

Executive

As Reported By House Finance

**MCD48 Projected Medicaid program trend report**

**R.C. 103.414**

No provision.

Requires ODM to submit to JMOC a report by October 1 of each even-numbered year with:

No provision.

(1) Historical and projected Medicaid program expenditure and utilization trend rates for each year of the upcoming fiscal biennium, and

No provision.

(2) Interventions taken to curb the Medicaid per member per month cost.

**Fiscal effect: Possible administrative costs.**

**MCD40 ODM assistant director**

**R.C. 121.05, 5160.04**

Permits the ODM Director to designate up to two assistant directors.

No provision.

**Fiscal effect: None.**

**MCD58 Nursing home change of operator**

**R.C. 3721.01, 3721.026, 5165.01**

No provision.

Modifies existing law procedures under which an individual or entity that assumes operation of a nursing home must disclose certain information to the ODH Director, to instead require the individual or entity to first complete a change of operator application and pay the applicable fee as determined by the ODH Director. States the information or elements that must be included in a license application.

No provision.

Declares the General Assembly's intent to require full and complete disclosure and transparency with respect to the ownership, operation, and management of licensed nursing homes in Ohio.

**Fiscal effect: None.**

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**MCD71 Registration of health care staffing support services - ODM duties**

**R.C. 3724.09**

No provision.

In relation to the health care staffing support services registration components of DOHCD52, requires ODM to calculate and publish the statewide direct care median hourly wage for any category of health care personnel listed in the Medicaid cost reports for the most recent year for which ODM has determined such a wage.

No provision.

Requires ODM to estimate the rate of inflation using information published by the United States Bureau of Labor Statistics.

No provision.

Permits ODM to establish median hourly wages for any category of personnel not reported on the cost reports.

**Fiscal effect: Potential administrative costs.**

**MCD44 Report on Medicaid program cost savings**

**R.C. 5162.137**

No provision.

Requires ODM to annually conduct a study and author a report recommending cost savings under the Medicaid program.

**Fiscal effect: Possible administrative costs.**

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**MCD69 Medicaid coverage of obesity treatment**

R.C. 5162.20, 5164.11, 5167.12

No provision.

Requires the Medicaid program to cover obesity, and prohibits the coverage from doing any of the following:

No provision.

Imposing cost sharing requirements or establishing coverage limits that are different from the coverage of any other conditions.

No provision.

Establishing coverage restrictions for drugs to treat obesity approved by the FDA that are more restrictive than FDA indications for the drug.

No provision.

Permits ODM to establish utilization review requirements for coverage treatment for obesity so long as specified conditions are satisfied, and requires ODM to inform Medicaid recipients of the obesity coverage.

**Fiscal effect: Costs of the coverage will be dependent on the number of Medicaid recipients who receive services, and the reimbursement rates that are set.**

**MCD49 Report on Medicaid reforms**

R.C. 5162.70

No provision.

Requires ODM to submit to JMOC a report detailing the Medicaid reforms required under continuing law that ODM has implemented during the previous two years.

**Fiscal effect: Possible administrative costs.**

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**MCDCD70 Medicaid Buy-In for Workers with Disabilities program**

**R.C. 5163.06, 5163.063, Sections 333.310, 812.40**

No provision.

Requires the Medicaid program to cover the optional eligibility group consisting of certain workers with disabilities.

No provision.

Delays implementation of the coverage for one year after the bill's effective date.

No provision.

Permits the ODM Director to certify to the OBM Director the amount necessary to pay for the optional eligibility group. Upon certification, appropriates the amounts, both state and federal shares, in FY 2025 from GRF ALI 651525, Medicaid Health Care Services.

**Fiscal effect: A portion of GRF ALI 651525, Medicaid Health Care Services, may be used in FY 2025 for this optional eligibility group.**

**MCDCD34 Optional Medicaid coverage group**

**R.C. 5163.062, 5163.06, 5163.102**

**R.C. 5163.062, 5163.06, 5163.102**

Grants Medicaid coverage to both pregnant women and children under age 19 with incomes up to 300% of FPL, and to a reasonable classification of children under age 19 adopted through private agencies. Requires ODM to exercise the presumptive eligibility option for those individuals.

Same as the Executive.

**Fiscal effect: Increase in Medicaid expenditures.**

**Fiscal effect: Same as the Executive.**

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**MCD37 Medicaid eligibility redeterminations**

R.C. 5163.52, (Repealed)

Repeals a law that requires ODM to do both of the following if federal Medicaid funding is contingent on limiting ODM's ability to disenroll ineligible recipients:

- (1) Continue to conduct eligibility redeterminations and act on them to the fullest extent permitted by federal law;
- (2) Within 60 days of the end of the limitation, complete an audit in which ODM completes and acts on eligibility redeterminations for all recipients for whom a redetermination has not been conducted in the past 12 months, request approval from the federal government to complete and act on eligibility redeterminations for recipients enrolled during the period of limitation, and submit a report to the General Assembly.

**Fiscal effect: None.**

R.C. 5163.52, (Repealed)

Same as the Executive.

Same as the Executive.

Same as the Executive.

**Fiscal effect: Same as the Executive.**

**MCD29 Medicaid coverage of services at outpatient health facilities**

R.C. 5164.05, (Repealed)

Repeals law that requires the Medicaid program to cover comprehensive primary health services provided by outpatient health facilities with valid provider agreements.

**Fiscal effect: None.**

R.C. 5164.05, (Repealed)

Same as the Executive.

**Fiscal effect: Same as the Executive.**

**MCD52 Doula services**

No provision.

R.C. 5164.071

Establishes a five-year program in ODM to cover doula services provided to a Medicaid enrollee by a certified doula with a Medicaid provider agreement.

**Fiscal effect: Costs will depend on reimbursement rates set for doula services, and the number of Medicaid enrollees who choose to receive doula services.**

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**MCDCD56 Coverage for donor breast milk and milk fortifiers**

No provision.

**R.C. 5164.072**

Requires the Medicaid program to cover medically necessary pasteurized donor human milk and human milk fortifiers for inpatient and home use in specified circumstances.

**Fiscal effect: Increase in Medicaid expenditures. Magnitude of increase would depend on the number of recipients of milk products and reimbursement rates.**

**MCDCD31 Criminal records checks – Medicaid providers, independent providers, and waiver agencies**

**R.C. 5164.34, 5164.341, 5164.342**

Revises the law governing the availability of reports of criminal records checks for Medicaid providers, independent providers, and waiver agencies and their employees in the following ways:

(1) With respect to a waiver agency, authorizes a report of an employee's criminal records check to be made available to a court, hearing officer, or other necessary individual involved in a case or administrative hearing dealing with a denial, suspension, or termination of a provider agreement;

(2) With respect to a Medicaid provider or independent provider, authorizes a report of an employee's or provider's criminal records check to be made available to a court, hearing officer, or other necessary individual involved in a case or administrative hearing dealing with a provider agreement suspension;

(3) Authorizes the foregoing reports to be introduced at hearings and if admitted, to become part of hearing records.

(4) Requires any such report to be admitted only under seal and specifies that it retains its status as not a public record.

**Fiscal effect: None.**

**R.C. 5164.34, 5164.341, 5164.342**

Same as the Executive.

Same as the Executive.

Same as the Executive.

Same as the Executive.

Same as the Executive.

**Fiscal effect: Same as the Executive.**

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**MCDCD32 Suspension of Medicaid provider agreements and payments**

R.C. 5164.36

Revises as follows the law governing the suspension of Medicaid provider agreements and payments in cases of credible allegations of fraud or disqualifying indictments against Medicaid providers or their officers, agents, or owners:

(1) Adds two circumstances until which the suspension of a provider agreement may continue: (a) the provider paying in full fines and debts it owes ODM, and (b) the provider no longer having certain civil actions pending against it. Requires that the suspension continue until the latest of either of those circumstances;

(2) Prohibits ODM from suspending a provider agreement or Medicaid payments if the provider or owner can demonstrate good cause;

(3) Requires ODM to grant a provider or owner, before a suspension, an opportunity to demonstrate that the provider or owner did not sanction the action of an agent or employee that resulted in a credible allegation of fraud or disqualifying indictment (for purposes of the law prohibiting ODM from suspending an agreement or payments in such a circumstance);

(4) Eliminates the requirement that ODM review documents submitted in a suspension reconsideration request and notify the requestor of its decision within 45 days after receiving them.

**Fiscal effect: None.**

R.C. 5164.36

Same as the Executive.

Same as the Executive.

Same as the Executive.

Same as the Executive.

Same as the Executive.

**Fiscal effect: Same as the Executive.**

**MCDCD39 Medicaid provider offense penalties including overpayments by deception**

R.C. 5164.60, 5164.35

Limits the time frame for which interest is assessed against a Medicaid provider for overpayments to the time period determined by ODM but not to exceed the period from the payment date until repayment, instead of for the period from the payment date until repayment.

R.C. 5164.60, 5164.35

Same as the Executive.

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Includes in this change interest assessed against a Medicaid provider that willingly or by deception received overpayments or unearned payments.

Same as the Executive.

Clarifies that when a Medicaid provider agreement is terminated for engaging in prohibited activities, the provider may not provide Medicaid services on behalf of any other Medicaid provider.

Same as the Executive.

**Fiscal effect: None.**

**Fiscal effect: Same as the Executive.**

**MCDCD63 Home health and personal care aide training**

No provision.

**R.C. 5164.913**

Prohibits ODM from requiring more than eight hours of pre-service training for home health aides (HHAs) and personal care aides (PCAs) providing services under the MyCare Program.

No provision.

Prohibits ODM from requiring more than six hours of annual in-service training for HHAs and PCAs providing services under the MyCare Program.

No provision.

Permits a registered nurse, licensed practical nurse, or nurse aide to supervise an HHA or PCA providing services under the MyCare Program.

**Fiscal effect: None.**

**MCDCD51 Medicaid ground emergency medical transportation supplemental payment program**

No provision.

**R.C. 5164.96**

Requires the ODM Director to seek federal approval to establish and administer a supplemental payment program for ground emergency medical transportation service providers.

**Fiscal effect: Potential increase in Medicaid costs. Costs will depend on supplemental payments set in the program.**



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**MCD30 Low case-mix residents**

R.C. 5165.01, 5165.152, 5165.192

Updates terminology relating to nursing facility case-mix scores from "low resource utilization resident" to "low case-mix resident" due to a new federal case-mix model.

Updates the formula used to calculate these case-mix scores.

**Fiscal effect: None.**

R.C. 5165.01, 5165.152, 5165.192

Same as the Executive.

No provision.

**Fiscal effect: None.**

**MCD64 Rebasing**

No provision.

No provision.

No provision.

R.C. 5165.01, 5165.36

Increases the rate of rebasing beginning in FY 2024 to at least every two years, from at least every five years.

Specifies that facility costs are to be measured from the calendar year immediately before the start of the fiscal year in which a rebasing is conducted, instead of two calendar years before.

In calculating a facility's FY 2024 and FY 2025 base rates, limits any increases in the direct care cost and ancillary and support cost centers from the most recent rebasing to only 40% of the increase.

**Fiscal effect: Increase in Medicaid costs. Costs are included in the appropriation in MCD60.**

**MCD65 Nursing facility private room payment**

No provision.

R.C. 5165.01, 5165.15, 5165.158

Establishes a private room per day payment rate of \$30 beginning in FY 2024 for services provided to residents in private rooms of nursing facilities and permits ODM to increase the rate in subsequent fiscal year.

**Fiscal effect: Increase in Medicaid costs. Costs are included in the appropriation in MCD60.**

Executive

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**MCD42 Nursing facility field audit manual and program**

R.C. 5165.109

Eliminates the requirement that ODM establish a manual and program for field audits of nursing facilities.

Instead, requires that audits conducted by an auditor under contract with ODM be conducted using procedures agreed upon by the auditor and ODM, and that audits conducted by ODM meet existing field audit requirements except for certain eliminated procedures.

**Fiscal effect: None.**

R.C. 5165.109

Same as the Executive.

Same as the Executive.

**Fiscal effect: Same as the Executive.**

**MCD61 Medicaid day payment rate**

No provision.

No provision.

No provision.

No provision.

No provision.

No provision.

R.C. 5165.15, 5165.151, 5165.16, 5165.19, 5165.23

Makes the following changes to the Medicaid day payment rate formula:

Eliminates a \$1.79 deduction from the formula's base rate.

Increases the payment rate for new nursing facilities.

Removes the inflationary adjustment to the ancillary and support costs and direct care cost centers.

Modifies the calculation of the direct care cost and ancillary and support cost centers in the formula to use the median rate among nursing facilities, instead of the 25th percentile rate.

Adds formula components for low occupancy nursing facilities that receive a low occupancy deduction as determined by ODM.

**Fiscal effect: Increase in Medicaid costs. Costs are included in the appropriation in MCD60.**

**MCD62 Quality incentive payment**

No provision.

R.C. 5165.26

Extends quality incentive payments indefinitely, rather than ending the payments after FY 2023.

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No provision.	Makes the following changes to the quality incentive payment amount calculation:
No provision.	Adds three additional quality metrics beginning in FY 2025.
No provision.	Adds an occupancy metric beginning in FY 2024 of 7.5 points if a facility's occupancy rate is above 75%.
No provision.	Eliminates exclusions from the quality incentive payment for certain facilities.
No provision.	Adds to the calculation of the total amount to be spent on quality incentive payments an additional component based on 60% of the amount the facility's ancillary and support costs and direct care costs changed as a result of the FY 2024 rebasing.
No provision.	Caps the add-on to the total amount to be spent at \$125,000,000 each fiscal year, instead of \$25,000,000 in FY 2022 and \$125,000,000 in FY 2023.
No provision.	Grants an operator of a new nursing facility or, under certain circumstances, a facility that undergoes a change in operator a quality incentive payment.
<b>Fiscal effect: Increase in Medicaid costs. Costs are included in the appropriation in MCD60.</b>	

**MCD60 Debt owed to CMS**

R.C. 5165.52, 5165.521, 5165.525, 5165.526, 5165.528	R.C. 5165.52, 5165.521, 5165.525, 5165.526, 5165.528
Eliminates the following provisions related to debts an exiting operator of nursing facilities owes to the U.S. Centers for Medicare and Medicaid Services (CMS):	Same as the Executive.
A requirement that ODM determine other actual and potential debts the exiting operator owes or may owe to CMS.	Same as the Executive.
Authorization for ODM to withhold from a payment due to an exiting operator the total amount the exiting operator owes or may owe to CMS.	Same as the Executive.

**Executive**

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A requirement that ODM determine the actual amount of debt an exiting operator owes to CMS by completing all final fiscal audits not already completed and performing other appropriate actions.

Same as the Executive.

Authorization for ODM to deduct any amount an exiting operator owes CMS when releasing amounts withheld from the operator.

Same as the Executive.

Authorization to use cash in the Medicaid Payment Withholding Fund to pay CMS amounts an exiting operator owes CMS under Medicaid.

Same as the Executive.

**Fiscal effect: None.**

**Fiscal effect: Same as the Executive.**

**MCD26 Debt summary report**

**R.C. 5165.525**

**R.C. 5165.525**

Regarding an existing requirement that ODM determine the actual amount of debt an exiting operator of a nursing facility owes ODM, requires ODM to issue a final debt summary report, instead of having an initial or revised debt summary report become the final debt summary report.

Same as the Executive.

**Fiscal effect: None.**

**Fiscal effect: Same as the Executive.**

**MCD36 Special Focus Facility Program**

**R.C. 5165.771**

**R.C. 5165.771**

Aligns statutory language regarding the Special Focus Facility (SFF) program with federal changes to the program.

Same as the Executive.

Prohibits a nursing facility from appealing an ODM order terminating a nursing facility's participation in the Ohio Medicaid program if the appeal challenges (1) standard health survey findings under the SFF program or (2) a U.S. Centers for Medicare and Medicaid Services (CMS) determination to terminate the nursing facility's participation in the Medicare or Medicaid program.

Same as the Executive.

Instead, requires such appeals to be brought to (1) ODH or (2) CMS, respectively.

Same as the Executive.

**Fiscal effect: None.**

**Fiscal effect: Same as the Executive.**

Executive

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**MCDCD33 Obsolete Medicaid waiver language**

R.C. 5166.12, (Repealed), 173.51, 173.52, 173.521, 173.522, 173.54, 173.542, 173.544, 5166.01, 5166.02, 5166.16, 5166.30, Repealed: 5166.14, 5166.141

Removes references to the Uniform Long-term Services and Support Medicaid waiver program that was never implemented.

**Fiscal effect: None.**

R.C. 5166.12, (Repealed), 173.51, 173.52, 173.521, 173.522, 173.54, 173.542, 173.544, 5166.01, 5166.02, 5166.16, 5166.30, Repealed: 5166.14, 5166.141

Same as the Executive.

**Fiscal effect: Same as the Executive.**

**MCDCD43 Continuous Medicaid enrollment for children**

No provision.

R.C. 5166.45

Requires ODM to seek approval to provide continuous Medicaid enrollment for Medicaid-eligible children from birth through age three.

**Fiscal effect: Increase in Medicaid expenditures. Costs will depend on the number of children impacted by the continuous enrollment and the extent to which these children would not have already been receiving continuous coverage.**

**MCDCD35 Medicaid managed care organization credentialing process**

R.C. 5167.102, (Repealed), 5167.12

Repeals the requirement that ODM permit Medicaid managed care organizations to create a credentialing process for providers.

**Fiscal effect: None.**

R.C. 5167.102, (Repealed), 5167.12

Same as the Executive.

**Fiscal effect: Same as the Executive.**

**MCDCD41 Joint Medicaid Oversight Committee reporting**

R.C. 5168.90

Reduces the frequency of required reporting from the ODM Director to JMOC regarding specified fees from quarterly to semiannually.

**Fiscal effect: None.**

No provision.

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**MCD47 Lodging for families**

No provision.

**Section: 333.15**

Requires the ODM Director to work with the U.S. Centers for Medicare and Medicaid Services to add lodging as an available administrative service for families with children who have special health care needs. Earmarks \$1,250,000 in each fiscal year from GRF ALI 651425, Medicaid Program Support - State, as well as \$1,250,000 in each fiscal year from Fund 3F00 ALI 651624, Medicaid Program Support - Federal, for this program.

**Fiscal effect: Increases GRF ALI 651425, Medicaid Program Support - State, by \$1,250,000 in each fiscal year and increases FED Fund 3F00 ALI 651624, Medicaid Program Support - Federal by \$1,250,000 in each fiscal year to fund the earmark.**

**MCD68 Rate increase for FQHCs and FQHC look-alikes.**

No provision.

**Section: 333.17**

Earmarks \$20,780,000 in each fiscal year in GRF ALI 651525, Medicaid Health Care Services, to provide a rate increase for FQHCs and FQHC look-alikes.

**Fiscal effect: Increases GRF line item 651525, Medicaid Health Care Services, by \$20,780,000 (\$6,250,000 state share) in each fiscal year to fund this earmark and rate increase.**

**MCD1 Medicaid Health Care Services**

**Section: 333.20**

Requires that GRF ALI 651525, Medicaid Health Care Services, not be limited by the law that requires that unexpended balances of appropriations revert to the funds from which they were made at the end of the appropriation period.

**Section: 333.20**

Same as the Executive.

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**MCD57 Provider rate increase for vision and eye care**

No provision.

**Section: 333.25**

Requires an allocation to be made from GRF ALI 651525, Medicaid Health Care Services, to increase provider payment rates for vision services and medically billed eye care provided to Medicaid recipients.

**Fiscal effect: Increases GRF ALI 651525, Medicaid Health Care Services, by \$1,257,721 (\$347,760 state share) in FY 2024 and \$2,715,441 (\$774,987 state share) in FY 2025.**

**MCD55 Dental service reimbursement**

No provision.

**Section: 333.27**

Earmarks \$122,144,375 in FY 2024 and \$244,288,751 in FY 2025 in GRF ALI 651525, Medicaid Health Care Services, to be used to increase the Medicaid reimbursement rate for Medicaid dental service providers.

**Fiscal effect: Increases GRF ALI 651525, Medicaid Health Care Services, by \$122,144,375 (\$33,772,920 state share) in FY 2024 and \$244,288,751 (\$69,720,009 state share) in FY 2025 to fund the earmark.**

**MCD67 Direct care payment rates**

No provision.

**Section: 333.29**

Earmarks \$47,086,175 in FY 2024 and \$194,924,947 in FY 2025 in GRF ALI 651525, Medicaid Health Care Services, to be used to increase provider wages to \$17 an hour in FY 2024 beginning on January 1, 2024, and to \$18 an hour in FY 2025 for certain direct care services and other home and community-based services administered by ODM and ODA. (See also DDDCD26)

**Fiscal effect: Increases GRF ALI 651525, Medicaid Health Care Services, by \$47,086,175 (\$16,951,023 state share) in FY 2024 and \$194,924,947 (\$70,172,981 state share) in FY 2025.**

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**MCD2CD2 Lead abatement and related activities**

**Section: 333.30**

Allows the OBM Director, upon the request of the ODM Director, to transfer state share appropriations from GRF ALI 651525, Medicaid Health Care Services, to ALIs in other state agencies for the purposes of lead abatement and related activities. Permits the OBM Director, if such a transfer occurs, to adjust the federal share of GRF ALI 651525 accordingly. Allows the ODM Director to transfer federal funds for these transactions. Appropriates any transferred amounts.

**Section: 333.30**

Same as the Executive.  
Same as the Executive.  
Same as the Executive.

**MCD2CD3 Hospital Franchise Fee Program**

**Section: 333.40**

Permits the OBM Director to authorize additional expenditures from Fund 3F00 ALI 651623, Medicaid Services - Federal; GRF ALI 651525, Medicaid Health Care Services, and Fund 5GF0 ALI 651656, Medicaid Services - Hospital Franchise Fee, to implement the programs authorized by the law establishing the hospital franchise fee. Appropriates any authorized amounts.

No provision.



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**MCD4 Medicare Part D**

**Section: 333.50**

Permits GRF ALI 651526, Medicare Part D, to be used by ODM for the implementation and operation of the Medicare Part D requirements contained in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

Permits the OBM Director, upon the request of ODM, to transfer the state share of appropriations between GRF ALIs 651525, Medicaid Health Care Services, and 651526, Medicare Part D.

Requires the OBM Director to adjust the federal share of ALI 651525, if the state share is adjusted.

Requires ODM to provide notification to the Controlling Board of any such transfers at the next scheduled meeting.

**Section: 333.50**

Same as the Executive.

Same as the Executive.

Same as the Executive.

Same as the Executive.

**MCD5 Care Innovation and Community Improvement Program**

**Section: 333.60**

Requires, conditional on federal approval, the ODM Director to continue the Care Innovation and Community Improvement Program (CICIP) for the FY 2024-FY 2025 biennium and permits any nonprofit hospital agency affiliated with a state university or public hospital agency to volunteer to participate if the agency operates a hospital that has a Medicaid provider agreement.

Specifies that participating agencies are responsible for the state share of CICIP's costs and must make or request the appropriate government entity to make intergovernmental transfers to pay for those costs.

Makes each participating agency eligible to receive supplemental payments under the Medicaid program for physician and other professional services that are covered by Medicaid and provided to recipients.

**Section: 333.60**

Same as the Executive.

Same as the Executive.

Same as the Executive.

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Requires each participating agency to jointly participate in quality improvement initiatives that align with and advance the goals of ODM's quality strategy required under federal law.

Same as the Executive.

Requires the ODM Director to maintain a process to evaluate the work done by participating agencies.

Same as the Executive.

Allows the ODM Director to request the OBM Director to authorize additional expenditures from the Care Innovation and Community Improvement Program Fund (Fund 5AN0) and the Health Care - Federal Fund (Fund 3F00) if the amounts appropriated and the corresponding federal share are inadequate to make the supplemental payments. Appropriates any authorized additional expenditures.

Same as the Executive.

Permits the ODM Director to terminate or adjust the amount of the supplemental payments if funding is inadequate.

Same as the Executive.

**MCDCD6 Deposits to the Health Care/Medicaid Support and Recoveries Fund**

**Section: 333.70**

Requires the ODM Director to deposit into the Health Care/Medicaid Services Support and Recoveries Fund (Fund 5DL0), \$2,500,000 cash in each fiscal year from the first installment of assessments and intergovernmental transfers made under the Hospital Care Assurance Program (HCAP).

**Section: 333.70**

Same as the Executive.

**MCDCD7 Cash transfers from the Health Care/Medicaid Support and Recoveries Fund to the Statewide Prevention and Treatment Fund**

**Section: 333.80**

Permits the OBM Director, upon request of the ODM Director, to transfer up to \$2,200,000 cash in each fiscal year from the Health Care/Medicaid Support and Recoveries Fund (Fund 5DL0) to the Statewide Prevention Treatment Fund (Fund 4750).

**Section: 333.80**

Same as the Executive.

Requires any transferred funds be used to support Centers of Excellence and related activities. Appropriates any transferred funds.

Same as the Executive.

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**MCDCD8 Cash transfers from the Health Care/Medicaid Support and Recoveries Fund to the Department of Aging for the ombudsman program**

**Section: 333.90**

Permits the OBM Director, upon request of the ODM Director, to transfer up to \$1,000,000 cash in each fiscal year from the Health Care/Medicaid Support and Recoveries Fund (Fund 5DL0) to ODA. Requires that any transferred funds be used to support ODA's ombudsman program, and appropriates any transferred amounts.

**Section: 333.90**

Same as the Executive.

**MCDCD9 Health Insuring Corporation Class Franchise Fee**

**Section: 333.100**

Permits the OBM Director, at the request of the ODM Director, to authorize expenditures from the Health Insuring Corporation Class Franchise Fee Fund (Fund 5TN0) in excess of the amounts appropriated if receipts credited to the fund exceed appropriations. Requires the OBM Director to adjust the federal appropriation item identified by the ODM Director if additional amounts are authorized. Appropriates any authorized amounts and corresponding federal adjustments.

No provision.

**MCDCD10 Hospital Care Assurance Match**

**Section: 333.110**

Permits the OBM Director, at the request of the ODM Director, to authorize additional expenditures from the Health Care Federal Fund (Fund 3F00) if receipts credited to the fund exceed the amounts appropriated for making the HCAP distribution. Appropriates any authorized amounts.

**Section: 333.110**

Same as the Executive.

Requires that Fund 6510 ALI 651649, Medicaid Services – Health Care Assurance Program, be used by ODM for distributing the state share of all HCAP funds to hospitals. Permits the OBM Director, at the request of the ODM Director, to authorize additional expenditures from the Hospital Care Assurance Program Fund (Fund 6510) if receipts credited to the fund exceed the amounts appropriated for the HCAP distributions. Appropriates any authorized amounts.

Same as the Executive.

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**MCD11 Refunds and Reconciliation Fund**

**Section: 333.120**

Permits the OBM Director, at the request of the ODM Director, to authorize additional expenditures from the Refunds and Reconciliation Fund (Fund R055) if receipts credited to the fund exceed the amounts appropriated. Appropriates any authorized amounts.

**Section: 333.120**

Same as the Executive.

**MCD12 Non-emergency medical transportation**

**Section: 333.130**

Permits the OBM Director, at the request of the ODM Director, to transfer state share appropriations between GRF ALI 651525, Medicaid Health Care Services, in the ODM budget and GRF ALI 655523, Medicaid Program Support - Local Transportation, in the ODJFS budget to ensure access to a non-emergency medical transportation brokerage program. Requires that the OBM Director adjust the federal share of 651525 and Fund 3F01 ALI 655624, Medicaid Program Support - Federal, in the ODJFS budget, accordingly. Requires the ODM Director to transmit federal funds it receives for the transaction to the Medicaid Program Support Fund (Fund 3F01), used by ODJFS.

**Section: 333.130**

Same as the Executive.

**MCD54 Medicaid payment rates for ambulance transportation**

No provision.

**Section: 333.135**

Earmarks \$119,000,000 in each fiscal year in GRF ALI 651525, Medicaid Health Care Services, to be used to increase the Medicaid reimbursement rate for ambulance transportation services. Reappropriates the available balance of the earmark at the end of FY 2024 to FY 2025 for the same purpose.

**Fiscal effect: Increases GRF ALI 651525, Medicaid Health Care Services, by \$119,000,000 (\$43,000,000 state share) in each fiscal year to fund the earmark.**

Executive

As Reported By House Finance

**MCDCD13 Medicaid payment rates for community behavioral health services**

**Section: 333.140**

Permits ODM to establish Medicaid payment rates for community behavioral health services provided during FY 2024 and FY 2025 that exceed authorized rates paid for the services under the Medicare Program.

Specifies that this provision does not apply to community behavioral health services provided by hospitals on an inpatient basis, nursing facilities, and intermediate care facilities for individuals with intellectual disabilities.

**Fiscal effect: Any impact will depend on whether ODM chooses to pay these amounts.**

**Section: 333.140**

Same as the Executive.

Same as the Executive.

**MCDCD14 Home and community based services appropriations - state**

**Section: 333.150**

Permits the OBM Director to authorize additional expenditures in Fund 5HC8 ALIs 651698, MCD Home and Community Based Services, 653698, DDD Home and Community Based Services, 652698, MHA Home and Community Based Services, 655698, JFS Home and Community Based Services, and 656698, AGE Home and Community Based Services, conditional on the additional expenditures being offset by equal expenditure reductions in another of these identified ALIs.

Stipulates that any additional expenditures shall be used in accordance with federal rules and shall comply with ODM's Medicaid state plan approved by the federal government. Appropriates any additional expenditures.

**Section: 333.150**

Same as the Executive.

Same as the Executive.

Executive

As Reported By House Finance

**MCD15 Home and community based services appropriations - federal**

**Section: 333.160**

Permits the OBM Director to authorize additional expenditures in Fund 3HC8 ALLs 651699, MCD Home and Community Based Services – Federal, 653699, DDD Home and Community Based Services – Federal, 652699, MHA Home and Community Based Services – Federal, 655699, JFS Home and Community Based Services – Federal, and 656699, AGE Home and Community Based Services – Federal, conditional on the additional expenditures being offset by equal expenditure reductions in another of these identified line items.

Stipulates that any additional expenditures be used in accordance with federal rules and comply with ODM's Medicaid state plan approved by the federal government. Appropriates any additional expenditures.

**Section: 333.160**

Same as the Executive.

Same as the Executive.

Executive

As Reported By House Finance

**MCDCD16 Ohio Invests in Improvements for Priority Populations**

**Section: 333.170**

Establishes the Ohio Invests in Improvements for Priority Populations (OIPP) Program as a directed payment program regarding inpatient and outpatient hospital services provided to Medicaid recipients enrolled in a Medicaid managed care plan.

Provides that, under the program, state university-owned hospitals with fewer than 300 beds can directly receive payment for inpatient and outpatient services provided to Medicaid managed care recipients.

Requires participating hospitals to remit to ODM, through intergovernmental transfer, the nonfederal share of payment for those services.

Requires that Fund 5XY0 ALI 651694, Improvements for Priority Populations, and any corresponding federal share in Fund 3F00 ALI 651623, Medicaid Services - Federal, be used for the OIPP Program.

Permits, if receipts credited into the Hospital Directed Payment Program Fund (Fund 5XY0) exceed the amounts appropriated, the ODM Director to request the OBM Director to authorize additional expenditures. Requires, if any amounts are authorized, the OBM Director to adjust ALI 651623 accordingly. Appropriates authorized additional expenditures.

**Section: 333.170**

Same as the Executive.

Same as the Executive.

Same as the Executive.

Same as the Executive.

Same as the Executive.

**MCDCD17 Work Community Engagement Program - county costs**

**Section: 333.180**

Permits the OBM Director, upon request of the ODM Director, to transfer state share appropriations in each fiscal year between GRF ALI 651525, Medicaid Health Care Services, used by ODM, and GRF ALI 655522, Medicaid Program Support - Local, used by ODJFS. Requires federal shares to be adjusted accordingly if such a transfer occurs.

Requires any increase to be provided to CDJFSs to be used only for costs related to transitioning to a new work and community engagement program under the Medicaid program. Prohibits funds from being used for existing and ongoing operating expenses.

**Section: 333.180**

Same as the Executive.

Same as the Executive.

**Executive**

**As Reported By House Finance**

Requires the ODM Director to establish criteria for distributing these funds and for CDJFSs to submit allowable expenses.

Same as the Executive.

**MCDCD18 Voluntary Medicaid Community Engagement Program**

**Section: 333.190**

**Section: 333.190**

Requires the ODM Director to establish a voluntary community engagement program for the Medicaid expansion group. Requires the program be available to all medical assistance recipients.

Same as the Executive.

Requires the program to do the following: encourage medical assistance recipients who are working age and able-bodied to work; promote the economic stability, financial independence, and improved health outcomes from work; and provide information about services available under the voluntary program, including an explanation of the importance of work to overall physical and mental health.

Same as the Executive.

Provides that the program is in effect through the FY 2024 – FY 2025 biennium, or until Ohio is able to implement the waiver component for the Medicaid expansion population, whichever is sooner.

Same as the Executive.

Requires the ODM Director to explore partnerships with education and training providers to increase training opportunities for Medicaid recipients.

Same as the Executive.



Executive

As Reported By House Finance

**MCDCD19 Public assistance for eligibility determinations due to end of public health emergency**

**Section: 333.200**

Requires that during the FY 2024 - FY 2025 biennium, all transfers from the Medicaid Income Maintenance (IM) Control allocation to other IM Control Programs (SNAP & TANF) or other allocations require prior approval by the ODM Director, to facilitate the resumption of routine Medicaid eligibility redeterminations.

Permits the ODM Director to apply criteria regarding when transfers may occur, and permits funds from GRF ALI 655522, Medicaid Program Support - Local, in ODJFS, to be distributed based on performance criteria.

No provision.

**Section: 333.200**

Same as the Executive, but instead of requiring prior approval by the ODM Director, requires counties to supplement their costs with ARPA funding and notify the ODM Director of transfers that exceed FY 2023 values.

Same as the Executive, but adds that the ODJFS Director must consult with the ODM Director to establish the performance criteria.

Sets a cap at \$5,000,000 in FY 2024 and \$10,000,000 in FY 2025 on the amount within GRF ALI 655522, Medicaid Program Support – Local, which may be distributed based on these performance criteria.

**MCDCD20 Post-COVID Medicaid redetermination**

**Section: 333.210**

Requires ODM to use third-party data to conduct an eligibility redetermination of all Ohio Medicaid recipients after the conclusion of the COVID-19 emergency period.

Requires ODM to conduct an eligibility review of those recipients for whom a review has not been conducted in the past 12 months, as well as those recipients for whom a review has been conducted in the past 12 months. Requires ODM to disenroll those recipients who are no longer eligible, and requires that ODM oversee the county determinations and administration to ensure timely and accurate compliance.

Requires ODM to complete a report containing its findings from the third-party data systems and submit the report to JMOC.

**Section: 333.210**

Same as the Executive.

Same as the Executive.

Same as the Executive.

Executive

As Reported By House Finance

**MCD21 Pandemic and federally mandated requirements for restoration of normal Medicaid eligibility determinations**

**Section: 333.220**

Provides that, due to unusual and inflationary pressures within the economy, the provider rate increases and the per member unwinding impact identified by the JMOC actuary not be considered for the purposes of reforms to the Medicaid program required by existing law.

No provision.

**MCD22 Competitive wages for direct care workforce of Medicaid services**

**Section: 333.230**

Requires ODM, in collaboration with ODA and DODD, to use provider rate increase funding included in the bill to ensure workforce stabilities and greater access to care for Medicaid recipients through increased wages and workforce supports.

**Section: 333.230**

Same as the Executive.

**MCD23 Medicaid assisted living program payment rates**

**Section: 333.240**

Permits ODM, in consultation with ODA, to establish an assisted living services base payment rate for facilities participating in the Medicaid-funded component of the assisted living program.

**Section: 333.240**

Same as the Executive.

Permits ODM and ODA to establish an assisted living memory care service payment rate for facilities participating in the Medicaid-funded component of the assisted living program. Requires that the payment rate be based on additional costs involved in serving individuals with dementia as well as other factors determined by the departments. Restricts the per diem for assisted living memory care services only to providers with a direct care staff to resident ratio that is at least 20% higher for individuals with dementia than for individuals without dementia.

Same as the Executive, but additionally requires the rules establishing the rates to be effective by November 1, 2023, sets minimum amounts for the rates, and authorizes a critical access payment rate for facilities that meet specified criteria and serve at least 50% of residents who are Medicaid enrollees.

**Fiscal effect: Increases GRF ALI 651525, Medicaid Health Care Services, by \$25,594,536 (\$9,214,033 state share) in FY 2024 and \$38,200,801 (\$13,752,288 state share) in FY 2025.**

Executive

As Reported By House Finance

**MCDCD24 Transfer of appropriation for pre-admission screening resident review contract from OhioMHAS to ODM**

**Section: 333.250**

Requires the OBM Director, upon the request of the ODM Director, in consultation with the OhioMHAS Director, to transfer appropriations in FY 2024 between GRF ALIs 652321, Medicaid Support, within OhioMHAS, and 651425, Medicaid Program Support - State, within ODM. If such a transfer occurs, requires the OBM Director to adjust, using the federal reimbursement rate, the Fund 3B10 ALI 652636, Community Medicaid Legacy Support, within OhioMHAS, and Fund 3F00 ALI 651624, Medicaid Program Support - Federal, within ODM.

Permits, if receipts credited to the fund exceed available amounts, the ODM Director to adjust payment amounts or terminate the program.

**Section: 333.250**

Same as the Executive.

Same as the Executive.

**MCDCD25 Physician directed payment program**

**Section: 333.260**

Authorizes the ODM Director to create a physician directed payment program for Medicaid managed care organization directed payments to nonpublic hospitals for physician services for Medicaid enrollees, only to the extent that local funds are available for the nonfederal share of the costs.

Permits eligible public entities to transfer funds, through intergovernmental transfer, to ODM for the directed payments, and limits the payment amounts to not more than the average commercial level paid to participating health systems for covered physician services.

Requires the program to advance the maternal and child health goals established in ODM's quality strategy required by federal law.

**Section: 333.260**

Same as the Executive.

Same as the Executive.

Same as the Executive.

Executive

As Reported By House Finance

**MCD46 Lockable and tamper-evident containers**

No provision.

**Section: 333.270**

Requires ODM to reimburse pharmacists and physicians for expenses related to dispensing or personally furnishing, respectively, drugs used in medication-assisted treatment in lockable containers or tamper-evident containers. Earmarks \$500,000 in each fiscal year from GRF ALI 651525, Medicaid Health Care Services, for this reimbursement.

**MCD50 Medicaid in Schools Program**

No provision.

**Section: 333.280**

Requires ODM to seek approval from the U.S. Centers for Medicare and Medicaid Services to expand the Medicaid in Schools Program to include payment for any covered service provided to an eligible individual, when performed by a qualified provider in a school setting.

**Fiscal effect: Increase in Medicaid expenditures. Costs will depend on the details of the approved program, and number of eligible individuals who received services under the program.**

**MCD59 Nursing facility payment rate notices**

No provision.

**Section: 333.290**

Requires ODM to include an explanation of how many quality points a facility would have received based on calendar year 2022 data in each nursing facility's FY 2024 notice of Medicaid payment rates.

**MCD60 Nursing facility base rates**

No provision.

**Section: 333.300**

Requires that in FY 2024 and FY 2025, ODM include in each nursing facility's base rate only 40% of the sum of the increase in its rate for the direct care costs and its rate for ancillary and support costs resulting from the nursing facility rebasing.

Executive

As Reported By House Finance

Fiscal effect: Increases GRF ALI 651525, Medicaid Health Care Services, by \$715,000,000 in each fiscal year (\$249,392,000 state share in FY 2024, \$255,255,000 state share in FY 2025) for the following nursing home provisions:

- (1) \$607,000,000 for rebasing the direct-care and ancillary-and-support centers at the median with no inflation adjustment; and also rebasing the tax cost center (MCD61 and MCD64);
- (2) \$25,000,000 for removing the \$1.79 reduction (MCD61);
- (3) \$33,000,000 for increasing quality-incentive payments resulting from higher rebasing prices (MCD62 and MCD64);
- (4) \$82,000,000 for creating private-room-incentive payments (MCD65); and,
- (5) \$32,000,000 decrease for including a reduction in the rate for low occupancy nursing facilities (MCD61).

MCD53 Nursing facility relief payments

Section: 610.30, 610.31, 803.200

No provision.

Modifies provisions of H.B. 45 that appropriated \$350,000,000 in American Rescue Plan Act funds to be used by OBM to make lump-sum payments to nursing facilities for general relief and for items not covered by Medicaid, as follows:

No provision.

Expands eligible fund recipients to also include nursing homes that are not certified by CMS to participate in the Medicaid program.

No provision.

Specifies that this expansion is retroactive and applies from the effective date of the H.B. 45 appropriation.

MCD45 Hospital Care Assurance Program and franchise permit fee

Section: 610.80, 610.81

No provision.

Delays the repeal of the Hospital Care Assurance Program, which compensates hospitals that provide a disproportionate share of care to indigent patients, and a separate hospital franchise fee, for two additional years from 2023 to 2025.

Executive

As Reported By House Finance

**Fiscal effect: The bill appropriates \$244.6 million in FY 2024 and \$136.7 million in FY 2025 in Fund 6510 ALI 651649, Medicaid Services - Hospital Care Assurance Program, for the program. It also appropriates \$1,631.6 million in FY 2024 and \$1,723.4 million in FY 2025 in Fund 5GF0 ALI 651656, Medicaid Services - Hospital Franchise Fee. These appropriations are supported by assessments imposed on hospitals.**

**MCD66 Medicaid coverage of neonatal abstinence syndrome**

No provision.

**Section: 5163.06**

Requires ODM to provide coverage for infants with neonatal abstinence syndrome who receive services at a pediatric recovery center, and specifies that a certified residential infant care center is a pediatric recovery center as defined in federal law.

**Fiscal effect: Costs will depend on the number of infants who receive the services.**

Executive

As Reported By House Finance

**AGECD16 Home health and personal care aide training**

**R.C. 173.525**

No provision.

Prohibits ODA from requiring more than eight hours of pre-service training for home health aides (HHAs) and personal care aides (PCAs) providing services under the PASSPORT Program.

No provision.

Prohibits ODA from requiring more than six hours of annual in-service training for HHAs and PCAs providing services under the PASSPORT Program.

No provision.

Permits a registered nurse, licensed practical nurse, or nurse aide to supervise an HHA or PCA providing services under the PASSPORT Program.

**Fiscal effect: Minimal.**

**AGECD8 Long-term care**

**Section: 209.20**

**Section: 209.20**

Permits ODM, pursuant to an interagency agreement, to designate ODA to perform level of care assessments.

Same as the Executive.

Requires ODA to provide long-term care consultations to assist individuals in planning for their long-term health care needs.

Same as the Executive.

Requires ODA to administer the Medicaid waiver-funded PASSPORT Home Care Program, the Assisted Living Program, and PACE as delegated by ODM in an interagency agreement

Same as the Executive.

Executive

As Reported By House Finance

**OBMCD36 Reappropriation of recovery and relief funds**

**Section: 505.80**

Reappropriates the available balance of ALIs under the following recovery and relief funds, at the end of FY 2024 to the same ALI and for the same purposes in FY 2025: Governor's Emergency Education Relief Fund (Fund 3HQ0), CARES Act School Relief Fund (Fund 3HS0), Emergency Rental Assistance Fund (Fund 5CV2), State Fiscal Recovery Fund (Fund 5CV3), Local Fiscal Recovery Fund (Fund 5CV4), Coronavirus Capital Projects Fund (Fund 5CV5), and the Health and Human Services Fund (Fund 5SA4).

**Section: 505.80**

Same as the Executive.

**OBMCD38 Fiscal year 2023 General Revenue Fund ending balance**

**Section: 513.10**

Requires the OBM Director to determine the GRF surplus revenue that existed on June 30, 2023, and transfer cash, up to the actual surplus revenue amount, from the GRF as follows:

- (1) Up to \$2,400,000,000 to the All Ohio Future Fund (Fund 5XM0);
- (2) Up to \$1,000,000,000 to the Health and Human Services Reserve Fund (Fund 5SA4);
- (3) Up to \$307,196,000 to the H2Ohio Fund (Fund 6H20);
- (4) Up to \$200,000,000 to the Career Technical Education Facilities Fund (Fund 5ZJ0);
- (5) Up to \$50,000,000 to the Local Jail Grants Fund (Fund 5ZQ0);
- (6) Up to \$190,000,000 to the EXPO 2050 Fund (Fund 5ZN0);
- (7) No provision.
- (8) No provision.

**Section: 513.10**

Same as the Executive, but changes the transfers as follows:

- (1) Same as the Executive, but decreases the amount of the transfer to \$500,000,000.
- (2) No provision.
- (3) Same as the Executive.
- (4) No provision.
- (5) Same as the Executive, but increases the amount of the transfer to \$200,000,000.
- (6) Same as the Executive.
- (7) Up to \$100,000,000 to Super RAPIDS Fund (Fund 5AH1).
- (8) Up to \$33,000,000 cash to Accelerated School Assistance Program Fund (Fund 5AG1);



Executive

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(9) Up to \$150,000,000 to the Innovation Hubs Fund (Fund 5ZK0);	(9) Same as the Executive but reduces the transfer amount to \$25,000,000.
(10) Up to \$140,000,000 to the Statewide Treatment and Prevention Fund (Fund 4750);	(10) No provision.
(11) Up to \$125,000,000 to the Rail Safety Crossing Fund (Fund 5ZP0);	(11) No provision.
(12) Up to \$65,000,000 to the Veterans Homes Modernization Fund (Fund 5Z00);	(12) Same as the Executive.
(13) No provision.	(13) Up to \$102,000,000 cash to the Local Projects Fund (Fund 5ZZ0).
(14) Up to \$50,000,000 to the Controlling Board Emergency Purposes/Contingencies Fund (Fund 5KM0);	(14) Same as the Executive.
(15) No provision.	(15) Up to \$150,000,000 cash to the Downtown Development Grant Fund (Fund 5ZU0);
(16) No provision.	(16) Up to \$50,000,000 cash to the Township Development Grant Fund (Fund 5ZV0);
(17) No provision.	(17) Up to \$25,000,000 cash to the Cultural Center Grant Fund (Fund 5ZW0);
(18) No provision.	(18) Up to \$25,000,000 cash to the County and Independent Fairs Grant Fund (Fund 5ZX0);
(19) No provision.	(19) Up to \$196,260,000 cash to the Third Frontier Research and Development Bond Retirement Fund (Fund 7070);
(20) No provision.	(20) Up to \$18,340,000 cash to the Coal Research and Development Bond Retirement Fund (Fund 7076);
(21) No provision.	(21) \$54,558,000 cash to the newly created Hospital Relief Fund (Fund 5AE1);
(22) No provision.	(22) Up to \$50,000,000 cash to the Airport Development Grants Fund (Fund 5AC1);
(23) No provision.	(23) Up to \$1,000,000,000 cash to the Connect4Ohio Fund (Fund 5ZR0);

Executive	As Reported By House Finance
(24) No provision.	(24) \$30,000,000 cash to the newly created Child Care Infrastructure Fund (Fund 5AK1).
(25) No provision.	(25) \$30,000,000 cash to the newly created Foodbanks Fund (Fund 5AJ1).
(26) No provision.	(26) Up to \$5,000,000 cash to the newly created Ohio Aviation Workforce Innovation Fund (Fund 5AF1).
No provision.	(27) Up to \$50,000,000 cash to the Broadband Pole Replacement Fund (Fund 5AI1).
Requires that the remaining amount of the surplus revenue remain in the GRF.	Same as the Executive.

Executive

As Reported By House Finance

**KIDCD1**    **Creation of the Department of Children and Youth**  
**R.C.**        **5180.01, 121.02, 121.03, 121.35, 121.37, 121.40, 3109.15-3109.17, 3109.179, 5101.34-5101.342, 5180.02, Sections 130.10-103.16 and 423.140**

**R.C.**        **5180.01, 121.02, 121.03, 121.35, 121.37, 121.40, 3109.15-3109.17, 3109.179, 5101.34-5101.342, 5180.02, Sections 130.10-103.16 and 423.140**

Creates DCY on July 1, 2023, to serve as the state's primary children's services agency and establishes the position of DCY Director.

| Same as the Executive.

Requires DCY to facilitate and coordinate the delivery of children's services in Ohio.

| Same as the Executive.

Addresses the transfer of duties to DCY relating to children's services, including by doing the following:

| Same as the Executive.

(1) Requiring specified Directors (DCY, ODJFS, ODE, ODH, DODD, ODM, OhioMHAS, and DEV), or their designees, to identify and develop a plan to transfer children's services duties, functions, programs, and staff to DCY by January 1, 2025.

| (1) Same as the Executive.

(2) Transferring to the new DCY 90 days after the bill's effective date responsibilities currently charged to ODJFS regarding the Ohio Family and Children First Cabinet Council, the Children's Trust Fund Board, and the Ohio Commission on Fatherhood.

| (2) Same as the Executive.

Requires the OBM Director to make budget and accounting changes to implement the transfer of duties, functions, and programs to DCY, including renaming, transferring, creating, and consolidating funds. Allows the OBM Director to also cancel or establish encumbrances and transfer appropriations between impacted agencies as necessary. Appropriates any encumbrances.

| Same as the Executive.

**Fiscal effect: There will be administrative costs to develop a plan to facilitate this transfer. There will also be costs to establish the office (e.g. office space, supplies, etc.). Staff will be transferred from other impacted agencies, so associated personnel costs will instead be reflected in DCY's budget.**

**Fiscal effect: Same as the Executive.**

Executive

As Reported By House Finance

**KIDCD3 Infant Vitality**

**Section: 423.20**

Earmarks up to \$2,500,000 in each fiscal year in GRF ALI 830404, Infant Vitality, to be used, in consultation with the Governor's Office of Children's Initiatives, to support programming by community and local faith-based service providers that invests in maternal health programs, provides services and support to pregnant mothers, and improves both maternal and infant health outcomes.

No provision.

No provision.

No provision.

Requires the remainder of the ALI to be used to fund a multi-pronged population health approach to address infant mortality.

Specifies that this approach may include the following: increasing awareness, including awareness regarding respiratory syncytial virus; supporting data collection; analysis and interpretation to inform decision-making and ensure accountability; targeting resources where the need is greatest; and implementing quality improvement science and programming that is evidence-based or based on emerging practices.

**Section: 423.20**

Same as the Executive.

Earmarks \$2,000,000 in each fiscal year in GRF ALI 830404, Infant Vitality, for Brigid's Path to support their infant and maternal health programs that improve health outcomes for infants who are born substance-exposed, support family resiliency, and prevent placements in the child welfare system.

Requires DCY, in coordination with ODM, beginning in FY 2024, to establish a bundle of funding for nonmedical maternal and child health programmatic services provided by residential infant care centers to infants born substance-exposed and their families.

Requires DCY and ODM, not later than June 30, 2025, to establish a permanent reimbursement model for the services provided by residential infant care centers described above that includes reimbursement for medical and nonmedical services.

Same as the Executive.

Same as the Executive.

**Executive**

**As Reported By House Finance**

Specifies that measureable interventions may include activities related to safe sleep, community engagement, group prenatal care, preconception education, continuous support for women during pregnancy and childbirth, patient navigators, community health workers, early childhood home visiting, newborn screening, safe birth spacing, gestational diabetes, smoking cessation tailored for pregnant women, breastfeeding, care coordination, and progesterone.

Same as the Executive.

Executive

As Reported By House Finance

**DDDCD22 ICF/IID payment rate**

**R.C. 5124.15**

No provision.

Increases the per Medicaid day rate for ICFs/IID by adding a professional workforce development payment equal to 6.5% of an ICF/IID's desk-reviewed, actual, allowable costs.

**Fiscal effect: Depends on future cost reports. DODD projects a potential annual increase of \$25 million (all funds) on top of the payment rate.**

**DDDCD14 Competitive wages for direct care workforce of Medicaid services**

**Section: 261.150**

Requires provider rate increases be used for increased wages and needed workforce supports.

Provides that the increased wages and workforce supports are to be funded from the DODD, ODM, and ODA budgets.

**Fiscal effect: Estimated annual impact of \$375 million (all funds).**

**R.C. 5124.15, Section 261.75**

Earmarks \$42,990,146 in FY 2024 and by \$145,076,944 in FY 2025 from GRF ALI 653407, Medicaid Services, and \$76,426,925 in FY 2024 and \$257,914,568 in FY 2025 from Fund 5A40 ALI 653654, Medicaid Services, to be used for increasing base payment rates to \$17 an hour in FY 2024 beginning on January 1, 2024, and to \$18 an hour in FY 2025 for certain direct care services under the home and community-based waivers administered by DODD. (See also MCDCCD67)

Same as the Executive, but changes to 13.55% in FY 2024 and 20.81% in FY 2025.

**Fiscal effect: Increases the appropriations for ALIs 653407 and 653654 by the same amounts to fund the rate increase earmarks.**

**Section: 261.150**

Same as the Executive.

Same as the Executive.

**Fiscal effect: Same as the Executive.**

Executive

As Reported By House Finance

**GOVCD3 Electronic notification, meeting, and data storage law changes**

R.C. 127.15, 173.03, 753.19, 1121.38, 1509.06, 1513.071, 1513.08, 1513.16, 1565.12, 1571.05, 1571.08, 1571.10, 1571.14, 1571.15, 1571.16, 1707.02, 1707.04, 1707.042, 1707.091, 1707.11, 1707.43, 1733.16, 2941.401, 3111.23, 3301.05, 3302.04, 3310.521, 3313.41, 3313.818, 3314.21, 3319.081, 3319.11, 3319.16, 3319.291, 3319.311, 3321.13, 3321.21, 3704.03, 3734.02, 3734.021, 3734.575, 3746.09, 3752.11, 3772.031, 3772.04, 3772.11, 3772.12, 3772.13, 3772.131, 3781.08, 3781.11, 3781.25, 3781.29, 3781.342, 3904.08, 4121.19, 4123.512, 4123.52, 4125.03, 4141.09, 4141.47, 4167.10, 4301.17, 4301.30, 4303.24, 4507.081, 4508.021, 4509.101, 4510.03, 4510.41, 4735.13, 4735.14, 5107.161, 5120.14, 5165.193, 5165.86, 5166.303, 5168.08, 5168.22, 5168.23, 5525.01, 5703.37, 5709.83, 5736.041, 5751.40, 1509.031, 3745.019, Repealed: R.C. 5123.195

Implements a 2020 initiative of the Common Sense Initiative to make changes throughout the Revised Code to partly reflect the advancements in technology related to notifications, meetings, data storage, and certain other government functions. (For more detailed analysis of these changes, please see the Electronic Notification and Meetings section (pages 311-338) of the LSC Bill Analysis for H.B. 33.)

Makes specific changes, including removal of obsolete provisions, to facilitate the use of electronic communications, including websites, in the daily operations for the following entities: CAC, COM, DODD, ODE, Ohio EPA, INS, ODJFS, ODPS, PUCO, TAX, ODOT, and ODWIS.

Modifies the type of communication media through which a required notice of events or services may be made by generally adding the option of electronic, including email, delivery or mail delivery by a commercial/common carrier and removing the outdated telegraph method for the following entities: CEB, CAC, COM, ODE, Ohio EPA, ODJFS, ODM, ODNR, PUCO, DRC, ODWIS, and municipalities.

R.C. 127.15, 173.03, 753.19, 1121.38, 1509.06, 1513.071, 1513.08, 1513.16, 1565.12, 1571.05, 1571.08, 1571.10, 1571.14, 1571.15, 1571.16, 1707.02, 1707.04, 1707.042, 1707.091, 1707.11, 1707.43, 1733.16, 2941.401, 3111.23, 3301.05, 3302.04, 3310.521, 3313.41, 3313.818, 3314.21, 3319.081, 3319.11, 3319.16, 3319.291, 3319.311, 3321.13, 3321.21, 3704.03, 3734.02, 3734.021, 3734.575, 3746.09, 3752.11, 3772.031, 3772.04, 3772.11, 3772.12, 3772.13, 3772.131, 3781.08, 3781.11, 3781.25, 3781.29, 3781.342, 3904.08, 4121.19, 4123.512, 4123.52, 4125.03, 4141.09, 4141.47, 4167.10, 4301.17, 4301.30, 4303.24, 4507.081, 4508.021, 4509.101, 4510.03, 4510.41, 4735.13, 4735.14, 5107.161, 5120.14, 5165.193, 5165.86, 5166.303, 5168.08, 5168.22, 5168.23, 5525.01, 5703.37, 5709.83, 5736.041, 5751.40, 1509.031, 3745.019, Repealed: R.C. 5123.195

| Same as the Executive.

| Same as the Executive.

| Same as the Executive.

Executive

As Reported By House Finance

Permits meeting via electronic means, instead of in-person meetings, on specified matters provided that the meetings still allow for interactive public attendance for the following entities: Ohio Advisory Council for the Aging, Internet- or computer-based community schools, school districts or other public schools, ODPS-Register of Motor Vehicles, counties, townships, and municipalities.

Same as the Executive.

Permits or requires the establishment of electronic means of submission for such services as licensure, approvals, and other by the following entities: ODNR’s Division of Oil and Gas Resources Management, school districts, ODE, solid waste management districts, and courts of record.

Same as the Executive.

Modifies or removes references related to creating or retaining stenographic records of certain proceedings for the following entities: COM, ODNR, ODE, school districts, Ohio EPA, and ODWIS.

Same as the Executive.

**Fiscal effect: TAX has estimated savings of approximately \$3.4 million per year for the agency. Ohio EPA has estimated annual savings of over \$750,000. Other affected state agencies will also likely realize some administrative cost savings as will affected local governments.**

**Fiscal effect: Same as the Executive.**



Executive

As Reported By House Finance

**DOHCD15 Tobacco Use Prevention, Cessation, and Enforcement**

**Section: 291.20**

Earmarks \$250,000 in each fiscal year from Fund 5BX0 ALI 440656, Tobacco Use Prevention, Cessation, and Enforcement, to be distributed to boards of health for the Baby and Me Tobacco Free Program. Requires the ODH Director to determine how the funds are to be distributed, but requires that awards be prioritized for boards that serve women who reside in communities that have the highest infant mortality rates in the state, as identified by the ODH Director, in consultation with the Medicaid Director, in rules.

Requires the remainder of the ALI to be used to administer tobacco use prevention and cessation activities and programs, to administer compliance checks, retailer education, programs related to legal age restrictions, and to enforce the Ohio Smoke-Free Workplace Act (See DOHCD22 for the Moms Quit for Two Grant Program earmark from this ALI).

**Section: 291.20**

Same as the Executive.

Same as the Executive.

Executive

As Reported By House Finance

NURCD1 Doula registry and advisory board

R.C. 4723.89, 4723.90

No provision.

Requires NUR to establish standards and procedures for issuing certificates to doulas and outlines requirements that should be addressed in rule, including the establishment of certificate application and renewal fees, as well as a waiver of those fees for applicants with a family income below 300% FPL.

No provision.

Requires NUR to develop and regularly update a registry of doulas, which is to be made available on the NUR website.

No provision.

Establishes the Doula Advisory Board within NUR, which will meet during the five year period that the Medicaid program covers doula services (see MCD52). Establishes the Board's membership and duties and requires NUR to provide meeting space, staff, and other technical assistance required for the Board to carry out its duties.

**Fiscal effect: NUR will realize administrative and information technology costs to certify doulas and establish a registry. However, NUR could realize a gain in certification revenue. NUR will realize per diem and reimbursement expenses for the Advisory Board.**

Executive

As Reported By House Finance

DRCCD20 Prison nursery doula program

No provision.

R.C. 5120.658

Establishes a five-year program in DRC for certified doulas to provide doula services to inmates participating in a prison nursery program.

**Fiscal effect: DRC's costs to operate the required doula program will depend on the number of inmates participating in any prison nursery program.**