DEPARTMENT OF HEALTH

Nurse aide eligibility

- Establishes an alternative condition that an individual may satisfy to be eligible for employment as a nurse aide in a long-term care facility – that the individual has successfully completed both a training course provided in a nursing home operated by the U.S. Department of Veterans Affairs and a competency evaluation program conducted by the Department of Health (ODH).

Health care facilities

Residential care facility license – continued operation during application period

- Specifies that a residential facility or independent living facility that applies for a license to operate as a residential care (assisted living) facility may continue to operate as a residential facility or independent living facility while its application is pending.
- Restricts a residential facility or independent living facility from providing care to more than two residents while the application is pending.

Facility fees – hospital-owned primary care medical practices

- Beginning January 1, 2028, prohibits, with certain exceptions, a hospital-owned primary care medical practice from requiring a self-pay individual or third-party payor to pay a facility fee in connection with any primary care service provided at the practice.

Radiation-generating equipment inspection fees

- Increases inspection fees for certain radiation-generating equipment used in certain medical facilities.

School-based health center funds

- Requires the funds earmarked to support school-based health centers to be used by ODH, in consultation with the Department of Education and Workforce, in high-need counties.
- Requires, prior to establishing a patient-provider relationship with a minor, a school-based health center to obtain general consent from the child's parent, guardian, or other person authorized to consent to the child's medical care.

Youth homelessness funds (PARTIALLY VETOED)

- Prohibits the distribution of funds earmarked to address homelessness in youth and pregnant women to youth shelters that promote social gender transition.
- Would have additionally prohibited the distribution of these funds to youth shelters that affirm social gender transition (VETOED).

Abortion

Reporting changes

- Changes the annual deadline for ODH's report regarding abortions during the previous calendar year from September 30 to March 1.
- Clarifies that the physician abortion reporting requirement under continuing law (1) applies to abortions performed by both surgical procedure and abortion-inducing drugs, and (2) must include each pregnant woman's state of residence in addition to zip code.
- Requires hospital monthly and annual abortion reports under continuing law to include the total number of Ohio residents versus non-Ohio residents who have undergone a post-12-week abortion and received postabortion care.
- Changes the deadline for ODH's annual report on abortion data from the previous year to March 1 and clarifies that the report must include the number performed on Ohio residents and the number performed on nonresidents.
- Requires ODH to develop a public electronic dashboard and publish monthly abortion data that includes specified information.
- Requires the annual report and monthly dashboard to be updated to include the total number of abortions performed on minors by each facility in the categories of under age 16 and ages 16 and 17.
- Requires that the annual report and monthly dashboard update and sort by age the total number of previous abortions the woman has undergone and the total number of in-state versus out-of-state women who had abortions.

Genetic Services funds

- Eliminates the exception authorizing ODH Genetics Services funds to be used to counsel or refer for abortion in the case of a medical emergency.

Deposit of vital statistics fees

- Transfers from the Treasurer of State to ODH the duty to deposit vital statistics fees into the state treasury to the credit of the Children's Trust Fund.

Program for Children and Youth with Special Health Care Needs

- Extends the age limit for the Program for Children and Youth with Special Health Care Needs from 25 to 26.

OhioSEE Program

- Requires ODH to establish the Ohio Student Eye Exam Program, or OhioSEE, to provide students in grades K to 3 with vision care services, including vision screenings, eye examinations, and glasses.

Type 1 diabetes informational materials

- Requires ODH to create informational materials on type 1 diabetes for parents, guardians, educators, and other persons having care or charge of children.
- Requires schools that serve elementary school students to provide an electronic or paper copy of those materials to each student's parent or guardian.

Medical certificates of death

- Revises the law governing medical certificates of death, including by (1) extending the timeline by which a certificate must be completed and signed and (2) authorizing in some circumstances the physician who last examined or treated a decedent to certify the decedent's cause of death.

340B covered entity reporting requirements (PARTIALLY VETOED)

- Imposes reporting requirements on covered entities participating in the federal 340B Drug Pricing Program.
- Would have required offsite facilities associated with the covered entities to also comply with the reporting requirements (VETOED).

Lead abatement tax credit

- Increases from $10,000 to $40,000 the maximum lead abatement tax credit certificate that may be issued by the ODH Director.
- Reduces from $5 million to $3 million the total amount of lead abatement tax credit certificates the Director may issue in any fiscal year.

Household sewage treatment systems (PARTIALLY VETOED)

Evaluating sewage treatment system compliance (PARTIALLY VETOED)

- Would have required the ODH Director to adopt rules that establish statistical methods for evaluating sewage treatment system (STS) compliance for a 12-inch soil depth credit relative to bacterial parameters that are derived from a minimum of 144 consecutive data points (VETOED).
- Would have prohibited the ODH Director from implementing or enforcing any special device approval or similar policy that imposes additional requirements or restrictions on an STS or component of an STS that combines the treatment of effluent with subsurface dispersal of treated effluent directly to the soil (PARTIALLY VETOED).
- As a result of the Governor's partial veto, specifically authorizes the ODH Director to implement or enforce any special device approval or similar policy imposing additional requirements or restrictions on an STS or component of an STS that combines the treatment of effluent with subsurface dispersal of treated effluent directly to the soil.

Household sewage treatment system – soil and slope inspection (VETOED)

- Would have prohibited the ODH Director from adopting rules requiring a soil evaluator or soil scientist to evaluate the soil type and slope with respect to a household sewage treatment system or a proposed household sewage treatment system (VETOED).

Nurse aide eligibility

(R.C. 3721.32)

The act establishes an additional condition that an individual may satisfy to be eligible for employment as a nurse aide in a long-term care facility – in this case, the successful completion of both: (1) a training course provided by the U.S. Department of Veterans Affairs (VA) in a VA-operated community living center (a VA nursing home) that the Director of Health determines is similar to a training and competency evaluation program conducted by the Department of Health (ODH) and (2) an ODH-conducted competency evaluation program.

In general, to be listed on ODH's nurse aide registry and therefore eligible for employment in a long-term care facility, an individual must successfully complete both an ODH-approved training and competency evaluation program and an ODH-conducted competency evaluation program.

Health care facilities

Residential care facility license – continued operation during application period

(R.C. 3721.074)

The act specifies that when a residential facility or an independent living facility applies to the ODH Director for a license as a residential care facility (generally referred to as an assisted living facility), the facility may continue to operate while the application is under consideration by the Director. The act prohibits a residential facility or independent living facility from providing care to more than two residents while the application is pending.

Facility fees – hospital-owned primary care medical practices

(R.C. 3727.46)

Effective January 1, 2028, the act prohibits a medical practice specializing in primary care that is owned or operated by a hospital or hospital system from requiring a self-pay individual or third-party payor to pay a facility fee in connection with any primary care service provided to a patient at the practice. The prohibition, however, applies only if both of the following are the case:

- The medical practice was owned or operated solely by a physician or group of physicians at the time of its purchase by the hospital or system;
- The hospital or system purchased the medical practice after January 1, 2010.

The act also states that the facility fee prohibition is not to be construed to apply to a medical practice specializing in primary care that is established by a hospital or hospital system.

For purposes of the prohibition, the act defines *facility fee* to mean the portion of a bill for health care treatment that covers all the costs of delivering patient care, except for those that are billed by one or more physicians and other professionals.

Radiation-generating equipment inspection fees

(R.C. 3748.13)

The act doubles, as follows, inspection fee amounts for certain radiation-generating equipment used in facilities operated by medical practitioners or medical-practitioner groups:

- For a first dental x-ray tube, from $155 to $310;
- For each additional dental x-ray tube at the same location, from $77 to $154;
- For a first medical x-ray tube, from $307 to $614;
- For each additional medical x-ray tube at the same location, from $163 to $326;
- For each unit of ionizing radiation-generating equipment capable of operating at or above 250 kilovoltage peak, from $610 to $1,220;
- For a first nonionizing radiation-generating equipment of any kind, from $307 to $614;
- For each additional nonionizing radiation-generating equipment of any kind at the same location, from $163 to $326.

The act maintains the inspection fee schedules.

School-based health center funds

(Section 291.20)

The act requires the funds earmarked to support school-based health centers to be used by ODH, in consultation with the Department of Education and Workforce, in high-need counties, as determined by those departments. Before establishing a patient-provider relationship with a minor, a school-based health center must obtain general consent to treat the child from the child's parent, legal guardian, grandparent acting under a caretaker authorization affidavit, or other person authorized to consent to the child's medical care. This does not apply in emergency situations, first aid, other unanticipated minor health care services, or health care services provided pursuant to a student's individualized education program (IEP) or a school district's obligation under Section 504 of the federal Rehabilitation Act.

Youth homelessness funds (PARTIALLY VETOED)

(Section 291.20)

The act prohibits the distribution of funds earmarked to address homelessness in youth and pregnant women to youth shelters that promote social gender transition, in which an individual goes from identifying with and living as a gender that corresponds to the individual's biological sex to identifying with and living as a gender different from the individual's biological

sex. The Governor vetoed language that would have prohibited the distribution of these funds to youth shelters that affirm social gender transition.

Abortion

Reporting changes

(R.C. 2919.171 and 3701.79)

The act changes to March 1, from September 30 under former law, the date by which ODH must issue a public report required under law unchanged by the act on statistics for all abortion reports it receives from the previous calendar year. Under law unchanged by the act, ODH must ensure that none of the information in the report could reasonably lead to the identification of any pregnant woman upon whom an abortion is performed.

Continuing law requires a physician who performs or induces or attempts to perform or induce an abortion to complete an individual abortion report for each abortion. The act clarifies that the requirement applies to abortions performed by both surgical procedure and abortion-inducing drugs. Further, it specifies that the statutorily required information to be included in the report must include the pregnant woman's state of residence in addition to her zip code (as required under continuing law).

The monthly and annual abortion reports hospitals must file under continuing law for women who have undergone a post-12-week abortion and received postabortion care must, under the act, include the total number of Ohio residents and the total number non-Ohio residents.

The act changes the date to March 1, from October 1 under former law, by which ODH must issue its annual report on abortion data from the previous year. Additionally, it requires ODH to develop a public electronic dashboard to publish monthly the abortion data reported to it. The annual report and monthly dashboard update must include, in addition to information required under continuing law, the following information:

- The number of abortions performed on Ohio *residents* and *the number performed on* out-of-state residents, which under the act must be sorted by the age of the woman on whom the abortion was performed, as described below;
- The number of zygotes, blastocytes, embryos, or fetuses previously aborted by the woman must also be sorted by the woman's age;
- The number of abortions performed on minors by each facility in the categories of under age 16 and ages 16 to 17.

The act changes three of the age categories for reporting the ages of women on whom an abortion was performed to the following:

- Under 16, rather than under 15;
- 16 to 17, rather than 15 to 19;
- 18 to 24, rather than 20 to 25.

The remaining age categories are unchanged:

- 25 to 29;
- 30 to 34;
- 35 to 39;
- 40 to 45;
- 45 and older.

Genetics Services funds

(R.C. 3701.511; Section 291.20)

The act prohibits the use of ODH Genetics Services funds to counsel or refer for abortion. Former law allowed the use of ODH Genetic Services funds to counsel or refer for abortion only in the case of a medical emergency.

Deposit of vital statistics fees by ODH

(R.C. 3109.14)

The act transfers a requirement to deposit vital statistics fees into the state treasury to the credit of the Children's Trust Fund from the Treasurer of State to ODH. Under continuing laws, state and local officials must collect a $3 fee for each certified copy of a birth record, certification of birth, and copy of a death record and forward the fees to ODH. The act requires ODH to deposit the fees into the Children's Trust Fund within two days after receipt. ODH previously had to forward the fees to the Treasurer of State, who deposited them accordingly.

The act also requires ODH to deposit any penalty it receives in the state treasury to the credit of the Children's Trust Fund. Continuing law imposes a penalty of 10% of the fees on any person or government entity that fails to forward the vital statistics fees in a timely manner, as determined by ODH.

Program for Children and Youth with Special Health Care Needs

(R.C. 3701.021; Section 291.10)

The act requires the ODH Director to increase from 25 to 26 the maximum age of an individual who can be served by the Program for Children and Youth with Special Health Care Needs. This increase does not apply to the diagnostic component of the program.

Also referred to as the Complex Medical Help Program by ODH, the program 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 – an individual under age 21 who meets medical criteria, regardless of income, may receive services from program-approved providers for up to six months to diagnose or rule out a special health care need or establish a plan of care;
- Treatment – an individual who meets both medical and financial criteria may receive treatment from program-approved providers for an eligible condition;
- Service coordination – the family of an individual who meets medical criteria, regardless of income, may receive assistance locating and coordinating services for the individual with the medical diagnosis.[71]

OhioSEE Program

(Section 291.30)

The act requires ODH to administer the Ohio Student Eye Exam Program, to be known as the OhioSEE Program, to provide vision care services, including vision screenings, eye examinations, and glasses, to Ohio students in grades K to 3 in FYs 2026 and 2027. Participating students must have failed vision screenings and lack access to follow-up care. ODH must focus on improving the percentage of vision care referrals completed, increasing student access to eye examinations, and providing necessary eyewear to eligible students

Type 1 diabetes informational materials

(R.C. 3313.7118, 3314.03, 3326.11, and 3707.61)

ODH requirements

Under the act, ODH must create informational materials on type 1 diabetes for parents, guardians, educators, and other persons having care or charge of children. The materials must include pertinent information to inform and educate them about type 1 diabetes in children, including the following:

- A description of type 1 diabetes;
- A description of type 1 diabetes risk factors and warning signs;
- A recommendation that the parents or guardian of a student who is displaying type 1 diabetes warning signs should immediately consult with the student's primary care provider to determine if immediate screening is appropriate;

[71] Service coordination information published on the ODH website indicates that eligible applicants must be under age 21 (Service Coordination Program, which may be accessed by conducting a keyword "service coordination" search on ODH's website: odh.ohio.gov). However, R.C. 3701.023(D) requires ODH to authorize necessary service coordination for each eligible child, and R.C. 3701.021(D) prohibits the Director from specifying an age restriction that excludes from eligibility an individual who is younger than 25.

- A description of the type 1 diabetes screening process, the significance of the three stages of type 1 diabetes, and the implications of test results identifying the presence of each stage; and
- A recommendation that, following a diagnosis of type 1 diabetes, the student's parents or guardian should consult with the student's primary care provider to develop an appropriate treatment plan, which may include consultation with and examination by a specialty care provider, including a properly qualified endocrinologist.

ODH must make the informational materials available on its website in a format suitable for easy downloading and printing.

School requirements

The act requires school districts, community schools, STEM schools, and chartered nonpublic schools that serve elementary school students to provide either an electronic or paper copy of the ODH type 1 diabetes informational materials to each student's parent or guardian upon the student's enrollment in elementary school.

Medical certificates of death

(R.C. 3705.16 and 4731.22)

The act makes several changes to the law governing medical certificates of death. First, it clarifies that the coroner or medical examiner certifies the cause of death when a decedent dies as a result of criminal or other violent means, while an attending physician certifies the cause of death in all other circumstances.

Second, it authorizes the physician who last examined or treated a decedent to certify the decedent's cause of death and complete and sign the medical certificate of death, but only in the case of a decedent who did not have an attending physician (defined under continuing law to mean the physician in charge of a patient's care for the illness or condition that resulted in the patient's death).

Third, the act extends the prior law timeline by which a medical certificate of death must be completed and signed, from 48 hours after death to 48 hours after ***notice*** of the death.

Fourth, it revises the law that applies when a decedent's cause of death remains pending as follows:

- By eliminating the authority of a coroner or medical examiner, when specifying on the medical certificate that the cause of death is pending, to sign the certificate by stamping it with a stamp of the coroner's or examiner's signature;
- By maintaining the authority of a coroner or medical examiner to sign a medical certificate that specifies the cause of death as pending, while also eliminating references to signing the certificate in the coroner's or examiner's own hand;
- By maintaining provisions authorizing the coroner or medical examiner to sign any other medical certificate of death or supplementary medical certification, but eliminating the requirement that the signing be done in the coroner's or examiner's own hand;

- By requiring any other medical certificate of death or supplementary medical certification to be signed by the coroner or medical examiner within 48 hours after determining the cause of death.

Fifth, the act establishes the failure to comply with the law governing medical certificates of death as a ground upon which the Medical Board may take disciplinary action against a physician.

Finally, the act grants a coroner, medical examiner, or physician acting in good faith and upon reasonable belief immunity from civil liability and professional discipline for any act or omission in certifying the cause of death or in completing and signing the medical certificate of death.

340B covered entity reporting requirements (PARTIALLY VETOED)

(R.C. 3701.88)

The act imposes a new reporting requirement on 340B "covered entities," which are entities that participate in the federal 340B Drug Pricing Program. The reporting requirements apply to all 340B covered entities enumerated under federal law.[72]

Report contents (PARTIALLY VETOED)

By July 1, 2026, and each July 1 annually thereafter, each 340B covered entity must submit a report to ODH. The Governor vetoed a requirement that each offsite facility associated with the 340B covered entity also comply with these new reporting requirements.

The report must contain information from the previous calendar year as follows:

1. For the covered entity and each pharmacy it contracts with to provide 340B drugs to patients on behalf of the covered entity pursuant to the 340B Program (contract pharmacy), the following data delineated by payor type (private insurance, Medicare, Medicaid, other coverage, uninsured, self-pay):

a. The aggregate acquisition costs for all 340B drugs dispensed or administered;

b. The aggregate payments received from third-party payors, including insurers, for all 340B drugs dispensed or administered;

c. The total number of prescriptions dispensed or administered, and the percentage that were 340B drugs.

2. The total payments made by the covered entity to contract pharmacies, third-party administrators, or any other entity, in administering and providing services under the 340B Drug Pricing Program.

3. Information regarding the covered entity's contract pharmacies, including:

[72] 42 U.S.C. 256(b).

a. Its total number of contract pharmacies;

b. The total number of prescriptions that were filled at a contract pharmacy.

4. A detailed accounting of the covered entity's expenditures from 340B Drug Pricing Program profits, including all programs, services, and equipment funded or purchased with those profits. The Governor vetoed language that would have required the detailed accounting to be itemized.

The Governor also vetoed a requirement that the following also be included in the report:

1. The percentage of patients served on a sliding fee scale for 340B drugs.

2. The total operating cost of the covered entity, including an itemized cost report of:

a. Implementing a direct pass-through of 340B profits to patients in the form of lower cost-sharing for 340B drugs;

b. Implementing a sliding fee scale for 340B drugs for low-income patients who have household incomes under 200% of federal poverty guidelines;

c. The covered entity's charity care costs (costs for free or discounted items and services provided to individuals meeting its financial assistance criteria and unable to pay, as reported in its Medicare cost report).

3. The number of the covered entity's contract pharmacies located outside Ohio and the state where they are located.

4. Of the covered entity's total number of prescriptions filled at a contracted pharmacy, (1) the percentage that are contract pharmacies located outside Ohio and the percentage of all of its prescriptions that were filled by a contract pharmacy and (2) the total reimbursement paid for any 340B drugs dispensed or administered on behalf of the covered entity, and the percentage change in that amount from the previous year.

Form and manner of reports

340B covered entities must submit the report in the form and manner specified by ODH, in consultation with any other state agency ODH deems appropriate. ODH must then post the submitted reports on its public website.

Lead abatement tax credit

(R.C. 3742.50)

The act increases (from $10,000 to $40,000) the maximum amount of a lead abatement tax credit certification that may be issued by the ODH Director. It also reduces from $5 million to $3 million the total amount of lead abatement tax credit certificates that the Director may issue in any fiscal year.

Household sewage treatment systems (PARTIALLY VETOED)

Evaluating sewage treatment system compliance (PARTIALLY VETOED)

(R.C. 3718.02 and 3718.04; Section 737.30)

The Governor vetoed provisions that would have required the ODH Director to adopt rules establishing statistical methods for evaluating sewage treatment system (STS) compliance for a 12-inch soil depth credit relative to bacterial parameters that are derived from a minimum of 144 consecutive data points. Those statistical methods would have had to include one of the following:

1. The upper confidence limit of the mean method using log-transformed data, with the upper confidence limit derived from one of the following:

a. A two-sided 95% confidence interval for the mean and the maximum number of individual data points exceeding the treatment standard being 5%; or

b. A two-sided 99% confidence interval for the mean and the maximum number of individual data points exceeding the treatment standard being 10%.

2. Any other statistical method that is equally protective of public health and welfare.

The ODH Director would have had to ensure that the rule specified that a soil depth credit be approved when the upper confidence limit of the mean using log-transformed data was less than the fecal coliform or E. coli. treatment standard set forth in the rules.

Furthermore, the Governor partially vetoed provisions that would have prohibited the ODH Director from implementing or enforcing any special device approval or similar policy imposing additional requirements or restrictions on an STS or components of an STS that combines the treatment of effluent with subsurface dispersal of treated effluent directly to the soil, sand bed, or gravel for any approval in effect as of December 31, 2020. If the Director issued an approval for such an STS and the approval was in effect as of December 31, 2020, the STS could have been modified upon request by the manufacturer if the STS met the intent of standards, guidelines, and protocols. However, the STS's approval otherwise would have remained valid under the original terms and conditions and could not have been revoked or subjected to any new application or monitoring requirements unless clear, independent statistically significant evidence demonstrated that the STS design consistently underperformed relative to gravel distribution trenches.

However, the Governor's partial veto results in a specific authorization for the ODH Director to implement or enforce any special device approval or similar policy imposing additional requirements or restrictions on an STS or component of an STS that combines the treatment of effluent with subsurface dispersal of treated effluent directly to the soil, sand bed, or gravel. Furthermore, as a result of the partial veto, if the Director issued an approval for such an STS and the approval was in effect as of December 31, 2020, the STS's approval remains valid under the original terms and conditions and may not be revoked unless evidence demonstrates that the STS design consistently underperforms. This provision does not apply to effluent discharged into waters of the state.

Household sewage treatment system – soil and slope inspection (VETOED)

(R.C. 3718.02)

The Governor vetoed a provision that would have prohibited the ODH Director from adopting rules requiring a soil evaluator or soil scientist to evaluate the soil type and slope with respect to a sewage treatment system or a proposed sewage treatment system. A sewage treatment system is a household sewage system, a small flow on-site sewage treatment system, or both. A "household sewage treatment system" is any sewage treatment system, or part of such a system, that receives sewage from a single-family, two-family, or three-family dwelling.[73]

Current rules adopted by the Director require a soil scientist or soil classifier certified by the Soil Science Society of America to complete a soil evaluation for a sewage treatment system.[74]

[73] R.C. 3718.01, not in the act.

[74] O.A.C. 3701-29-07.