



# OHIO LEGISLATIVE SERVICE COMMISSION

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## Fiscal Note & Local Impact Statement

**Bill:** H.B. 286 of the 132nd G.A.

**Status:** As Reported by Senate Health, Human Services, & Medicaid

**Sponsor:** Rep. LaTourette

**Local Impact Statement Procedure Required:** Yes

**Subject:** Palliative care

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### State & Local Fiscal Highlights

- The Ohio Department of Health (ODH) 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 website, 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 nonhospice patient.
- Additionally, ODH may experience an increase in administrative costs to accept and review Certificate of Need (CON) bed transfer applications and a corresponding increase in CON application fee revenue.
- 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.

### 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 and providers to use in identifying patients and residents 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 certain 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 website, 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 and education as it determines appropriate. 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 website 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 and providers to (1) establish a system for identifying patients or residents who could benefit from palliative care and (2) provide information on palliative care to patients and residents who could benefit from palliative care. 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.

In addition to providing palliative care to hospice patients, the bill authorizes a hospice care program to provide palliative care in an inpatient facility or unit operated by the program to patients who are not hospice patients, but only if the care is provided

on a short-term basis and is medically necessary for the patient receiving the care. The bill specifies that the above-mentioned provision of palliative care is considered a component of the activities authorized by the hospice care program's license. ODH is required to adopt rules governing the provision of palliative care to patients who are not hospice patients. According to ODH, these provisions may require additional survey time to ensure standards are being met for both hospice and palliative care patients. ODH may also realize a minimal increase in administrative costs to adopt rules.

The bill specifies that certain palliative care patients are excluded from consideration in determining whether an inpatient facility or unit is subject to licensure as a pain management clinic.

The bill also states that nothing in the bill is to be construed as requiring the Medicaid Program to cover palliative care or any other health care service that constitutes palliative care, regardless of how the service is designated by a Medicaid provider or the Medicaid Program, in an amount, duration, or scope that exceeds the coverage that is currently included in the program.

### **Certificate of Need**

The bill authorizes the Director of Health to approve the relocation of certain county home beds or county nursing home beds to a long-term care facility in a contiguous county. ODH may experience an increase in administrative costs to accept and review Certificate of Need (CON) bed transfer applications from county homes or county nursing homes. However, ODH charges fees for CON applications, so these costs could be offset by any CON fee revenue collected.