



Ohio Legislative Service Commission

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Fiscal Note & Local Impact Statement

Bill: [H.B. 147 of the 130th G.A.](#)

Date: May 28, 2013

Status: As Introduced

Sponsor: Reps. Patmon and Wachtmann

Local Impact Statement Procedure Required: No

Contents: To require a surgeon performing a mastectomy, lymph node dissection, or lumpectomy to provide referrals

State Fiscal Highlights

- No direct fiscal effect on the state.

Local Fiscal Highlights

- **Public hospitals.** According to the Ohio Hospital Association (OHA), costs to public hospitals associated with guiding a patient through a navigation system for provided or referred services would likely be minimal as long as the guidance required could be satisfied through the use of verbal communication or through the distribution of written educational materials. However, if guiding the patient through a navigation system would require additional patient education, then costs could increase.
- **Public hospitals.** According to OHA, most physicians currently discuss reconstructive or plastic surgery options with patients and offer referrals. If certain physicians employed at public hospitals do not currently do this or do not currently follow National Accreditation Program for Breast Centers standards, then administrative costs could increase for these public hospitals. The costs would likely be minimal.

Detailed Fiscal Analysis

The bill requires a surgeon performing a mastectomy, lymph node dissection, or lumpectomy in a hospital to use a patient navigation system consistent with the standards of the National Accreditation Program for Breast Centers (NAPBC) to guide the patient through provided or referred services. According to the Ohio Hospital Association (OHA), costs to public hospitals might increase. OHA stated that the costs would likely be minimal as long as the guidance required could be satisfied through the use of verbal communication or through the distribution of written educational materials, such as pamphlets. However, if guiding the patient through a navigation system would require additional patient education, then costs could increase further.

Additionally, if a surgeon performing a mastectomy or lumpectomy considers breast reconstruction appropriate, the bill requires the surgeon or surgeon's designee, before obtaining consent for the procedure, to offer the patient a preoperative referral to a reconstructive or plastic surgeon in accordance with NAPBC standards. According to OHA, most physicians currently discuss reconstructive or plastic surgery options with patients and offer referrals. If certain physicians employed at public hospitals do not currently do this or do not currently follow NAPBC standards, then administrative costs could minimally increase for these public hospitals. The Medicaid Program covers breast reconstruction for women enrolled in the program. A spokesperson for the Department of Job and Family Services, which currently administers the Medicaid Program, also stated that most physicians currently discuss breast reconstructive or plastic surgery options with patients. As a result, the spokesperson does not anticipate additional reconstructive or plastic surgery costs to the Medicaid Program as a result of this requirement.