

Executive

As Passed by the House

In Senate Finance

DOHCD23 County Hospital Management

R.C. 339.02, 339.05, 339.06, 339.07

Removes a requirement that county hospital trustees be members of a particular political party, and instead requires them to be representative of the areas served by the hospital.

Authorizes the board of county commissioners to provide a stipend for service on the board of county hospital trustees.

Requires a board of county hospital trustees to hold meetings at least quarterly, rather than once a month.

Authorizes boards of county hospital trustees to adopt bidding procedures and policies for leasing. Exempts from competitive bidding, with a unanimous vote of the board of county hospital trustees, emergency purchases under \$100,000, but requires the board to solicit at least three informal estimates for emergency purchases when the estimated cost is \$50,000 or more, but less than \$100,000.

Requires the board of county hospital trustees to provide for management and control of the county hospital, in addition to government of the hospital, and permits the board of county hospital trustees to delegate its management and control of the county hospital to the hospital administrator through a written delegation.

R.C. 339.02, 339.05, 339.06, 339.07

Same as the Executive.

R.C. 339.02, 339.05, 339.06, 339.07

Same as the Executive.

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| <p>Fiscal effect: Potential cost increases in some areas, specifically from the issuance of stipends to trustees, and potential prices paid for goods and services not obtained through competitive bidding. Potential cost decreases in some areas, specifically in potentially reducing the number of required meetings, and by the possible reduction in administrative costs associated with competitive bidding.</p> | <p>Fiscal effect: Same as the Executive.</p> | <p>Fiscal effect: Same as the Executive.</p> |
| <hr/> <p>DOHCD24 Distribution of Family Planning Services Funds</p> | | |
| <p>No provision.</p> | <p>R.C. <i>3701.027, 3701.033, 5101.101, 5101.46, and 5101.461</i></p> <p>Prioritizes the distribution of public funds used for family planning services, including funds received from the federal government, such as the Maternal and Child Health Block Grant, Social Services Block Grant, Temporary Assistance for Needy Families (TANF), and Title X Family Planning. Excludes Medicaid from the prioritization.</p> <p>Fiscal effect: Potential gain in grant revenues to public entities that are eligible for these funds since these entities will receive priority.</p> | <p>R.C. <i>3701.027, 3701.033, 5101.101, 5101.46, and 5101.461</i></p> <p>Same as the House.</p> <p>Fiscal effect: Same as the House.</p> |
| <hr/> <p>DOHCD15 Trauma Center Preparedness Report</p> | | |
| <p>R.C. <i>3701.072, (repealed), 149.43</i></p> <p>Eliminates a requirement that trauma centers report to the ODH Director information on preparedness and capacity to respond to disasters, mass casualties, and bioterrorism and also eliminates the requirement that the ODH Director adopt rules requiring the information. Eliminates the requirement that ODH review the information.</p> | <p>R.C. <i>3701.072, (repealed), 149.43</i></p> <p>Same as the Executive.</p> | <p>R.C. <i>3701.072, (repealed), 149.43</i></p> <p>Same as the Executive.</p> |

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Fiscal effect: According to ODH this provision removes a duplicative effort, thus, the information will still be reported and reviewed, so the provision is revenue neutral.

Fiscal effect: Same as the Executive.

Fiscal effect: Same as the Executive.

DOHCD19 General or City Health Districts

R.C. 3701.13, 3701.342, 3701.343 (repealed), 3709.01, 3709.03, 3709.05, 3709.051, 3709.10, 3709.15, 3709.29, 3709.43

R.C. 3701.13, 3701.342, 3701.343 (repealed), 3709.01, 3709.051, and 3709.10

R.C. 3701.13, 3701.342, 3701.343 (repealed), 3709.01, 3709.051, and 3709.10

Authorizes ODH to require general or city health districts to enter into shared services agreements and to reassign substantive authority for mandatory programs from a general or city health district to another general or city health district under certain circumstances.

Same as the Executive.

Same as the Executive, but requires ODH to prepare and offer to boards of health a model contract and memorandum of understanding that are easily adaptable for use by boards when entering into shared services agreements and requires ODH to offer to boards financial and technical assistance to encourage the sharing of services.

Authorizes ODH to require general or city health districts to be accredited as a condition precedent to receiving funding from ODH.

Same as the Executive.

Replaces the Executive provision with a provision that instead requires general and city health districts to complete prerequisites for national public health agency accreditation not later than July 1, 2018, as a condition precedent to receiving ODH funding, and requires an objective body to verify that the prerequisites have been completed.

Eliminates a requirement that specific rules adopted by the ODH Director cannot take effect unless approved by concurrent resolution of the General Assembly.

No provision.

No provision.

Eliminates the Public Health Standards Task Force that was created to assist and advise the Director in adopting rules that establish standards for boards of health and local health departments.

Same as the Executive.

Same as the Executive.

Requires the ODH Director to adopt rules to assure annual completion of eight continuing education units by each member of a board of health.

Same as the Executive, but reduces the number of continuing education units required to be completed by each board member to two.

Same as the House, but specifies that the continuing education credits earned for the purpose of license renewal or certification by licensed health professionals serving on a board of health may be counted toward the two hour (rather

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| <p>Eliminates a requirement that two or more city health districts be contiguous to form a single city health district. Eliminates a requirement that two or more general health districts be contiguous to form a combined general health district, and eliminates the limitation that not more than five contiguous general health districts may form a combined general health district.</p> | <p>Same as the Executive.</p> | <p>than two-unit) continuing education requirement. Same as the Executive.</p> |
| <p>Authorizes a combined general health district located in more than one county to have each board of county commissioners place on the ballot the question of levying a tax for the district's expenses, under an existing property tax levy law that applies to a general health district.</p> | <p>No provision.</p> | <p>No provision.</p> |
| <p>Requires the health commissioner of a general health district to develop a comprehensive community health assessment for the county not later than January 1, 2014, and not later than January 1 of each even-numbered year thereafter, in collaboration with city health districts, private health care providers, hospitals, unaffiliated medical facilities or medical service providers, mental or behavioral health providers, and members of the general public.</p> | <p>No provision.</p> | <p>No provision.</p> |
| <p>Requires the district advisory council of a general health district and the mayor of a city health district to appoint to the board of health a member who is an executive officer or medical director of a hospital or of the largest medical facility in the district.</p> | <p>No provision.</p> | <p>No provision.</p> |
| <p>Requires sanitarians of a city or general health district who perform inspections of food service operations or of retail food establishments to obtain and maintain certification, not later than July 1, 2017, from the United States Food and Drug Administration.</p> | <p>No provision.</p> | <p>No provision.</p> |

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Fiscal effect: Potential initial increase in administrative costs relating to sharing services or forming combined health districts, but potential savings after implementation. Increase in costs for seeking accreditation, developing a community health assessment, continuing education for board members, and sanitarian certification.

Fiscal effect: Potential initial increase in administrative costs relating to sharing services or forming combined health districts, but potential savings after implementation. Increase in costs for seeking accreditation and continuing education for board members.

Fiscal effect: Potential initial increase in administrative costs relating to sharing services or forming combined health districts, but potential savings after implementation. Increase in costs to ODH for preparing the model contract and memorandum of understanding, as well as for providing financial and technical assistance. Potential increase to boards for completing prerequisites for national public health agency accreditation.

DOHCD16 Council on Stroke Prevention and Education

R.C. *3701.90, (repealed), 3107.901 - 3701.907 (repealed)*

R.C. *3701.90, (repealed), 3107.901 - 3701.907 (repealed)*

R.C. *3701.90, (repealed), 3107.901 - 3701.907 (repealed)*

Abolishes the Council on Stroke Prevention and Education, a council that was established within ODH in 2001 to perform duties suggested by its name.

Same as the Executive.

Same as the Executive.

Fiscal effect: None, the Council completed its duties and has not met in several years.

Fiscal effect: Same as the Executive.

Fiscal effect: Same as the Executive.

DOHCD17 Patient Centered Medical Home Program

R.C. *3701.94, 3701.921, 3701.922, 3701.941 - 3701.944*

R.C. *3701.94, 3701.921, 3701.922, 3701.941 - 3701.944*

R.C. *3701.94, 3701.921, 3701.922, 3701.941 - 3701.944*

Establishes in ODH the Patient Centered Medical Home Program.

Same as the Executive.

Same as the Executive.

Requires ODH to establish a patient centered medical home certificate and specifies the requirements and goals to be achieved through voluntary certification.

Same as the Executive.

Same as the Executive.

Permits ODH to establish an application and annual renewal fee for certification.

Same as the Executive.

Same as the Executive.

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| Requires each certified patient centered medical home to report health care quality and performance information to ODH. | Same as the Executive. | Same as the Executive. |
| Requires ODH to submit a report to the Governor and General Assembly three and five years after ODH adopts rules to certify patient centered medical homes. | Same as the Executive. | Same as the Executive. |
| Fiscal effect: Increase in administrative costs relating to the establishment of the program and other requirements; however, potential gain in fee revenue for certification. | Fiscal effect: Same as the Executive. | Fiscal effect: Same as the Executive. |
| <hr/> | | |
| DOHCD22 Direct Care Workers | | |
| R.C. <i>3701.95, 191.061, 5164.83</i> | R.C. <i>3701.95, 191.061, 5164.83</i> | R.C. <i>3701.95, 191.061, 5164.83</i> |
| Requires, not later than October 1, 2014, the ODH Director to establish a direct care worker certification program and authorizes the Director to adopt rules as necessary to implement the program. | Same as the Executive. | Same as the Executive. |
| Prohibits, on or after October 1, 2015, the ODM Director from making a Medicaid payment to a direct care worker for a direct care service or entering into a Medicaid provider agreement with the worker unless core competencies described in an operating protocol developed by the OHT Executive Director or the Executive Director's designee, in consultation with the ODM Director and the directors of ODA, ODODD, ODMHAS, and the Ohio Department of Health (ODH) are met. | Same as the Executive. | Same as the Executive. |
| Fiscal effect: Potential administrative costs. | Fiscal effect: Same as the Executive. | Fiscal effect: Same as the Executive. |

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| DOHCD33 | Zoonotic Disease Program | | <p>R.C. 3701.96</p> <p>Permits the ODH Director, if a zoonotic disease program is administered by ODH, to charge a local board of health a fee, which is to be determined by the ODH Director but commensurate with ODH's costs, for each service the program provides to the board.</p> <p>Requires a board to pay the fee associated with a service at the time the service is provided.</p> <p>Fiscal effect: Potential administrative costs to ODH for administering a zoonotic disease program, but potential gain in revenue if boards are charged fees for program services. Potential increase in costs to boards of health.</p> |
| DOHCD30 | Standardized Reporting of Health Data | | <p>R.C. 3701.98</p> <p>Requires the ODH Director, not later than July 1, 2014, to establish by rule a standardized process by which all general and city health districts must collect and report information about public health quality indicators and a policy and procedures for sharing the reported health data with payers, providers, health districts, and public health professionals.</p> <p>Fiscal effect: Potential administrative costs.</p> |

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DOHCD12 Ohio Cancer Incidence Surveillance System

R.C. 3701.261, 3701.262, 3701.263 (repealed), 3701.264, 3701.99

Authorizes ODH to designate, by contract, a state university as an agent to implement the Ohio Cancer Incidence Surveillance System.

Repeals provisions expressly governing the confidentiality of information on a case of malignant disease furnished to or procured by an Ohio cancer registry or ODH, but continues general provisions governing the confidentiality of protected health information.

Repeals a reporting requirement for the Ohio Cancer Incidence Surveillance System Advisory Board.

Fiscal effect: None, the Board has not met in several years.

R.C. 3701.261, 3701.262, 3701.263 (repealed), 3701.264, 3701.99

Same as the Executive.

Same as the Executive.

Same as the Executive.

Fiscal effect: Same as the Executive.

R.C. 3701.261, 3701.262, 3701.263 (repealed), 3701.264, 3701.99

Same as the Executive.

Same as the Executive.

Same as the Executive.

Fiscal effect: Same as the Executive.

DOHCD13 Requirements Governing Private Water Systems Contractors

R.C. 3701.344

Revises the rules adopted by the ODH Director with which private water systems contractors must comply in order to do business in Ohio as follows:

(1) Adds that the rules must require those contractors to comply with competency testing and continuing education requirements; and

(2) Specifies that the rules must allow those contractors to provide other equivalent forms of proof of financial responsibility rather than only surety bonds as under current law.

No provision.

No provision.

No provision.

No provision.

No provision.

No provision.

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Fiscal effect: The program is partially funded with registration fees, which should cover any increase in administrative costs incurred.

DOHCD26 Water Systems

R.C. *3701.344*

R.C. *3701.344*

No provision.

Exempts a water system that does not provide water for human consumption from obtaining a permit or license, paying fees, or complying with any rule adopted under the existing statutes governing private water systems, which are systems that provide water for human consumption.

Same as the House.

Fiscal effect: Potential decrease in permit or license fee revenue to ODH or local health departments if these water systems currently must obtain a permit or license. Subsequent decrease in administrative costs to ODH or local health departments if these water systems would no longer be subject to licensure requirements.

Fiscal effect: Same as the House.

DOHCD27 Public Health Funds

R.C. *3701.541*

No provision.

Prohibits distribution of state or federal funds to boards of health or health districts on a regional basis.

No provision.

Fiscal effect: According to ODH, it currently regionalizes several federal grants so there could be administrative costs to distribute funding and provide grant management to additional grantees.

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DOHCD11 Charges for Copies of Medical Records

R.C. 3701.741, 3701.742

Removes the January 1st deadline for the ODH Director to make annual adjustments, based on the Consumer Price Index, to the amounts that may be charged for copies of medical records.

Fiscal effect: None.

R.C. 3701.741, 3701.742

Same as the Executive.

Fiscal effect: Same as the Executive.

R.C. 3701.741, 3701.742

Same as the Executive.

Fiscal effect: Same as the Executive.

DOHCD18 Newborn Screening for Critical Congenital Heart Defects

R.C. 3701.5010

Requires that hospitals and freestanding birthing centers screen newborns for critical congenital heart defects, unless a parent objects on religious grounds.

Authorizes the ODH Director to adopt rules establishing standards and procedures for the required screenings.

Requires the ODH Director to establish and maintain a statewide tracking and monitoring system to ensure that universal critical congenital heart defects screening is implemented.

Fiscal effect: Increase in administrative costs for rule promulgation and for establishing and maintaining a statewide system for ODH. Increase in costs to public hospitals for the tests, however, fees would likely be charged, which would offset some costs.

R.C. 3701.5010

Same as the Executive.

Same as the Executive.

Same as the Executive.

Fiscal effect: Same as the Executive.

No provision.

No provision.

No provision.

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| DOHCD29 | Ambulatory Surgical Facilities - Quality Standards | |
| | <p>R.C. 3702.30, 3702.302 - 3702.307</p> | <p>R.C. 3702.30, 3702.302 - 3702.308</p> |
| No provision. | <p>Requires that rules the ODH Director adopts under existing law establishing quality standards for ambulatory surgical facilities (ASFs) include a requirement that each ASF maintain an infection control program and specify the forms inspectors must use when conducting ASF inspections.</p> | <p>Same as the House.</p> |
| No provision. | <p>Requires the ODH Director to inspect an ASF not certified by the Centers for Medicare and Medicaid Services each time it applies for license renewal and prohibits the Director from renewing its license unless certain conditions are met, such as that the ASF complies with quality standards and the ODH Director determines that the most recent version of the updated written transfer agreement filed is satisfactory.</p> | <p>Same as the House, but specifies that an ASF that has been granted a variance from the written transfer agreement is not subject to the requirement to file an updated agreement with the ODH Director before renewing its license.</p> |
| No provision. | <p>Generally requires an ASF to have a written transfer agreement (updated annually) with a local hospital regarding the safe and immediate transfer of patients from the ASF to the hospital when necessary.</p> | <p>Same as the House, but generally requires an ASF to have a written transfer agreement updated every two years rather than every year.</p> |
| No provision. | <p>Exempts from the written transfer agreement requirement an ASF that is a provider-based entity of a hospital (as defined in federal law) or that has been granted a variance from the requirement by the ODH Director.</p> | <p>Same as the House.</p> |
| No provision. | <p>Authorizes the ODH Director to revoke the variance if the Director determines that the facility is failing to meet one or more conditions of the variance.</p> | <p>Replaces the House provision with a provision that authorizes the ODH Director to rescind a variance for any reason.</p> |
| No provision. | <p>Specifies that the ODH Director's decision to grant or refuse a variance is final and not subject to any administrative proceedings under Chapter 119.</p> | <p>Replaces the House provision with provisions that specify that both of the following actions are final: (1) the ODH Director's determination regarding whether an ASF is capable of achieving the purpose of a written transfer agreement in the absence of one, and (2) the Director's decision to rescind a variance.</p> |

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| No provision. | No provision. | Specifies that if certain provisions of the bill governing ASFs are enjoined, the injunction does not affect the bill's remaining provisions governing ASFs, current law governing ASFs modified in part by the bill's provisions, or rules adopted under that current law. |
| No provision. | <p>Requires an ASF to notify the ODH Director within certain time frames when it modifies its operating procedures or protocols or becomes aware of an event that adversely affects a consulting physician's ability to practice or admit patients to a local hospital.</p> <p>Fiscal effect: Minimal increase in ODH administrative costs associated with rule adoption. Potential increase in inspection costs if ODH does not currently inspect an ASF when an ASF applies for license renewal. Corresponding gain in revenue if the number of inspections are increased.</p> | <p>Same as the House, but also requires an ASF to notify the ODH Director whenever it modifies any provision of its most recent written transfer agreement filed with the ODH Director, and specifies that the notification must occur not later than the business day after the modification is finalized.</p> <p>Fiscal effect: Same as the House.</p> |

DOHCD14 Distribution of State Household Sewage Treatment Systems Permit Fees

R.C. 3718.06

Reallocates the distribution of money collected from state household sewage treatment systems permit fees as follows:

(1) Decreases the percentage allocated to fund installation and evaluation of sewage treatment system new technology pilot projects from not less than 25% to not less than 10%; and

(2) Increases from not more than 75% to not more than 90% the percentage used by the ODH Director to administer and enforce the Household and Small Flow On-site Sewage Treatment Systems Law and rules adopted under it.

R.C. 3718.06

Same as the Executive.

Same as the Executive.

Same as the Executive.

R.C. 3718.06

Same as the Executive.

Same as the Executive.

Same as the Executive.

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Fiscal effect: The provision does not change the amount of revenues collected. However, it does allow for more revenues collected to be used for administration.

Fiscal effect: Same as the Executive.

Fiscal effect: Same as the Executive.

DOHCD25 Nursing Facility Technical Assistance

R.C. 3721.026, (repealed) and 3721.027

R.C. 3721.026, (repealed) and 3721.027

No provision.

Eliminates a requirement the ODH provide advice and technical assistance and conduct on-site visits to nursing facilities for the purpose of improving resident outcomes.

Same as the House.

No provision.

Eliminates a requirement the ODH annually report those activities and their effectiveness to the Governor and General Assembly.

Same as the House.

Fiscal effect: The Nursing Facility Technical Assistance Program (TAP) is moving to ODA, so these provisions exempting ODH from requirements will have no fiscal impact.

Fiscal effect: Same as the House.

DOHCD34 Long-Term Care Facility Resident's Bank Accounts

R.C. 3721.15

No provision.

No provision.

Increases to \$1,000 (from \$100) the maximum amount that a home that manages a resident's financial affairs may keep in a non-interest bearing account.

Fiscal effect: None.

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| <p>DOHCD21 Nursing Facilities' Plans of Correction</p> <p>R.C. 5165.69</p> <p>Revises as follows the law governing the plan of correction a nursing facility must submit to ODH when the facility receives a statement of deficiencies:</p> <p>(1) Requires a plan of correction to include additional information, including a detailed description of an ongoing monitoring and improvement process to be used at the nursing facility.</p> <p>(2) Requires the Department to consult with Department of Medicaid, Department of Aging, and the Office of the State Long-Term Care Ombudsperson program when determining whether a plan of correction or modification of an existing plan conforms to the requirements for approval if the plan concerns a finding assigned a severity level indicating that a resident was harmed or immediate jeopardy exists.</p> <p>Fiscal effect: Potential minimal increase in administrative costs.</p> | <p>R.C. 5165.69</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive, but changes the name of the "ombudsperson" to the "ombudsman."</p> <p>Fiscal effect: Same as the Executive.</p> | <p>R.C. 5165.69</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the House.</p> <p>Fiscal effect: Same as the Executive.</p> |
| <p>DOHCD28 Mothers and Children Safety Net Services</p> <p>No provision.</p> <p>No provision.</p> | <p>Section: 285.20</p> <p>Earmarks \$200,000 in each fiscal year in GRF appropriation item 440416, Mothers and Children Safety Net Services, to be used to assist families with hearing impaired children under 21 years of age in purchasing hearing aids. Requires ODH to disburse all of the funds.</p> <p>Requires the ODH Director to adopt rules governing the distribution of these funds including rules that do both of the following: (1) establish eligibility criteria to include families</p> | <p>Section: 285.20</p> <p>Same as the House.</p> <p>Same as the House.</p> |

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with incomes at or below 400% of the federal poverty guidelines; and (2) develop a sliding scale of disbursement based on family income.

DOHCD1 HIV/AIDS Prevention/Treatment

Section: 285.20

Requires GRF appropriation item 440444, AIDS Prevention and Treatment, to be used to assist persons with HIV/AIDS in acquiring HIV-related medications and to administer educational prevention initiatives.

Section: 285.20

Same as the Executive.

Section: 285.20

Same as the Executive.

DOHCD3 Public Health Laboratory

Section: 285.20

Requires a portion of GRF appropriation item 440451, Public Health Laboratory, to be used for coordination and management of prevention program operations and the purchase of drugs for sexually transmitted diseases.

Section: 285.20

Same as the Executive.

Section: 285.20

Same as the Executive.

DOHCD4 Help Me Grow

Section: 285.20

Requires GRF appropriation item 440459, Help Me Grow, to be used by ODH to implement the Help Me Grow program and requires that funds be distributed to counties through agreements, contracts, grants, or subsidies.

Specifies that appropriation item 440459 may be used in conjunction with other early childhood funds and services to promote the optimal development of young children and family-centered programs and services that acknowledge and support the social, emotional, cognitive, intellectual, and

Section: 285.20

Same as the Executive.

Same as the Executive.

Section: 285.20

Same as the Executive.

Same as the Executive.

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| <p>physical development of children and the vital role of families in ensuring the well-being and success of children.</p> <p>Requires ODH to enter into interagency agreements with ODE, ODODD, ODM, and ODMHAS to ensure that all early childhood programs and initiatives are coordinated and school linked.</p> <p>Specifies that GRF appropriation item 440459, Help Me Grow, may be used for the Developmental Autism and Screening Program.</p> | <p>Same as the Executive.</p> <p>Same as the Executive.</p> | <p>Same as the Executive.</p> <p>Same as the Executive.</p> |
| <p>DOHCD2 Infant Vitality</p> <p>Section: 285.20</p> <p>Requires GRF appropriation item 440474, Infant Mortality, to be used to fund the following projects, which are hereby created:</p> <p>(1) The Infant Safe Sleep Campaign to educate parents and caregivers with a uniform message regarding safe sleep environments;</p> <p>(2) The Progesterone Prematurity Prevention Project to enable prenatal care providers to identify, screen, treat, and track outcomes for women eligible for progesterone supplementation; and</p> <p>(3) The Prenatal Smoking Cessation Project to enable prenatal care providers who work with women of reproductive age, including pregnant women, to have the tools, training, and technical assistance needed to treat smokers effectively.</p> | <p>Section: 285.20</p> <p>Same as the Executive, but changes the name of the line item from "Infant Mortality" to "Infant Vitality."</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> | <p>Section: 285.20</p> <p>Same as the House.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> |

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DOHCD5 Targeted Health Care Services Over 21

Section: 285.20

Requires GRF appropriation item 440507, Targeted Health Care Services Over 21, to be used to administer the Cystic Fibrosis Program and to implement the Hemophilia Insurance Premium Payment Program.

Requires GRF appropriation item 440507, Targeted Health Care Services Over 21, to also be used to provide essential medications and to pay the copayments for drugs approved by ODH and covered by Medicare Part D that are dispensed to participants in the Cystic Fibrosis Program.

Requires ODH to expend all funds in appropriation item 440507.

Section: 285.20

Same as the Executive.

Same as the Executive.

Same as the Executive.

Section: 285.20

Same as the Executive.

Same as the Executive.

Same as the Executive.

DOHCD6 Genetic Services

Section: 285.20

Requires appropriation item 440608, Genetics Services, to be used to administer programs authorized by sections 3701.501 and 3701.502 of the Revised Code. Requires that the funds cannot be used to counsel or refer for abortion, except in the case of a medical emergency.

Section: 285.20

Same as the Executive.

Section: 285.20

Same as the Executive.

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| DOHCD7 Medically Handicapped Children Audit | | |
| <p>Section: 285.20</p> <p>Specifies that the Medically Handicapped Children Audit Fund (Fund 4770) is to receive revenue from audits of hospitals and recoveries from third-party payers. Specifies that moneys in the fund may be used for payment of audit settlements and for costs directly related to obtaining recoveries from third-party payers and for encouraging Medically Handicapped Children's Program recipients to apply for third-party benefits.</p> <p>Permits moneys in the fund to also be used for payments for diagnostic and treatment services on behalf of medically handicapped children and Ohio residents who are 21 or over and who are suffering from cystic fibrosis or hemophilia.</p> <p>Permits moneys to also be used for administrative expenses incurred in operating the Medically Handicapped Children's Program.</p> | <p>Section: 285.20</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> | <p>Section: 285.20</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> |
| DOHCD8 Medically Handicapped Children - County Assessments | | |
| <p>Section: 285.20</p> <p>Requires appropriation item 440607, Medically Handicapped Children - County Assessments to be used to make payments for expenses associated with the Bureau for Children with Medical Handicaps.</p> | <p>Section: 285.20</p> <p>Same as the Executive.</p> | <p>Section: 285.20</p> <p>Same as the Executive.</p> |

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DOHCD9 Cash Transfer to the Tobacco Use Prevention Fund

Section: 285.20

Requires, on July 1, 2013, or as soon as possible thereafter, the OBM Director to transfer \$2,439,230 from the Public Health Priorities Trust Fund (Fund L087), to the Tobacco Use Prevention Fund (Fund 5BX0) to meet the operating needs of ODH's tobacco enforcement and cessation efforts.

Section: 285.20

Same as the Executive.

Section: 285.20

Same as the Executive.

DOHCD20 Department of Health's Appropriation Item Structure

Section: 285.30

Permits the OBM Director, upon request from the ODH Director, to establish new funds, new appropriation items, and appropriations in order to support the transition to a new appropriation item structure in ODH's budget. Permits the OBM Director, upon request from the ODH Director, to transfer appropriations between GRF appropriation items, transfer cash between any funds used by ODH, abolish existing funds used by ODH and cancel and reestablish encumbrances. Appropriates any appropriations established by the OBM Director.

Section: 285.30

Same as the Executive, but does not appropriate any appropriations established by the OBM Director and instead requires Controlling Board approval before the establishment of new funds or appropriation items, any transfers of appropriations or cash, or any increases in appropriation that are to occur to support the transition to a new appropriation item structure.

Section: 285.30

Same as the House.

DOHCD32 Legislative Committee on Public Health Futures

No provision.

No provision.

Section: 737.10

Re-establishes the Legislative Committee on Public Health Futures to review the legislative and fiscal policy changes in the bill regarding local public health services.

No provision.

No provision.

Requires the Committee, on the basis of its review, to prepare a report of its recommendations to improve local

Executive

As Passed by the House

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No provision.

No provision.

public health services in Ohio and to transmit the report to the Governor, the President and Minority Leader of the Senate, and the Speaker and Minority Leader of the House of Representatives.

Requires DOH to provide necessary support to enable the Committee to successfully complete its work.

Fiscal effect: Potential administrative and travel reimbursements costs. This committee was originally created in H.B. 487 of the 129th G.A., but ceased to exist after issue its report in 2012.

DOHCD31 Assistance to Boards of Health Seeking Insurance and Medicaid Reimbursements

No provision.

No provision.

Section: 739.10

Requires the Superintendent of Insurance, in collaboration with the Medicaid Director, to provide technical assistance during FY 2014 and FY 2015 to boards of health seeking health insurance reimbursement or Medicaid payments for the provision of certain public health services.

Fiscal effect: Potential administrative costs to the departments of Insurance and Medicaid for providing assistance. Potential increase in administrative costs to boards of health that seek reimbursements from insurance companies and payments through Medicaid, but potential gain in revenue if these are obtained.

Executive

As Passed by the House

In Senate Finance

DASCD53 Transfer of the Employee Assistance Program from the Department of Health

R.C. 3701.041, 207.10, 207.95, 285.10

No provision.

No provision.

(1) Transfers the Employee Assistance Program from the Department of Health to the Department of Administrative Services effective July 1, 2013, and eliminates the separate payroll charge assessed per pay period to all state agencies whose employees are paid by warrant of the Office of Budget and Management to cover the cost of administering the programs.

No provision.

No provision.

(2) Requires the Director of Budget and Management, at the request of the Director of Administrative Services, to make budget changes made necessary by the transfer, including administrative reorganization or program transfers.

No provision.

No provision.

(3) Specifies that employees of the Employee Assistance Program be transferred to the Department of Administrative Services in their same classifications, and retain rights under sections 124.321 to 124.328 of the Revised Code.

No provision.

No provision.

(4) Requires the Director of Budget and Management to cancel any existing encumbrances against appropriation item 440633, Employee Assistance Program, and reestablish them against appropriation item 100622, Human Resources Division – Operating, and appropriates the reestablished encumbrance amounts.

No provision.

No provision.

(5) Requires any business commenced but not completed under appropriation item 440633, Employee Assistance Program, by July 1, 2013, be completed under appropriation item 100622, Human Resources Division – Operating.

No provision.

No provision.

(6) Permits the Director of the Legislative Service Commission to renumber administrative rules relating to the Employee Assistance Program to reflect their transfer to the

| Executive | As Passed by the House | In Senate Finance |
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| No provision. | No provision. | <p>Department of Administrative Services.</p> <p>(7) Specifies that no validation, cure, right, privilege, remedy, obligation, or liability is lost or impaired by reason of the transfer and shall be administered with regard to appropriation item 100622, Human Resources Division – Operating.</p> |
| No provision. | No provision. | <p>(8) Specifies that if the Employee Assistance Program is referred to in any statute, rule, contract, grant, or other document, the reference is deemed to refer to the Department of Administrative Services.</p> |
| No provision. | No provision. | <p>(9) Requires funds collected by the Department of Health for the Employee Assistance Program, which previously were deposited into the Employee Assistance Fund (Fund 6830) used by the Department of Health, to instead be credited to the Human Resources Services Fund (Fund 1250) used by the Department of Administrative Services.</p> |
| No provision. | No provision. | <p>(10) Requires the Director of Budget and Management to transfer any remaining cash balances in Fund 6830 to Fund 1250. Requires the Director of Health to certify to the Director of Budget and Management an estimate of the amount to be transferred in order to assist with this cash transfer, and abolishes the Employee Assistance Fund (Fund 6830) after this cash transfer is completed.</p> |

Executive

As Passed by the House

In Senate Finance

AGECD18 Board of Executives of Long-Term Services and Supports

R.C. 4751.03, 149.43, 1347.08, 3701.83, 4751.01, 4751.02, 4751.04 - 4751.08, 4751.041, 4751.042, 4751.10 - 4751.14, Section 209.30 and 515.40

R.C. 4751.03, 149.43, 1347.08, 3701.83, 4751.01, 4751.02, 4751.04 - 4751.08, 4751.041, 4751.042, 4751.10 - 4751.14, Section 209.30 and 515.40

R.C. 4751.03, 149.43, 1347.08, 3701.83, 4751.01, 4751.02, 4751.04 - 4751.08, 4751.041, 4751.042, 4751.10 - 4751.14, Section 209.30 and 515.40

Renames the Board of Examiners of Nursing Home Administrators to the Board of Executives of Long-Term Services and Supports and transfers the Board from ODH to ODA.

Same as the Executive.

Same as the Executive.

Increases, from 9 to 11, the number of Board members and modifies the eligibility requirements for Board members. Provides that members of the existing Board of Examiners of Nursing Home Administrators are to continue to serve on the renamed Board until their original terms expire and requires the Governor to make additional appointments to the new Board within 90 days after the bill's effective date.

Same as the Executive, but requires that one of the three board members who work in long-term services and supports settings that are not nursing homes must be a home health administrator, an owner of a home health agency, or an officer of a home health agency.

Same as the Executive.

Requires the Board to enter into a written agreement with ODA to serve as the Board's fiscal agent.

Same as the Executive.

Same as the Executive.

Requires the Board to create opportunities for education, training, and credentialing of nursing home administrators and others in leadership positions in long-term services and supports settings.

Same as the Executive.

Same as the Executive.

Provides guidelines for the transition of the Board, including provisions governing the transfer of duties and obligations.

Same as the Executive.

Same as the Executive.

Creates the Board of Long-Term Services and Supports Fund and requires nursing home administrator license and registration fees to be deposited into this fund instead of General Operations Fund.

Same as the Executive.

Same as the Executive.

| Executive | As Passed by the House | In Senate Finance |
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| <p>Requires the ODH Director to certify to the OBM Director, the cash balance relating to the Board of Examiners of Nursing Home Administrators in the General Operations Fund (Fund 4700), used by ODH. Requires the OBM Director, upon receipt of this certification, to transfer cash to the Board of Executives of Long-Term Services and Supports Fund (Fund 5MT0), used by ODA.</p> | <p>Same as the Executive.</p> | <p>Same as the Executive.</p> |
| <p>Requires the OBM Director to cancel existing relevant encumbrances against SSR Fund 4700 appropriation item 440647, Fee Supported Programs, and reestablish them against SSR Fund 5MT0 appropriation item 490627, Board of Executives of LTSS. Appropriates any re-established encumbrances.</p> | <p>Same as the Executive.</p> | <p>Same as the Executive.</p> |
| <p>Fiscal effect: Potential minimal administrative costs, however, the Board collects fees to cover program expenses.</p> | <p>Fiscal effect: Same as the Executive.</p> | <p>Fiscal effect: Same as the Executive.</p> |

Executive

As Passed by the House

In Senate Finance

DDDCD31 Department of Developmental Disabilities' Appropriation Item Structure

Section: 259.190

Allows the OBM Director, upon request of the ODODD Director, to establish new funds, new appropriation items, and appropriations in order to support the transition to a new appropriation item structure in ODODD's budget. Allows the OBM Director, upon request of the ODODD Director, to transfer appropriations between GRF appropriation items, transfer cash between any funds used by ODODD, abolish existing funds used by ODODD, and cancel and reestablish encumbrances. Appropriates any appropriations established by the OBM Director.

Section: 259.190

Same as the Executive, but does not appropriate any appropriations established by the OBM Director and instead, specifies that Controlling Board approval is required before any new funds or appropriation items are established, and before any transfers of appropriations or cash or increases in appropriations are made in accordance with this section

Section: 259.190

Same as the House.

Executive

As Passed by the House

In Senate Finance

MCD6CD6 System for Award Management Web Site

R.C. 173.27, 173.394, 3701.881, 5164.342

Specifies (for the purpose of certain criminal records checks regarding employment with the State Long-Term Care Ombudsperson program, community-based long-term care agencies, home health agencies, and providers of certain Medicaid-covered home and community-based services) that the Excluded Parties List System reviewed as part of the criminal records checks is available at the federal web site known as the System for Award Management.

Fiscal effect: None.

R.C. 173.27, 173.394, 3701.881, 5164.342

Same as the Executive, but replaces the word "ombudsperson" with "ombudsman."

Fiscal effect: Same as the Executive.

R.C. 173.27, 173.394, 3701.881, 5164.342

Same as the House.

Fiscal effect: Same as the Executive.

MCD6CD36 Screening Tool for High-Risk Youth Team Evaluation

Section: 501.10

Requires the Office of Health Transformation to convene a team comprised of the DYS, ODM, ODJFS, ODH, and DMHAS.

Requires the team to evaluate the feasibility of implementing a trauma screening tool for high-risk youth and to create a report with the following:

- (1) The recommended trauma screening tool to be used to evaluate high-risk youth;
- (2) Training in the administration of the recommended tool;
- (3) Screening protocols;

Section: 501.10

Same as the Executive.

Same as the Executive.

- (1) Same as the Executive.
- (2) Same as the Executive.
- (3) Same as the Executive.

Section: 501.10

Same as the Executive.

Same as the Executive.

- (1) Same as the Executive.
- (2) Same as the Executive.
- (3) Same as the Executive.

| Executive | As Passed by the House | In Senate Finance |
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| (4) The persons to whom the recommended tool should apply; and | (4) Same as the Executive. | (4) Same as the Executive. |
| (5) The implications for treatment. | (5) Same as the Executive. | (5) Same as the Executive. |
| Requires the report to be completed by December 1, 2013 and to be distributed to the Governor. | Same as the Executive. | Same as the Executive. |
| Specifies that DYS may receive funds for piloting the recommended tool in detention centers. | Same as the Executive. | Same as the Executive. |

Executive

As Passed by the House

In Senate Finance

DNRCD31 Disposal of Technologically Enhanced Naturally Occurring Radioactive Material and Other Material from Horizontal Wells

R.C. 1509.074, 3734.01, 3734.02, 3734.125, 3748.01, 3748.04

Does the following with regard to material that is used in the construction, operation, or plugging of a horizontal well:

No provision.

No provision.

(1) Requires the owner or the owners' authorized agent (hereafter owner) to determine, with exceptions discussed in items (2), (4), (5), and (6) below, specified concentrations of radium in the material if the material is technologically enhanced naturally occurring radioactive material (TENORM) and provide for the collection and analysis of representative samples in accordance with requirements approved by the Director of Health. Prohibits, generally, the removal of the material from its location until the analysis is complete and the results are available.

(1) No provision.

(1) No provision.

(2) Specifies that determining the concentration of radium in TENORM is not required if the TENORM is reused in a horizontal well.

(2) No provision.

(2) No provision.

(3) Requires the transport and disposal of TENORM to follow all applicable laws.

(3) No provision.

(3) No provision.

(4) Requires that if the material is not TENORM and the material has come in contact with a refined oil-based substance, and is removed from the location associated with the production operation of the well, the owner must either dispose of the material at an authorized solid waste facility or beneficially use the material in accordance with rules adopted by the Director of Environmental Protection.

(4) No provision.

(4) No provision.

(5) Requires the owner that if the material is not TENORM and the material has come in contact with a refined oil-based

(5) No provision.

(5) No provision.

| Executive | As Passed by the House | In Senate Finance |
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| <p>substance, to take one of three specified actions regarding the material depending on whether the material is removed from the location associated with the well's production operation.</p> | | |
| <p>(6) Allows any non-TENORM material that has not come in contact with a refined oil-based substance to remain at the location associated with the production operation of the horizontal well, and authorizes the owner to utilize the material at the site of the horizontal well.</p> | <p>(6) No provision.</p> | <p>(6) No provision.</p> |
| <p>Does the following with regard to the owner or operator of a solid waste facility:</p> | <p>No provision.</p> | <p>No provision.</p> |
| <p>(1) Prohibits the acceptance for transfer or disposal of TENORM if that material contains or is contaminated with radium-226, radium-228, or both (hereafter contaminated TENORM) at specified concentrations above natural background. States that "natural background" is two picocuries per gram or the actual number of picocuries per gram as measured at an individual solid waste facility, subject to verification by the Director of Health.</p> | <p>(1) No provision.</p> | <p>(1) No provision.</p> |
| <p>(2) Authorizes the receipt and processing of contaminated TENORM at specified concentrations for purposes other than transfer or disposal, provided that the owner or operator has obtained and maintains all other necessary authorizations.</p> | <p>(2) No provision.</p> | <p>(2) No provision.</p> |
| <p>(3) Prohibits the receipt, acceptance, processing, handling, managing, or disposing of TENORM associated with drilling operations without first obtaining representative analytical results to determine compliance with the bill and rules adopted by the Director of Environmental Protection under it.</p> | <p>(3) No provision.</p> | <p>(3) No provision.</p> |
| <p>Provides for the following rules:</p> | <p>No provision.</p> | <p>No provision.</p> |

| Executive | As Passed by the House | In Senate Finance |
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| <p>(1) Authorizes the Director of Environmental Protection to adopt rules regarding the receipt, acceptance, processing, handling, management, and disposal by solid waste facilities of material that contains or is contaminated with radioactive material including contaminated TENORM at specified concentrations.</p> | <p>(1) No provision.</p> | <p>(1) No provision.</p> |
| <p>(2) Authorizes the above rules to include requirements in accordance with which a solid waste facility must monitor leachate and ground water for radionuclides, develop procedures to ensure that TENORM accepted at the facility is not contaminated at specified concentrations, and dispose of radioactive material, including contaminated TENORM at specified concentrations, only in a specially permitted monocell or monofill.</p> | <p>(2) No provision.</p> | <p>(2) No provision.</p> |
| <p>(3) Authorizes the Director of Environmental Protection to adopt rules establishing requirements governing the beneficial use of material from a horizontal well that has come in contact with a refined oil-based substance and that is not TENORM.</p> | <p>(3) No provision.</p> | <p>(3) No provision.</p> |
| <p>(4) Requires the Director of Health to adopt rules establishing requirements governing TENORM, and states that the rules must not apply to naturally occurring radioactive material (NORM).</p> | <p>(4) No provision.</p> | <p>(4) No provision.</p> |

Executive

As Passed by the House

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Fiscal effect: Minimal annual increase to the Department of Natural Resources, the Ohio Environmental Protection Agency, and the Department of Health for administrative costs associated with rule-making and enforcement. The impact on the annual disposal fee revenues and expenditures of solid waste districts (SWDs) will vary considerably by district. For some of these SWDs, an additional unknown amount of fee revenue may be generated annually, but the degree to which it will offset any related operating costs is uncertain. For other SWDs, there may be no readily discernible ongoing annual effect on revenues and expenditures.