



Ohio Legislative Service Commission

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Fiscal Note & Local Impact Statement

Bill: H.B. 261 of the 131st G.A. (LSC 131 1115-2) **Date:** January 27, 2016
Status: In House Health and Aging **Sponsor:** Reps. Grossman and Huffman

Local Impact Statement Procedure Required: Yes

Contents: Establishes the State Trauma Board in the Ohio Department of Health and requires facilities that provide trauma care be designated by the Board as level I, II, III, or IV trauma centers

State Fiscal Highlights

- The Ohio Department of Health (ODH) will incur costs to establish the State Trauma Board, which is created by the bill. ODH anticipates costs for the Board to be between \$1.6 million and \$3.2 million each year.
- ODH would realize a gain of trauma center designation revenue of approximately \$265,000 per year, which will be deposited into the General Operations Fund (Fund 4700). This revenue would be used by the State Trauma Board for trauma center administration.
- Costs related to maintaining the state trauma registry will shift from the State Board of Emergency Medical, Fire, and Transportation Services (EMFTS Board) to the State Trauma Board.
- The EMFTS Board could experience some savings due to the bill's relinquishment of some of its duties and permitting Board members to attend meetings through video or teleconference. However, the Board may also experience some costs to develop rules regarding standards for trauma care in prehospital settings and to participate in a joint committee with the State Trauma Board.
- The State Medical Board could experience a minimal increase in costs to investigate potential violations by physicians regarding trauma patient admission and transfer requirements.

Local Fiscal Highlights

- Public hospitals applying for a trauma center designation are required to pay an application fee set by the Board. The bill requires application fees to be no more than \$10,000 for level I, \$5,000 for level II, \$3,000 for level III, and \$1,000 for level IV.
- Public hospitals may experience a minimal increase in costs to adjust their trauma patient protocols.

- Local public fire or emergency medical services departments could experience an increase in costs to follow standards established by the EMFTS Board if the standards fall outside of current practice.
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Detailed Fiscal Analysis

State Trauma Board

The bill creates the State Trauma Board within the Ohio Department of Health (ODH) and requires facilities that provide trauma care to be designated as a trauma center by the Board. Each facility seeking a trauma center designation must submit an application and fee to the Board. The Board is required to set the fees, but requires that they be no more than \$10,000 for a level I adult or pediatric trauma center, \$5,000 for a level II adult or pediatric trauma center, \$3,000 for a level III adult trauma center, or \$1,000 for a level IV adult trauma center. The fees are required to be credited to the General Operations Fund (Fund 4700) used by ODH and must be used solely for the administration and enforcement of the statutes and rules governing trauma centers. The bill specifies that the designation is valid for one year and may be renewed in accordance with procedures established in rules adopted by the Board and by paying a renewal fee, also established by the Board. The bill places the same limits on the renewal fees as the initial fees. The Board must designate a facility as a level I, II, or IV facility trauma center if the facility has been verified as a trauma center by the American College of Surgeons (ACS) and if the facility meets additional requirements that the Board may establish. To be eligible for a level III adult trauma center designation, a facility must do either of the following: (1) be verified as a trauma center by the ACS and meet any criteria established by the Board, or (2) complete the application process for verification by ACS and meet criteria established by the Board. The bill's provisions requiring designation of trauma centers take effect one year after the bill's effective date.

According to the Department of Public Safety's website, there are 47 hospitals in Ohio with an ACS trauma care designation. Of these, 11 have level I, 10 have level II, and 20 have level III adult trauma care designations. The remaining six are pediatric trauma care centers – three have level I and three have level II designations. There are currently no trauma care centers with level IV designations. If the maximum fee was charged, annual revenues of approximately \$265,000 could be generated each fiscal year. This number would differ if additional hospitals sought designation or if designation levels changed. Public hospitals with trauma care designations, or those seeking such designations, would incur this cost.

Appeals and suspensions

Facilities that are refused designation by the Board may appeal the decision to the Director of Health. If the Director determines that the facility meets the requirements for designation or renewal, the Director must order the Board to designate

the facility as a trauma center at the level specified by the Director or to renew the facility's designation. The Board may also suspend or revoke a facility's designation under certain circumstances, which may also be appealed by the facility to the Director of Health. If a facility continues to operate as a trauma center after having its designation suspended or revoked, the Attorney General, at the request of the Board or Director must apply to the appropriate court of common pleas for an order enjoining its operation. ODH, the Attorney General's Office, and courts of common pleas could incur administrative costs related to the appeals and/or revocation process. The costs would depend on the number of such cases brought forward.

State Trauma Board membership and duties

The bill also outlines the process for appointment, membership, and organization of the Board and specifies that members are to be reimbursed for necessary expenses related to their professional duties to the Board. In addition, the Director of Health is required to appoint a full-time executive director who is to receive a salary and be reimbursed for actual and necessary expenses incurred while carrying out official duties. The Board is required to appoint a medical director who is to be employed and paid by the Board and be reimbursed for actual and necessary expenses. The Board may also appoint other employees as it determines necessary. The duties and titles of those employees are to be prescribed by the Board.

In addition to designating trauma centers, the Board is tasked with developing a statewide system for improvement in the quality of trauma care and rehabilitation. The bill creates a quality committee to advise and assist in the system's development. Additional Board duties include, among other things, the following: (1) seeking and distributing grants, (2) developing and providing trauma-related education, (3) developing a statewide system for injury prevention in consultation with ODH, and (4) making recommendations to the State Board of Emergency Medical, Fire, and Transportation Services (EMFTS Board) in the Division of Emergency Medical Services of the Department of Public Safety regarding the establishment of standards for trauma care in prehospital settings. Furthermore, the bill requires the Board to monitor compliance with the laws governing trauma care and to investigate possible violations.

The bill also transfers responsibility of maintaining the State Trauma Registry from the EMFTS Board to the State Trauma Board. The Board must develop a single patient identifier system to be used by the Registry and other registries that report information to it. The Board is required to consult with trauma registrars from Ohio trauma centers to carry out its duties related to the Registry. The bill permits the Board to request information for inclusion in the Registry from any person. However, the bill specifies the Board may request information from any emergency medical service organization, a first responder, or an emergency medical technician if the following are true: (1) the information cannot be obtained from the EMFTS Board or the Emergency Medical Services Incidence Reporting System, and (2) the Board requests, and the

EMFTS Board grants, permission to request information from these entities or individuals.

ODH anticipates costs for the Board to be between \$1.6 million and \$3.2 million annually. This estimate includes costs for salaries for the executive and medical directors and regulatory personnel, funds for grants and education, miscellaneous costs, and State Trauma Registry implementation costs. Additionally, LSC received an estimate from a representative of the Ohio State University Wexner Medical Center. The Wexner Center anticipates that the State Trauma Board would require approximately 25 employees to carry out its responsibilities. Besides the executive director and the medical director, there would be an administrative assistant, two registrars, one biostatistician, and one epidemiologist. The remaining employees would be various program coordinators or liaisons. The Wexner Center estimated salary costs, including benefits, to be approximately \$2.3 million per year. The Wexner Center stated that there would also be costs for supplies, staff development, and for rent, professional fees, etc. The EMFTS Board, within the Department of Public Safety, could realize a decrease in costs since the State Trauma Registry would instead be maintained by the Board.

According to the Ohio Hospital Association, public hospitals that are designated as trauma centers might incur some costs related to the inspections by the State Trauma Board.

Child Highway Safety Fund

The bill requires that the State Trauma Board, instead of ODH, receives the money in the Child Highway Safety Fund (Fund 4T40) and must use it for the same purposes under current law. The fund consists of fines collected for violations related to child restraint systems in vehicles and is used to educate the public about child restraint systems and booster seats and to defray the cost of designating pediatric trauma centers.

EMFTS Board

The bill requires the EMFTS Board to adopt rules establishing standards for providers of trauma care in prehospital settings and must consider recommendations from the State Trauma Board. The EMFTS Board may incur costs to establish these standards. Local public fire or emergency medical services departments could experience an increase in costs to follow the established standards if the standards fall outside of current practice.

The bill also repeals provisions of the law establishing the trauma committee of the EMFTS Board and requiring the medical director of that Board to direct and advise the Board on trauma issues. In addition, the bill permits members of the EMFTS Board to attend meetings by video conference or teleconference if certain requirements are met. The Board may experience some savings related to these provisions.

The bill also permits the EMFTS Board and the State Trauma Board to establish a joint committee to review matters that are within the jurisdiction of both boards. Members of the joint committee are to serve without compensation, but are to be reimbursed for necessary expenses incurred in the performance of their duties.

Trauma care protocols

The bill requires trauma patient transfer protocols to specify procedures for selecting an appropriate trauma center to receive the patient and requires hospitals to furnish a copy of its trauma care protocols to the State Trauma Board free of charge. Public hospitals may realize an increase in administrative costs to adjust their trauma patient protocols. According to the Ohio Hospital Association, this cost should be minimal.

The bill expressly exempts urgent care centers from provisions of law requiring hospitals to establish trauma care protocols.

Under current law, the EMFTS Board in the Division of Emergency Medical Services of the Department of Public Safety is required to adopt and review rules establishing written protocols for the triage of trauma victims that apply throughout the state. The bill requires the State Trauma Board to also review the state protocols. The bill requires the EMFTS Board to consult with the State Trauma Board before approving regional triage protocols as well, rather than with professional associations or labor organizations of emergency medical service personnel. Additionally, the bill adds a requirement that the state protocols require that pediatric trauma patients be transported to pediatric trauma centers and trauma patients who are 16 or 17 years old be transported to either adult or pediatric trauma centers. The EMFTS Board could experience a minimal increase in administrative costs to adopt the relevant rules.

Admission of patients by physicians

Under current law, a physician is prohibited from admitting a patient for trauma care to a facility that is not designated as a trauma center. A physician is also prohibited from failing to transfer a patient to a trauma center in accordance with trauma protocols and patient transfer agreements. The bill specifies that a physician who violates either of these prohibitions may be subject to discipline by the State Medical Board. The State Medical Board could experience a minimal increase in administrative or investigative costs related to this provision.

Synopsis of Fiscal Effect Changes

The substitute bill, LSC 131 1115-2, requires (rather than permits as under the As Introduced version of the bill) the Board to designate facilities as level IV adult trauma centers and requires the Board to establish an application fee and a renewal fee for level IV adult trauma center designation that does not exceed \$1,000 (no fee amount was specified in the As Introduced version of the bill). This may result in a gain of revenue and a subsequent increase in costs relating to administration, enforcement, etc. for level IV facilities. The fee revenues would be used by the State Trauma Board for trauma center administration. The substitute bill bases level IV designation eligibility on being verified as a trauma center by ACS, as well as meeting other Board-established requirements, and specifies that facilities designated as such are adult trauma centers. In the As Introduced version of the bill, eligibility was based on meeting Board-established requirements and the Board was permitted to define the role of level IV trauma centers in the trauma system.

The substitute bill also makes changes regarding level III designation requirements. In the As Introduced version of the bill, facilities were eligible for a level III designation if the facility was verified as a trauma center by the American College of Surgeons (ACS) and if the facility met additional requirements that the Board was allowed to establish. In the substitute version, in order to be eligible for a level III adult trauma center designation, a facility must do either of the following: (1) be verified as a trauma center by ACS and meet any additional criteria established by the Board, or (2) complete the application process for verification by ACS and meet criteria established by the Board. This change might enable additional facilities to obtain level III designation.

The substitute version of the bill expressly exempts urgent care centers from provisions of law requiring hospitals to establish trauma care protocols.

The substitute version of the bill also includes changes relating to the nomination authority that should have no fiscal effect.