

## Health

### Sub. H.B. 89

**Reps.** DeVitis, Ginter, Grossman, Rezabek, Boose, McColley, Brenner, Romanchuk, Sprague, Hagan, Duffey, Gonzales, Butler, Cera, Patterson, Sykes, Bishoff, Anielski, Antonio, Barnes, Bocchieri, Boggs, Boyce, Burkley, Craig, Fedor, Howse, G. Johnson, Kuhns, Lepore-Hagan, M. O'Brien, S. O'Brien, Perales, Reece, Rogers, Ruhl, Slesnick, K. Smith, Strahorn, Terhar

**Sens.** Balderson, Burke, Eklund, Hackett, Jones, LaRose, Manning, Oelslager, Sawyer, Schiavoni, Seitz, Skindell, Yuko

**Effective date:** March 21, 2017

- Authorizes certain physical therapists, occupational therapists, speech-language pathologists, and audiologists to refer Medicaid recipients to the services they provide so that the recipients can receive the services under the Medicaid School Program.

### Sub. H.B. 158

**Reps.** Dever and Howse, Amstutz, Anielski, Antonio, Bishoff, Boyd, Brown, Butler, Conditt, Derickson, DeVitis, Dovilla, Ginter, Hambley, Hayes, Huffman, Lepore-Hagan, Maag, McClain, Patmon, Patterson, Phillips, Ramos, Reineke, Retherford, Romanchuk, Ryan, Schuring, Sears, Slesnick, Sweeney, Sykes, Zeltwanger, Gonzales, Barnes, T. Johnson, Kuhns, LaTourette, Antani, Ashford, Baker, Blessing, Boyce, Brenner, Burkley, Celebrezze, Cera, Clyde, Craig, Cupp, Driehaus, Grossman, Hackett, Hagan, Hall, Henne, Hill, G. Johnson, Koehler, Kunze, Landis, Leland, Manning, McColley, M. O'Brien, S. O'Brien, Pelanda, Perales, Reece, Rezabek, Rogers, Ruhl, Schaffer, Sheehy, Slaby, K. Smith, R. Smith, Sprague, Strahorn, Terhar

**Sens.** Uecker, Jones, LaRose, Bacon, Balderson, Brown, Burke, Cafaro, Coley, Eklund, Faber, Gardner, Gentile, Hite, Hottinger, Jordan, Lehner, Manning, Obhof, Oelslager, Patton, Peterson, Sawyer, Schiavoni, Seitz, Skindell, Tavares, Thomas, Williams, Yuko

**Effective date:** October 12, 2016

- Replaces Revised Code references to "mental retardation" and derivations of that term with the terms "intellectual disability" and "developmental disability."
- Specifies that "intellectual disability" is included within the meaning of "developmental disability."
- Modifies the standards used in determining whether a person has the level of intellectual disability that is a factor in whether the person can be subject to institutionalization by court order.

- Eliminates one of the exceptions to the confidentiality of certain records related to residents of institutions for persons with intellectual disabilities.

## Sub. H.B. 200

**Reps.** Hagan, Duffey, Becker, Roegner, Blessing, Hackett, Gonzales, Huffman, Antonio, Barnes, Bishoff, Brown, Butler, Ginter, T. Johnson, Kuhns, LaTourette, Lepore-Hagan, Schuring, Sears, Sprague, Amstutz, Anielski, Arndt, Ashford, Baker, Boose, Boyd, Buchy, Burkley, Celebrezze, Cera, Conditt, Cupp, Derickson, Dever, DeVitis, Dovilla, Driehaus, Fedor, Green, Grossman, Hall, Hambley, Hayes, Henne, Hill, Howse, Koehler, Kunze, Landis, Leland, Maag, Manning, McClain, McColley, M. O'Brien, S. O'Brien, Patterson, Pelanda, Perales, Phillips, Ramos, Reece, Reineke, Retherford, Rezabek, Rogers, Ruhl, Ryan, Schaffer, Scherer, Sheehy, K. Smith, R. Smith, Stinziano, Strahorn, Sweeney, Terhar, Thompson, Young

**Sens.** Tavares, Brown, Balderson, Beagle, Burke, Coley, Eklund, Faber, Gardner, Hite, Hottinger, Hughes, Jones, LaRose, Lehner, Manning, Obhof, Oelslager, Patton, Peterson, Schiavoni, Seitz, Thomas, Uecker, Yuko

**Effective date:** September 8, 2016

- Authorizes certain entities where allergens capable of causing anaphylaxis may be present ("qualified entities") to (1) acquire and maintain epinephrine autoinjectors without being licensed to distribute drugs and (2) authorize their employees or agents to provide or administer epinephrine during emergencies.
- Specifies training requirements for individuals authorized by qualified entities to administer epinephrine.
- Provides immunity from civil or criminal liability for actions associated with procurement of epinephrine autoinjectors by qualified entities.
- Permits school districts, schools, and camps, which are authorized to procure epinephrine autoinjectors pursuant to prescriber protocols, to procure them directly from a prescriber or pursuant to a prescription.
- Extends to prescribers who personally furnish or prescribe, consult with, or issue protocols to, school districts, schools, or camps qualified immunity from civil liability arising from procuring, maintaining, accessing, or using epinephrine autoinjectors in the schools or camps.

## Sub. H.B. 276

**Reps.** Schuring, Dever, Sprague, Schaffer, Hackett, Duffey, Perales, T. Johnson, Stinziano, DeVitis, Blessing, K. Smith, Antonio, Barnes, Brown, Amstutz, Anielski, Baker, Boccieri, Burkley, Craig, Dovilla, Fedor, Grossman, Hagan, Hambley, Hayes, Leland, Lepore-Hagan, Manning, M. O'Brien, Patterson, Rogers, Ruhl, Sheehy, Slaby, R. Smith, Strahorn, Sweeney, Thompson, Young

**Sens.** Uecker, Brown, Eklund, Faber, Hite, Hughes, Jordan, Oelslager, Sawyer, Schiavoni, Seitz, Tavares, Thomas, Yuko

**Effective date:** April 6, 2017

- Authorizes a chiropractor to administer, sell, distribute, recommend, or provide advice regarding nutrition-related items and therapies, nonprescription drugs, and medical goods and devices.

## Sub. H.B. 285

**Reps.** Sprague, Becker, Bishoff, Blessing, Butler, Derickson, Dever, Ginter, Grossman, Hackett, Ryan, Huffman, Barnes, Brown, T. Johnson, Kuhns, Ramos, Schuring, Sykes, Antonio, Arndt, Boyd, Buchy, Craig, DeVitis, Green, Lepore-Hagan, Manning, M. O'Brien, Rogers, Scherer, Sheehy, Sweeny, Thompson, Young

**Sens.** Beagle, Jones, Tavares, Brown, Eklund, Hite, Hughes, Lehner, Manning, Oelslager, Patton, Schiavoni, Seitz, Thomas, Uecker, Yuko

**Effective date:** April 6, 2017

- For certain drugs that are not controlled substances, authorizes a pharmacist to dispense an amount that varies from the amount that would otherwise be dispensed pursuant to a prescription if specified conditions are met.

## Sub. H.B. 290

**Reps.** Sprague and Anielski, Blessing, Dever, Grossman, Hackett, Henne, Rezabek, Romanchuk, Thompson, Huffman, Antonio, Barnes, Bishoff, Brown, Butler, T. Johnson, Kuhns, LaTourette, Sykes, Antani, Arndt, Baker, Boccieri, Boose, Boyd, Burkley, Clyde, Dovilla, Fedor, Ginter, Green, Hagan, Hall, Hambley, G. Johnson, Lepore-Hagan, Maag, Manning, McClain, M. O'Brien, S. O'Brien, Patterson, Perales, Ramos, Reineke, Roegner, Ruhl, Ryan, Schuring, Sheehy, Young

**Sens.** Brown, Tavares, Balderson, Beagle, Burke, Cafaro, Coley, Eklund, Faber, Gardner, Hite, Hughes, Jones, Jordan, LaRose, Lehner, Manning, Obhof, Oelslager, Patton, Peterson, Sawyer, Schiavoni, Seitz, Skindell, Thomas, Uecker

**Effective date:** April 6, 2017

## Treatment with investigational drugs and products

- Permits the use of a drug, product, or device that is under clinical investigation, but has not been approved by the U.S. Food and Drug Administration (FDA), to treat an eligible patient suffering from a terminal condition.
- Provides qualified immunity to a physician who recommends or treats an eligible patient with an investigational drug, product, or device as authorized by the act.
- Authorizes, but does not require, the manufacturer to provide an investigational drug, product, or device to an eligible patient or the patient's treating physician, and provides qualified immunity to the manufacturer.
- Provides that the act does not require a health care insurer, government health care program, or any other entity that offers health care benefits to provide coverage for costs of an investigational drug, product, or device.
- Prohibits a state official, employee, or agent from preventing or attempting to prevent an eligible patient or physician from accessing an investigational drug, product, or device in accordance with the act, solely because it is not FDA approved.

## County home superintendent or administrator

- Permits a board of county commissioners to contract for selection by another entity of a county home superintendent or administrator.
- Specifies who serves as a county home's appointing authority.

## Credit for volunteer health care services

- Permits certain health care professionals to satisfy a portion of their continuing education requirements by providing health care services without compensation to indigent and uninsured persons.

## Sub. H.B. 294

**Reps.** Patmon and Conditt, Brenner, Hood, Terhar, Roegner, Butler, Perales, Sprague, Blessing, Becker, Antani, Retherford, Brinkman, Hagan, Koehler, Hayes, Schaffer, Maag, Hambley, Thompson, McClain, Hall, Hill, Amstutz, Boose, Buchy, Burkley, Derickson, Dovilla, Ginter, Green, Grossman, Hackett, Huffman, T. Johnson, LaTourette, McColley, Pelanda, Romanchuk, R. Smith, Young, Zeltwanger, Rosenberger

**Sens.** Obhof, Jordan, Coley, Widener, Bacon, Balderson, Beagle, Burke, Eklund, Faber, Hite, Hottinger, Jones, LaRose, Lehner, Oelslager, Seitz, Uecker

**Effective date:** May 23, 2016; appropriations allocation effective February 21, 2016

- Requires the Department of Health to ensure that the funding and materials that are received or used by certain programs are not used to do any of the following:

- Perform nontherapeutic abortions;
- Promote nontherapeutic abortions;
- Contract with an entity that performs or promotes nontherapeutic abortions;
- Become or continue to be an affiliate of any entity that performs or promotes nontherapeutic abortions.
- Applies the limitations to the following programs:
  - The Violence Against Women Act;
  - The Breast and Cervical Cancer Mortality Prevention Act;
  - The Infertility prevention project;
  - The Minority HIV/AIDS initiative;
  - Infant Mortality Reduction or Infant Vitality Initiatives;
  - The Personal Responsibility Education Program.
- Requires the Medicaid Director to authorize local health departments and women, infants, and children (WIC) clinics to serve as qualified providers for purposes of presumptive eligibility for pregnant women and children.
- Requires the Medicaid Director to establish, by November 19, 2016, uniform criteria and processes governing all qualified providers for presumptive eligibility.
- Allocates \$250,000 in FY 2016 of existing funding within the Department of Health's budget to the Ohio Association of Community Health Centers for safe sleep, birth spacing, and smoking cessation initiatives.

## Sub. H.B. 451

**Reps.** Boose, Pelanda, Grossman, Baker, Becker, Zeltwanger, Rogers, Butler, Manning, Celebrezze, Hambley, Sykes, Amstutz, Antonio, Ashford, Barnes, Blessing, Boggs, Boyd, Brown, Buchy, Condit, Craig, Dever, Driehaus, Fedor, Hall, Hayes, G. Johnson, Kuhns, Lepore-Hagan, McClain, M. O'Brien, S. O'Brien, Patterson, Perales, Ramos, Reece, Rezabek, Ryan, Scherer, Schuring, Sheehy, Slaby, K. Smith, R. Smith, Sweeney, Terhar, Thompson, Young

**Sens.** Bacon, Thomas, Balderson, Coley, Eklund, Faber, Hackett, Hughes, Manning, Oelslager, Peterson, Sawyer, Seitz, Tavares

**Effective date:** April 6, 2017

- Disqualifies an individual from exercising the individual's statutory priority to make a decision whether or not to consent to the withholding or withdrawal of life-sustaining treatment for a patient if any of the following applies:

- The individual is married to the patient and they are parties to a pending divorce, dissolution, legal separation, or annulment proceeding;
- The individual is subject to a protection order issued by a court in Ohio or another state and the patient is the alleged victim;
- The individual is charged with felonious assault or aggravated assault against the patient directly resulting in the patient being in a terminal condition from the physical harm or serious physical harm suffered as a result of the offense.
- Disqualifies a member of a class of individuals under the statutory class priority from making a decision described above if the member is subject to a protection order or has been charged with felonious assault or aggravated assault under the conditions described in the two preceding points.
- Authorizes, when an individual is disqualified, the next priority individual or class of individuals or other members of the class to make the decision.
- Prohibits an individual who is not competent to make a decision whether or not to consent to the withholding or withdrawal of life-sustaining treatment from objecting to a consent given by a priority individual or class.
- Excludes an individual who is not competent to make a decision whether or not to consent to the withholding or withdrawal of life-sustaining treatment from either:
  - Testifying and presenting evidence at a hearing relative to the use or continuation of nutrition and hydration for the patient;
  - Filing an action in the probate court as a priority individual or member of a priority class of individuals for the issuance of an order mandating the use or continuation of comfort care for the patient.
- Prevents an attorney in fact from making decisions pertaining to the use or continuation of life-sustaining treatment or the provision of nutrition or hydration to a principal if the attorney in fact is subject to a protection order issued in Ohio or another state and in which the principal is the alleged victim.
- Voids an objection made to a living will of a patient by a person who would not be competent under the person's individual statutory priority to decide whether or not to consent to the withholding or withdrawal of life-sustaining treatment for a patient.

## Sub. H.B. 470

**Reps.** Schuring, Bishoff, Brown, T. Johnson, Anielski, Antonio, Arndt, Baker, Barnes, Boyd, Craig, Curtin, Derickson, Dovilla, Grossman, Hambley, Lepore-Hagan, McClain, M. O'Brien, Patterson, Ramos, Rezabek, Rogers, Scherer, Sears, Slesnick, Sweeney, Young

**Sens.** Cafaro, Brown, Tavares, Eklund, Faber, Hackett, Jones, Lehner, Manning, Oelslager, Seitz

**Effective date:** March 21, 2017

### Hospital after-care and discharge planning

- Requires hospitals to give a patient or the patient's guardian the option of designating a lay caregiver (a person who provides after-care in the patient's residence after discharge).
- Specifies a hospital's duties once a lay caregiver designation has been made.
- Specifies how a lay caregiver designation may be revoked.

### Memory care units

- Requires the Directors of Aging and Health jointly to develop recommendations regarding the establishment of standards and procedures for the operation of memory care units, as well as quality-of-care metrics for the units.

### Palliative care

- Permits a licensed nursing home to add 20 or fewer long-term care beds without obtaining a certificate of need if all of the beds being added are to be used solely for palliative care and the nursing home does not participate in Medicare or Medicaid.

### Assisting suicide, criminal penalty

- Generally prohibits a person from knowingly causing another to commit or attempt to commit suicide by either providing the physical means to do so or participating in a physical act by which the person commits or attempts suicide.

## Sub. H.B. 505

**Reps.** Huffman and Pelanda, Becker, T. Johnson, Sprague, Ginter, Barnes, Brown, Butler, Schuring, Amstutz, Anielski, Antonio, Baker, Burkley, Dovilla, Gonzales, Green, Grossman, McClain, S. O'Brien, Rogers, Sears, R. Smith, Sweeney

**Sens.** Gardner, Jones, Cafaro, Brown, Beagle, Tavares, Coley, Hackett, Hite, Hughes, Lehner, Patton, Peterson, Schiavoni, Seitz, Thomas, Uecker, Yuko

**Effective date:** Emergency: Most provisions of the act (Sections 1 and 2) effective March 20, 2017; Section 3, pertaining to delaying the expiration of physician assistant supervision agreements, effective December 19, 2016

### **Biological products and drug substitution**

- Authorizes a pharmacist to substitute an interchangeable biological product for a prescribed biological product under circumstances and conditions similar to those governing generic drug substitution.
- Requires a pharmacist who dispenses a drug for which an interchangeable biological product is available to inform the prescriber of the product that was dispensed.
- Modifies provisions regarding how a prescriber may prohibit a pharmacist from substituting a generic drug and applies those provisions to the substitution of biological products.

### **Health insurer prior authorization and regulation**

- Changes the start date for the period within which a health plan issuer must complete a prior authorization review, from the date the issuer receives all information needed to process the review to the date the issuer receives the request for prior authorization.
- Exempts from specified application review under the Health Insuring Corporation Law health insuring corporations solely covering individuals in the Federal Employees Health Benefits Program.

### **Physician assistant supervision agreements**

- Delays the expiration date of a physician assistant supervision agreement by one year if the agreement would otherwise expire on January 31, 2017.

## **Sub. H.B. 523**

**Reps.** Huffman, Schuring, Ramos, Brown, Celebrezze, Maag, Perales, Rogers, Ruhl, Terhar

**Sens.** Yuko, Brown, Sawyer, Schiavoni, Tavares, Thomas

**Effective date:** September 8, 2016

- Requires the Department of Commerce and State Board of Pharmacy to administer a Medical Marijuana Control Program.
- Establishes the Medical Marijuana Advisory Committee and authorizes it to submit to the Department of Commerce, Board of Pharmacy, and State Medical Board any recommendations related to the Program.
- Abolishes the Advisory Committee on October 8, 2021.
- Permits a patient, on the recommendation of a physician, to use medical marijuana to treat a qualifying medical condition.



- Specifies that the act does not require an employer to permit or accommodate an employee's use, possession, or distribution of medical marijuana.
- Specifies that the act does not prohibit an employer from establishing and enforcing certain workplace drug policies.
- Considers a person who has been fired for using medical marijuana to have been fired for just cause and ineligible for unemployment benefits in certain circumstances.
- Maintains the rebuttable presumption that an employee is ineligible for workers' compensation if the proximate cause of the employee's injury was being under the influence of marijuana.
- Authorizes the Board of Pharmacy to register patients and caregivers and to issue licenses to medical marijuana retail dispensaries.
- Authorizes the Medical Board to issue certificates to physicians seeking to recommend treatment with medical marijuana.
- Authorizes the Department of Commerce to issue licenses to medical marijuana cultivators, processors, and testing laboratories.
- Prohibits the cultivation of medical marijuana for personal, family, or household use.
- Prohibits the smoking or combustion of medical marijuana.
- Authorizes a municipal corporation or township to prohibit, or limit the number of, retail dispensaries.
- Specifies that agricultural use zoning limitations that apply to townships do not prevent a township from regulating the location of retail dispensaries or from prohibiting them within the unincorporated territory of the township.
- Prohibits a cultivator, processor, retail dispensary, or laboratory from being located within 500 feet of a school, church, or public library, playground, or park.
- Specifies that land on which medical marijuana is cultivated or processed does not qualify for current agricultural use valuation.
- Exempts a financial institution that provides financial services to a licensed cultivator, processor, retail dispensary, or laboratory from certain criminal offenses, including those related to marijuana trafficking.
- Authorizes the Director of Commerce to establish a closed-loop medical marijuana payment processing system for use by registered patients and caregivers and licensed entities.

## Am. Sub. H.B. 580

**Reps.** T. Johnson and Huffman, Grossman, Terhar, Slaby, Burkley, Thompson, Perales, Gonzales, Antonio, Barnes, Boyce, Celebrezze, Craig, Green, Leland, Patterson, Pelanda, Phillips, Ramos, Ruhl, Scherer, Sheehy, Sprague, Strahorn, Sweeney, Sykes

**Sens.** Coley, Eklund, Hackett, Hite, Jones, LaRose, Lehner, Manning, Sawyer, Schiavoni, Tavares, Thomas, Williams

**Effective date:** March 21, 2017

- Creates the Malnutrition Prevention Commission to study malnutrition among adults 60 or older in health care settings.
- Designates:
  - November as "One Health Awareness Month";
  - May 1 as "Fanconi Anemia Awareness Day"; and
  - May 15 as "All for the Kids Awareness Day."

## Sub. S.B. 127

**Sens.** Lehner and Hottinger, Uecker, Hite, Eklund, Jones, Burke, Gardner, Oelslager, Obhof, Faber, Jordan

**Reps.** Antani, Amstutz, Blessing, Boose, Brinkman, Buchy, Burkley, Butler, Conditt, Cupp, DeVitis, Dovilla, Ginter, Goodman, Green, Hagan, Hall, Hambley, Hayes, Henne, Hill, Hood, Keller, Koehler, LaTourette, Maag, McColley, Merrin, Perales, Retherford, Roegner, Romanchuk, Schaffer, Sprague, Terhar, Thompson, Young, Rosenberger

**Effective date:** March 14, 2017

### Abortion prohibited at 20 weeks

- Prohibits purposely performing or inducing or purposely attempting to perform or induce an abortion on a pregnant woman when the probable post-fertilization age of the unborn child is 20 weeks or greater.
- Provides that whoever violates the prohibition is guilty of terminating or attempting to terminate a human pregnancy of a pain-capable unborn child, a fourth degree felony.
- Defines a "pain-capable unborn child" as an unborn child of probable post-fertilization age of 20 weeks or more.
- Provides affirmative defenses to the new prohibition based on (1) the probable post-fertilization age of the unborn child being less than 20 weeks and (2) protecting the life and health of the pregnant woman.

- Conditions (except when there is a medical emergency) the affirmative defense based on the probable post-fertilization age of the unborn child being less than 20 weeks on the treating physician, or another physician on which the treating physician relies, making a determination regarding the unborn child's probable post-fertilization age.
- Requires the physician to certify in writing, based on the results of tests performed, that in reasonable medical judgment the unborn child's probable post-fertilization age is less than 20 weeks.
- Conditions (except when there is a medical emergency) the affirmative defense based on protecting the life or health of the pregnant woman on all of the following:
  - The treating physician and a different physician, not professionally related to the treating physician, certifies in writing that in reasonable medical judgment the abortion is necessary for the life or health of the pregnant woman.
  - The treating physician terminates or attempts to terminate the pregnancy in a manner that provides the best opportunity for the child to survive unless the physician determines in reasonable medical judgment that termination in that manner poses a greater health risk or risk of death to the pregnant woman than another method.
  - The treating physician certifies in writing the available methods or techniques considered and the reasons for choosing the method or technique employed.
  - The abortion is performed or induced or attempted in a facility with appropriate neonatal services for premature infants.
  - The treating physician arranges for another physician to be present to provide immediate medical care and take other reasonable steps to preserve the unborn child's life and health upon expulsion or extraction.
- Requires the State Medical Board to revoke a physician's license to practice medicine if the physician violates the provisions governing abortions of pain-capable children.
- Imposes civil liability on a physician who performs or induces or attempts to perform or induce an abortion of a pain-capable unborn child, conditioned on the physician having actual knowledge that the affirmative defenses do not apply or with heedless indifference as to whether they apply.
- Permits courts in such civil actions to award injunctive or other appropriate equitable relief, as well as compensatory damages, punitive and exemplary damages, and reasonable attorney's fees and court costs.

### **Abortion prohibited without testing**

- Prohibits, except in a medical emergency, an abortion after the unborn child reaches the probable post-fertilization age of 20 weeks unless the physician determines prior to the abortion, in the physician's reasonable medical judgment the unborn child's probable post-fertilization age.
- Requires the physician to make the determination after making inquiries with the pregnant woman and performing medical examinations or tests the physician considers necessary as a reasonably prudent physician, knowledgeable about the case and medical conditions involved, would consider necessary to make the determination.
- Requires the physician to enter the determination and associated findings of the medical examination and tests in the pregnant woman's medical record.
- Requires the State Medical Board to suspend for a period of not less than six months a physician's license to practice medicine if the physician violates the provisions governing probable post-fertilization age testing.

### **Abortion reporting**

- Requires a physician who performs or induces or attempts to perform or induce an abortion to submit a report with specified information to the Department of Health within 15 days after the woman is discharged and provides for court enforcement, including punishment for contempt of court, if the physician fails to submit a timely report.
- Provides that if a physician fails to comply with the reporting requirements, the physician is subject to disciplinary action by the State Medical Board.
- Prohibits a person from falsifying any required report and provides that whoever does so is guilty of pain-capable unborn child abortion report falsification, a misdemeanor of the first degree.
- Requires the Department of Health to annually issue a public report that provides statistics from compiled reports for the previous calendar year that include the information physicians must certify in writing or determine under the act's requirements.
- Requires that the Department's annual report provide the statistics for each previous calendar year in which a report was filed, adjusted to reflect any additional information that a physician provides to the Department.
- Requires the Department to ensure that none of the information included in the annual report could reasonably lead to the identification of any pregnant woman upon whom an abortion is performed.

- Requires the Department to adopt rules to assist in compliance with the act's reporting requirements within 90 days of the act's effective date.

### **Litigation fund**

- Creates the Ohio Pain-Capable Unborn Child Protection Act Litigation Fund in the state treasury, to pay for any costs and expenses incurred by the Attorney General in relation to actions surrounding the defense of the act's provisions.
- Provides that the fund is to consist of appropriations, donations, gifts, or grants.

### **Savings provisions**

- Provides that the act's provisions do not repeal or limit any other provision of law restricting or regulating abortion by a particular method or during a particular stage of pregnancy, nor do other provisions satisfy or limit the act's requirements or prohibitions.
- Provides that the act's provisions are severable, should any of them be subject of a restraining order or injunction regarding their application.

## **S.B. 311**

**Sens.** Patton, Hite, Eklund, Hughes, Cafaro, Beagle, Faber, Gardner, Jones, Manning, Obhof, Tavares

**Reps.** Antonio, Ashford, Boyce, Boyd, Craig, Fedor, Hambley, Leland, Lepore-Hagan, Sheehy, Sweeney

**Effective date:** March 21, 2017

- Requires the Ohio Department of Health to prepare an influenza vaccine information sheet pertaining to older adults and make it available on the Department's website.
- Requires each long-term care facility to post a copy of the most recent sheet in a conspicuous location accessible to residents, employees, and visitors.
- Specifies that a facility's failure to post the sheet cannot be taken into account when it undergoes a survey or inspection or be used as a basis for imposing a penalty against it.

## Sub. S.B. 319

**Sens.** Eklund, Manning, Beagle, Tavares, Brown, Coley, Faber, Hackett, Hite, Jones, Obhof, Skindell, Thomas, Uecker, Williams

**Reps.** Green, Sprague, Amstutz, Anielski, Antonio, Arndt, Baker, Bishoff, Boggs, Boose, Boyce, Boyd, Celebrezze, Clyde, Conditt, Craig, Driehaus, Fedor, Gavarone, Ginter, Hall, Huffman, Kuhns, LaTourette, Leland, Manning, M. O'Brien, S. O'Brien, Patterson, Pelanda, Phillips, Reineke, Rezabek, Rogers, Ryan, Sheehy, R. Smith, Sweeney, Sykes, Terhar, Young

**Effective date:** April 6, 2017; certain provisions effective on other dates

### Pharmacy technician registration

- Establishes a system of registration through the State Board of Pharmacy for registered pharmacy technicians, certified pharmacy technicians, and pharmacy technician trainees that replaces law governing employment as a qualified pharmacy technician.
- Establishes requirements for registration, including age, education and experience, character, criminal records check, and certification requirements.
- Specifies the activities a pharmacy technician or trainee may engage in, but excludes any that require the exercise of professional judgment.
- Specifies conduct for which the Board may impose disciplinary sanctions on a pharmacy technician or trainee.

### Pharmacist and pharmacy intern discipline

- Authorizes the Board to restrict a pharmacist or pharmacy intern's license or reprimand the license holder.
- Modifies the conduct for which the Board can impose sanctions, including specifying additional actions that constitute "unprofessional conduct in the practice of pharmacy."

### Dangerous drug sales and possession

- Modifies provisions regarding the occasional sale of drugs at wholesale.
- Prohibits the unauthorized distribution of dangerous drugs at retail, which is in addition to the continuing prohibition on the unauthorized retail sale and possession of dangerous drugs for sale at retail.
- Specifies that business entities whose members are authorized to provide the professional services being offered by the entity are exempt from the prohibition on possession of dangerous drugs.
- Requires prescribers and certain business entities through which prescribers provide professional services to be licensed as terminal distributors of dangerous drugs to

possess, have custody or control of, or distribute schedule I, II, III, IV, or V controlled substances.

- Establishes a reduced fee of \$60 for certain business entities and other persons required by the act to obtain licenses as terminal distributors of dangerous drugs.
- Reorganizes, with modifications, other laws governing the authority to sell, purchase, distribute, deliver, or possess dangerous drugs.

### **Pharmacy Board powers, duties, and procedures**

- Authorizes the Board to maintain its books and records in electronic format.
- Authorizes the Board to adopt rules requiring a licensee or registrant to report to the Board a violation of state or federal law, including any rule adopted under the authority of the Pharmacy Law.
- Requires pharmacy interns, pharmacy technicians, pharmacy technician trainees, terminal distributors of dangerous drugs, and wholesale distributors of dangerous drugs to cooperate with federal, state, and local government investigations and to divulge all relevant information when requested by a government agency.
- Authorizes the Board to designate certain attorneys as hearing examiners to conduct any administrative hearing the Board is empowered to hold or undertake.

### **Disciplinary action – controlled substances and dangerous drugs**

- Expands the circumstances under which a licensing board may suspend a license, certificate, or evidence of registration without a hearing for actions related to controlled substances.

### **Naloxone**

- Permits naloxone to be available at locations serving individuals who may be at risk of opioid-related overdoses.
- Permits a board of health to authorize one or more individuals to personally furnish naloxone to certain individuals.
- Modifies a board of health's authority to authorize a pharmacist or pharmacy intern to dispense naloxone without a prescription.
- Modifies the qualified immunity that peace officers are entitled to in circumstances involving naloxone.

### **Project DAWN grants**

- Authorizes a county health department to use grant funding to provide naloxone through a Project DAWN program within the county if the funds available for

naloxone grants are not being used by local law enforcement and emergency personnel.

### **Opioid analgesics**

- Limits the authority of a pharmacist, pharmacy intern, or terminal distributor of dangerous drugs to dispense or sell an opioid analgesic pursuant to an outpatient prescription.
- Specifies that not more than a 90-day supply may be dispensed or sold and that a prescription cannot be filled if more than 14 days have elapsed since it was issued or, if the prescription specifies the earliest date on which it may be filled and other conditions are satisfied, 14 days since that date.
- Requires certain health insurers and the Medicaid program to apply prior authorization requirements or utilization review measures as conditions of covering opioid analgesics prescribed for chronic pain, except in specified circumstances.

### **Office-based opioid treatment**

- Requires the State Board of Pharmacy to establish a licensing process to regulate facilities, clinics, and other locations at which office-based opioid treatment is provided to more than 30 patients, or that meet criteria specified in Board rules.
- Provides for the facilities, clinics, or other locations to be licensed as category III terminal distributors of dangerous drugs with an office-based opioid treatment classification.
- Authorizes sanctions against a person who fails to obtain the required license or fails to comply with the act's requirements for office-based opioid treatment.

### **Methadone treatment facilities**

- Eliminates requirements that an applicant for a methadone treatment facility license (1) be operated by a nonprofit or government entity and (2) have been a fully certified services provider for at least two years immediately preceding the application date.
- Requires the Department of Mental Health and Addiction Services to adopt rules specifying any additional licensing requirements.
- Requires the Department to conduct an analysis of unmet needs for methadone treatment and the impact of the licensing requirement changes on the overall treatment capacity in Ohio.



## **Drug court programs**

- Authorizes a community addiction services provider to provide access to time-limited recovery supports as part of providing medication-assisted treatment services for certain addicted offenders.
- Specifies that recovery support is a form of assistance intended to help initiate and sustain recovery from alcoholism, drug addiction, or mental illness, but it does not include treatment or prevention services.

## **Drug treatment for pregnant women**

### **Encouraging treatment**

- Requires certain health care professionals to encourage drug treatment for pregnant patients under certain circumstances, and grants those professionals limited immunity from civil or criminal liability.
- Requires the Department of Mental Health and Addiction Services, as part of a continuing program, to give priority to treating addicted pregnant women.
- Prohibits a community addiction services provider that receives public funds from refusing to treat a pregnant woman solely because she is pregnant if the provider offers appropriate treatment.

### **Child welfare proceedings**

- Prohibits a public children services agency from filing a child welfare complaint solely because the mother used a controlled substance while pregnant if the mother (1) enrolled in drug treatment before the end of her 20th week of pregnancy, (2) completed treatment or is in the process of completing treatment, and (3) maintained her regularly scheduled appointments and prenatal care.
- Permits a court to hold in abeyance or dismiss a child welfare complaint when the mother enrolled in drug treatment after the end of her 20th week of pregnancy if the mother meets other conditions regarding treatment and prenatal care.

### **Prenatal screening and tests in criminal proceedings**

- Provides that evidence obtained through a screening or test to determine pregnancy or provide prenatal care is not admissible in a criminal proceeding against the woman who was screened or tested.

## Pharmacy benefit managers

### Maximum allowable cost pricing information

- Specifies that the pricing updates pharmacy benefit managers must provide pharmacies be maximum allowable cost pricing updates and be in a secure, easily searched, electronic format.
- Requires pharmacy benefit managers to use the most up-to-date pricing data within one business day of the update when calculating reimbursements.
- Requires a pharmacy benefit manager to make available to a pharmacy the manager's written procedure for withdrawing a drug from maximum allowable cost reimbursement.

### Drug reimbursement appeals

- Clarifies that the process for appealing drug reimbursements must be electronic.
- Eliminates the requirement that the drug be available for purchase in Ohio from the requirement that, when denying a drug reimbursement appeal, the pharmacy benefit manager identify a drug that can be purchased at or below the drug's benchmark price from a national or regional wholesaler.
- Explicitly requires that, if an appeal is upheld or granted, the pharmacy benefit manager must adjust the drug reimbursement to the appeal price.

### Multiple maximum allowable cost lists – disclosures

- Limits to the aggregate difference the requirement that a pharmacy benefit manager using multiple maximum allowable cost lists disclose the differences between the amount paid to a pharmacy and the amount charged to a plan sponsor.
- Revises the time within which the price difference disclosure must be made to require that it be made within ten days of signing a contract with a pharmacy (continuing law) or on a quarterly basis (instead of within ten days of any update to a maximum allowable cost list).
- Exempts Medicare pharmacy benefit plans and plans subject to ERISA from this disclosure requirement.

## Community services

- Requires boards of alcohol, drug addiction, and mental health services (ADAMHS boards) to make recovery supports available along with addiction services and mental health services.
- Requires the Department of Mental Health and Addiction Services to adopt rules specifying the types of recovery supports for which certification must be obtained,

and prohibits an ADAMHS board from contracting for recovery supports that are required to meet quality criteria or core competencies unless the supports meet those standards.

- Revises the list of services and supports that must be included in an ADAMHS board's continuum of care.
- Permits the Department to waive for a limited time the requirement that an ADAMHS board's continuum of care include all required essential elements if the Department determines that the board has made reasonable efforts to include those elements.
- Permits the Department to waive a requirement that addiction services and recovery supports for opioid and co-occurring drug addiction include ambulatory detoxification and medication-assisted treatment if the Department makes certain determinations.
- Extends medication-assisted treatment to services accompanied by medication approved for the treatment or prevention of alcoholism.
- Prohibits denying a service or support for opioid and co-occurring drug addiction on the basis of an individual's prior experience with the service or support, rather than the individual's failure.
- Revises the waiting list duties of community addiction services providers, ADAMHS boards, and the Department.
- Permits the Department to withhold part, rather than all, of the funds to be allocated to an ADAMHS board for failure to comply with the board's approved budget.
- Maintains a requirement that the Department provide assistance to *any* county for certain ADAMHS board-related activities by eliminating a requirement that the Department provide assistance to *each* county for the activities, and specifies that the Department is to provide the assistance for one or more of the activities, instead of all of the activities.

### **Other provisions**

- Includes services for prevention of mental illness in services for which ADAMHS boards and the Department are responsible.
- Exempts the Department's contracts for addiction services or recovery supports from laws governing purchases of services by the Department of Administrative Services.

- Eliminates a provision prohibiting the Department of Mental Health and Addiction Services from disclosing mental health treatment information about certain persons who are incarcerated unless the person is notified and does not object.
- Removes creed from, and adds ancestry and military status to, the classes that are protected against discrimination by ADAMHS boards and community services providers.
- Restricts to certain types the residential facilities to which an ADAMHS board may make referrals and that may serve as permissible living arrangements under the Residential State Supplement program.

## Sub. S.B. 332

**Sens.** Jones and Tavares, Faber, Obhof, Patton, Manning, Lehner, Beagle, Seitz, Eklund, Hite, Gardner, Burke, Balderson, Peterson, Hottinger, Hackett, Uecker, Cafaro, Skindell, Yuko, LaRose, Bacon, Brown, Oelslager, Sawyer, Schiavoni, Thomas

**Reps.** Green, Sprague, Antani, Antonio, Arndt, Baker, Bishoff, Boggs, Boose, Boyce, Boyd, Burkley, Celebrezze, Clyde, Craig, Driehaus, Duffey, Fedor, Grossman, Hagan, Henne, Howse, Huffman, G. Johnson, Kuhns, Kunze, LaTourette, Leland, Lepore-Hagan, Manning, McColley, M. O'Brien, S. O'Brien, Patterson, Pelanda, Perales, Phillips, Reece, Reineke, Rezabek, Rogers, Romanchuk, Ryan, Scherer, Sheehy, K. Smith, R. Smith, Sweeney, Sykes, Terhar, Young

**Effective date:** April 6, 2017

### COMMISSION ON INFANT MORTALITY RECOMMENDATIONS

- Provides for implementation of recommendations made by the Commission on Infant Mortality in a March 2016 report.

#### Data collection and sharing

##### Perinatal services and vital statistics

- Requires the Ohio Department of Medicaid (ODM) to make summary data regarding perinatal services available to local infant mortality reduction initiative organizations and grant recipients.
- Requires ODM to include information about Medicaid recipients' races, ethnicities, and primary languages in data that it shares with Medicaid managed care organizations and requires the organizations to share this information with providers.
- Requires the State Registrar of Vital Statistics to ensure that local boards of health have access to preliminary birth and death data.

- Requires the State Registrar to offer to provide training for hospital and freestanding birthing center staff, as well as funeral service workers, on their responsibilities under the vital statistics law.

#### **Pregnancy- and birth-related data**

- Requires the Ohio Department of Health (ODH) and ODM to create infant mortality scorecards that report quarterly data regarding pregnancy- and birth-related health measures and outcomes.
- Requires ODH, on a quarterly basis, to make publicly available preliminary infant mortality and preterm birth rates, as well as the stillbirth rate, delineated by race and ethnic group.
- Requires the Director of Health to publish stillbirth data compiled from ODH's fetal death statistical file and to disseminate educational materials on stillbirths to the State Medical Board, statewide medical associations, and the public.

#### **Medicaid reports**

- Requires the annual report that ODM must complete on the effectiveness of the Medicaid program to include additional information related to perinatal care and infant mortality initiatives.
- Requires ODM to conduct periodic reviews to determine barriers that Medicaid recipients face in gaining access to interventions intended to reduce tobacco use, prevent prematurity, and achieve optimal birth spacing.
- Requires ODM to submit a report to the General Assembly and the Joint Medicaid Oversight Committee regarding each Medicaid managed care organization's progress, during FYs 2016 and 2017, in improving infant mortality measures through enhanced care management and targeted initiatives in infant mortality hot spots.

#### **Survey of maternal behaviors related to pregnancy**

- Requires ODH to create a population-based questionnaire designed to examine maternal behaviors related to pregnancy similar to the Pregnancy Risk Assessment Monitoring System (PRAMS) questionnaire that was discontinued.

#### **Assessment of shaken baby syndrome program**

- Adds to the responsibilities the Director of Health must fulfill in assessing the effectiveness of the Shaken Baby Syndrome Education Program.

## Targeted interventions

### Crib bumper pad and mesh liners

- Prohibits crib bumper pad sales and certain sales of mesh crib liners and specifies penalties for violations.

### Safe sleep education

- Requires ODH to provide annual safe sleep training at no cost to parents and infant caregivers who reside in infant mortality hot spots.
- Requires facilities that procure safe cribs for at-risk families, as well as ODH, to ensure that crib recipients receive safe sleep education and crib assembly instructions.
- Requires ODH to include in a report on safe sleep initiatives an assessment of whether at-risk families are being served sufficiently by its crib distribution and referral system.

### Tobacco cessation

- Requires ODH's tobacco use and cessation plan to emphasize reducing tobacco use by Medicaid recipients, account for the increasing use of electronic health records, and ensure that ODH collaborates with organizations in infant mortality hot spots to help them secure tobacco cessation grants.
- Requires ODM to enter into an interagency agreement with ODH under which ODM pays the federal and nonfederal shares of Ohio Tobacco Quit Line services provided to Medicaid recipients.

### Birth spacing and prematurity prevention

- Generally requires each hospital and freestanding birthing center to ensure that a woman giving birth has the option of having a long-acting reversible contraceptive (LARC) device placed after delivery and before discharge.
- Authorizes a hospital or freestanding birthing center to submit a Medicaid claim for a LARC device provided to a Medicaid recipient after giving birth that is separate from the claim for inpatient care.
- Requires the Directors of Health and Medicaid to coordinate technical assistance and grants to federally qualified health centers (FQHCs) and FQHC look-alikes that seek to include the practice of a prescriber who promotes awareness and use of LARC devices (a "LARC First practice").
- Requires the Director of Health, with participation from the State Medical and Nursing Boards, to collaborate with health professional schools to develop curricula

on counseling patients regarding efficacy-based contraceptives, including LARC devices.

- Requires ODM, when contracting with a Medicaid managed care organization, to use a uniform prior approval form that is not more than one page for progesterone prescribed for pregnant women.

### **Restructuring health systems for improved outcomes**

- Permits any entity that is eligible to be, and requests to serve as, a qualified provider to make presumptive Medicaid eligibility determinations for pregnant women if ODM determines that the entity is capable of making the determinations.
- Requires ODM to contractually require Medicaid managed care organizations, and ODH to contractually require Women, Infant, and Children (WIC) clinics, to promote use of technology-based resources that offer tips on having a healthy pregnancy and healthy baby.
- Requires the Executive Director of the Office of Health Transformation to establish goals for continuous quality improvement pertaining to episode-based payments for prenatal care and to promote the adoption of best practices on family planning options, reducing poor pregnancy outcomes, and wellness activities.
- Requires certain health care professional licensing boards to consider the problems of race- and gender-based disparities in health care treatment decisions and to annually provide licensees with a list of relevant continuing education and experiential learning opportunities.

### **Social determinants of health for pregnant and at-risk women**

#### **Qualified community hubs**

- Requires Medicaid managed care organizations to provide or arrange for certain Medicaid recipients to receive services by certified community health workers who work for, or are under contract with, a qualified community hub.
- Requires ODH to establish a qualified community hub in each community that lacks one, and requires the Commission on Minority Health to convene quarterly meetings with the hubs to discuss performance data and best practices.

#### **Home visiting**

- Requires that, to the extent possible, Help Me Grow program goals be consistent with the Federal Home Visiting Program's goals.
- Creates the Ohio Home Visiting Consortium to ensure that home visiting services are high-quality and delivered through evidenced-based or innovative, promising home visiting models.

- Requires ODH and the Department of Developmental Disabilities to create a central intake and referral system for the state's Part C Early Intervention Program and all home visiting programs.
- Requires that families be referred to appropriate home visiting services through the central intake and referral system.
- Requires ODH rules to specify that families residing in infant mortality hot spots are to receive priority for Help Me Grow home visiting services.
- Requires ODH, after considering recommendations of the Home Visiting Consortium, to allocate funds for home visiting pilot projects targeted at families with the most challenging needs.
- Requires ODH to transition to paying for home visiting services based on outcomes rather than processes.
- Requires home visiting service providers to promote certain technology-based resources and report program performance data as a condition of receiving payment.
- Requires ODH to facilitate and allocate funds for a biannual home visiting summit.

#### **Evaluation of state policies and programs**

- Requires the Legislative Service Commission to contract with a nonprofit organization to convene and lead a stakeholder group concerned with evaluating social determinants of health for infants and women of child-bearing age.

#### **Housing**

- Requires the Ohio Housing Finance Agency (OHFA) to include reducing infant mortality as a priority housing need in its annual plan.
- Requires OHFA and the Ohio Development Services Agency to include pregnancy as a priority in their housing assistance and local emergency shelter programs.
- Permits OHFA to establish a housing assistance pilot program for extremely low-income households that include pregnant women or new mothers.
- Requires the Commission on Infant Mortality to work with the Ohio Housing and Homelessness Collaborative to develop a plan for a rental assistance housing program.

#### **Commission membership**

- Adds to the Commission on Infant Mortality's membership the Director of Developmental Disabilities or the Director's designee.



## **PHARMACISTS ADMINISTRATION OF INJECTABLE DRUGS**

- Authorizes a pharmacist to administer by injection any of the following drugs if certain conditions are met: opioid antagonists, antipsychotics, specified drugs related to preterm birth risk and contraception, and vitamin B12.
- Requires a pharmacist to notify the prescribing physician each time a drug is administered by injection and to observe the recipient for any adverse reactions.
- Requires the State Board of Pharmacy to adopt rules implementing these provisions.
- Requires the Medical Board to adopt rules to be followed by a physician when prescribing a drug that may be administered by injection by a pharmacist.

## **SAFE HAVEN LAW**

- Allows a parent to deliver his or her child who is 30 days old or younger, without the intent to return for the child, to a designated newborn safety incubator.
- Requires children who are dropped off in newborn safety incubators to be subject to the same Safe Haven Law requirements as children who are handed to designated individuals under continuing law.
- Requires the Director of the Department of Health to adopt rules governing newborn safety incubators in accordance with the criteria established in the bill.
- Requires juvenile courts to give hearing notice to parents in accordance with Rule 16 of the Ohio Rules of Juvenile Procedure with respect to a public children services agency's temporary custody motion regarding a deserted child.
- Changes the term "governmental entity" to "entity" under the Safe Haven Law when referring to a law enforcement agency, hospital, or emergency medical services organization that receives a deserted child.
- Clarifies that medical and other information forms are to be made available to the parents and expands the persons subject to certain prohibitions under the Safe Haven Law, including the prohibition against coercion of parents to take forms and fill them out.