Ohio Legislative Service Commission

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Fiscal Note & Local Impact Statement

Bill: Sub. H.B. 147 of the 130th G.A.

Date: December 4, 2013

Status: As Reported by Senate Medicaid, Health & Human Services

Sponsor: Reps. Patmon and Wachtmann

Local Impact Statement Procedure Required: No

Contents: To require a surgeon performing a mastectomy in a hospital to guide the patient and 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 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. If additional patient education is required, then costs would 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 who will perform a mastectomy in a hospital, or a person designated by the surgeon, to guide the patient through provided or referred services in a manner that is consistent with National Accreditation Program for Breast Centers (NAPBC) standards. According to the Ohio Hospital Association (OHA), costs to public hospitals might increase due to this requirement. 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. If additional patient education is necessary, then costs could further increase.

Additionally, if a surgeon who is to perform a mastectomy considers breast reconstruction appropriate, the bill requires the surgeon or designated person 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.

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