

## Health

### H.B. 9

**Primary Sponsor:** Rep. Koehler

**Effective date:** September 30, 2021

- Prohibits a retailer from selling or otherwise providing a drug containing dextromethorphan to a person under 18 without a prescription.
- Makes violation of that prohibition a minor misdemeanor.

### H.B. 21

**Primary Sponsor:** Rep. Koehler

**Effective date:** October 1, 2022

#### Organ Donor Registry

- Allows a person to become an organ donor when the person registers or renews registration of a motor vehicle.
- Requires the Registrar of Motor Vehicles and any deputy registrar to ask a person applying for or renewing a registration if the person wishes to be an organ donor.
- Requires the Registrar to add a person who certifies a willingness to be an organ donor at the time of motor vehicle registration to the organ donor registry maintained by the Bureau of Motor Vehicles.
- Prohibits the Registrar or a deputy registrar from asking a person to be an organ donor if the person is already listed on the donor registry.

#### Second Chance Trust Fund

- Increases from \$1 to \$2 the amount the Registrar and each deputy registrar must request as a voluntary contribution for the Second Chance Trust Fund during specified transactions.
- Increases the annual contribution for the “Donate Life” license plate from \$5 to \$15.

### H.B. 122

**Primary Sponsors:** Reps. Fraizer and Holmes

**Effective date:** March 23, 2022

#### Insurance coverage of telehealth services

- Expands Ohio insurance law on telemedicine services (renamed as telehealth services) to apply to numerous specified health care professionals rather than only physicians, physician assistants, and advanced practice registered nurses.

- Prohibits a health benefit plan from imposing cost sharing for telehealth services that exceeds the cost sharing for comparable in-person services and prohibits cost sharing for communications that meet specified criteria.
- Requires a health benefit plan to reimburse a health care professional for a covered telehealth service, but does not require the reimbursement to be a specific amount.
- Allows the Superintendent of Insurance to adopt rules as necessary to carry out the above provisions.

### **Provision of telehealth services by health care professionals**

- Permits specified health care professionals to provide telehealth services.
- Requires telehealth services to be provided according to specified conditions and standards.
- Permits certain health care licensing boards to adopt rules as necessary to carry out the above provisions, subject to specified parameters.
- Provides that a health care professional is not liable in damages under a claim that telehealth services provided do not meet the standard of care that would apply if services were provided in-person.
- Permits a health care professional to negotiate with a health plan issuer to establish a reimbursement rate for fees associated with the administrative costs of providing telehealth services.
- Declares that it is the intent of the General Assembly to expand access to and investment in telehealth services.
- Permits a physician authorized to recommend medical marijuana to use telehealth services to conduct a patient examination required before medical marijuana may be recommended.
- Specifies that the act's provisions are not to be interpreted as altering any law or rule related to the practice of dentistry.

### **Medicaid coverage of telehealth services**

- Provides that specified health care practitioners may provide telehealth services to Medicaid recipients and are eligible to submit claims to the Department of Medicaid for payment for telehealth services rendered.
- Establishes requirements that must be satisfied when providing telehealth services to a Medicaid recipient.
- Requires the Medicaid Director to adopt rules authorizing the directors of other state agencies that administer portions of the Medicaid program to adopt rules regarding the provision of telehealth services.

## **Mental health, addiction services providers**

- Permits community mental health services providers and community addiction services providers certified by the Ohio Department of Mental Health and Addiction Services to provide services through telehealth.
- Specifies requirements and standards that must be satisfied when telehealth services are provided.
- Permits the Department to adopt rules necessary to carry out the above provisions.

## **Video-conference visitation in long-term care facilities**

- Specifies that during a declared disaster, epidemic, pandemic, public health emergency, or public safety emergency, long-term care facilities must provide residents and their families with video-conference visitation options.

## **Assistance at health care appointments**

- Provides that during a declared disaster, epidemic, pandemic, public health emergency, or public safety emergency, an individual with a developmental disability or other permanent disability may have a parent or guardian present during a health care procedure, test, or other care visit.

## **Medicaid credentialing program**

- Requires the Department of Medicaid to establish a credentialing program to review the competence, professional conduct, and quality of care provided by Medicaid providers.

## **Medical Board One-Bite Program**

- Allows certain licensure applicants to participate in the State Medical Board's One-Bite Program.

## **Suspension of open enrollment and other insurance programs**

- Extends to January 1, 2026 (from January 1, 2022), the suspension of certain programs operated under the state's insurance laws that are duplicative of the federal Affordable Care Act.

## **S.B. 21**

**Primary Sponsors:** Sens. Antonio and Manning

**Effective date:** September 21, 2021

- Requires the State Board of Emergency Medical, Fire, and Transportation Services to develop guidelines for the assessment, triage, and transport to hospitals of stroke patients.
- Directs each emergency medical service organization to base its stroke patient protocols, required by continuing law, on the State Board's guidelines.

- Requires the State Board to make available to the public copies of stroke patient protocols established by emergency medical service organizations.
- Requires each emergency medical service organization to provide to its emergency medical service personnel training in the assessment and treatment of stroke patients.

## **S.B. 58**

**Primary Sponsors:** Sens. Antonio and Brenner

**Effective date:** March 23, 2022

- Designates the act as “Esther’s Law.”
- Permits a resident of a long-term care facility (nursing home, skilled nursing facility, or nursing facility) or the resident’s guardian or attorney in fact to authorize the installation and use of an electronic monitoring device in the resident’s room under certain conditions.
- Makes the authorization subject to the consent of the resident’s roommate.
- Requires a long-term care facility to make a reasonable attempt to accommodate a resident wishing to use electronic monitoring when the resident’s roommate refuses consent by moving either the resident or the roommate to an available room.
- Permits a long-term care facility to post a notice stating that an electronic monitoring device is in use in a particular room.
- Prohibits discrimination or retaliation against a resident who authorizes electronic monitoring, tampering with a device or a recording, and unauthorized viewing or listening to a recording.

## **S.B. 157**

**Primary Sponsors:** Sens. Johnson and S. Huffman

**Effective date:** March 23, 2022

### **Abortion manslaughter**

- Expands the crime of abortion manslaughter to include failure to take measures to preserve the health of a child born alive after abortion.
- Authorizes an affected woman to sue a person guilty of abortion manslaughter.

### **Children born alive after abortion or attempted abortion in nonhospital settings**

- Requires a physician who performs or attempts an abortion in a nonhospital setting to immediately provide specified newborn care if a child is born alive.

## Child survival reporting requirements

- Requires the Director of Health to develop a child survival form that an attending physician must complete each time a child is born alive after an abortion or attempted abortion.
- Specifies that a completed child survival form becomes part of the medical record an abortion facility maintains on the woman who is the subject of the form, and is not a public record.
- Requires each facility in which a child was born alive following an abortion or attempted abortion to submit monthly and annual reports to the Department of Health.
- Requires the Department to issue annual reports summarizing the data in the facility reports.

## Criminal penalties and civil action

- Specifies criminal penalties for failure to comply with the child survival form and reporting requirements.
- Authorizes an affected woman to sue a physician or facility for failure to comply with the child survival form and reporting requirements.

## Variations from written transfer agreements

- Regarding variations from the written transfer agreement requirement that applies to ambulatory surgical facilities, requires each consulting physician to attest that:
  - The physician does not teach or provide instruction at a medical school affiliated with a state university or college, a state hospital, or other public institution;
  - The physician is not employed by, compensated by, and does not provide instruction or consultation to, those institutions.
- Prohibits a consulting physician from engaging in the above activities while serving as a consulting physician for a facility with an approved variance.
- Requires the Director of Health to rescind a facility's variance if the consulting physician engages in the above activities.
- Requires each facility with an existing variance to demonstrate compliance with the act's requirements by June 21, 2022, or the Director must rescind the variance.