



Ohio Legislative Service Commission

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Fiscal Note & Local Impact Statement

Bill: H.B. 294 of the 131st G.A.

Date: January 29, 2016

Status: As Passed by the Senate

Sponsor: Reps. Patmon and Conditt

Local Impact Statement Procedure Required: No

Contents: Requires the Ohio Department of Health to ensure that state funds and certain federal funds are not used either to perform or promote nontherapeutic abortions, or to contract or affiliate with any entity that performs or promotes nontherapeutic abortions; provides for health departments and WIC clinics to determine presumptive eligibility for Medicaid; and allocates funding to the Ohio Association of Community Health Centers

State Fiscal Highlights

- Restricting the use of certain funds administered by the Ohio Department of Health (ODH) would not affect the total amount of funds available for distribution; however, it would impact the entities that could receive them. Any funds that would have been provided by ODH to entities that perform or promote nontherapeutic abortions would be awarded to other entities that apply.
- ODH may incur additional oversight costs when reviewing applications to ensure the funds are not going to the prohibited organizations. However, these costs should be minimal.
- The Ohio Department of Medicaid (ODM) may experience a minimal increase in fee-for-service Medicaid costs for services provided to pregnant women and children presumed to be eligible for Medicaid by local health departments and Women, Infants, and Children (WIC) clinics.
- The bill allocates \$250,000 in FY 2016 of existing funding within ODH's budget to the Ohio Association of Community Health Centers.

Local Fiscal Highlights

- Local health departments and WIC clinics could receive Medicaid reimbursement for services provided to pregnant women and children presumed to be eligible for Medicaid.

Detailed Fiscal Analysis

The bill requires the Ohio Department of Health (ODH) to ensure that certain funds are not used either to perform or promote nontherapeutic abortions, or to contract or affiliate with any entity that performs or promotes nontherapeutic abortions.

The bill's limitations apply to the following federal programs: (1) the Violence Against Women Act, for grants for the purpose of education and prevention of violence against women, (2) the Breast and Cervical Cancer Mortality Prevention Act, for a program to provide breast and cervical cancer screening and diagnostic testing and all federal and state funds that it uses to operate the program, (3) the Infertility Prevention Project, (4) the Minority HIV/AIDS Initiative, for grants and all other federal and state funds that are part of the grants distributed under this initiative, and (5) the Personal Responsibility Education Program, for all funds and grants to educate adolescents on abstinence and contraception for the prevention of pregnancy and sexually transmitted infections. The bill requires ODH to ensure that all materials it receives through the Infertility Prevention Project are not distributed to entities that perform or promote nontherapeutic abortions. The bill also requires ODH ensure that all state funds it receives, including funding for infant mortality reduction or infant vitality initiatives, are subject to the bill's limitations.

Restricting the use of the funds above would not affect the total amount of funds available for distribution; however, it would impact the entities that could receive them. Any funds that would have been provided by ODH to entities that perform or promote nontherapeutic abortions would be awarded to other entities that apply. ODH may incur additional oversight costs when reviewing applications to ensure the funds are not going to the prohibited organizations. However, these costs should be minimal.

The bill also requires the Director of Medicaid to authorize local health departments and Women, Infants, and Children (WIC) clinics to serve as qualified providers for purposes of presumptive eligibility for pregnant women and children. The bill requires the Director, not later than 180 days after the bill's effective date, to establish uniform criteria and processes governing all qualified providers for purposes of presumptive eligibility in rules. The bill would allow for some individuals to be enrolled in Medicaid sooner than they otherwise might have been. The Department of Medicaid (ODM) may experience a minimal increase in costs for any services provided under fee-for-service until the individual who is determined to have presumptive eligibility is enrolled in a managed care plan. ODM may also experience administrative costs to establish the required rules. Local health departments and WIC clinics that determine presumptive eligibility could receive Medicaid reimbursement for any services they may provide as a result of the bill.

Additionally, the bill allocates \$250,000 in FY 2016 of existing funding within ODH's budget to the Ohio Association of Community Health Centers. The funding will be used to assist federally qualified health centers and federally qualified health center look-alikes with best practices in safe sleep, birth spacing, and smoking cessation initiatives that are focused on process and system improvements. Under the bill, the Ohio Association of Community Health Centers is required to collect learning from the participating centers and share learning with all centers through trainings or other appropriate means.

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