



OHIO LEGISLATIVE SERVICE COMMISSION

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Fiscal Note & Local Impact Statement

Bill: H.B. 111 of the 132nd G.A.
(with AM 0142-1, 0874, 0878, 1379,
1650, 1831-1, 1951, 2096, 2099,
2109, 2148, 2169, and 2184)

Status: In Senate Health, Human Services, & Medicaid

Sponsor: Reps. Carfagna and Ryan

Local Impact Statement Procedure Required: No

Subject: Makes various changes to health care law

State & Local Fiscal Highlights

- The bill could result in a minimal increase in costs to publically funded hospitals if it increases the number of involuntary hospitalizations.
- The bill modifies an allocation of \$150,000 in FY 2019 made in the budget bill. The distribution of funds will be based on the aggregate daily census of children in the facility during the previous fiscal year rather than on the number of children at each facility.
- The bill makes several modifications to the Medical Board's processes, which could result in minimal administrative costs.
- The bill increases the civil penalty from no more than \$1,000 to no more than \$5,000 for certain violations regarding the supervision agreement between physicians and physician assistants. This might result in an increase in civil penalty revenues.
- The bill requires the Occupational Therapy, Physical Therapy, and Athletic Trainers Board (OTPTAT) to establish a schedule for the biennial renewal of licenses. OTPTAT will experience administrative costs to make changes to its renewal schedule. Fees currently collected and deposited annually into the Occupational Licensing and Regulatory Fund (Fund 4K90) will instead be deposited biennially.
- The bill creates a license for an opioid treatment program and eventually eliminates the license to maintain methadone treatment. As a result, there could be initial and ongoing costs to the Ohio Department of Mental Health and Addiction Services (OhioMHAS) to regulate additional programs; however, there could be additional revenues collected as well.
- The bill requires certain alcohol and drug addiction services to be certified. As a result, OhioMHAS could realize an increase in costs to certify these additional services and possibly a gain in fee revenue as a result.

Detailed Fiscal Analysis

Mental health holds

The bill authorizes a clinical nurse specialist or certified nurse practitioner to have an individual involuntarily hospitalized for mental health treatment in an emergency if the nurse has a psychiatric-mental health certification from the American Nurses Credentialing Center or similar certification from an organization approved by the Ohio State Board of Nursing. Continuing law provides this authorization for a psychiatrist, licensed clinical psychologist, physician, health officer, parole officer, police officer, sheriff, chief of the adult parole authority, or a parole or probation officer with the chief's authority. It is possible that publically operated hospitals would experience an increase in costs if the addition of these nurses to the list of authorized people increases the number of involuntary hospitalizations, but any significant increase is unlikely.

Child crisis care facility allocation

The bill modifies an allocation made to children's crisis care facilities in H.B. 49, the budget bill, funded at \$150,000 in FY 2018 and FY 2019. For FY 2019, the bill specifies the distribution of funds will be based on the aggregate daily census of children in the facility during the previous fiscal year rather than on the number of children at each facility. This change will not affect the total funds available, but rather their distribution.

Medical Board

The bill modifies several processes of the Medical Board regarding hearings, investigations, and complaints. In addition to codifying the current practice of maintaining the confidentiality of patients and complainants, the bill requires the Board to prepare a quarterly report regarding the disposition of all cases during the previous three months. The Medical Board will experience an administrative cost to publish the quarterly report.

The bill also makes modifications regarding supervision agreements between physicians and physician assistants that might result in a negligible decrease in administrative costs. Additionally, the bill specifies that the Board may impose a civil penalty of no more than \$5,000 (rather than the current \$1,000) if it finds through a review that there were certain violations regarding the supervision agreement. This might increase the amount of civil penalty revenues collected.

The bill also makes changes regarding the requirements for physician training certificates and limited permits to practice respiratory care by the Medical Board, which could result in minimal costs to the Board.

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

The bill requires the Occupational Therapy, Physical Therapy, and Athletic Trainers Board (OTPTAT) to promulgate rules regarding continuing education

requirements for licensees and establish a schedule for the biennial renewal of licenses. Currently, all licenses expire annually on January 31. OTPTAT will experience administrative costs to develop rules and make changes to its renewal schedule. Fees currently collected and deposited annually into the Occupational Licensing and Regulatory Fund (Fund 4K90) will instead be deposited biennially.

Standard care agreements

Under current law, advanced practice registered nurses (APRN), with the exception of certified registered nurse anesthetists (CRNA), must enter into a standard care arrangement with a collaborating physician or podiatrist. As an exception, clinical nurse specialists whose specialty is in mental health or psychiatric mental health can enter into an agreement with a physician that practices pediatrics, primary care, or family practice. The bill makes several changes to this authority, including prohibiting a clinical nurse specialist or certified nurse practitioner from collaborating with a podiatrist and extending the exception granted to clinical nurse specialists to a certified nurse practitioner by the American Nurses Credentialing Center. These changes are expected to pose no additional cost to the state or political subdivisions.

Dialysis technicians

Under current law, an applicant for a dialysis technician license who has completed a dialysis training course must have performed dialysis care for at least 12 months immediately before applying. The bill reduces the required experience to six months. The bill also reduces the work requirement from 12 to six months for an out-of-state applicant. This change will likely shorten the timeframe in which Certified Dialysis Technician Interns apply for the Certified Dialysis Technician license. In the short term, this might increase revenue as Interns pay a \$35 application fee and apply for their full license more quickly.

Ohio Department of Mental Health and Addiction Services

The bill creates a license for an opioid treatment program, which is regulated by the Ohio Department of Mental Health and Addiction Services (OhioMHAS), and eventually eliminates the license to maintain methadone treatment. This basically expands the scope to include other drugs used for the treatment of opioids. The bill specifies that no entity is to operate such a program requiring certification unless the entity is a community addiction services provider and the program is licensed. The bill exempts a program operated by the United States Department of Veterans Affairs from this requirement. The bill requires OhioMHAS to establish procedures and adopt rules for licensing, inspection, and supervision of community addiction services providers that operate an opioid treatment program. OhioMHAS will also be required to ensure that such a provider complies with the location requirements specified in the bill. As a result, there could be initial and ongoing costs to OhioMHAS to regulate additional programs; however, there would also be additional revenues collected as well.

Additionally, the bill prohibits an entity from providing any of the following alcohol and drug addiction services unless the services have been certified: (1) withdrawal management addiction services provided in a setting other than an acute care hospital, (2) addiction services provided in a setting in which recipients of the services are in residence, and (3) addiction services provided on an outpatient basis. However, the bill specifies that this provision does not apply to individuals who hold a valid license or certificate authorizing the practice of health care professions that practice these services or an individual who provides the services as part of an employment or contractual relationship with a hospital outpatient clinic that is accredited. Currently, providers of these services must be certified in order to receive public funds, so this provision could result in additional certifications. OhioMHAS will realize an increase in costs to certify these services for additional providers, as well as a gain in fee revenue if fees are collected for certification. The bill specifies that no entity or community addiction services provider will be eligible to receive any state or federal funds or funds administered by a board of alcohol, drug addiction, and mental health services, unless those services have been certified by the Director of OhioMHAS.

Charter county hospital

Additionally, the bill makes changes to the authority of a board of county hospital trustees of a charter county hospital. The bill allows a board of county hospital trustees of a charter county hospital to purchase, acquire, lease, construct, own, operate, or manage hospital facilities in a county contiguous to a charter county. This provision is permissive, so any impacts will depend on the board's decision to acquire such hospital facilities.