GOVERNOR

- Requires the Small Business Advisory Council to meet at the Director of the Common Sense Initiative Office's discretion, instead of at least quarterly as under current law.

Small Business Advisory Council meetings

(R.C. 107.63)

The bill alters when the Small Business Advisory Council must meet by requiring it to meet at the Director of the Common Sense Initiative Office's (CSIO) discretion. Current law requires the Council to meet at least quarterly. Under continuing law, the Council advises the Governor, Lieutenant Governor, and CSIO on the adverse impact that draft and existing rules might have on Ohio small businesses.

DEPARTMENT OF HEALTH

Infant mortality scorecard

- Requires the Department of Health (ODH) to automate its infant mortality scorecard to refresh data in real time on a publicly available data dashboard, as opposed to updating the scorecard quarterly.

Newborn safety incubators

- Authorizes remote monitoring of newborn safety incubators under limited circumstances.
- Permits video surveillance of newborn safety incubator locations but provides that the footage can be reviewed only when a crime is suspected to have been committed within view of the surveillance system.

Newborn screening – Duchenne muscular dystrophy

- Requires the ODH Director to specify in rule Duchenne muscular dystrophy as a disorder for newborn screening.

WIC vendors

- Requires ODH to process and review a WIC vendor contract application within 45 days of receipt under specified circumstances.

Program for Children and Youth with Special Health Care Needs

- Changes the name of ODH's Program for Medically Handicapped Children to the Program for Children and Youth with Special Health Care Needs.

Center for Community Health Worker Excellence

- Creates the Center for Community Health Worker Excellence and establishes the Center's duties.
- Provides for a board of directors to oversee the Center and requires the board to issue an annual report on the Center's activities, including any recommendations pertaining to the practice of community health workers.
- Authorizes Health Impact Ohio and Ohio University's OHIO Alliance for Population Health to assist the Center in implementing its duties.

Stroke registry database

- Requires ODH to establish a stroke registry database and requires certain hospitals to collect and transmit stroke care data for inclusion in the database.
- Authorizes ODH to establish an oversight committee to advise and assist in the stroke registry database's implementation.

Recognition of thrombectomy-capable stroke centers

- Establishes state recognition of thrombectomy-capable stroke centers under the same process used for recognition of hospitals as comprehensive stroke centers, primary stroke centers, or acute stroke ready hospitals.

Parkinson's Disease Registry

- Requires the Director to establish and maintain a Parkinson's Disease Registry.
- Requires cases of Parkinson's disease and Parkinsonisms to be reported to the Registry by health care professionals and facilities.
- Creates the Parkinson's Disease Registry Advisory Committee to assist with the development and maintenance of the Registry.
- Requires the Director to submit an annual report to the General Assembly regarding the prevalence of Parkinson's disease in Ohio by county.
- Requires the Director to create the Ohio Parkinson's Disease Research Registry website to provide information regarding Parkinson's disease and the Registry.

Plasmapheresis supervision

- Revises the law governing the operation of ODH-certified plasmapheresis centers, by expanding the types of health care providers who must attend, supervise, and maintain sterile technique during plasmapheresis.

Regulation of surgical smoke

- Requires ambulatory surgical facilities and hospitals to adopt and implement policies designed to prevent human exposure to surgical smoke during planned surgical procedures.

Admission and medical supervision of hospital patients

- Cancels the scheduled repeal of statutory law governing the admission and medical supervision of hospital patients, including admissions initiated by advanced practice registered nurses and physician assistants.

Long-term care facility discharges and transfers

- Adds to the Residents' Bill of Rights for residents of nursing homes and assisted living facilities additional protections related to certain transfers and discharges.
- Requires ODH in hearings regarding a notice of transfer or discharge to determine if the proposed transfer or discharge complies with the bill's new rights and existing notification requirements.

Nursing home change of operator

- Adds additional circumstances that constitute a change of operator of a nursing home.

- Eliminates a requirement that an individual or entity submit specified documentation to the ODH Director when a nursing home undergoes a change of operator and instead requires an entering operator to complete a nursing home change of operator license application.
- Specifies the type of information that must be provided to ODH as part of a nursing home change of operator license application and the procedures ODH must follow when granting or denying a license application.

Health care staffing support services

- Requires annual registration with the ODH Director for health care staffing support services that provide certain health care personnel to health care providers on a temporary basis.
- Specifies various requirements and prohibitions applicable to registered health care staffing support services, including a limitation on the maximum fees and charges a staffing support service may charge to a health care provider.
- Authorizes the ODH Director to take disciplinary action against the registration holder.

Certificates of need – maximum capital expenditures

- Eliminates laws that (1) prohibit the holder of a certificate of need (CON) from obligating more than 110% of an approved project's cost (without obtaining a new CON) and (2) authorize penalties of up to $250,000 for violations.
- Specifies that the CON changes apply to currently valid CONs, pending CON applications, and pending actions for imposing sanctions.

Fees for copies of medical records

- Makes the following changes regarding costs that a health care provider may charge for copies of medical records requested by a patient or patient's personal representative:
  - Generally eliminates specific dollar caps and instead specifies that costs must be reasonable and cost-based, and can include only costs that are authorized under federal laws and regulations;
  - Adds that an individual authorized to access a patient's medical records through a valid power of attorney is subject to the same cost provisions as the patient and the patient's personal representative.

Second Chance Trust Fund Advisory Committee

- Removes the term limits for members of the Second Chance Trust Fund Advisory Committee (currently limited to two consecutive terms, whether full or partial).
- Removes the requirement that the Committee's election of a chairperson from among its members be annual, instead leaving the details of a chairperson's term to Committee rules.

Save Our Sight Fund voluntary contributions

- Requires licensing agencies to ask if applicants or individuals renewing licenses want to contribute to the Save Our Sight Fund.
- Requires all such donations to be sent to the Treasurer of State, who is required to deposit them into the fund.

Home health licensure exception

- Creates an exception from home health licensure for individuals providing self-directed services to Medicaid participants.

Smoking and tobacco

Minimum age to sell tobacco products

- Prohibits tobacco businesses from allowing an employee under 18 to sell tobacco products.

Shipment of vapor products and electronic smoking devices

- Prohibits shipment of vapor products and electronic smoking devices to persons other than licensed vapor distributors, vapor retailers, operators of customs bonded warehouses, and state and federal government agencies or employees.
- Prohibits shipping vapor products or electronic smoking devices in packaging other than the original container unless the packaging is marked with the words "vapor products" or "electronic smoking devices."

Other tobacco law changes

- Clarifies that substances intended to be aerosolized or vaporized during the use of an electronic smoking device need not contain nicotine to be considered part of the device under the law governing the sale and distribution of tobacco products.
- Clarifies that a component or accessory used in the consumption of a tobacco product, such as filters, rolling papers, or pipes, need not contain nicotine to be considered a tobacco product under the law governing the sale and distribution of such products.
- Removes an extraneous definition for "proof of age," which is not used anywhere in the law governing the sale and distribution of tobacco products.

Moms Quit for Two

- Continues the Moms Quit for Two grant program for the delivery of tobacco cessation interventions to women who are pregnant or living with children and reside in communities with the highest incidence of infant mortality.

Renovation, Repair, and Painting Rule

- Authorizes the ODH Director to enter into agreements with the U.S. Environmental Protection Agency for the administration and enforcement of the federal Renovation,

Repair, and Painting (RRP) Rule, which establishes requirements regarding lead-based paint hazards associated with renovation, repair, and painting activities.

- Allows the Director to both:
  - Accept available assistance in support of those agreements; and
  - Adopt rules to administer and enforce the federal RRP Rule.

Environmental health specialists

- Recodifies R.C. Chapter 4736, the law governing environmental health specialists (EHSs) and environmental health specialists in training (EHSs in training), in new R.C. Chapter 3776.
- Adds that EHSs and EHSs in training may administer and enforce the law governing tattoos and body piercing.
- Clarifies that EHSs and EHSs in training may administer and enforce the law governing hazardous waste.
- Clarifies that all fees collected under the EHS law are deposited into the ODH General Operations Fund, and eliminates a conflict in current law that requires the fees to be deposited in both that fund and the Occupational Licensing and Regulatory Fund.
- Broadens the ODH Director's rulemaking authority regarding EHSs and EHSs in training, including allowing any rulemaking that is necessary for the administration and enforcement of the EHS law.
- Requires EHSs in training to comply with the same continuing education requirements as are required for EHSs, such as biennially completing a 24-hour continuing education program in specified subjects.
- Requires the ODH Director to provide, at least once annually, to each EHS in training a list of approved courses that satisfy the continuing education program and supply a list of continuing education courses to an EHS in training upon request, in the same manner as the Director does for EHSs under current law.
- Clarifies that the ODH Director may renew an EHS or EHS in training registration 60 days prior to expiration, provided the applicant pays the renewal fee and proof of compliance with continuing education requirements.
- Specifies that an EHS in training has up to four years (with a two-year possible extension) to apply as an EHS instead of three years (with a two-year possible extension) as under current law.
- Prohibits a person who is not a registered EHS in training from using the title "registered environmental health specialist in training" or the abbreviation "E.H.S.I.T.," or representing themselves as a registered EHS in training.
- Repeals the requirements that the ODH Director assign a serial number to each certificate of registration and include it in EHS and EHS in training registration records.

- Removes the requirement that the ODH Director obtain the advice and consent of the Senate when appointing members of the Environmental Health Specialist Advisory Board.

Sudden Unexpected Death in Epilepsy Awareness Day

- Designates October 26 as "Sudden Unexpected Death in Epilepsy Awareness Day."

Infant mortality scorecard

(R.C. 3701.953)

The Ohio Department of Health (ODH) is required to create and publish an infant mortality scorecard tracking statewide data related to infant mortality. Current law requires it to publish the scorecard on its website and update the data quarterly. The bill requires ODH instead to build and automate a publicly available data dashboard that refreshes data in real time.

Newborn safety incubators

(R.C. 2101.16, 2151.3515, 2515.3516, 2151.3517, 2151.3518, 2151.3527, 2151.3528, 2151.3532, and 2151.3533)

Regarding Ohio's Safe Haven Law, the bill establishes an option for remote monitoring of newborn safety incubators. Under current law, ODH has rulemaking authority to set monitoring standards for newborn safety incubators. Current ODH rules require in person monitoring by an individual who is present and on duty in the facility where the incubator is located at all times, 24 hours a day, seven days a week.[82] The bill instead permits peace officers, peace officer support employees, emergency medical service workers, and certain hospital employees to either (1) monitor an incubator directly, or (2) be designated as an alternate, to be dispatched when an infant is placed in the incubator and the incubator is not directly monitored. Additionally, the bill provides that persons authorized to take possession of a newborn from a newborn safety incubator are not liable for failure to respond to the incubator's alarm within a reasonable time, unless the failure was willful or wanton misconduct.

The bill also provides that a facility that has installed a newborn safety incubator may use video surveillance to monitor the area where the incubator is located, but may review the footage only when a crime is suspected to have been committed within view of the video surveillance system.

Ohio's Safe Haven Law authorizes a parent to voluntarily and anonymously surrender the parent's newborn child – who is not more than 30 days old – by delivering the child to any of the following:

[82] O.A.C. 3701-86-03(B) and (F).

- A law enforcement agency or peace officer employed by the agency;
- A hospital or individual practicing at or employed by the hospital;
- An emergency medical service organization or emergency medical service worker employed by or providing services to the organization;
- A newborn safety incubator provided by a law enforcement agency, hospital, or emergency medical service organization.

Newborn screening – Duchenne muscular dystrophy

(R.C. 3701.501)

The bill requires the ODH Director to specify in rule Duchenne muscular dystrophy as a disorder for newborn screening beginning 240 days after the bill's effective date. Generally, existing law requires that each newborn be screened for the disorders specified in rules adopted by the ODH Director. Statutory law requires the rules to specify Krabbe disease, spinal muscular atrophy, and X-linked adrenoleukodystrophy for screening. To assist the Director in determining other disorders for which a newborn must be screened, Ohio law has established the Newborn Screening Advisory Council (NSAC). As part of this law, the NSAC is to evaluate disorders and make recommendations to the Director.

WIC vendors

(Section 291.40)

The bill maintains a requirement in uncodified law that ODH process and review a WIC vendor contract application pursuant to existing ODH regulations within 45 days after receipt if the applicant is a WIC-contracted vendor and (1) submits a complete application and (2) passes the required unannounced preauthorization visit and completes the required in-person training within that 45-day period. If the applicant fails to meet those requirements, ODH must deny the application. After denial, the applicant may reapply during the contracting cycle of the applicant's WIC region.

WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children. WIC helps eligible pregnant and breastfeeding women, women who recently had a baby, infants, and children up to five years of age. It provides nutrition education, breastfeeding education and support; supplemental, highly nutritious foods and iron-fortified infant formula; and referral to prenatal and pediatric health care and other maternal and child health and human service programs.

Program for Children and Youth with Special Health Care Needs

(R.C. 3701.023 with conforming changes in numerous other R.C. sections)

The bill changes the name of the Program for Medically Handicapped Children to the Program for Children and Youth with Special Health Care Needs.

The program is administered by ODH and serves families of children and young adults with special health care needs, including AIDS, hearing loss, cancer, juvenile arthritis, cerebral

palsy, metabolic disorders, cleft lip/palate, severe vision disorders, cystic fibrosis, sickle cell disease, diabetes, spina bifida, scoliosis, congenital heart disease, hemophilia, and chronic lung disease. The program has three core components: diagnostic, treatment, and service coordination.

Center for Community Health Worker Excellence

(R.C. 3701.0212; Sections 291.10 and 291.20)

The bill creates the Center for Community Health Worker Excellence, which is a public-private partnership to support and foster the practice of community health workers and improve access to community health workers across the state. The bill establishes the Center's duties which include: establishing an electronic platform that may be accessed statewide to connect community health workers with individuals or communities, evaluating and reporting on the state of the community health workforce in Ohio, creating and maintaining a website to coordinate resources for individuals practicing as community health workers, making continuing education hours or credits available for free to community health workers certified by the Board of Nursing, and providing financial assistance to employers that host or offer training to community health workers seeking certification by the Board of Nursing.

The bill provides for a board of directors, comprised of members of the General Assembly, various state departments and agencies, and community organizations. The Board must issue an annual report to the Governor and the General Assembly describing the activities of the Center and any recommendations pertaining to the practice of community health workers. The bill also authorizes Health Impact Ohio and the OHIO Alliance for Population Health at the Ohio University to assist the Center in implementing its duties.

Stroke registry database

(R.C. 3727.131)

The bill requires ODH to establish and maintain a process for collecting, transmitting, compiling, and overseeing data related to stroke care. As part of the process for collecting stroke care data, ODH must establish or utilize a stroke registry database to store the data, including data that aligns with nationally recognized treatment guidelines and performance measures. The bill also requires the stroke care data to be collected, transmitted, compiled, and overseen in a manner prescribed by the ODH Director.

Existing database

If, prior to the bill's effective date, ODH established or utilized a stroke registry database that meets the bill's requirements, then both of the following apply:

- The bill must not be construed to require ODH to establish or utilize another database;
- ODH must maintain both the process for collecting, transmitting, compiling, and overseeing data required by the bill as well as the stroke registry database itself, even if federal moneys are no longer available to support the process or database.

ODH rulemaking

The bill requires the Director of Health to adopt rules as necessary to implement the bill's provisions, including rules specifying both the data to be collected and the manner in which it is to be collected and later transmitted for inclusion in the stroke registry database. The rules must be adopted (1) not later than six months after the bill's effective date and (2) in accordance with the Administrative Procedure Act (R.C. Chapter 119).

Data to be collected

The data to be collected must align with stroke consensus metrics developed and approved by (1) the CDC and (2) accreditation organizations that are approved by the federal Centers for Medicare and Medicaid Services (CMS) and that certify stroke centers. In addition, the data must be consistent with nationally recognized treatment guidelines for patients with confirmed stroke. With respect to mechanical endovascular thrombectomy, the data must relate to the treatment's processes, complications, and outcomes, including data required by national certifying organizations.

Data samples

When adopting rules under the bill, the Director may specify that, of the data collected, only samples are to be transmitted for inclusion in the stroke registry database.

Stroke care performance measures

The bill requires the Director, when adopting the rules, to consider nationally recognized stroke care performance measures.

Electronic platform

The Director must designate in rule an electronic platform for the collection and transmission of data. In doing so, the Director must consider nationally recognized stroke data platforms.

Coordination

The Director, when adopting the rules, must coordinate with (1) hospitals recognized by ODH as stroke centers and stroke ready hospitals and (2) national voluntary health organizations involved in stroke quality improvement. The bill specifies that this coordination is to be done in an effort to avoid duplication and redundancy.

Patient identity

The data collected and transmitted under the bill must not identify or tend to identify a particular patient.

Duties of hospitals

Under the bill, each hospital recognized by ODH as a comprehensive stroke center, thrombectomy-capable stroke center, or primary stroke center must collect the data specified by the Director in rule and then transmit it for inclusion in the stroke registry database. In the case of a hospital that is recognized by ODH as an acute stroke ready hospital, the bill instead encourages the collection and transmission of such data.

The bill also specifies that data relating to mechanical endovascular thrombectomy, in particular the treatment's processes, complications, and outcomes, is to be collected and transmitted only by a hospital recognized as a thrombectomy-capable stroke center.

The bill authorizes a hospital to contract with a third-party organization to collect and transmit the data. If a contract is entered into, the organization must then collect and transmit the data.

Oversight committee

The bill authorizes ODH to establish an oversight committee to advise and monitor the bill's implementation and assist ODH in developing short- and long-term goals for the stroke registry database.

If established, the committee's membership must consist of individuals with expertise or experience in data collection, data management, or stroke care, including the following:

- Individuals representing organizations advocating on behalf of those with stroke or cardiovascular conditions;
- Individuals representing hospitals recognized by ODH as comprehensive stroke centers, thrombectomy-capable stroke centers, primary stroke centers, or acute stroke ready hospitals.

Recognition of thrombectomy-capable stroke centers

(R.C. 3727.11, 3727.12, 3727.13, and 3727.14)

The bill permits a hospital to obtain recognition by ODH as a thrombectomy-capable stroke center. The process for doing so is the same as the process that ODH uses under current law for recognition of hospitals as comprehensive stroke centers, primary stroke centers, or acute stroke ready hospitals.

To be eligible for ODH's recognition in this new category, a hospital must be certified as a thrombectomy-capable stroke center by either (1) an accrediting organization approved by CMS or (2) an organization acceptable to ODH by using nationally recognized certification guidelines. As with the currently recognized categories of stroke care hospitals, the bill prohibits a hospital from representing itself as a thrombectomy-capable stroke center unless it is recognized as such by ODH. The bill does not specify a penalty for violating the prohibition.

Parkinson's Disease Registry

(R.C. 3701.25 to 3701.255)

The bill requires the ODH Director to establish and maintain a Parkinson's Disease Registry for the collection and monitoring of Ohio-specific data related to Parkinson's disease and Parkinsonisms. Parkinson's disease is a chronic and progressive neurological disorder resulting from a deficiency of the neurotransmitter dopamine as a consequence of specific degenerative changes in the area of the brain called the basal ganglia. It is characterized by tremor at rest, slow movements, muscle rigidity, stooped posture, and unsteady or shuffling gait. Parkinsonisms are conditions related to Parkinson's disease that cause a combination of

the movement abnormalities seen in Parkinson's disease that often overlap with and can evolve from what appears to be Parkinson's disease. Parkinsonisms can include multiple system atrophy, dementia with Lewy bodies, corticobasal degeneration, and progressive supranuclear palsy.

The data collected by the Registry must be included in the Ohio Public Health Information Warehouse.

Health care provider reporting

The bill requires each individual case of Parkinson's disease or a Parkinsonism to be reported to the Registry by the certified nurse practitioner, clinical nurse specialist, physician, or physician assistant who diagnosed or treated the individual's Parkinson's disease or Parkinsonism, or by the group practice, hospital, or other health care facility that employs that health care professional.

When a patient is first diagnosed or treated for Parkinson's disease, the medical professional must inform the patient of the Registry and of the patient's right to not participate. If a patient chooses not to participate in the Registry, the medical professional or health care facility must report the existence of a Parkinson's disease or Parkinsonism case and no other information. The bill does not require a patient to submit to any medical examination or supervision by ODH or a researcher.

The Director or a representative of the Director may inspect a representative sample of the medical records of patients with Parkinson's disease at a health care facility.

Each medical professional or health care facility that reports to the Registry is not liable in any cause of action that originates from the submission of the report.

Timeline

Within 30 days of the bill's effective date, the Director must publish the reporting requirements on ODH's website. The Director must establish the Parkinson's Disease Registry within one year of the bill's effective date. Medical professionals and health care facilities must begin reporting data to the Registry within 30 days of the Registry's establishment, and at least quarterly thereafter.

Contracts and agreements related to the registry

The bill authorizes the Director to enter into contracts, grants, and other agreements to maintain the Registry, including data sharing contracts with data reporting entities and their associated electronic medical records system vendors. It also authorizes the Director to enter into agreements to furnish data collected in the Registry with other states' Parkinson's disease registries, federal Parkinson's disease control agencies, local health officers, or local health researchers. Before confidential information is disclosed, the requesting entity must agree in writing to maintain the confidentiality of the information. If the disclosure is to a researcher, the researcher must also obtain approval from their respective institutional review board and provide documentation to the Director that demonstrates they have established the procedures and ability to maintain confidentiality.

The Director is responsible for coordinating any contact with patients on the Registry. An individual that obtains information from the Registry may not contact a patient in the Registry, or a patient's family, unless the Director obtains permission from the patient or the patient's family.

Confidentiality of information

Generally, all information collected pursuant to the bill is confidential. The Director must establish a coding system that removes individually identifying information about an individual with Parkinson's disease. The bill provides that an authorized disclosure must include only the data and information necessary for the stated purpose of the disclosure, be used only for the approved purpose, and not be further disclosed. Each patient or patient's guardian must have access to their own data.

The Director is required to maintain an accurate record of all persons who are given access to confidential information under the bill. The record must include (1) the name of the person authorizing access, (2) the name, title, address, and organizational affiliation of any person given access, (3) the access dates, and (4) the specific purpose for which information is being used. The record of access must be open to public inspection during normal ODH operating hours.

Confidential information is not available for subpoena or disclosed, discoverable, or compelled to be produced in any civil, criminal, administrative, or other tribunal or court for any reason.

The bill does not prevent (1) the Director from publishing reports and statistical compilations that do not identify or tend to identify individual cases or individual sources of information or (2) a facility or individual that provides diagnostic or treatment services to individuals with Parkinson's disease from maintaining a separate Parkinson's disease registry.

Advisory committee

The bill creates in ODH a Parkinson's Disease Registry Advisory Committee. The Director must appoint the following as members: (1) a neurologist, (2) a movement disorder specialist, (3) a primary care provider, (4) a physician informaticist, (5) a public health professional, (6) a population health researcher with disease registry experience, (7) a Parkinson's disease researcher, (8) a patient living with Parkinson's disease, and (9) any other individuals deemed necessary by the Director.

Meetings and compensation

The first meeting must be held within 90 days after the bill's effective date. Thereafter, meetings must be twice a year at the call of the Director, who is the chairperson. Meetings may take place in person or virtually at the discretion of the Director. Members serve without compensation except to the extent that serving on the committee is considered part of the member's employment responsibilities. ODH must provide meeting space, staff, and other administrative support to the Committee.

Duties

The Committee is required to do all of the following:

1. Assist the Director in developing and implementing the Registry;

2. Determine the data to be collected and maintained, based on patient demographics, geography, diagnosis, and information that enables de-duplication of patient records in the Registry;

3. Determine the information to be included on ODH's Ohio Parkinson's Disease Research Registry website (see below);

4. Advise the Director on maintaining and improving the Registry;

5. Conduct a review of the Registry within five years of the effective date of the bill assessing how it is being used, whether it is fulfilling its intended purpose, and recommending necessary changes.

Report

The bill requires the Director to submit a Parkinson's disease report to the General Assembly within six months of the establishment of the Registry and annually thereafter. The report must include (1) the incidence and rates of Parkinson's disease in Ohio by county, (2) the number of new cases reported to the Parkinson's disease registry in the previous year, and (3) demographic information, including age, gender, and race.

Ohio Parkinson's Research Registry website

The bill requires the Director to create and maintain the Ohio Parkinson's Research Registry website within one year of the bill's effective date. The website must describe the Registry and provide any relevant or helpful information determined by the Advisory Committee. Additionally, the Director must publish the annual report described above to the website.

Rules

The Director is required to adopt rules that (1) specify the data to be collected and the format in which it is to be submitted, in collaboration with the Advisory Committee, (2) develop guidelines and procedures for requesting and granting access to data, and (3) create a coding system to remove individually identifying information from the Registry data. The bill exempts the rules adopted under it from existing law that limits regulatory restrictions adopted by certain agencies. The Director is responsible for periodically reviewing data collection requirements to adapt to new knowledge and technology regarding Parkinson's disease and health data collection.

Plasmapheresis supervision

(R.C. 3725.05)

The bill revises the law governing the operation of ODH-certified plasmapheresis centers, by expanding the types of health care providers who must attend, supervise, and

maintain sterile technique during plasmapheresis. Current law limits the providers to medical technologists approved by the ODH Director, physicians, and registered nurses. Under the bill, the providers also include other qualified medical staff persons approved by the Director, licensed practical nurses, emergency medical technicians-intermediate, and emergency medical technicians-paramedic. In the case of an emergency medical technician (EMT), the bill specifies that the individual is not attending or supervising the procedure or maintaining sterile technique in the individual's capacity as an EMT.

Regulation of surgical smoke

(R.C. 3702.3012 and 3727.25)

The bill requires ambulatory surgical facilities and hospitals offering surgical services to adopt and implement policies designed to prevent human exposure to surgical smoke during planned surgical procedures likely to generate such smoke. "Surgical smoke" is defined by the bill as the airborne byproduct of an energy-generating device used in a surgical procedure, including smoke plume, bioaerosols, gases, laser-generated contaminants, and dust.

The policy, which must be in place not later than one year after the provision's effective date, must include the use of a surgical smoke evacuation system. The system required by the bill is described as equipment designed to capture, filter, and eliminate surgical smoke at the point of origin, before the smoke makes contact with the eyes or respiratory tract of an individual.

The ODH Director is authorized by the bill to adopt rules to implement the bill's requirements. The rules must be adopted in accordance with the Administrative Procedure Act (R.C. Chapter 119).

Admission and medical supervision of hospital patients

(Section 130.56, primary; sections 130.54 and 130.55, amending Sections 130.11 and 130.12 of H.B. 110 of the 134th G.A.; conforming changes in Sections 130.50 to 130.53)

The bill cancels the repeal – scheduled for September 30, 2024 – of statutory law governing the admission and medical supervision of hospital patients, including admissions initiated by advanced practice registered nurses and physician assistants, and makes conforming changes in related statutes.[83] Under H.B. 110, the main operating budget of the 134th General Assembly, this law is scheduled to be repealed as part of H.B. 110's provisions requiring each hospital to hold a license issued by the ODH Director by September 30, 2024.

Long-term care facility discharges and transfers

(R.C. 3721.13, 3721.16, 3721.161, and 3721.162)

The bill adds several rights for long-term care facility residents. Under continuing Ohio law, residents of nursing homes, assisted living facilities (referred to in Ohio law as residential

[83] R.C. 3727.06, not in the bill. See also R.C. 3701.351, and R.C. 3727.70 and 4723.431, not in the bill.

care facilities), and other homes for the aging have various enumerated rights. A resident who believes that any of those rights have been violated may file a grievance with the grievance committee that each facility is required to establish.

Some of the existing rights include a guarantee of a safe and clean living environment, participation in decisions that affect the resident's life, the right to privacy in certain situations, and the right not to be transferred or discharged from the home unless the transfer is necessary for one of several reasons, including the resident's needs cannot be met in the home, the safety of individuals in the home is endangered, or the resident has failed to pay after reasonable and appropriate notice. Regarding transfer and discharge, the bill adds the following rights:

- The right not to be transferred or discharged to a location that cannot meet the health and safety needs of the resident.
- The right not to be transferred or discharged without adequate preparation in order to conduct a safe and orderly transfer or discharge, including proper arrangements for medication, equipment, health care services, and other necessary services.
- All other rights regarding transfers or discharges provided under federal law.

The bill also requires ODH in hearings regarding a notice of transfer or discharge to determine if the proposed transfer or discharge complies with the transfer and discharge rights mentioned above, as well as notification requirements in existing law.

Nursing home change of operator

(R.C. 3721.01, 3721.026, and 5165.01)

Actions that constitute a change of operator

The bill adds several circumstances that, upon their occurrence, constitute a nursing home change of operator. The bill eliminates the specification that a transfer of all of an operator's ownership interest in the operation of a nursing home constitutes a change of operator of the nursing home, and instead specifies that a change in control of a nursing home operator constitutes a change in operator. A change in control of a nursing home is defined as either (1) any pledge, assignment, or hypothecation of or lien or other encumbrance on any of the legal or beneficial equity interests in an entity operating a nursing home, or (2) a change of 50% or more in the legal or beneficial ownership or control of the outstanding voting equity interests of the entity operating the nursing home necessary at all times to elect a majority of the board of directors or similar governing body and to direct the management policies and decisions.

Under existing law, the dissolution of a partnership constitutes a change of operator. The bill specifies that a merger of a partnership into another entity, or a consolidation of a partnership and at least one other entity also constitute a change of operator. Similarly, the bill adds that the dissolution of a limited liability company, a merger of a limited liability company with another entity, or consolidation of a limited liability company with another entity all

constitute a change of operator. Finally, the bill provides that a contract for an individual or entity to manage a nursing home as an operator's agent constitutes a change of operator.

Conversely, the bill specifies that an employer stock ownership plan established under federal law and an initial public offering for which the Securities and Exchange Commission has declared a registration statement to be effective do not constitute a change of operator. Similarly, the bill specifies that the continuing law specifying that a change of one or more members of a corporation's governing body or transfer of ownership of one or more shares of a corporation's stock does not constitute a change of operator applies only if the corporation has publicly traded securities.

Nursing home change of operator license application

The bill modifies the existing law requirement that an individual or entity who is assigned or transferred the operation or nursing home submit documentation to the ODH Director of certain information before a change of operator may occur to instead require that the individual or entity taking over the operation of a nursing home following a change of operator first complete a nursing home change of operator license application and pay a licensing fee. ODH is required to prescribe the form for the application and make the application available on its website. As part of the application, an applicant must provide all of the following:

- Full and complete disclosure of all direct and indirect owners that own at least five percent of:
  - The applicant, if the applicant is an entity;
  - The owner of the nursing home, if the owner is a different individual or entity from the applicant;
  - The manager of the nursing home, if the manager is a different individual or entity from the applicant;
  - Each related party that provides or will provide services to the nursing home, whether through contracts with the applicant, owner, or manager of the nursing home.
- Full and complete disclosure of the direct or indirect ownership interest that an individual identified above has in a current or previously licensed nursing home in Ohio or another state, and whether any identified nursing home had any of the following occur during the five years immediately preceding the date of application:
  - Voluntary or involuntary closure of the nursing home;
  - Voluntary or involuntary bankruptcy proceedings;
  - Voluntary or involuntary receivership proceedings;
  - License suspension, denial, or revocation;
  - Injunction proceedings initiated by a regulatory agency;

- The nursing home was listed in Table A, Table B, or Table D on the SFF list under the Special Focus Facilities program administered by the U.S. Secretary of Health and Human Services;
- A civil or criminal action was filed against the nursing home by a state or federal entity.

- Submission of all fully executed contracts with related parties, lease agreements, and management agreements pertaining to the nursing home.
- Any additional information the ODH Director considers necessary to determine the ownership, operation, management, and control of the nursing home.

Additional requirements

Bond or other financial security

Under existing law, an individual assuming the operation of a nursing home must provide to the ODH Director evidence of a bond or other financial security. Under the bill, this requirement applies to all applicants for a change of operator license except those that demonstrate that they own at least 50% of the nursing home and its assets or at least 50% of the entity that owns the nursing home and its assets. For individuals and entities to which the bond or other financial security requirements apply, the bill specifies that the bond or other financial security must be for an amount not less than the product of the number of licensed beds in the nursing home, multiplied by $10,000.

The required bond or other financial security must be renewed or maintained for a period of five years following the effective date of a change of operator. If a bond or other financial security is not maintained, the ODH Director is required to revoke a nursing home operator's license. The Director may utilize a bond or other financial security if any of the following occur during the five-year period following the change of operator for which the bond or other financial security is required:

- The nursing home is voluntarily or involuntarily closed;
- The nursing home or its owner or operator is the subject of voluntary or involuntary bankruptcy proceedings;
- The nursing home or its owner or operator is the subject of voluntary or involuntary receivership proceedings;
- The license to operate the nursing home is suspended, denied, or revoked;
- The nursing home undergoes a change of operator and the new applicant does not submit a bond or other financial security;
- The nursing home appears in Table A, Table B, or Table D on the SFF list under the Special Focus Facilities program administered by the U.S. Secretary of Health and Human Services.

If none of the events described above occur in the five years immediately following the effective date of the change of operator, the ODH Director is required to release the bond or other financial security back to the applicant.

Experience

The bill further requires an applicant to provide information detailing that a person who is a direct or indirect owner of 50% or more of the applicant must have at least five years of experience as (1) an administrator of a nursing home located in Ohio or another state or (2) be a direct or indirect owner of at least 50% in an operator or manager of a nursing home located in Ohio or another state.

Policies and insurance

Under continuing law unchanged by the bill, an individual or entity assuming control of a nursing home must submit to the ODH Director copies of plans for quality assurance and risk management and general and professional liability insurance of $1 million per occurrence and $3 million in aggregate. Additionally, the bill requires an applicant to submit copies of the nursing home's policies and procedures and demonstrate that the nursing home has sufficient numbers of qualified staff who will be employed to properly care for the type and number of nursing home residents.

License denial and penalty

The bill requires the ODH Director to conduct a survey of a nursing home not later than 60 days after the effective date of the change of operator. Additionally, the bill requires the Director to deny a change of operator license application if any of the requirements described above are not satisfied or if the applicant has or had 50% or more direct or indirect ownership in the operator or manager of a current or previously licensed nursing home in Ohio or another state for which any of the following occurred within the five years immediately preceding the date of application:

- Involuntary closure of the nursing home by a regulatory agency or voluntary closure in response licensure or certification action;
- Voluntary or involuntary bankruptcy proceedings that are not dismissed within 60 days;
- Voluntary or involuntary receivership proceedings that are not dismissed within 60 days;
- License suspension, denial, or revocation for failure to comply with operating standards.

If an application is denied, the bill authorizes an applicant to appeal the denial in accordance with the Administrative Procedure Act.

Under the bill, an applicant is required to notify the ODH Director within ten days of any change in the information or documentation that is required to be submitted before a change of operator may be effective. This notice is required whether the change in information occurs before or after the effective date of a change of operator. If an applicant fails to notify the Director of a change in information as required, the bill requires the Director to impose a civil penalty of $2,000 per day for each day of noncompliance.

Similarly, if the Director becomes aware that a change of operator has occurred but the entering operator failed to submit a change of operator license application or did submit an application but provided fraudulent information, the bill requires the Director to impose a civil penalty of $2,000 per day for each day of noncompliance after the date on which the Director became aware of the information. If the entering operator fails to submit an application or a new application within 60 days of the ODH Director becoming aware of a change of operator taking place, the Director is required to begin the process of revoking the nursing home's license.

Rulemaking

The bill authorizes the ODH Director to adopt any rules necessary to implement these requirements. The rules must be adopted in accordance with the Administrative Procedure Act (R.C. Chapter 119).

Legislative intent

The bill specifies that it is the intent of the General Assembly in establishing a nursing home change of operator license application process to require full and complete disclosure and transparency with respect to the ownership, operation, and management of each licensed nursing home located in Ohio.

Health care staffing support services

(R.C. Chapter 3724, primary; R.C. 3701.83; Section 737.30)

The bill requires health care staffing support services to annually register with the ODH Director. As defined by the bill, "health care staffing support service" is a person that is regularly engaged in the business of providing, procuring, or matching, for a fee, certain health care personnel to serve as temporary staff for certain health care providers, including an online health care staff matching service and a health care worker platform. For purposes of this definition and the bill:

- "Health care personnel" is defined as any licensed health care professional or unlicensed health care personnel who provides care, support, or services directly to patients.
- "Health care provider" is defined as nursing homes, residential care facilities, home health agencies, hospice care programs, residential facilities,[84] community addiction services providers, community mental health services providers, and Medicaid providers of waiver services.
- "Online health care staff matching service" is defined as a person that operates or offers an electronic platform or application on which health care personnel employed by the service may be listed as available to serve as temporary staff for health care providers.

[84] See R.C. 5119.34 and 5123.19 for a description of residential facilities licensed by the Department of Mental Health and Addiction Services and Department of Developmental Disabilities.

- "Health care worker platform" is defined as a person that operates or offers an electronic platform or application on which health care personnel who are independent contractors may be listed as available to serve as temporary staff for health care providers.

The bill excludes from the definition of "health care staffing support service" and, as a result, from the requirement for annual registration, both of the following: (1) individuals who provide their own services to health care providers as temporary employees or contractors and (2) government entities.

Prohibition

(R.C. 3724.06 and 3724.99)

The bill prohibits any person from knowingly operating a health care staffing support service unless the service is registered. Anyone who violates this prohibition is guilty of a second degree misdemeanor for the first offense, and a first degree misdemeanor for subsequent offenses.

In the case of a health care staffing support service that is operating at the time the bill becomes effective, the service is required to submit an application for registration within 30 days. If the application is submitted within that time period, the service may continue to operate without being registered until the earlier of the date the registration is denied or 120 days after the bill's effective date.

Registration application requirements and procedures

(R.C. 3724.02 and 3724.03)

The bill requires each physical location of a health care staffing support service to separately register. Each application must include a nonrefundable $2,000 fee and all of the following:

- Information about company ownership and, if applicable, copies of associated articles of incorporation, bylaws, and officer and director information;
- Copies of the staffing support service's policies and procedures designed to ensure compliance with the bill;
- Certification that the staffing support service has not had a health care staffing support service registration revoked by the ODH Director within the past three years.

The ODH Director is required to establish registration application forms and procedures. The Director must review each application received and must register an applicant if the application is complete, the fee is paid, and the Director is satisfied that the bill's registration requirements are met.

Period of registration validity

(R.C. 3724.04)

Registration of a health care staffing support service is valid for one year, unless earlier revoked or suspended. Also, registration is no longer valid if the staffing support service is sold or its ownership or management is transferred. A transfer includes a transfer of ownership or management such that 40% or more of the owners or management were not previously registered.

Registration renewal

(R.C. 3724.05)

To be eligible for its annual registration renewal, a health care staffing support service must provide documentation demonstrating that it provided staffing services during the year preceding the renewal date, and must describe any changes regarding the information provided in the initial registration application. An eligible staffing support service must apply to the ODH Director using forms and procedures established by the Director. The Director must renew a registration for one year if an applicant has paid the $2,000 renewal fee and continues to meet requirements for registration.

The bill requires renewal applicants to pay the renewal fee during the month of the renewal date. If the renewal fee is not paid during that month, the applicant must pay a late fee of $200. If the renewal fee or any late fee is not paid by the 30th day after the renewal date, the ODH Director may, in accordance with the Administrative Procedure Act, revoke the staffing support service's registration.

A staffing support service that has not provided staffing services during the year preceding the service's registration renewal date is not eligible for renewal. It may, however, apply for a new registration.

Health care staffing support service obligations and prohibitions

Obligations

(R.C. 3724.07)

Health care staffing support services registered under the bill must do all of the following:

- Ensure that when the staffing support service provides health care personnel to a health care provider for a specific shift or time period, the personnel or a substitute works for the agreed time period at no additional charge to the provider, except for health care worker platforms, discussed below;
  - A health care worker platform that utilizes independent contractors must instead (1) use its best efforts to secure a substitute, (2) prohibit, through contract, its independent contractors from failing to work an assigned shift except for good cause or with 24-hours or more notice, and (3) exclude from the platform any independent contractor who violates that contractual provision.

- Establish and provide to health care providers a schedule of fees and charges that cannot be modified except with written notice 30 days in advance, or shorter notice if the health care provider agrees in writing;
- Employ as employees of the staffing support service the health care personnel provided to a health care provider, except for health care worker platforms;
- Verify, maintain, and furnish on request supporting documentation that each temporary employee or contractor provided to a health care provider meets (1) minimum licensing, training, and continuing education standards for the position, (2) criminal records check requirements of the provider, (3) requirements for reviewing registries of persons with findings of abuse or neglect, (4) requirements for determining whether exclusions from Medicare or Medicaid exist, (5) any health requirement of the provider, including requirements related to drug testing and infectious disease testing and vaccination, and (6) any other qualification or requirement mandated by law for a health care provider's employees and temporary workers;
- Prohibit staffing support service employees and contractors from recruiting employees of the health care provider and instruct staffing support service employees and contractors about the prohibition;
- Make staffing support service records available to the ODH Director during normal business hours;
- Retain staffing support service records for at least five years;
- Carry professional liability insurance of at least $1 million per occurrence and $3 million aggregate, except for health care worker platforms that require independent contractors to carry equivalent insurance;
- Secure and maintain workers' compensation coverage in accordance with Ohio law, except for health care worker platforms that require independent contractors to carry occupational accident insurance;
- Carry a surety bond for employee dishonesty of at least $100,000, except for health care worker platforms that require independent contractors to carry an equivalent bond.

Prohibitions

(R.C. 3724.08, primary and 3724.07(B))

Health care staffing support services are prohibited under the bill from doing the following:

- Restricting employee or contractor employment opportunities, including by requiring noncompete agreements or employment buyouts;
- Requiring the payment of liquidated damages, employment fees, or other compensation related to an employee or contractor being hired as a permanent employee of the health care provider;

- Recruiting, soliciting, or enticing an employee of a health care provider to leave the employee's employment; however, the bill specifies that it does not prohibit a health care staffing support service from generally advertising to the public that the staffing support service is seeking workers or may pay a signing bonus, or from offering or paying a signing bonus to an individual who was or is an employee of a health care provider, so long as the staffing support service did not initiate contact related to employment while the individual was actively employed by a health care provider;
- Paying or making a gift to the employees of a health care provider;
- Contracting with health care personnel as independent contractors, except for health care worker platforms.

Additionally, the bill prohibits a health care staffing support service from attempting to require a health care provider, by contract or otherwise, to waive any of the requirements of the bill or related rules that will be adopted. Any waiver of the requirements that may result from such an attempt is void and unenforceable.

Maximum charges for wages and other fees

(R.C. 3724.09)

The bill limits the total amount a health care staffing support service can charge a health care provider for employees, including for all wages and other fees or charges associated with each employee. Under the bill, health care staffing support services are prohibited from billing or receiving payments from health care providers for any category of health care personnel listed in the Medicaid cost reports submitted under existing law at a rate that is higher than 150% of the statewide direct care median hourly wage for that category of personnel, as that wage is determined by the Ohio Department of Medicaid (ODM), and adjusted for inflation in accordance with the Employment Cost Index for Total Compensation, Health Care and Social Assistance Component, published by the U.S. Bureau of Labor Statistics. ODM is required to calculate and publish statewide direct care median hourly wages for all personnel categories reported on the cost reports as soon as practicable after receiving the reports. The Medicaid Director may establish median hourly wages for any category of personnel not on the cost reports, based on data submitted by health care providers that utilize that category of personnel. If such wages are established, they must be used to set a maximum charge for that category of personnel.

A maximum rate established under the bill must include all charges for administrative fees, contract fees, shift bonuses, or any other charges in addition to the hourly rates of the health care personnel supplied to a health care provider. The bill specifies, however, that the staffing support service may charge the provider an additional hourly amount not exceeding 10% of the maximum rate for the individual, if providing care to patients with an infectious disease for which a declared public health emergency is in effect.

Disciplinary actions

(R.C. 3724.10)

The ODH Director may deny, refuse to renew, revoke, or suspend a health care staffing support service's registration for any of the following:

- Lack of financial solvency or suitability;
- Inadequate treatment and care or criminal activity by personnel supplied by the support service or by any person managing the service, except that the Director cannot revoke the registration of a health care worker platform solely for the conduct of independent contractors that are on the platform;
- Interference with a survey or other inspection conducted by the Director;
- Failure to comply with the conditions or requirements that must be met to obtain and retain a registration;
- Failure to comply with any other requirement of the bill or related rules.

Additionally, the ODH Director must revoke the registration of a health care staffing support service that knowingly provides to a health care provider a person with an illegally or fraudulently obtained or issued diploma, registration, license, certificate, criminal records check, or other item required for employment by a health care provider. All of the above disciplinary actions, and the imposition of fines discussed below, must be taken in accordance with the Administrative Procedure Act (R.C. Chapter 119).

The bill provides that a controlling person of a health care staffing support service whose registration has not been renewed or has been revoked is not eligible to apply for or to be granted a registration for five years following the date that the registration is terminated for failure to renew or the date of the final order of revocation. Further, the ODH Director is prohibited from issuing or renewing a registration to such a person during the five-year period immediately preceding the date the application for registration or renewal under consideration was submitted. "Controlling person" is defined as a business entity, officer, program administrator, or director whose responsibilities include directing the management or policies of a health care staffing support service and individuals who, directly or indirectly, own an interest in such a business entity.

Fines

A health care staffing support service that violates the bill's maximum charge provisions, as discussed above, must be fined 200% of the amount billed or received in excess of the maximum. A health care staffing support service is authorized by the bill to request a reconsideration by the ODH Director if such a fine is imposed.

Complaint reporting

(R.C. 3724.11)

The ODH Director is required to establish a system for reporting complaints against health care staffing support services and their employees and contractors. The Director must investigate all complaints.

Inspections

(R.C. 3724.12)

As part of overseeing the operation of health care staffing support services, the ODH Director must conduct surveys and other inspections. The Director may take other actions the Director considers necessary to ensure compliance by staffing support services.

Rules

(R.C. 3724.13; Section 737.30)

The ODH Director is required to adopt rules as necessary to implement the bill's provisions. The rules must be adopted in accordance with the Administrative Procedure Act (R.C. Chapter 119). The Director may begin implementing the bill's requirements, including issuing registrations, prior to adopting the rules.

Deposit of fees and civil fines

(R.C. 3724.14 and 3701.83)

The bill requires all registration application and renewal fees and civil fines collected to be deposited into the existing General Operations Fund to be used to administer and enforce the bill's provisions.

Certificates of need – maximum capital expenditures

(R.C. 3702.511 and 3702.52; repealed R.C. 3702.541; Section 803.110; related and conforming changes in other sections)

Under Ohio's Certificate of Need (CON) Program, certain activities involving long term care facilities can be conducted only if a CON has been issued by the ODH Director. One activity that requires a review under the CON Program is an expenditure of more than 110% of the maximum capital expenditure specified in a CON concerning long-term care beds.

The bill eliminates the 110% capital expenditure limitation and, as a result, it eliminates the need to obtain a new CON based on a project's cost after a CON has been approved. Related to this change, the bill also does the following:

- Prohibits CON rules from specifying a maximum capital expenditure that a certificate holder may obligate under a CON;
- Eliminates a requirement that rules be adopted to establish procedures for Director-review of CONs where the certificate holder exceeds maximum capital expenditures;

- Eliminates law authorizing civil penalties up to $250,000 for violations of CON maximum capital expenditure limits;
- Specifies that the CON changes apply to currently valid CONs, pending CON applications, and pending actions for imposing sanctions;
- Repeals uncodified law enacted in H.B. 371 of the 134th General Assembly that, for 24 months, prohibits imposition of civil monetary penalties against CON holders who obligate up to 150% of an approved project's cost.

Fees for copies of medical records

(R.C. 3701.741)

The bill makes several changes to current law regarding costs that a health care provider or medical records company may charge for copies of medical records. In setting fee caps, current law distinguishes between record requests made by the patient or the patient's personal representative and requests made by anyone else. The bill modifies the law pertaining to the first category.

First, the bill adds that a request from an individual who is authorized to access a patient's medical record through a valid power of attorney is in the same category as a request from the patient or the patient's personal representative.

Second, related to costs that may be charged for those requests, the bill generally eliminates specific dollar caps based on the number of pages, and instead specifies that costs for such records must be reasonable and cost-based, and can include only costs that are authorized to be charged to the patient under federal law and regulations. The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) authorizes reasonable, cost-based fees, including only costs for copying labor, supplies for creating the record, postage if applicable, and preparing an explanation or summary.[85]

Second Chance Trust Fund Advisory Committee

(R.C. 2108.35)

The bill makes changes to the Second Chance Trust Fund Advisory Committee. First, it removes the term limits for members, who currently are limited to two consecutive terms, whether full or partial. Second, it removes the requirement that the Committee annually elect a chairperson from among its members, instead leaving the details of a chairperson's election and term to the rules of the Committee.

Under continuing law, the Committee makes recommendations to the ODH Director regarding how to spend proceeds of the Second Chance Trust Fund. The fund consists of voluntary contributions and its own investment earnings, used to promote organ donation in

[85] 45 C.F.R. 164.524(c)(4).

Ohio through public education and awareness campaigns, outreach to legal and medical organizations, and recognition of donor families.

Save Our Sight Fund voluntary contributions

(R.C. 4745.05; Section 291.10)

The bill requires each licensing agency to ask all applicants or individuals renewing a license whether that individual wants to make a voluntary donation to the Save Our Sight Fund. All donations collected during each calendar quarter must be sent to the Treasurer of State, who must deposit them into the fund. The Save Our Sight Program was established in 1999 to provide early detection of vision problems and promote eye health and safety for Ohio's children. Under existing law, Ohio vehicle owners may donate to the Save Our Sight Fund when applying for or renewing motor vehicle registrations.[86]

Home health licensure exception

(R.C. 3740.01)

The bill creates an exception in the home health licensure law for individuals who provide self-directed services[87] to Medicaid participants, including individuals who are certified by the Department of Aging or registered as self-directed individual providers through an area agency on aging. Under the bill, such providers are not required to be licensed as home health providers.

Smoking and tobacco

Minimum age to sell tobacco products

(R.C. 2927.02(B)(7), (E)(2), and (G))

The bill expands the offense of illegal distribution of tobacco products by prohibiting any person from allowing an employee under 18 to sell tobacco products. A violation is a fourth degree misdemeanor for a first offense, and a third degree misdemeanor on subsequent offenses.

The bill clarifies that it is not a violation of either of the following for an employer to permit an employee age 18, 19, or 20 to sell a tobacco product:

- The prohibition against distributing tobacco products to any person under 21;

[86] R.C. 3701.21 and 4503.104, not in the bill.

[87] Self-directed Medicaid services means that participants have decision making authority over certain services and take direct responsibility to manage their services with the assistance of a system of available supports. Self-direction is a service delivery model that is an alternative to traditionally delivered and managed services. Self-Directed Services, available by searching "self-direction" at medicaid.gov.

- The prohibition against distributing tobacco products in a place lacking required signage relating to the underage sale of tobacco products.

Shipment of vapor products and electronic smoking devices

(R.C. 2927.02 and 2927.023)

Continuing law makes each of the following a criminal offense, punishable by a fine of up to $1,000 for each violation:

- For any person to cause cigarettes to be shipped to a person in Ohio other than an authorized recipient of tobacco products;
- For a common carrier, contract carrier, or other person to knowingly transport cigarettes to a person in Ohio that the carrier or other person reasonably believes is not an authorized recipient of tobacco products;
- For any person engaged in the business of selling cigarettes to ship cigarettes or cause cigarettes to be shipped in any container or wrapping other than the original container or wrapping without first marking the exterior with the word "cigarettes."

The bill extends the same offenses to vapor products and electronic smoking devices, except that, for the third offense, the container or wrapping must instead be marked with the words "vapor products" or "electronic smoking devices." In addition, the bill specifies that the following persons are "authorized recipients of vapor products or electronic smoking devices": licensed tobacco or vapor distributors, vapor retailers (if all taxes have been paid), operators of customs bonded warehouses, state and federal government agencies and employees, and political subdivision agencies and employees.

Other tobacco law changes

(R.C. 2927.02(A)(5), (6), and (7))

Continuing law prohibits giving, selling, or otherwise distributing cigarettes, tobacco products, vapor products, or electronic smoking devices to a person under 21, and includes numerous related prohibitions and requirements that make it more difficult for a person under 21 to obtain those products. The bill specifies that both of the following are subject to these prohibitions and requirements, regardless of whether they contain nicotine:

- Substances intended to be aerosolized or vaporized during the use of an electronic smoking device;
- Components or accessories used in the consumption of a tobacco product, such as filters, rolling papers, or pipes.

The bill also corrects a technical error by removing a definition for "proof of age," which is not used anywhere in the law governing the sale and distribution of tobacco products.

Moms Quit for Two grant program

(Section 291.30)

The bill continues Moms Quit for Two. Authorized in each biennium since 2015, it is a grant program administered by ODH that awards funds to government or private, nonprofit entities demonstrating the ability to deliver evidence-based tobacco cessation interventions to women who are pregnant or living with a pregnant woman and reside in communities that have the highest incidence of infant mortality, as determined by the ODH Director.

Renovation, Repair, and Painting Rule

(R.C. 3742.11)

The bill authorizes the ODH Director to enter into agreements with the U.S. Environmental Protection Agency (USEPA) for the administration and enforcement of the federal Renovation, Repair, and Painting (RRP) Rule. Under the RRP Rule, firms performing renovation, repair, and painting projects that disturb lead-based paint in homes, child care facilities, and pre-schools built before 1978 must be certified by USEPA (or a USEPA-authorized state), use certified renovators who are trained by USEPA-approved training providers, and follow lead-safe work practices.

The bill also allows the Director to accept available assistance in support of the agreements. The Director may adopt rules to administer and enforce the federal RRP Rule. If the Director adopts rules, the rules must specify the following:

1. Provisions governing applications for certification to undertake renovation, repair, and painting projects;

2. Provisions governing the approval and denial of certification and the renewal, suspension, and revocation of certification;

3. Fees for any certification issued or renewed under the Rule;

4. Requirements for training and certification, which must include levels of training and periodic refresher training for certifications issued under the Rule;

5. Procedures to be followed by a person certified under the Rule to undertake renovation, repair, and painting projects and to prevent public exposure to lead hazards and ensure worker protection during renovation, repair, or painting projects;

6. Provisions governing the imposition of civil penalties (up to $5,000 per violation) for violations of procedures adopted under the Rule;

7. Record-keeping and reporting requirements for a person certified under the Rule;

8. Procedures for the approval of training providers under the Rule, including specific training course requirements; and

9. Any other procedures and requirements that the Director determines necessary for implementation of the Rule.

Environmental health specialists

(R.C. 4736.01 (renumbered to R.C. 3776.01), 4736.02 (renumbered to 3776.02), 4736.03 (renumbered to 3776.03), 4736.07 (renumbered to 3776.04), 4736.08 (renumbered to 3776.05), 4736.09 (renumbered to 3776.06), 4736.11 (renumbered to 3776.07), 4736.12 (renumbered to 3776.08), 4736.13 (renumbered to 3776.09), 4736.14 (renumbered to 3776.10), and 4736.15 (renumbered to 3776.11); R.C. 4736.05 (repealed), 4736.06 (repealed), and 4736.10 (repealed); R.C. 4736.17 (renumbered only) and 4736.18 (renumbered only); and R.C. 2925.01, 3701.33, 3701.83, 3717.27, 3717.47, 3718.011, 3718.03, 3742.03, 4743.05, 4776.20, and 5903.12 (conforming changes only))

The bill recodifies R.C. Chapter 4736, the law governing environmental health specialists (EHSs) and environmental health specialists in training (EHSs in training), in new R.C. Chapter 3776. EHSs and EHSs in training are registered professionals who engage in the practice of environmental health. They typically are employed by or contracted to work for local health districts, ODH, or the Department of Agriculture because of their specialized knowledge, training, and experience in the field of environmental health science.

Under current law, an EHS or EHS in training engages in the practice of environmental health by administering and enforcing various laws, including laws governing swimming pools, retail food establishments, food service operations, household sewage treatment systems, solid waste, and construction and demolition debris. The bill adds that EHSs and EHSs in training may administer and enforce the law governing tattoos and body piercing. It also clarifies that EHSs and EHSs in training may administer and enforce the law governing hazardous waste.

Rulemaking authority

The bill broadens the ODH Director's rulemaking authority regarding EHSs and EHSs in training. Under current law, the Director must adopt rules governing certain EHS requirements, such as the examination verification procedures, the application form, criteria for determining what science courses qualify towards EHS education requirements, and the determination of continuing education program requirements. The bill expands the Director's rulemaking authority by authorizing the Director to adopt rules of a general application throughout Ohio for the practice of environmental health that are necessary to administer and enforce the EHS law, including rules governing all of the following:

1. The registration, advancement, and reinstatement of applicants to practice as EHSs or EHSs in training;

2. Educational requirements necessary for the qualification for registration as an EHS or an EHS in training, including criteria for determining what courses may be included toward fulfillment of the science course requirements;

3. Continuing education requirements for EHSs and EHSs in training, including the process for applying for continuing education credits; and

4. Any other rule necessary for the administration and enforcement of the EHS law.

Continuing education

The bill requires EHSs in training to comply with the same continuing education requirements as are required for EHSs. The continuing education program requires EHSs (and EHSs in training under the bill) to biennially complete 24 hours of continuing education in subjects relating to the practice of the profession. An EHS (and EHS in training under the bill) cannot renew their registration without submitting proof of completing the 24-hour continuing education requirement.

In addition, it adds that the Director must do both of the following for EHSs in training, in the same manner as the Director does for EHSs under current law:

1. Provide, at least once annually, to each EHS in training a list of approved courses that satisfy the continuing education program; and

2. Supply a list of continuing education courses to an EHS in training upon request.

EHS and EHS in training registration

The bill clarifies that the ODH Director may renew an EHS or EHS in training registration 60 days prior to expiration, provided the applicant pays the renewal fee and submits proof of compliance with continuing education requirements. Current law is silent on the amount of time the Director may begin to renew registrations prior to their expiration date.

It also specifies that an EHS in training has up to four years, with a two-year possible extension, to apply as an EHS. Under current law, an EHS in training has three years to apply to register as an EHS. The Director may allow the two-year extension only for an EHS in training who provides sufficient cause for not applying for registration as an EHS within the normal time period.

Additionally, the bill eliminates the requirement that the Director annually prepare a list of the names and addresses of every registered EHS and EHS in training and a list of every EHS and EHS in training whose registration has been suspended or revoked within the previous year. It also eliminates the requirement that the Director assign a serial number to each certificate of registration and include it in the registration records. However, the bill retains other record-keeping requirements, such as the names and addresses of each applicant, the name and address of the employer or business connection of each applicant, application dates, an applicant's educational and employment qualifications, and the action taken by the Director on each application.

The bill prohibits a person who is not a registered EHS in training from using the title "registered environmental health specialist in training" or the abbreviation "E.H.S.I.T.," or representing themselves as a registered EHS in training. Whoever violates this prohibition is guilty of a fourth degree misdemeanor. This prohibition mirrors current law's prohibiting a person who is not a registered EHS from using the title "registered environmental health specialist" or the abbreviation "R.E.H.S.," or representing themselves as a registered EHS.

Advisory Board

The bill removes the requirement that the ODH Director obtain the advice and consent of the Senate when appointing members of the Environmental Health Specialist Advisory Board. The Advisory Board, which is made up of seven appointees who are all EHSs, advises the Director regarding the registration of EHSs and EHSs in training, continuing education requirements, EHS examinations, the education and employment criteria for EHS and EHS in training applicants, and any other matters as may be of assistance to the Director.

Out-of-state reciprocity

The bill eliminates standard license reciprocity provisions that are scheduled to take effect on December 29, 2023, and restores and retains current law, which generally requires out-of-state applicants to have at least the same qualifications as that of in-state EHS or EHS in training applicants.

Sudden Unexpected Death in Epilepsy Awareness Day

(R.C. 5.2320; Section 700.10)

The bill designates October 26 as "Sudden Unexpected Death in Epilepsy Awareness Day" and names this provision Brenna's Law.