



OHIO LEGISLATIVE SERVICE COMMISSION

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Fiscal Note & Local Impact Statement

Bill: H.B. 241 of the 132nd G.A.

Status: As Introduced

Sponsor: Rep. Barnes, Jr.

Local Impact Statement Procedure Required: No

Subject: Ohio Diabetes Registry

State & Local Fiscal Highlights

- The Ohio Department of Health (ODH) could experience a significant increase in costs to develop and maintain the Ohio Diabetes Registry.
- ODH would experience an increase in costs for provider education and training to ensure proper utilization of the Registry.
- Government-owned hospitals and other local entities may experience a minimal increase in costs to submit information to the Registry. The Ohio Hospital Association stated that costs could be minimal, but would depend on the requirements for data submission established by ODH in rules.

Detailed Fiscal Analysis

The bill requires the Ohio Department of Health (ODH) to establish the Ohio Diabetes Registry and requires health care providers to electronically report specified information to ODH to be included in the Registry. The bill specifies what information, at a minimum, is to be reported. The reporting is required to be done in accordance with standards ODH adopts in rules. To the extent possible, the bill requires these standards to be similar to those currently used to report cases of cancer to the existing Ohio Cancer Incidence Surveillance System (OCISS). The bill requires ODH to contract with one or more state universities or medical research centers with expertise in data analytics to assist ODH with implementing the bill's requirements. It also permits ODH to accept and administer grants from the federal government and other public and private sources for administering the Registry and fulfilling the bill's requirements.

Additionally, the bill creates the Ohio Diabetes Registry Advisory Council to advise ODH on implementing the Registry and specifies that the members are to serve without compensation. ODH is required to adopt rules, in consultation with the Council, to specify the data that is to be collected and standards and procedures for the reporting of information. ODH is required to publish a quarterly summary of information reported and maintained in the Registry on its website.

Finally, the bill specifies that violation of the bill's reporting requirement is a minor misdemeanor for a first offense and a misdemeanor of the fourth degree for subsequent offenses.

Fiscal impact

ODH would realize an increase in administrative and information technology costs to establish and maintain the Registry.¹ In addition to these, ODH anticipates that it would realize an increase in costs for provider education and training to ensure proper utilization of the Registry. According to ODH, the total cost to implement the bill would depend on several factors and is difficult to predict. While ODH has experience with establishing and maintaining the OCISS² and other registries, ODH has stated that establishing a diabetes registry would be different. This is due to the fact that information for other surveillance programs is generally collected at the hospital level (i.e. cancer and infectious diseases). For a diabetes registry, cases captured through hospital reporting would only account for individuals who are ill enough to require hospital care. Instead, a lot of cases for the Diabetes Registry would likely be reported by a physician's office or an ambulatory setting. As a result, ODH would need to establish a reporting system for use in these settings and could also need to contract with an electronic health records vendor. As a result, ODH anticipates that costs might be significant.

If a state university contracts with ODH to implement the Registry, the university would realize an increase in costs and a gain in revenue.

Government-owned hospitals or other local entities that diagnose new cases of diabetes may experience an increase in costs to submit information to the Registry. The Ohio Hospital Association stated that costs could be minimal, but would ultimately depend on the requirements for data submission established by ODH in rules.

Diabetes statistics

According to the National Diabetes Statistics Report, 2017, the incidence rate of diabetes among adults 18 years of age and older in the United States was 6.7 per 1,000 individuals in 2015. ODH estimates that if Ohio's rate is similar, the Registry would collect information on approximately 60,000 new adult cases each year. The number would be higher with juvenile diabetes cases.

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¹ ODH anticipates that the registry would take a few years to be fully functional, based on historical experience with the OCISS. According to ODH, the OCISS was established in 1992, but did not have a complete dataset until 1996.

² The OCISS is funded with approximately \$540,000 in GRF and \$920,000 in federal funding in both fiscal year 2018 and 2019. ODH employs 12 full-time staff for the OCISS.