



Ohio Legislative Service Commission

Revised

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Fiscal Note & Local Impact Statement

Bill: H.B. 499 of the 131st G.A.

Date: May 6, 2016

Status: As Introduced

Sponsor: Reps. Grossman and Schuring

Local Impact Statement Procedure Required: No

Contents: Establishes the Ohio Parkinson's Disease and Movement Disorder Registry

State Fiscal Highlights

- The Ohio Department of Health (ODH) will experience an increase in costs between \$300,000 and \$500,000 per year to establish and maintain the Ohio Parkinson's Disease and Movement Disorder Registry.
- State government-owned hospitals will experience an increase in costs to submit required information to the registry. The costs will depend on the rules implemented by ODH.

Local Fiscal Highlights

- Local government-owned hospitals will experience an increase in costs to submit required information to the registry. The costs will depend on the rules implemented by ODH.

Detailed Fiscal Analysis

The bill requires the Ohio Department of Health (ODH) to establish the Ohio Parkinson's Disease and Movement Disorder Registry to collect information regarding the incidence of Parkinson's disease and other movement disorders in Ohio. In consultation with the Ohio Parkinson's Disease and Movement Disorder Advisory Council, which the bill establishes, the Director of Health is required to adopt related rules, including the movement disorders that are to be reported as well as the reporting requirements. The bill specifies that information submitted must be reported through electronic means.

The bill requires all persons that ODH designates to submit information to the registry and also requires all hospitals or persons providing diagnostic or treatment services to patients with Parkinson's disease or other movement disorders to give ODH access to certain records. The Director is permitted to impose a fine, not to exceed \$750

per incident against anyone who fails to comply with these requirements. Any fine revenue is to be deposited into the General Operations Fund (Fund 4700), used by ODH. The Director is required to adopt rules establishing a graduated system of fines based on the scope and severity of violations and the history of compliance. Additionally, the bill permits ODH to use information compiled by other similar public or private registries and to contract for the collection and analysis of, and research related to, the information recorded under the bill. The bill also permits ODH to designate a state university as its agent to implement some or all of the bill's provisions.

The bill specifies that, in the absence of willful or wanton misconduct, a person who furnishes information to ODH under the bill is not liable in damages to any person for furnishing the information and is not subject to professional disciplinary action. Additionally, the information is not subject to introduction into evidence in any civil action against the provider. The bill specifies that a person who furnishes information to ODH is not liable for the misuse or improper release of the information by ODH or by any person.

Fiscal effect

ODH will experience an increase in personnel and software costs to establish and maintain the Ohio Parkinson's Disease and Movement Disorder Registry. ODH estimates that costs could be between \$300,000 and \$500,000 per year. The bill specifies that members of the established advisory council are to serve without compensation. ODH could realize a gain in fee revenue if any fines are collected.

According to the Ohio Hospital Association (OHA), state and local government-owned hospitals will experience an increase in costs to submit required information to the registry. The costs will depend on the rules implemented by ODH regarding the information that is to be submitted. For instance, OHA states that costs could be minimal if hospitals were required to submit diagnosis-related group¹ information. If additional information was required, costs would be higher.

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¹ Diagnosis-related groups (DRG) are codes that a hospital assigns based upon the clinical record of the patient for the purpose of classifying inpatient hospital services and determining reimbursement for services performed.