



Ohio Legislative Service Commission

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Fiscal Note & Local Impact Statement

Bill: [H.B. 427 of the 129th G.A.](#)

Date: March 13, 2012

Status: As Introduced

Sponsor: Reps. Boyd and Gardner

Local Impact Statement Procedure Required: No

Contents: To replace the Council on Stroke Prevention and Education with the Stroke System of Care Task Force; to require establishment of emergency response treatment of stroke patients; and to require the Department of Health to maintain a stroke data registry

State Fiscal Highlights

- The bill requires the Ohio Department of Health (ODH) to develop and maintain a stroke data registry. ODH currently participates in the Paul Coverdell Acute Stroke Registry, funded by federal Centers for Disease Control grants. The Coverdell Registry would likely meet the requirements under the bill. However, if ODH chooses to expand the registry, or if federal funding is reduced, ODH may incur increased costs.
- The bill requires the State Board of Emergency Medical Services in the Department of Public Safety to establish a standardized stroke assessment and protocol tool and establish pre-hospital care protocols related to the assessment, treatment, and transport of stroke patients by emergency medical services. Under the bill, protocols are to be developed with consultation from ODH, hospitals recognized as primary stroke centers, and the Stroke System of Care Task Force. The Department of Public Safety and these other entities would incur costs to establish the assessment and protocols.
- The bill replaces the Council on Stroke Prevention and Education with the Stroke System of Care Task Force. Members are to serve without compensation but may be reimbursed for actual and necessary expenses.

Local Fiscal Highlights

- Under the bill, public hospitals and public emergency medical service organizations may incur increased costs if requested by ODH to participate in a stroke data registry.
- Under the bill, costs to public emergency medical service organizations resulting from pre-hospital care and transportation protocols for stroke victims may increase, decrease, or remain unchanged.

Detailed Fiscal Analysis

Stroke data registry

The bill requires the Ohio Department of Health (ODH) to develop and maintain a stroke data registry using stroke registry guidelines established by The American Heart Association. ODH may alternatively choose to model the registry on guidelines developed by another organization provided that the registry maintains confidentiality standards no less secure than those in the American Heart Association Guidelines. Under the bill, data for the registry shall be provided by hospitals, emergency service organizations, and other entities at the request of ODH. Currently, ODH and 42 hospitals across the state participate in the Paul Coverdell Acute Stroke Registry through funding provided by a grant from the Centers for Disease Control, and through fees paid by the participating hospitals. The federal grants to ODH since 2007 have averaged approximately \$572,000 per year. ODH estimates that participating hospitals pay between \$2,500 and \$3,000 in fees plus an undetermined amount of administrative costs each year. If ODH chooses to continue the Coverdell Registry to meet the requirements of the bill, and if Coverdell grants from CDC continue to be available at levels sufficient to maintain the registry, there would be no additional costs to the state or publicly-owned hospitals. However, increased expenditures may result for ODH, publicly-owned hospitals, and other public entities, if federal grants are reduced or are no longer available, if the registry is expanded to include entities beyond ODH and the 42 participating hospitals, or if ODH develops a new registry.

Background – the Paul Coverdell Acute Stroke Registry

In 2007, ODH received a five-year grant from the Centers for Disease Control (CDC) to establish the Paul Coverdell Acute Stroke Registry in Ohio. According to the CDC web site, the Coverdell Registry is a national effort by CDC to measure, track, and improve the quality of care and access to care for stroke patients from onset of stroke symptoms through rehabilitation and recovery. Six states including Michigan, Minnesota, North Carolina, Georgia, Massachusetts, and Ohio participated in the registry as of 2009. Performance measures in the Coverdell Registry are standardized with those of the Joint Commission on Health Accreditation's Primary Stroke Center Certification Program, and The American Heart Association's Get with the Guidelines –

Stroke Program. As of February 2012, there were 42 Ohio hospitals (4 publicly-owned¹) voluntarily participating in the registry.

The CDC Coverdell grant awards to ODH since 2007 have totaled approximately \$2.86 million. Funding under this grant expires in June 2012. ODH uses the money for staffing to administer the registry, to provide training to hospitals, and to provide grants to the participating hospitals. Administration costs to ODH include a subscription fee (approximately \$4,500 per year) paid to Outcome, a research company that compiles data collected by the Coverdell Registry. Participating hospitals also pay a subscription fee to Outcome (ODH estimates hospitals pay \$2,500 - \$3,000 per year). ODH provides \$500 to each participating hospital to help offset costs. Participating hospitals also incur unspecified costs associated with administration activities including training, data collection, and data entry.

EMS protocols

The bill requires the State Board of Emergency Medical Services in the Department of Public Safety to establish a standardized stroke assessment and protocol tool and establish pre-hospital care protocols related to the assessment, treatment, and transport of stroke patients by emergency medical services. Under the bill, protocols are to be developed with consultation from ODH, hospitals recognized as primary stroke centers, and the Stroke System of Care Task Force. The Department of Public Safety and the other entities would incur costs to establish the assessment and protocols.

The bill creates an exception to the requirement that emergency medical service organizations transport trauma victims directly to a qualified trauma center if the victim is subject to the transportation requirements of the standardized stroke assessment and protocol tool. The fiscal effect of this provision cannot be determined at this time, but the transportation requirements of the protocol tool once developed may influence operating and personal service costs to public emergency service organizations. Additionally, payments made by Medicaid on behalf of clients transported under the requirements of the protocol tool may be affected. Expenditures by public emergency medical service organizations and Medicaid could increase, decrease, or remain unchanged.

¹ MetroHealth Medical Center, Ohio State University Hospitals, University of Toledo Medical Center, and Wooster Community Hospital.

Stroke System of Care Task Force

The bill creates the Stroke System of Care Task Force within ODH, and abolishes the Council on Stroke Prevention and Education. Duties of the task force include encouraging and facilitating communication between hospitals and emergency medical service organizations concerning methods of improving the quality of care provided to stroke patients, facilitating the analysis of stroke treatment and coordination of care, and providing recommendations on a statewide system of stroke response and treatment to ODH. Members of the task force are to serve without compensation but may be reimbursed for actual and necessary expenses to the extent that funds are available. ODH is required to provide staff assistance and office space to the task force, to the extent funds are available. Under current law, members of the Council on Stroke Prevention and Education that the bill replaces are reimbursed for actual and necessary expenses and are provided office space and staff assistance to the extent funds are available.

Additionally, under the bill, ODH is required to develop a statewide system of stroke response and treatment based on the recommendations of the task force. Costs associated with developing such a system cannot be determined at this time. The bill would also require ODH to recognize hospitals that have received accreditation as primary stroke centers and post a list of primary stroke centers on its web site. Costs associated with these requirements would likely be minimal.

Indirect fiscal effects

As stated earlier, the bill requires ODH to develop a statewide system of stroke response and treatment with particular attention given to response and treatment in rural areas of the state. The system is to be based on recommendations of the Stroke System of Care Task Force. Recommendations of the task force are to include procedures for improving communication and coordination between hospitals accredited as primary stroke centers and hospitals that are not primary stroke centers, a plan for achieving continuous improvement in the quality of care, and strategies for the use of telemedicine services for inter-hospital communication. Additionally, the bill requires the State Board of Emergency Medical Services to develop a stroke response and treatment protocol tool for use by emergency medical service organizations in the transportation and pre-hospital care of stroke victims. Implementation of these strategies and improvements to care for stroke victims could result in decreased costs to Medicaid associated with rehabilitation and long term care of stroke victims.