

Fiscal Note & Local Impact Statement

123rd General Assembly of Ohio

BILL: **H.B. 35** DATE: **February 22, 1999**
STATUS: **As Introduced** SPONSOR: **Rep. Taylor**
LOCAL IMPACT STATEMENT REQUIRED: **Yes**
CONTENTS: **Eliminate The Requirement That A Person Who Maintains A Work Camp Pay To The Appropriate Local Government Any Expenses Caused By Contagious Or Infectious Diseases That Originate Or Exist In The Camp.**

State Fiscal Highlights

- No direct fiscal effect on the state.

Local Fiscal Highlights

LOCAL GOVERNMENT	FY 1999	FY 2000	FUTURE YEARS
Counties and Local Health Departments			
Revenues	- 0 -	Potential loss of \$2,500 to \$10,000 reimbursement per occurrence of illness	Potential loss of \$2,500 to \$10,000 reimbursement per occurrence of illness
Expenditures	- 0 -	- 0 -	- 0 -

Note: For most local governments, the fiscal year is the calendar year.

- Under existing law, the local health department can be reimbursed by an agriculture labor camp owner for providing services to workers at such camps who have contagious or infectious diseases. If the worker is not a citizen of the United States or has a valid green card, they are not eligible for conventional insurance, Medicaid, Medicare, or the county commissioner's tuberculosis (TB) fund.
- The Ohio Department of Health provides approximately \$200,000 per year for TB treatments. This figure is divided by the total number of cases in a given year. Each county receives a subsidy from DOH depending upon the number of TB cases in that county. In FY 1998, the subsidy totaled \$865.80 per case. This does not completely cover the cost per case, therefore, the local departments will be required to cover the balance of the costs.
- The average treatment cost per patient for TB ranges from about \$2,500 to \$6,000. However, as occurred in Huron County, this cost could rise as high as \$10,000 per occurrence.



Detailed Fiscal Analysis

Under Section 3707.15 of the Revised Code, the owner of an agricultural labor camp is required to pay to the local government where the camp is located any costs incurred to treat workers with contagious or infectious diseases. According to a representative of the Association of Ohio Health Commissioners (AOHC), if a camp operator hires an undocumented worker, that individual is unable to participate in worker's compensation, Medicaid, Medicare, health insurance, or the county commissioners tuberculosis (TB) reimbursement fund.

According to Section 339.38 of the Revised Code, "the board of county commissioners of any county may contract with the board of trustees of a county or district tuberculosis hospital or with the director of health for clinic services or for the care, treatment, and maintenance of residents of the county who are suffering from tuberculosis." According to an analyst with the County Commissioners' Association of Ohio, an undocumented worker would not be considered a resident of the county.

According to the Department of Health, in 1998 there were 145 licensed agricultural labor camps. About 60-70 percent of these camps are located in northwest Ohio. According to the AOHC, aside from the case in Huron County, there is no recollection of any local health district collecting funds under the Section of the Revised Code that this bill would repeal. However, it is unknown if there were cases in the past where a health district could have been compensated if it had known about ORC 3707.15. LBO assumes that now that this section of the Revised Code has been publicized, other health districts will use it in the future if it is not repealed.

Potential Costs

Since FY 1996, the Department of Health (DOH) has provided \$200,000 to be used statewide for tuberculosis services. Under Am. Sub. H.B. 650 of the 122nd General Assembly, this appropriation was reduced to \$194,550 for FY 1999. Each year, the Department determines the total number of TB cases in the state. That figure is divided into the \$200,000 to determine the per case subsidy given to local health departments for the treatment of TB. In 1997 and 1998, the number of TB cases in Ohio was 286 and 231, respectively. This means that the per case subsidy provided by the Department was \$699.30 in 1997 and \$865.80 in 1998. The per case subsidy amount is multiplied by the number of cases in that county to determine the total amount of the county's TB subsidy.

In addition to the state dollars, locally generated funds provide the majority of the funding for TB prevention and control. The Ohio Tuberculosis Coalition provided information on the cumulative treatment cost per case for a few counties in the state.

County	Cumulative Treatment Cost Per Case	Case Contact Investigation Cost
Franklin	\$2,639.28 - \$3,581.58	\$751
Mahoning	\$2,343.58	\$1,032.88 - \$1,299.04
Cuyahoga	\$4,537 - \$6,226	\$5,567.50
Lorain	\$2,356.75 - \$2,427.65	\$613.62
Hamilton	\$2,168.29	\$1,043.70

The above table includes both the costs to treat a case of TB and the cost to investigate the potential spread of the disease. The figures in both columns should be summed to determine to total cost for a county to deal with an outbreak of TB. Since the subsidy from DOH does not entirely cover the costs for TB, there will be costs borne by the local health districts to cover the balance of the treatment.

Another potential source of local impact occurs with public hospitals located in northwest Ohio, the home to the majority of the agricultural labor camps. The following table lists the publicly owned and operated hospitals in that region of the state.

Hospital	City (County)	Type of Hospital
Morrow County Hospital	Mt. Gilead (Morrow)	County Operated
Paulding County Hospital	Paulding (Paulding)	County Operated
Community Memorial Hospital	Hicksville (Defiance)	Hospital District Operated
Joint Township District Memorial Hospital	St. Marys (Auglaize)	Hospital District Operated
Wyandot Memorial Hospital	Upper Sandusky (Wyandot)	Hospital District Operated

Since these hospitals are owned and operated by local political subdivisions, a labor camp worker treated in one of these locations would also cause fiscal impact if no sources of reimbursement, whether insurance or work camp owner, is available.

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