Ohio Legislative Service Commission

Bill Analysis

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Sub. H.B. 315*

130th General Assembly
(As Reported by S. Medicaid, Health and Human Services)

Reps. Wachtmann, Antonio, Bishoff, R. Adams, Amstutz, Anielski, Ashford, Baker, Barborak, Barnes, Beck, Blair, Blessing, Boose, Brown, Buchy, Burkley, Celebrezze, Cera, Conditt, Derickson, DeVitis, Driehaus, Duffey, Foley, Green, Grossman, Hackett, R. Hagan, Hall, Hayes, Henne, Hill, Huffman, Johnson, Kunze, Landis, Letson, Maag, McClain, Milkovich, O'Brien, Patmon, Patterson, Pelanda, Perales, Pillich, Ramos, Reece, Retherford, Rogers, Rosenberger, Ruhl, Sears, Sheehy, Slaby, Smith, Stautberg, Stebelton, Stinziano, Sykes, Thompson, Williams, Winburn, Young, Batchelder

BILL SUMMARY

- Requires maternity units, newborn care nurseries, and maternity homes to report to the Ohio Department of Health (ODH) the number of newborns diagnosed as opioid dependent.
- Authorizes local boards of health to grant maternity homes variances from or waivers of ODH rules regarding the operation of such homes.
- Replaces the chemical name for a type of controlled substance.

CONTENT AND OPERATION

Reporting newborns diagnosed as opioid dependent

The bill requires that each maternity unit, newborn care nursery, and maternity home report to the Ohio Department of Health (ODH) the number of newborns diagnosed as opioid dependent who were born to Ohio residents during the preceding

* This analysis was prepared before the report of the Senate Medicaid, Health and Human Services Committee appeared in the Senate Journal. Note that the list of co-sponsors and the legislative history may be incomplete.

calendar quarter. The reports must be submitted not later than 30 days after the end of each quarter and cannot include any patient-identifying information.[1]

The bill defines "opioid" as opium, opium derivatives, and synthetic opium substitutes. The bill does not define opioid dependent.

ODH is responsible for licensing maternity units, newborn care nurseries, and maternity homes and must adopt rules concerning their operation.[2] A maternity unit is a distinct portion of a hospital in which inpatient care is provided to women during all or part of the maternity cycle, and a newborn care nursery is a distinct portion of a hospital in which inpatient care, including intensive care, is provided to infants. A maternity home is a facility for pregnant girls and women where accommodations, medical care, and social services are provided during the prenatal and postpartal periods.[3]

Should a maternity unit, newborn care nursery, or maternity home fail to comply with the bill's reporting requirements, ODH may revoke or suspend its license or impose a fine provided for by current law.[4]

Reporting procedures

ODH must establish standards and procedures for reporting the required information. ODH must also compile the information submitted and make a summary of that information available to the public not later than 90 days after the end of each calendar year.[5]

Law enforcement

The bill provides that information reported to ODH regarding newborns diagnosed as opioid dependent cannot be used for law enforcement purposes or disclosed to law enforcement authorities.[6]

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[1] R.C. 3711.30(A).

[2] R.C. 3711.12.

[3] R.C. 3711.01.

[4] R.C. 3711.14, not in the bill.

[5] R.C. 3711.30(C) and (D).

[6] R.C. 3711.30(C).

Maternity home variances or waivers

The bill authorizes a board of health to grant a variance from or waiver of any requirement established in ODH rules regarding the operation of a maternity home. A maternity home seeking a variance or waiver must file an application with the board of health of the city or general health district in which it is located. The bill requires the ODH Director to adopt rules in accordance with the Administrative Procedure Act (R.C. Chapter 119.) establishing the application form and procedures.[7]

The board must review each application received. Not later than 45 days after receiving it, the board must determine whether to grant the variance or waiver and notify the maternity home in writing of its decision.

Under the bill, a board must grant a variance if it determines that the intent of a requirement has been met by the maternity home in an alternate manner. With respect to a waiver, a board must grant one if it determines that (1) strict application of a requirement would cause an undue hardship to the maternity home and (2) granting the waiver would not jeopardize the health and safety of any patient or resident.

Should the board deny a variance or waiver requested by a maternity home, the home may appeal the denial by filing a notice of appeal with the ODH Director. The notice must be filed not later than 30 days after the board's denial. Not later than 45 days after the notice of appeal is filed, the Director must either affirm the board's denial or grant the variance or waiver. The Director must notify both the board and the maternity home in writing of his or her action.

Should the board grant a variance or waiver requested by a maternity home, the ODH Director may void this variance or waiver. Not later than 45 days after the decision to void a variance or waiver, the Director must notify the board and maternity home of this action in writing.

Replacement of chemical compound name

Ohio law provides for five controlled substance schedules.[8] Schedule I, which lists drugs that have no medical purpose in the United States and cannot be prescribed, includes synthetic cannabinoids, a type of hallucinogen. Synthetic cannabinoids contain several chemical groups, including benzoylindoles. The bill removes the language "any compound containing a 3-(1-naphthoyl)indole structure" from the benzoylindoles

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[7] R.C. 3711.12 and 3711.13.

[8] R.C. 3719.41.

chemical group and replaces it with "any compound containing a 3-(1-benzoyl)indole structure."[9]

HISTORY

ACTION	DATE
Introduced	10-24-13
Reported, H. Health & Aging	01-09-14
Passed House (92-0)	01-22-14
Reported, S. Medicaid, Health & Human Services	---

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[9] R.C. 3719.41 Schedule I (C)(67)(g).