OHIO LEGISLATIVE SERVICE COMMISSION

www.lsc.ohio.gov

Office of Research and Drafting

Legislative Budget Office

H.B. 758
136th General Assembly

Fiscal Note & Local Impact Statement

Click here for H.B. 758's Bill Analysis

Version: As Passed by the House

Primary Sponsors: Reps. Sweeney and Manning

Local Impact Statement Procedure Required: Yes

Jake Graffius, Budget Analyst, and other LBO staff

Highlights

- The Ohio Department of Health (ODH) will experience costs to provide guidance to health care practitioners in determining when an individual is at an elevated risk for sudden unexpected death in epilepsy (SUDEP) and to develop an education and information program for individuals with epilepsy regarding SUDEP dangers.
- The Bureau of Motor Vehicles (BMV) estimates additional costs of at least $75,000 to $100,000 to create and implement an epilepsy designation that may be included on a person's driver's license or state identification card.
- County coroners could have costs to investigate SUDEP in certain circumstances and to report specified information to SUDEP registries.

Detailed Analysis

The bill includes several provisions regarding sudden unexpected death in epilepsy (SUDEP) and individuals with epilepsy. The provisions and the fiscal impacts are described below.

ODH responsibilities

The bill requires the Ohio Department of Health (ODH), in consultation with local and national organizations that provide education or services related to epilepsy conditions, to provide guidance to health care practitioners who have the primary responsibility for treating individuals with epilepsy to assist practitioners in determining when an individual is at an elevated risk for SUDEP. The bill also requires ODH to develop an information and education program to notify individuals with epilepsy concerning the danger of SUDEP, including educational awareness initiatives, risk counseling for patients to support continuity of care, and referrals to other appropriate services based on care plans determined by health care providers.

Additionally, the bill requires this information to be provided to health care professionals and posted on ODH's website. A health care practitioner who provides treatment to a patient diagnosed with epilepsy is not liable for an injury or death arising from SUDEP if the professional provides education and counseling to a patient as required above and maintains proper documentation.

The bill also requires ODH to post on its website information concerning SUDEP that is accessible to all persons eligible to sign death certificates and permits ODH to provide educational training regarding SUDEP. Lastly, the bill requires ODH to conduct outreach to the American Medical Association (AMA) to recommend adding a current procedural terminology (CPT) code for epilepsy education and counseling provided by a health care professional to a patient diagnosed with epilepsy.

ODH and associated impacts

ODH will realize costs to perform these duties. However, some of these costs could be reduced if ODH utilizes publicly available information on SUDEP to meet the bill's education and guidance requirements. For example, the Epilepsy Foundation offers a wide range of educational resources on SUDEP that are publicly available and may be used by states at no cost. Other national or state organizations maintain educational materials and professional networks that can support awareness and provider education efforts as well. Even if these documents could be used, ODH will still have costs to provide the information to health care professionals. Oklahoma has similar SUDEP legislation and estimated that dissemination of this information alone would be $10,000. Ohio has more medical professionals than Oklahoma, so costs would likely be more depending on how the information is actually distributed. If any awareness campaigns are conducted, there would be costs to do these. These costs would vary depending on the medium chosen (television, radio, billboards, social media, etc.). The costs to conduct outreach to AMA to recommend adding a CPT code for epilepsy education and counseling are also indeterminate. However, Oklahoma's SUDEP legislation anticipated their costs to do this would be in the thousands of dollars.

As stated above, a health care practitioner who provides education and counseling to a patient with epilepsy has immunity in the result of an injury or death from SUDEP if proper documentation is maintained. However, the immunity does not apply if an injured party can prove that the education and counseling were not adequately provided. As a result, there could be court costs if any related civil cases were brought forward. The section below provides a brief description of costs associated with Oklahoma and Colorado SUDEP education and awareness legislation.

SUDEP education and awareness legislation in other states

Legislation enacted in Oklahoma in May 2025 requires the Oklahoma Department of Health to: consult with local and national organizations that provide education or services related to epilepsy conditions to provide guidance to health care practitioners, develop an information program to be disseminated to the public and licensed medical professionals about SUDEP, and encourage AMA to add a CPT code for epilepsy education.[1] The fiscal impact of the bill was

[1] See Oklahoma's HB 2013 (PDF) and the bill summary (PDF).

estimated to be about $45,000. The costs would be broken down as follows: $20,000 for the development of an information program, $10,000 for the dissemination of information to public and medical professionals, $10,000 for the consultation with national and local organizations,[2] and $5,000 to pursue a CPT code.

Recently introduced legislation in Colorado requires the Colorado Department of Public Health and Environment to conduct a statewide public health campaign to expand public awareness of, and to educate the public about, epilepsy and its risks.[3] This public awareness campaign is estimated to cost around $50,000 in each state fiscal year. The bill requires other actions as well, such as coordinating and overseeing a training contractor and to provide technical assistance to county coroners to report epilepsy-related death information. The costs to provide assistance to county coroners was estimated to be up to $100,000 per fiscal year. The Department would contract with a third party to provide the latest epilepsy-related death investigation training.

BMV provision

Current law requires an applicant for a driver's license to state whether they are or have ever been afflicted with epilepsy. The bill expands that requirement to also include state identification (ID) cards. If an applicant for a driver's license or state ID card is or has ever been afflicted with epilepsy, the bill requires that person to specify whether their driver's license (DL) or state ID card should display a unique symbol chosen by the Registrar of Motor Vehicles to indicate such. State credentials (i.e., DL and state ID card) are issued by the BMV, housed under the Ohio Department of Public Safety, and are currently produced using preprinted color card stock and then the data is engraved with a laser that is black and white.

BMV impacts

Based on costs incurred for prior driver's license and state ID card updates, the BMV estimates that it will incur at least $75,000 to $100,000 to implement a black and white symbol or emblem indicating that the holder of a DL or state ID card is or has ever been afflicted with epilepsy. These costs primarily consist of BMV system updates to include the required symbol in the credential manufacturing process, which will likely necessitate vendor contract modifications, and BMV form modification (including DL and state ID card applications), as well as deputy registrar training. Additionally, the existing credentials will need to be redesigned to incorporate the bill's required symbol while still retaining existing requirements, including other legislative, identification, and security requirements.

Coroner requirements

The bill requires that if a coroner, deputy coroner, or pathologist, is informed that an individual who is the subject of an autopsy has epilepsy or a history of seizures, that the autopsy must include an investigation and determination as to whether the individual suffered SUDEP. If it is determined that the individual did suffer from SUDEP, the professional must ensure the

[2] Ohio has many more physicians, physician assistants, and nurses than Oklahoma, so dissemination costs would be much higher.

[3] See Colorado's SB 26-077 (PDF) and the fiscal note (PDF).

information is included in the death certificate and report that information to the appropriate state or national SUDEP registry.

County coroner impacts

County coroners could have costs to investigate SUDEP and to report specified information. Costs would depend on current practice (e.g., are any of these duties currently done) and the number of cases in which a coroner is made aware that the person who is the subject of an autopsy has epilepsy.

FNHB0758PH-136/zg