

Ohio Legislative Service Commission

Office of Research and Drafting

Legislative Budget Office

H.B. 770 133rd General Assembly

Fiscal Note & Local Impact Statement

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Version: As Introduced

Primary Sponsors: Reps. Richardson and Fraizer **Local Impact Statement Procedure Required:** Yes

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Highlights

- The Ohio Department of Health (ODH) could realize an increase in inspection costs to ensure that long-term facilities follow implemented policies and to respond to complaints.
- Counties that operate a county home licensed as a residential care facility by ODH could realize an increase in costs to establish and implement the required visitation policy and inform families of this new policy. In addition, there could also be an increase in staff time to monitor in-room visitation to ensure adherence to infection control procedures.
- The Ohio Department of Veterans Services (ODVS) operates two veterans homes that could realize the same costs as those specified above.

Detailed Analysis

Essential caregivers

The bill permits essential caregivers to enter long-term care facilities to provide care and support to a facility resident during the COVID-19 state of emergency. The bill declares an emergency, so any fiscal impacts could be immediate.

According to the bill, a long-term care facility resident may designate one essential caregiver and one alternate essential caregiver to provide care and support to the resident in accordance with the provisions of the bill. In addition, a facility may designate additional essential caregivers or alternate essential caregivers for residents as COVID-19 conditions in the facility and community improve. Not later than two weeks after the effective date of the bill, each long-term care facility must develop and implement a visitation policy regulating essential caregivers and alternate essential caregivers. The bill does specify certain policies, including the

following that must be part of its visitation policy: designate a single point of entry where essential and alternate caregivers must sign in and be screened for COVID-19 symptoms before entering the facility; require screening of essential and alternate caregivers for COVID-19 symptoms before the caregiver enters the facility, in the same manner as facility staff; require an essential and alternate caregiver to provide care and support to the resident in the resident's room and to limit movement throughout the facility; and permit an essential or alternate caregiver to take a resident for a walk outside (during the walk the caregiver must wear a mask and practice safe procedures). The policy must also require essential and alternate caregivers to do certain things, such as to maintain safe distancing with other residents and staff and wear all necessary personal protective equipment when in the facility. The bill also requires a long-term care facility to implement a more restrictive measure if there is a COVID-19 outbreak, etc.

Fiscal effect

The Ohio Department of Health (ODH) is responsible for conducting onsite inspections of facilities for compliance with state and federal rules and regulations and to ensure the quality of care and quality of life of the residents. ODH also responds to complaints. As a result, ODH could realize an increase in inspection costs to ensure that facilities follow implemented policies and to respond to complaints.

In addition, some counties operate a county home, which is a facility owned and operated by the county commissioners that provides care to individuals. A county home that is licensed as a residential care facility by ODH would be required to comply with the bill's provisions. According to various newspaper articles, in 2014 there were 33 county homes, of which about half were licensed as residential care facilities. Counties with a licensed county home would experience a cost to establish and implement the required visitation policy, as well as to inform families of this new policy. County homes could also experience an increase in staff time to monitor in-room visitation to ensure adherence to infection control procedures. The total cost would depend on the number of visits that occur under the new policy and the amount of staff time required to ensure compliance. In addition, the Ohio Department of Veterans Services (ODVS) operates two veterans homes — one in Sandusky and one in Georgetown. ODVS could realize these costs as well.

There could also be indirect costs to the Medicaid Program. Medicaid reimbursements to these facilities are based in part on a facility's cost reports. If the bill resulted in higher costs, it is possible that this could eventually impact future reimbursement rates.

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