

- The Department of Health will have minimal GRF costs related to activities associated with this bill. To inspect a total of five facilities to certify as pediatric trauma centers would cost the Department approximately \$7,500.
- The bill imposes additional costs for certain offenses in addition to the failure to use a seat belt. The additional amount is \$25 if the violation is a felony and \$5 if the violation is not a felony. This will generate an increase in revenues to the state of approximately \$1.4 million. Of this total amount, 54 percent of the fine revenue goes to the Trauma and Emergency Services Grants Fund (\$756,000), 28 percent to the EMS Fund (\$392,000), 8 percent to the Elementary School Seat Belt Program in the Department of Public Safety (DHS) (\$112,000), 8 percent to the DHS Seat Belt Education Fund (Fund 844) (\$112,000) and 2 percent to the Ambulance Licensing Board (\$28,000).
- The bill requires that the state board of EMS evaluate and study matters pertinent to improving the level of services delivered to adult and pediatric trauma victims and to report its findings not later than three years after the effective date of this bill. This will necessitate contracting out for part of this study, assuming that at least two components of the study can be combined. A cost of approximately \$150,000 will be incurred in Fund 83M in the first year, FY 2000, and should the study need to be continued, \$50,000 in FY 2001. This is based on a cost of \$50,000 per element of the study per fiscal year, and the assumption that an additional year will be needed for the more involved research needed; in particular, the report on the status and needs of trauma care.
- The bill amends section 4511.81 of the Revised Code to state that all fines imposed pursuant to divisions (H)(1) and (2) of ORC 4511.99 shall go to the Child Highway Safety Fund (4T4). Under current law, only 65 percent of the referenced fines go to Fund 4T4. The additional 35 percent represents a gain of approximately \$67,000 per year for the Child Highway Safety Fund.
- The bill credits the trauma and medical service grants fund (Fund 83P) 5%, or \$1,225,000 from monies arising from bail forfeited by persons apprehended or arrested by state highway patrol troopers.
- The bill increases the charge for license reinstatement of an OMVI offender by \$20, and credits the trauma and emergency medical services funds combined with over \$800,000.

Local Fiscal Highlights

| LOCAL GOVERNMENT | FY 1999 | FY 2000 | FUTURE YEARS |
|--------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Counties & Municipalities | | | |
| Revenues | Decrease of about \$1.3 million | Decrease of about \$1.3 million | Decrease of about \$1.3 million |
| Expenditures | - 0 - | - 0 - | - 0 - |

Note: For most local governments, the fiscal year is the calendar year. The school district fiscal year is July 1 through June 30.

- The bill reduces the amount of fines that go to local governments that will now go to the Child Highway Safety Fund (Fund 4T4). Under current law, 35 percent of fines (approximately \$67,000) stay at the local level. Under this bill, this 35 percent will instead be deposited into the state treasury to the credit of Fund 4T4.
- The bill reallocates from counties and municipalities 5% of fines collected from moneys arising from bail forfeited by persons apprehended or arrested by state highway patrol troopers, (approximately 1.2 million dollars).

Detailed Fiscal Analysis

Department of Public Safety

This bill increases seat belt fines under sections 4513.263 and 4513.99 of the Revised Code. The current breakdown of fine distribution is as follows:

- 54 percent to Trauma and Emergency Medical Services Grants Fund (Fund 83P)
- 28 percent to Emergency Medical Services Fund (Fund 83M)
- 8 percent to Seat Belt Education (Fund 844)
- 8 percent to Elementary School Seat Belt Program (Fund 83N)
- 2 percent to Ambulance Licensing Board (Fund 4N1)

Estimates from the Ohio Department of Public Safety place the driver/passenger ratio for seat belt violations at 60.6 percent for drivers, and 39.4 percent for passengers statewide. For purposes of this analysis, LBO used a split of 60 percent to 40 percent. EMS figures state that there was approximately \$5.5 million in fine revenue collected in FY 1998. An additional \$5 assessment for non-felony convictions earmarked for the Grants Fund (Fund 83P) will raise the fine for drivers from \$25 to \$30 and for passengers from \$15 to \$20. LBO estimates that the additional assessment will produce an increase in revenue of at least \$1,393,333 per year. This figure does not account for felony convictions. Since this number is based on actual fine proceeds received, it is already discounted for uncollected fines. Since the EMS Fund (Fund 83M) is to receive 28 percent of this amount, the total transferred to Fund 83M is estimated to be \$390,132 per year.

The bill provides that 5% of total bail forfeiture fine revenue from the Ohio State Highway Patrol goes to the trauma and emergency medical service grants fund that previously went to the county or municipality where the prosecution occurred. In fiscal year 1998, the Highway Patrol received a total of \$24,500,000 in fine revenue. This translates into increases of over 1.2 million dollars for the Grants Funds (Fund 83P), and a decrease of this amount for counties and municipalities.

The bill increases the charge for license reinstatement of an OMVI offender by \$20, with the additional funds going toward the trauma and emergency medical services fund. In FY 1996, the \$250 reinstatement fee was paid in 24,635 cases, and the \$500 fee was paid in 15,936 cases, thereby generating over \$14.1 million from 40,571 paid cases. Assuming that the numbers for reinstatement remain at this level, the trauma and emergency medical services fund will experience an increase of over \$800,000. Am. Sub. S.B. 80 of the 122nd General Assembly increased the base operator license reinstatement fee from \$280 to \$405.

The bill requires that the state board of EMS evaluate and study matters pertinent to improving the level of services delivered to adult and pediatric trauma victims and to report its findings not later than three years after the effective date of this bill. This will necessitate contracting out for part of this study, assuming that at least two components of the study can be combined. A cost of approximately \$150,000 will be incurred in Fund 83M in the first year, FY 2000, and should the study need to be

continued, \$50,000 in FY 2001. This is based on a cost of \$50,000 per element of the study per fiscal year, and the assumption that an additional year will be needed for the more involved research needed; in particular, the report on the status and needs of trauma care.

Department of Health

The potential estimated costs for the Department of Health (DOH) related to analysis and reporting with the trauma system proposed in this bill to be about \$15,000 to \$30,000 annually. In Ohio, there are currently approximately 25 hospitals that are verified as adult and/or pediatric trauma centers with the American College of Surgeons (ACS). Under this bill, the Department of Health would only register facilities seeking designation as a pediatric trauma center. For pediatric hospitals, or hospitals with a pediatric commitment, the facility has the option of ACS verification or certification by DOH. According to the bill, hospitals with ACS verification would not be inspected by the Department with respect to trauma activities.

There are six children's hospitals in Ohio¹. Of these facilities, three² are verified by ACS as Level I Pediatric Trauma Centers and one³ is verified as an adult trauma center with a pediatric commitment. Since the bill limits activities by DOH to pediatric trauma facilities, LBO estimates that no more than five additional facilities should potentially seek designation from DOH as a pediatric trauma facility. This estimate includes the remaining children's hospitals, as well as a few adult hospitals with pediatric commitments that are not verified by ACS.

The Department estimates that initial cost of conducting inspections of facilities seeking designation as a trauma center to be \$1,500 per facility. This figure was determined based upon the current inspection costs incurred by the Department. These costs are internally capped at \$1,250. However, the addition of this new activity led the Department to increase this cost estimate to the \$1,500 figure. For follow up inspections, DOH estimates costs of \$750 per inspection. Certification, processing, complaint management, and enforcement expenses are estimated at \$350 to \$500 per facility. Since the bill is silent on the matter, LBO assumes that the Department will cover these expenses out of its GRF funding. Using the \$1,500 per facility estimate, a potential total annual expenditure of approximately \$7,500 was derived.

The bill directs 100 percent of fine revenue from violations of ORC 4511.81 to go to the Child Highway Safety Fund (Fund 4T4) within the Department of Health. Under current law, 65 percent of the fine revenue from the referenced section is deposited into Fund 4T4. In fiscal year 1998, revenue deposited into the state treasury to the credit of Fund 4T4 totaled \$124,200. Since this represented 65 percent of total fine revenue, LBO estimates that \$67,000 in fine revenue was collected but not deposited into Fund 4T4. The remaining 35 percent remained at the local level. By directing 100 percent of the fine revenue mentioned above into Fund 4T4, LBO estimates that a gain of \$67,000 in Fund 4T4, for an annual total of approximately \$191,000.

¹ The six hospitals are Children's Hospital Medical Center of Akron, Children's Hospital Medical Center (Cincinnati), Rainbow Babies and Children's Hospital (Cleveland), Children's Hospital (Columbus), The Children's Medical Center (Dayton), and Toledo Children's Hospital.

² Children's Hospital Medical Center (Cincinnati), Rainbow Babies and Children's Hospital (Cleveland), and Children's Hospital (Columbus).

³ Toledo Children's Hospital

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