



OHIO LEGISLATIVE SERVICE COMMISSION

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Fiscal Note & Local Impact Statement

Bill: H.B. 286 of the 132nd G.A.
(L_132_0212-2)

Status: In House Aging and Long Term Care

Sponsor: Rep. LaTourette

Local Impact Statement Procedure Required: Yes

Subject: Palliative care

State & Local Fiscal Highlights

- The Ohio Department of Health would realize an increase in costs to establish the Palliative Care Consumer and Professional Information and Education Program and provide support for the Palliative Care and Quality of Life Interdisciplinary Council. Costs would include work to develop a web site, make updates, conduct research, produce an annual report, and provide administrative support.
- ODH is required to examine potential sources of funding to assist the Council and the Department with any duties the bill establishes. Thus, if a source is identified, costs could be offset.
- ODH may also experience an increase in survey costs to ensure standards are being met for both hospice and palliative care patients, as the bill permits a hospice facility to provide palliative care to a patient other than a hospice patient.
- Government-owned hospitals may realize an increase in administrative costs if additional staff are needed to establish a system to identify patients who could benefit from palliative care and to facilitate access to palliative care for those patients.

Detailed Fiscal Analysis

Interdisciplinary Council and Consumer and Professional Information and Education Program

The bill creates the Palliative Care and Quality of Life Interdisciplinary Council and requires the Director of Health to appoint members with expertise in palliative care who represent various professions and constituencies. Each member is to serve without compensation, except to the extent that serving on the Council is considered part of the member's regular employment duties. The Council is required to meet at least twice each year. The bill requires the Council to consult with and advise the Director on matters related to palliative care initiatives in Ohio. In addition, the Council is required to, among other things, identify national organizations that have established standards of practice and best practice models and establish guidelines for health care facilities to use in

identifying patients who could benefit from palliative care. The bill requires the Council to submit an annual report to the Governor, General Assembly, and several executive agencies. The Ohio Department of Health (ODH) is required to provide administrative support for the Council. At the request of the Council, ODH is required to examine potential sources of funding to assist the Council and ODH with any duties the bill establishes.

The bill establishes the Palliative Care Consumer and Professional Information and Education Program within ODH and specifies that the program's purpose is to maximize the effectiveness of palliative care initiatives by ensuring that comprehensive and accurate information and education on palliative care is available to the public, as well as health care providers and facilities. As part of the program, ODH is required to publish information on palliative care on its web site, including information on continuing education opportunities for health care professionals, information about palliative care delivery, best practices, and consumer educational materials and referral information. The bill permits ODH to develop and implement other initiatives regarding palliative care services and education as it determines necessary. ODH is required to consult with the Palliative Care and Quality of Life Interdisciplinary Council in implementing the program.

According to ODH, it would experience an increase in administrative and information technology costs. ODH states that there could be additional staff costs to: develop a web site and make updates, conduct various research, help facilitate the work of the Council by summarizing member input and produce an annual report, provide administrative support to the Council, and possibly provide assistance to health care facilities required to provide palliative care information as described below. However, the bill requires ODH, at the request of the Council, to examine potential funding sources to assist ODH and the Council with duties established by the bill. If a source is identified, costs may be offset.

Palliative care access

The bill requires health care facilities to (1) establish a system for identifying patients or residents who could benefit from palliative care and (2) provide information on, and facilitate access to, appropriate palliative care services for patients and residents with a serious illness. According to the Ohio Hospital Association, some hospitals may already have a system in place to do this. Those hospitals that do not have such a system could need to hire additional staff in order to implement these measures. Administrative costs could increase for any government-owned hospital that was required to hire additional staff.

The bill also authorizes a licensed hospice care program operating an inpatient hospice care facility or unit to provide palliative care to a patient other than a hospice patient. According to ODH, this may require additional survey time to ensure standards are being met for both hospice and palliative care patients.

Synopsis of Fiscal Effect Changes

The substitute bill, L_132_0212-2, requires the Palliative Care and Quality of Life Interdisciplinary Council to produce an annual report, which may result in additional minimal costs for ODH. This was not required in the As Introduced version of the bill. However, under the substitute bill, ODH is required to examine, at the request of the Council, potential sources of funding to assist with any duties the bill establishes. Thus, if a source is identified, costs may be offset.

Additionally, the substitute bill authorizes a licensed hospice care program operating an inpatient hospice care facility or unit to provide palliative care to a patient other than a hospice patient. According to ODH, this may require additional survey time to ensure standards are being met for both hospice and palliative care patients. The As Introduced version of the bill did not include this provision.

The substitute bill makes other changes that should have no fiscal effect.