



OHIO LEGISLATIVE SERVICE COMMISSION

Jacquelyn Schroeder

Fiscal Note & Local Impact Statement

Bill: H.B. 470 of the 131st G.A.

Date: December 8, 2016

Status: As Passed by the Senate

Sponsor: Rep. Schuring

Local Impact Statement Procedure Required: No

Contents: Provides an exemption from certain certificate of need requirements and the designation of a lay person to provide aftercare to a hospital inpatient

State Fiscal Highlights

- The Ohio Department of Health (ODH) is permitted to adopt rules as necessary to implement the lay caregiver provisions in the bill. ODH may incur a minimal increase in administrative costs if it decides to adopt rules.
- ODH may realize a loss of certificate of need revenue. However, there could also be a corresponding decrease in administrative costs related to issuing certificates of need.
- The Department of Rehabilitation and Correction could realize an increase in incarceration costs for any violations pertaining to the assisting suicide provision.
- The directors of Aging and Health are to develop recommendations regarding the establishment of standards and procedures for the operation of memory care units in this state and to report these recommendations to the General Assembly. As such, ODH and the Department of Aging will realize an increase in administrative costs.

Local Fiscal Highlights

- Local government-owned hospitals may realize a minimal increase in administrative costs to record and document certain information regarding lay caregiver provisions required under the bill and to possibly make modifications to discharge procedures.
- Local courts could realize an increase in court costs for any violations pertaining to the assisting suicide provision.

Detailed Fiscal Analysis

Certificate of need

The bill permits a licensed nursing home to add 20 or fewer long-term care beds without obtaining a certificate of need from the Ohio Department of Health (ODH) if all of the beds being added are to be used solely for palliative care and the nursing home does not participate in Medicare or Medicaid. A nursing home that adds 20 long-term care beds may add no additional long-term care beds under this provision. A certificate of need must be obtained before the added beds may continue to be used if the nursing home is sold or certification to participate in Medicare or Medicaid is granted for the nursing home or the part of the nursing home that includes the added beds. The Certificate of Need Program requires review and approval of certain activities involving long-term care beds. ODH charges fees for certificates of need. As a result of the provision, ODH could realize a loss of certificate of need revenue. However, there would also be a corresponding decrease in administrative costs relating to issuing these certificates. The provision specifies that none of the added beds are to participate in the Medicaid Program.

Lay caregiver option

The bill requires hospitals to offer a patient who is at least 55 years of age, or a patient's guardian, an opportunity to designate a lay caregiver for the patient before the patient's discharge. If a patient or guardian makes a lay caregiver designation, the hospital is required under the bill to record certain information about the lay caregiver in the patient's medical record and request consent to disclose the patient's medical information to the lay caregiver. The bill also requires hospitals to create a discharge plan and arrange for the lay caregiver to participate in a review of the discharge plan with the patient or patient's guardian, if the discharging health care professional has determined that the lay caregiver's participation would be appropriate. The bill specifies that, in accordance with state and federal law and if appropriate, the hospital shall arrange for an interpreter to be present during the instruction given during a review of a discharge plan. The hospital is to also arrange for an employee to provide a live demonstration of each task described in a discharge plan if the discharging health care professional determines it to be appropriate. The hospital is also required to document information concerning the instruction provided in the patient's medical record. State and local government-owned hospitals may realize a minimal increase in administrative costs to record and document information required under the bill and to possibly make modifications to discharge procedures.

The bill specifies that a discharging health care professional shall not be subject to criminal prosecution or professional disciplinary action, or be liable in a tort action or other civil action, for an event or occurrence that allegedly arises out of the professional's determination that a patient's lay caregiver should or should not participate in the review of the patient's discharge plan.

Finally, ODH is permitted to adopt rules as necessary to implement the provisions of the bill. ODH may incur a minimal increase in administrative costs if it decides to adopt rules under the bill.

Assisted suicide

The bill generally prohibits a person from knowingly causing another to commit or attempt to commit suicide by either providing the physical means to do so or participating in a physical act by which the person commits or attempts to commit suicide. Whoever violates this prohibition is guilty of assisting suicide, a third degree felony. The penalty includes a prison term. Local courts could realize an increase in court costs and the Department of Rehabilitation and Correction could realize an increase in incarceration costs for any violations.

Memory care units

The directors of Aging and Health shall jointly develop recommendations regarding the establishment of standards and procedures for the operation of memory care units in this state. The directors are required to submit the recommendations to the General Assembly no later than six months after the effective date of the section.