



# OHIO LEGISLATIVE SERVICE COMMISSION

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## Fiscal Note & Local Impact Statement

**Bill:** H.B. 464 of the 132nd G.A.

**Status:** As Introduced

**Sponsor:** Reps. Lipps and Antonio

**Local Impact Statement Procedure Required:** No

**Subject:** Stroke center recognition

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### State & Local Fiscal Highlights

- The Ohio Department of Health (ODH) may experience an increase in costs to administer stroke center recognition. ODH may also experience an increase in administrative costs to compile a list of recognized hospitals, publish and update the information to its website, and adopt rules.
- A government-owned hospital may choose to apply for certification from the American Heart Association, the Joint Commission, or another organization, which would likely require the payment of a certification fee.

### Detailed Fiscal Analysis

The bill provides for recognition of stroke centers and the establishment of protocols for assessment, treatment, and transport to hospitals of stroke patients.

#### Recognition of stroke centers and acute stroke ready hospitals

The bill permits eligible hospitals to be recognized by the Ohio Department of Health (ODH) as comprehensive or primary stroke centers or acute stroke ready hospitals. To be recognized, a hospital must apply to ODH on a form prescribed by ODH and furnish proof that it meets the bill's eligibility requirements. To qualify for recognition, a hospital must be certified by the American Heart Association, the Joint Commission, or another organization acceptable to ODH. If a hospital meets this requirement, ODH must recognize it. ODH may suspend or revoke a hospital's recognition if it determines that the hospital no longer satisfies the bill's requirements for recognition. ODH must conduct an adjudication before taking such action.

No later than June 1 of each year, ODH must compile and send a list of recognized hospitals to the medical director and cooperating physician advisory board of each emergency medical service (EMS) organization and must post the list on ODH's website. ODH is required to adopt rules as necessary to implement the bill's provisions.

### **Fiscal impact**

ODH will experience an increase in costs to develop an application process and to review applications for hospital recognition, as well as to develop a process for investigating complaints. There could also be hearing costs related to the suspension or revocation of recognition, including costs to hire an independent hearing officer, a court reporter, and staff time. ODH will also experience an increase in administrative costs to compile and send the annual list of recognized hospitals to EMS organizations, publish and update the list to its website, and adopt rules.

As a result of the bill, a government-owned hospital may choose to pursue certification from the American Heart Association, the Joint Commission, or another organization, which could require the payment of a certification fee.

### **Emergency medical service protocols**

The bill requires each regional director or regional advisory board appointed by the State Board of Emergency Medical, Fire, and Transportation Services to establish written protocols for use by EMS personnel when assessing, treating, and transporting stroke patients. The protocols must include procedures for all of the following: (1) transporting each patient to the closest hospital recognized by ODH as a comprehensive or primary stroke center, if such a hospital is reasonably available, (2) when appropriate, transporting a patient to the closest hospital recognized as acute stroke ready, and (3) transporting each patient within a specified time period after the onset of symptoms. Each director or advisory board is required to provide copies of its protocols to ODH, the State Board, and the medical director and physician advisory board of each EMS organization in the region.

### **Fiscal impact**

Regional advisory boards could realize a minimal increase in costs to establish the protocols. It is possible that the protocols established may require an EMS organization to take patients longer distances to a higher level stroke center, thus increasing costs for the organization. However, EMS providers could be reimbursed by a patient's insurance for additional mileage resulting from these protocols. In addition, a hospital that does not currently have a certification could potentially realize a decrease in stroke patients as a result of these protocols unless the hospital elects to receive a certification. The impact ultimately depends on the protocols developed though.