
DEPARTMENT OF HEALTH

Smoking related provisions

School smoking prohibitions

- Extends to all individuals, the prohibition from smoking, using tobacco, or possessing any substance that contains tobacco in any area under the control of a school district or an educational service center (ESC) or at any school-supervised activity, and expands the prohibition to include outdoor facilities.
- Prohibits pupils from using nicotine or possessing any substance containing nicotine in any area under the control of a school district or ESC, including any outdoor facilities, or at any school-supervised activity.

Food service operation license

- Authorizes a food service operation licensor to revoke a license when the license holder has acquired, within a period of two years, three or more violations for failure to enforce or observe smoking prohibitions, or because the license holder has failed to pay an associated civil fine of more than \$1,000.
- Specifies that a decision to revoke a food service operation license may be appealed.

Violation of smoking prohibitions

- Requires a proprietor of a public place or place of employment to permit an officer or employee of the Ohio Department of Health (ODH) prompt entry to investigate complaints against the proprietor regarding smoking.
- Requires ODH to adopt rules to prescribe fines for violations committed by retail tobacco stores regarding filings with ODH for exemption from smoking prohibitions.
- Specifies that such a violation is not included in the progressive fine schedule created by ODH.

Policy for state institutions of higher education

- Requires the Department of Higher Education and ODH to develop, not later than six months after the effective date of the provision, a model policy regarding the use of tobacco at state institutions of higher education.



- Requires state institutions of higher education to adopt, not later than 12 months after the model policy is developed, policies that are not less stringent than the model policy.

State-level review of child deaths

- Requires the ODH Director to establish guidelines for the state-level review of deaths of children under 18 years of age.
- Allows the ODH Director to access certain information when reviewing a death, provides for immunity for civil liability for persons participating in a review, and prohibits the dissemination of confidential information gathered during a review.

Distribution of money from the "Choose Life" Fund

- Authorizes the ODH Director to distribute money in the "Choose Life" Fund that is allocated to a county to an eligible organization located in a noncontiguous county so long as:
 - No eligible organization located within the county to which the money is allocated or a contiguous county has applied for the money; and
 - The eligible organization from the noncontiguous county provides services within the county to which money is allocated.

Public Health Emergency Preparedness Fund

- Creates in the state treasury the Public Health Emergency Preparedness Fund, and requires ODH to use money in the Fund to pay expenses related to public health emergency preparedness and response activities.

Physician and Dentist Loan Repayment programs

- Modifies the limit on the amount of state funds that may be repaid on behalf of a physician participating in the Physician Loan Repayment Program or a dentist participating in the Dentist Loan Repayment Program.
- Repeals provisions requiring the Physician Loan Repayment Advisory Board and Dentist Loan Repayment Advisory Board to submit annual reports.
- Includes providing clinical education in the teaching activities that count towards the service hours of a participating dentist.



Signature on vital records

- Repeals a provision that requires birth, fetal death, and death records and certificates be printed legibly or typewritten in unfading black ink and prohibits facsimile signatures.
- Permits signatures on records, certificates, and reports authorized under the Vital Statistics Law to be made by photographic, electronic, or other means prescribed by the ODH Director.

Immunizations

- Specifies that, beginning January 1, 2016, ODH will no longer provide GRF-funded vaccines from appropriation line item 440418, Immunizations, except in specified circumstances.

WIC vendor contracts

- Requires ODH to process an application for a Women, Infants, and Children (WIC) vendor contract within 45 days if the applicant already has a WIC vendor contract.

Population Health Planning and Hospital Benefit Advisory Workgroup

- Creates the Population Health Planning and Hospital Benefit Advisory Workgroup to collaborate and make recommendations on population health planning, health needs assessments, health improvement plans, forming health and wellness trusts, and hospital community benefit funding.
- Requires the Workgroup to submit a report of its recommendations to the General Assembly not later than December 31, 2015.

Smoking related provisions

School smoking prohibitions

(R.C. 3313.751)

The bill extends to all individuals, instead of just students as under current law, the prohibition from smoking, using tobacco, or possessing any substance derived from tobacco in any area under the control of a school district or an educational service center (ESC) or at any school-supervised activity. The bill also expands the prohibition to include outdoor facilities and to prohibit students from using nicotine or possessing any substance containing nicotine.



The board of education of a school district and ESC must adopt a policy providing for enforcement of the smoking and tobacco-use prohibition against all persons. And the board must adopt a policy establishing disciplinary measures for a violation of the smoking and tobacco-use prohibition, presumably by students.

For purposes of these provisions, to "smoke" means to burn any substance containing tobacco, including a lighted cigarette, cigar, or pipe, or to burn a clove cigarette. To "use tobacco" means to chew or maintain any substance containing tobacco, including smokeless tobacco, or any substance derived from tobacco, in the mouth to derive the effects of tobacco. And to "use nicotine" means to maintain any substance containing nicotine or a similar substance intended for human consumption or to consume nicotine or a similar substance, whether by means of smoking, heating, chewing, absorbing, dissolving, or ingesting by any other means.

The term "use nicotine" does not include use of nicotine replacement therapy products. These products are smoking or nicotine cessation products that have been approved by the U.S. Food and Drug Administration as nicotine replacement therapy products.

Food service operation license

(R.C. 3717.49)

The bill authorizes a licensor of food service operations to revoke a license upon determining that the license holder has acquired, within a period of two years, three or more violations for failure to enforce or observe certain smoking prohibitions. The licensor also is authorized to revoke a license when the licensor determines that the license holder has failed to pay a civil fine greater than \$1,000 associated with such a violation. Only violations or fines that occur after the effective date of these provisions are subject to the provisions. The bill specifies that the license holder may appeal a revocation under the appeals process in continuing law.

Violation of smoking prohibitions

(R.C. 3794.06 and 3794.07)

The bill requires proprietors of public places or places of employment to permit prompt entry of an officer or employee of the Ohio Department of Health (ODH) or its designee to investigate complaints made against the proprietor regarding smoking prohibitions. A proprietor's failure to permit prompt entry is a violation of the Non-Smoking Law.



The bill requires ODH to adopt rules to prescribe fines for violations committed by retail tobacco stores regarding filings with ODH for an exemption from the smoking prohibitions. Continuing law requires ODH to establish a schedule of fines for violations of smoking laws. The schedule of fines must be progressive based on the number of prior violations by a proprietor. The bill exempts fines charged for violations regarding filings with ODH for the retail tobacco store exemption from this progressive schedule of fines.

Policy for state institutions of higher education

(Section 733.10)

The bill requires the Department of Higher Education and ODH to develop, not later than six months after the effective date of the provision, a model policy regarding the use of tobacco at state institutions of higher education. State institutions of higher education must adopt, not later than 12 months after the model policy is developed, policies that are not less stringent than the model policy.

State-level review of child deaths

(R.C. 121.22, 149.43, 2151.421, 3701.045, 3701.70, 3701.701, 3701.702, 3701.703, and 4731.22)

ODH Director to establish guidelines

The bill requires the ODH Director to establish guidelines for a state-level review of the deaths of children under 18 years of age who, at the time of death, were Ohio residents. The bill largely parallels current law provisions regulating county and regional child fatality review boards. Existing law, unchanged by the bill, permits a county, or group of counties, to establish a county or regional child fatality review board to review the deaths of children under 18 years of age who were residents of the county or region at the time of death. Current law also requires that each county or regional board report its findings to ODH.

Purpose

The bill specifies that the purpose of a review of child death conducted by the Director pursuant to the guidelines is to decrease the incidence of preventable child deaths by doing all of the following:

(1) Promoting cooperation, collaboration, and communication between all groups, professions, agencies, or entities that serve families and children;



(2) Maintaining a comprehensive database of child deaths that occur in Ohio in order to develop an understanding of the causes and incidence of those deaths;

(3) Recommending and developing plans for implementing state and local service and program changes and changes to the groups, professions, agencies, or entities that serve families and children that prevent child deaths.

No review during pending investigation

The bill specifies that, under the guidelines, the Director may not conduct a review of the death of a child while an investigation of the child's death or prosecution of a person for causing the death is pending, unless the prosecuting attorney agrees to allow the review. Moreover, the bill provides that a person, entity, law enforcement agency, or prosecuting attorney may not provide any information regarding the death of a child to Director while an investigation of the death or prosecution of a person for causing the death is pending, unless the prosecuting attorney agrees to allow the review. The bill requires that, on the Director's request, a law enforcement agency or prosecuting attorney, on the conclusion of an investigation or prosecution, notify the ODH Director of the conclusion.

Information provided to the Director

The bill requires that, on the request of the Director, any individual, public children services agency, private child placing agency, or agency that provides services specifically to individuals or families, law enforcement agency, or other public or private entity that provided services to a child whose death is being reviewed by the Director pursuant to the guidelines, submit a summary sheet of information to the Director.

In the case of a health care entity, the sheet must contain only information available and reasonably drawn from the child's medical record created by the entity. With respect to a child one year of age or younger whose death is being reviewed by the Director, on the request of the Director, a health care entity that provided services to the child's mother must submit to the Director a summary sheet of information available and reasonably drawn from the mother's medical record created by the health care entity. Before submitting the sheet, the entity must attempt to obtain the mother's consent to do so, but a lack of consent does not preclude the entity from submitting the sheet.

In the case of any other entity or individual, the sheet must contain only information available and reasonably drawn from any record involving the child that the individual or entity develops. In addition, the bill provides that, on the request of

the Director, an individual or entity may, at the individual's or entity's discretion, make any additional information, documents, or reports available to the Director.

Access to certain confidential information

The bill allows the Director, when conducting a review pursuant to the guidelines, access to any confidential report of child abuse or neglect that was provided to law enforcement or a public children services agency. The bill also requires that the Director preserve the confidentiality of such a report.

Use of information obtained by the Director

The bill provides that all of the following are confidential and may be used by the Director or a person participating in the review of a child's death pursuant to the guidelines only in the exercise of ODH's proper functions:

- (1) Any information, document, or report presented to the Director;
- (2) All statements made by those participating in a review;
- (3) All work products of the Director.

Under the bill, a person who knowingly permits or encourages the unauthorized dissemination of confidential information is guilty of a misdemeanor of the second degree.

Civil immunity

Under the bill, an individual or public or private entity providing information, documents, or reports to the Director is immune from civil liability for injury, death, or loss to person or property that otherwise might be incurred or imposed as a result of providing the information, documents, or reports to the Director. In addition, the bill provides that each person participating in the review is immune from civil liability for injury, death, or loss to person or property that might otherwise be incurred or imposed as a result of the person's participation.

Open meetings and public records law

Current law provides that, with certain exceptions, "all meetings of any public body are declared to be public meetings open to the public at all times." At present, the exceptions include meetings of a county or regional child fatality review board. Under the bill, meetings related to a review of a child's death by the Director are not meetings that must be open to the public at all times.



Existing law also requires that, upon request, records kept by any public office be promptly prepared and made available for inspection. The bill specifies that, in the case of a review of a child's death by the Director, all of the following are not public records:

- (1) Records provided to the Director;
- (2) Statements made by persons participating in the Director's review;
- (3) All work products of the Director.

Currently, the records, statements, and work products of a county or regional child fatality review board are not public records.

Distribution of money from the "Choose Life" Fund

(R.C. 3701.65)

The bill allows the ODH Director to distribute money from the "Choose Life" Fund that has been allocated to a county to an eligible organization within a noncontiguous county, so long as the organization provides services in the county for which the funds have been allocated and no eligible organization located within that county or a contiguous county applies for the money. The existing "Choose Life" Fund consists of contributions that are paid to the Registrar of Motor Vehicles by applicants who voluntarily elect to obtain "choose life" license plates. Money from the Fund is allocated to each county in proportion to the number of "choose life" license plates issued during the preceding year to vehicles registered in the county.

Under current law, the funds allocated for each county must be equally distributed to eligible organizations within the county that apply for funding. However, if no eligible organization located within the county applies, the funds may be allocated to eligible organizations located in contiguous counties. An eligible organization is a nonprofit organization that meets all of the following requirements:

- (1) Is a private, nonprofit organization;
- (2) Is committed to counseling pregnant women about the option of adoption;
- (3) Provides services to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
- (4) Does not charge women for any services received;



(5) Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising; and

(6) Does not discriminate in its provision of any services on the basis of race, religion, color, age, marital status, national origin, handicap, gender, or age.

Public Health Emergency Preparedness Fund

(R.C. 3701.834; Section 289.50)

The bill creates the Public Health Emergency Preparedness Fund in the state treasury. All federal funds that ODH receives to conduct public health emergency preparedness and response activities must be credited to the Fund. The bill requires ODH to use money in the Fund to pay expenses related to public health emergency preparedness and response activities.

Physician and Dentist Loan Repayment programs

Limit on state funds

(R.C. 3702.74 and 3702.91)

The bill makes various changes to the Physician Loan Repayment Program and the Dentist Loan Repayment Program, which offer funds to repay some or all of the educational loans of physicians and dentists who agree to provide primary care or dental services in health resource shortage areas.

The bill modifies the limit on the amount of state funds that are used for repayment made on behalf of a participating physician or dentist whose repayment also includes federal funds. Under current law, the amount of state funds included in a participant's repayment must equal the amount of federal funds that are included in the repayment if the source of the federal funds is the Bureau of Clinician Recruitment and Services (BCRS) in the U.S. Department of Health and Human Services. The bill eliminates the provision that applies the limit only to those participants whose repayment includes funds from the BCRS. Thus, under the bill, if a participant's repayment includes funds from any federal source, the amount of state funds included in a participant's repayment must equal the amount of those federal funds.

Annual reports

(R.C. 3702.80 and 3702.94 (repealed))

The bill repeals requirements that the Physician Loan Repayment Advisory Board and Dental Loan Repayment Advisory Board each submit to the Governor and the General Assembly an annual report describing the operations of the programs.

Teaching activities

(R.C. 3702.91(A))

With respect to the Dental Loan Repayment Program, current law permits teaching activities to count as service hours only if they involve supervising dental students and dental residents at the service site. The bill provides instead that teaching activities means providing clinical education to dental students and residents and dental health profession students at the service site.

Signatures on vital records

(R.C. 3705.08)

The bill changes current law requirements for signatures on vital records to permit signatures to be made by electronic means. Under current law, all birth, fetal death, and death records and certificates must be printed legibly or typewritten in unfading black ink and facsimile signatures are prohibited. The bill repeals those provisions and expressly states that required signatures may be filed and registered by means prescribed by the ODH Director, including by electronic means.

Immunizations

(Section 289.30)

The bill specifies that, beginning January 1, 2016, ODH will no longer provide general revenue funded (GRF-funded) vaccines from appropriation line item 440418, Immunizations. Local health departments and other local providers who receive GRF funding for vaccines from ODH before January 1, 2016 must instead bill private insurance companies, as appropriate, to recover the costs of providing and administering vaccines. The bill, however, allows ODH to continue to provide GRF-funded vaccines in the following circumstances: (1) to cover uninsured adults, (2) to cover individuals on grandfathered private insurance plans that do not cover vaccines, and (3) in certain exceptional cases determined by the ODH Director.



WIC vendor contracts

(Section 289.40)

In Ohio, ODH administers the federal Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The act requires that during fiscal years 2016 and 2017 ODH review and process a WIC vendor contract application not later than 45 days after it is received if on that date the applicant is a WIC-contracted vendor and meets all of the following requirements:

(1) Submits a complete WIC vendor application with all required documents and information;

(2) Passes the required unannounced preauthorization visit within 45 days of submitting a complete application;

(3) Completes the required in-person training within 45 days of submitting the complete application.

ODH must deny the application if the applicant fails to meet all of the requirements. After an application has been denied, the applicant may reapply for a contract to act as a WIC vendor during the contracting cycle of the applicant's WIC region.

Population Health Planning and Hospital Benefit Advisory Workgroup

(Section 289.60)

The bill creates the Population Health Planning and Hospital Benefit Advisory Workgroup. The Workgroup is required to collaborate regarding the development of recommendations for aligning population health planning and nonprofit hospital community benefit expectations, and to make several recommendations. The recommendations include:

- Aligning population health planning among state, regional, and local health assessments and plans;
- Coordinating nonprofit hospitals' community health needs assessments and community health improvement plan activities with regional or community health needs assessments and community health improvement plan activities;



- Establishing regional community health improvement plans that meet the requirements for accreditation of participant health districts by the Public Health Accreditation Board;
- Forming regional community health and wellness trusts that have advisory boards that include representatives of health districts, nonprofit hospitals, and the community;
- Designating a portion of each nonprofit hospital's community benefit to fund regional population health priorities in order to be eligible for state tax benefits.

The Workgroup must submit a report of its recommendations to the General Assembly not later than December 31, 2015. After submitting the report, the Workgroup ceases to exist.

The Workgroup includes 22 members: the Executive Director of the Office of Health Transformation or a designee; the ODH Director or a designee; the Medicaid Director or a designee; the Tax Commissioner or a designee; a majority party member and a minority party member of the House of Representatives; a majority party member and a minority party member of the Senate; one representative each from the Ohio Hospital Association, the Association of Ohio Health Commissioners, Inc., and the Ohio Association of Community Health Centers; three representatives of health policy and research institutes or associations; three representatives of local boards of health; three representatives of nonprofit hospitals or nonprofit hospital systems; and two other individuals selected by the Executive Director of the Office of Health Transformation. The bill requires members to be appointed not later than fifteen days after the bill's effective date, and any vacancies must be filled in the same manner as the original appointments. Members cannot receive compensation or reimbursement for expenses incurred while serving on the Workgroup, but may receive compensation or benefits earned from their regular employment.

The bill requires the Executive Director of the Office of Health Transformation or the Executive Director's designee to serve as the chairperson. Staff and other support services are to be provided by ODH.