend or revoke a

hospital's recognition if it determines that the hospital no longer satisfies the bill's requirements for recognition. ODH must conduct an adjudication before taking such action.

No later than June 1 of each year, ODH must compile and send a list of recognized hospitals to the medical director and cooperating physician advisory board of each emergency medical service (EMS) organization and must post the list on ODH's website. ODH is required to adopt rules as necessary to implement the bill's provisions.

Fiscal impact

ODH will experience an increase in costs to develop an application process and to review applications for hospital recognition, as well as to develop a process for investigating complaints. There could also be hearing costs related to the suspension or revocation of recognition, including costs to hire an independent hearing officer, a court reporter, and staff time. ODH will also experience an increase in administrative costs to compile and send the annual list of recognized hospitals to EMS organizations, publish and update the list to its website, and adopt rules.

As a result of the bill, a government-owned hospital may choose to pursue certification from an accrediting organization approved by CMS or another organization that certifies hospitals, which could require the payment of a certification fee.

Emergency medical service protocols

The bill requires the medical director or cooperating physician advisory board of each EMS organization to establish written protocols for the assessment, treatment, and transport of stroke patients by EMS personnel. In establishing protocols, the medical director or cooperating physician advisory board must consult with one or more local hospitals. Each EMS organization is required to provide copies of its protocols to ODH, the State Board of Emergency Medical, Fire, and Transportation Services, and the regional director or regional advisory board for the organization's EMS region.

Fiscal impact

EMS organizations could realize a minimal increase in costs to establish the protocols. Any fiscal impact for government-owned hospitals or EMS organizations related to the implementation of the protocols will depend on the protocols developed.

Synopsis of Fiscal Effect Changes

The substitute bill, L_132_1699-1, requires a hospital seeking stroke recognition to be certified by an accrediting organization approved by CMS or another organization acceptable to ODH, whereas the As Introduced version required a hospital to be certified by the American Heart Association, the Joint Commission, or another organization acceptable to ODH. This change may allow hospitals that have certification from entities other than the American Heart Association or the Joint Commission to receive recognition from ODH without obtaining a new certification

from those two entities. The substitute bill also specifies that if an accrediting organization establishes a level of certification that is in addition to the three levels provided for in the bill, ODH must recognize a hospital certified at that additional level. The As Introduced version did not have this specification.

The substitute bill, L_132_1699-1, requires the medical director or cooperating physician advisory board of each EMS organization to establish protocols for use by EMS personnel when assessing, treating, and transporting stroke patients, rather than the regional director or regional advisory board for each of the states' EMS regions, as specified in the As Introduced version. Thus, EMS organizations will incur any costs associated with the development of the protocols rather than the regional boards.

Additionally, the substitute bill, L_132_1699-1, removes requirements (specified in the As Introduced version) for the protocols to include procedures for transporting stroke patients to the closest hospital recognized by ODH and within a specified time period after the onset of symptoms. The substitute bill also requires the protocols to be developed in consultation with local hospitals. The As Introduced version of the bill might have resulted in an EMS organization taking patients longer distances to a stroke center or acute stroke ready hospital recognized by ODH, thereby increasing costs for the organization. In addition, under the As Introduced version, a hospital that did not have a certification might have realized a decrease in stroke patients as a result of the protocol requirements unless the hospital elected to receive a certification. The substitute bill, L_132_1699-1, removes those specific requirements for the protocols and allows for the local hospitals to be involved in the development of the protocols. Any impacts will depend on the protocols established.

Lastly, the substitute bill specifies that a hospital is not prohibited from representing itself as having a relationship or affiliation with a comprehensive or primary stroke center or acute stroke ready hospital that is recognized by ODH. The As Introduced version of the bill did not include this specification.

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