
DEPARTMENT OF HEALTH

State-level review of child deaths

- Requires the Ohio Department of Health (ODH) Director to establish guidelines for the state-level review of deaths of children under 18 years of age.
- Allows the Director to access certain information when reviewing a death, provides immunity from civil liability to persons participating in a review, and prohibits the dissemination of confidential information gathered during a review.

Distribution of money from the "Choose Life" Fund

- Authorizes the Director to distribute money in the "Choose Life" Fund that is allocated to a county to an eligible organization located in a noncontiguous county so long as:
 - No eligible organization located within the county to which the money is allocated or a contiguous county has applied for the money; and
 - The eligible organization from the noncontiguous county provides services within the county to which money is allocated.

ASF variance determination deadline

- Requires the Director to grant or deny a written transfer agreement variance to an ambulatory surgical facility (ASF) not later than 60 days after the ASF submits a variance application.
- Provides that if the Director has not made a determination on an ASF's variance application after 60 days, the variance is denied and the ASF's license to operate is automatically suspended.
- Provides that the Director may reinstate the ASF's license if it obtains a written transfer agreement, a variance, or an order issued in accordance with the Administrative Procedure Act requiring the license to be reinstated.
- Requires a facility that desires to operate as an ASF to apply for a new license, if its existing license expires during the suspension.
- Requires the Director to grant or deny all variance applications pending on September 29, 2015, and provides that an application is considered denied if not granted within 60 days after that date.



Local hospital location for an ASF

- Provides that a "local hospital" may not be further than 30 miles from the ASF:
 - With which the local hospital has a written transfer agreement; or
 - Whose consulting physicians under a variance from the transfer agreement requirement have admitting privileges at the local hospital.

Public Health Emergency Preparedness Fund

- Creates in the state treasury the Public Health Emergency Preparedness Fund, and requires ODH to use money in the Fund to pay expenses related to public health emergency preparedness and response activities.

Bloodborne infectious disease prevention programs

- Authorizes a board of health to establish a bloodborne infectious disease prevention program to reduce the transmission of HIV, hepatitis B, and hepatitis C.
- Requires a board of health to consult with specified interested parties before establishing a prevention program.
- Authorizes a board of health to determine a prevention program's operation and participants and requires a prevention program to provide certain screening, education, and referrals for care and services.
- Specifies that the local governing authority of the area where a prevention program is located retains all zoning rights.
- Provides immunity from criminal prosecution to employees, volunteers, and participants of prevention programs.

Physician and Dentist Loan Repayment Programs

- Modifies the limit on the amount of state funds that may be repaid on behalf of a physician participating in the Physician Loan Repayment Program or a dentist participating in the Dentist Loan Repayment Program.
- Includes providing clinical education in the teaching activities that count toward the service hours of a participating dentist.



Signature on vital records

- Repeals a provision that (1) requires birth, fetal death, and death records and certificates to be printed legibly or typewritten in unfading black ink and (2) prohibits facsimile signatures.
- Permits signatures on records, certificates, and reports authorized under the Vital Statistics Law to be made by photographic, electronic, or other means prescribed by the Director.

Photograph or copy a birth or death record

- Requires a local registrar to allow an individual to photograph or otherwise copy a birth or death record.

Newborn screening for Krabbe disease

- Generally requires each child born on or after July 1, 2016, to undergo certain testing for Krabbe disease as part of ODH's Newborn Screening Program.
- Specifies that the Krabbe disease screening requirement does not apply to a child whose parents forgo the screening.

Immunizations

- Specifies that, beginning January 1, 2016, ODH will no longer provide GRF-funded vaccines from appropriation line item 440418, Immunizations, except in specified circumstances.

Uterine cytologic exams (pap smears) in hospitals

- Permits (rather than requires) hospitals to offer uterine cytologic exams (pap smears) to female inpatients who are at least 21 (rather than 18) years old and establishes record-keeping requirements.

WIC vendor contracts

- Requires ODH to process an application for a Women, Infants, and Children (WIC) vendor contract within 45 days if the applicant already has a WIC vendor contract.

Health care transparency (VETOED)

- Would have required hospitals to either provide patients with an estimated out-of-pocket cost for certain common services or enable the patient to obtain this information from the patient's insurer (VETOED).



- Would have created the Health Services Cost Estimate Study Committee to study the impact and feasibility of requiring health services providers to provide estimates of a consumer's out-of-pocket cost for common products, procedures, and services (VETOED).

Hope for a Smile Program (VETOED)

- Would have established the Hope for a Smile Program with a specified primary objective of improving the oral health of school-age children, particularly those who are indigent and uninsured (VETOED).
- Would have required the ODH Director to secure, maintain, and operate a bus as a mobile dental unit (VETOED).
- Would have created a state income tax deduction, to be used by a dentist or dental hygienist, equal to the fair market value of services provided for free under the program (VETOED).

Legislative Committee on Public Health Futures

- Re-establishes the Legislative Committee on Public Health Futures.
- Requires the Committee to review the effectiveness of previous reports, and to make legislative and fiscal policy recommendations that would improve local public health services.

Moms Quit for Two Grant Program

- Creates the Moms Quit for Two Grant Program to provide grants to private, nonprofit entities or government entities that demonstrate the ability to deliver evidence-based tobacco cessation interventions to pregnant women and women living with children who reside in communities with high infant mortality.

Infant mortality data collection and report

- Requires the Director to prepare an annual report on (1) identified government programs that have the goal of reducing infant mortality and negative birth outcomes or the goal of reducing disparities among women who are pregnant or capable of becoming pregnant and who belong to a racial or ethnic minority, and (2) data collected from birth certificates.
- Requires the identified government programs to provide data for the first part of the report.



Violation of smoking prohibitions

- Requires ODH to adopt rules prescribing fines for violations committed by retail tobacco stores regarding filings with ODH for exemption from smoking prohibitions.
- Specifies that such a violation is not included in the progressive fine schedule created by ODH.

State-level review of child deaths

(R.C. 121.22, 149.43, 2151.421, 3701.045, 3701.70 to 3701.703, and 4731.22)

Guidelines

The act requires the Director of the Ohio Department of Health (ODH) to establish guidelines for a state-level review of the deaths of children under 18 years of age who, at the time of death, were Ohio residents. It largely parallels continuing law provisions regulating county and regional child fatality review boards. Continuing law permits a county, or group of counties, to establish a county or regional child fatality review board to review the deaths of children under 18 years of age who were residents of the county or region at the time of death. Continuing law also requires that each county or regional board report its findings to ODH.

Purpose

According to the act, the purpose of a review of child death conducted by the ODH Director pursuant to the guidelines is to decrease the incidence of preventable child deaths by doing all of the following:

- (1) Promoting cooperation, collaboration, and communication between all groups, professions, agencies, or entities that serve families and children;
- (2) Maintaining a comprehensive database of child deaths that occur in Ohio in order to develop an understanding of the causes and incidence of those deaths;
- (3) Recommending and developing plans for implementing state and local service and program changes and changes to the groups, professions, agencies, or entities that serve families and children that prevent child deaths.



No review during pending investigation

The act provides that, under the guidelines, the ODH Director may not conduct a review while either an investigation of the death or prosecution of a person for causing the death is pending, unless the prosecuting attorney agrees to allow the review. Moreover, it specifies that a person, entity, law enforcement agency, or prosecuting attorney may not provide any information regarding the death of a child to the Director while an investigation of the death or prosecution of a person for causing the death is pending, unless the prosecuting attorney agrees to allow the review. At the Director's request, a law enforcement agency or prosecuting attorney, on the conclusion of an investigation or prosecution, must notify the Director of the conclusion.

Information provided to ODH Director

The act requires that, on the request of the Director, any of the following submit a summary sheet of information to the Director:

- (1) An individual, public children services agency, private child placing agency, or agency that provides services specifically to individuals or families;
- (2) A law enforcement agency;
- (3) A public or private entity that provided services to a child whose death is being reviewed by the Director pursuant to the guidelines.

In the case of a health care entity, the sheet must contain only information available and reasonably drawn from the child's medical record created by the entity. With respect to a child one year of age or younger whose death is being reviewed by the Director, on the request of the Director, a health care entity that provided services to the child's mother must submit to the Director a summary sheet of information available and reasonably drawn from the mother's medical record created by the health care entity. Before submitting the sheet, the entity must attempt to obtain the mother's consent to do so, but a lack of consent does not preclude the entity from submitting the sheet.

In the case of any other entity or individual, the sheet must contain only information available and reasonably drawn from any record involving the child that the individual or entity develops. In addition, the act provides that, on the request of the Director, an individual or entity may, at the individual's or entity's discretion, make any additional information, documents, or reports available to the Director.



Access to certain confidential information

The act grants the Director, when conducting a review pursuant to the guidelines, access to any confidential report of child abuse or neglect that was provided to law enforcement or a public children services agency. It also requires that the Director preserve the confidentiality of such a report.

Use of information obtained by the Director

The act provides that all of the following are confidential and may be used by the Director or a person participating in the review of a child's death pursuant to the guidelines only in the exercise of ODH's proper functions:

- (1) Any information, document, or report presented to the Director;
- (2) All statements made by those participating in a review;
- (3) All work products of the Director.

Under the act, a person who knowingly permits or encourages the unauthorized dissemination of confidential information is guilty of a misdemeanor of the second degree.

Civil immunity

The act grants the following immunity from civil liability for injury, death, or loss to person or property that otherwise might be incurred or imposed as a result of providing information, documents, or reports to the Director or participating in a review:

- (1) A public or private entity providing information, documents, or reports to the Director;
- (2) A person participating in a review.

Open meetings and public records law

Continuing law provides that, with certain exceptions, "all meetings of any public body are declared to be public meetings open to the public at all times." Under the act, the exceptions include meetings related to a review of a child's death by the Director.

Continuing law also requires that, upon request, records kept by any public office be promptly prepared and made available for inspection. The act specifies that, in



the case of a review of a child's death by the Director, all of the following are not public records:

- (1) Records provided to the Director;
- (2) Statements made by persons participating in the Director's review;
- (3) All work products of the Director.

Distribution of money from the "Choose Life" Fund

(R.C. 3701.65)

The act modifies the distribution of money from the "Choose Life" Fund. The "Choose Life" Fund consists of contributions that are paid to the Registrar of Motor Vehicles by applicants who elect to obtain "choose life" license plates. The ODH Director allocates money in the Fund to each county in proportion to the number of "choose life" license plates issued during the preceding year to vehicles registered in the county.

Under continuing law, the funds allocated for each county must be equally distributed to eligible organizations within the county that apply for funding. However, if no eligible organization located within the county applies for funding, the funds may be allocated to eligible organizations located in contiguous counties. Under the act, the funds also may be allocated to an eligible organization within a noncontiguous county, so long as the organization provides services in the county for which the funds have been allocated and no eligible organization located within that county or a contiguous county applies for the money. An eligible organization, as defined under continuing law, is a nonprofit organization that meets all of the following requirements:

- (1) Is a private, nonprofit organization;
- (2) Is committed to counseling pregnant women about the option of adoption;
- (3) Provides services to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
- (4) Does not charge women for any services received;
- (5) Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising; and



(6) Does not discriminate in its provision of any services on the basis of race, religion, color, age, marital status, national origin, handicap, gender, or age.

ASF variance determination deadline

(R.C. 3702.304 and 3702.309; Section 737.13)

The act requires the ODH Director to grant or deny a variance application from the written transfer agreement requirement for an ambulatory surgical facility (ASF) within 60 days of receiving the application. If the Director does not grant or deny the application within the 60 days, it is considered denied. Similarly, the act provides the Director 60 days to grant or deny variance applications pending on September 29, 2015, or they too are considered denied.

The act provides that if an ASF's application has been denied as described above, that ASF's license is automatically suspended. The Director may reinstate the license if any of the following occurs:

--The facility files with the Director a copy of a valid written transfer agreement;

--The Director grants the facility a variance from the written transfer agreement requirement;

--The license is required to be reinstated pursuant to an order issued in accordance with the Administrative Procedure Act.

If the ASF's license expires before the suspension is lifted, the ASF must apply for a new license.

Local hospital location for an ASF

(R.C. 3702.3010)

The act requires a local hospital to be not further than 30 miles from an ASF (1) with which the local hospital has a written transfer agreement or (2) whose consulting physicians under a variance from the transfer agreement requirement have admitting privileges at the local hospital.

The local hospital would provide care for ASF patients in medical emergencies. Under continuing law, an ASF must have either a written transfer agreement with such a local hospital, or a variance from that requirement. To receive a variance, the ASF must have an agreement with one or more consulting physicians who have admitting



privileges at a local hospital to provide back-up coverage when medical care beyond the level the ASF can provide is needed.⁷²

Public Health Emergency Preparedness Fund

(R.C. 3701.834; Section 289.50)

The act creates the Public Health Emergency Preparedness Fund in the state treasury. All federal funds that ODH receives to conduct public health emergency preparedness and response activities must be credited to the Fund. The act requires ODH to use money in the Fund to pay expenses related to public health emergency preparedness and response activities.

Bloodborne infectious disease prevention programs

(R.C. 3707.57)

The act authorizes boards of health to establish bloodborne infectious disease prevention programs to reduce the transmission of bloodborne pathogens. "Bloodborne pathogens" are defined as the human immunodeficiency virus (HIV), hepatitis B virus, and hepatitis C virus.

Consultation with interested parties

Before a board of health may establish a bloodborne infectious disease prevention program, it must consult with two groups of interested parties. The first group consists of interested parties from the health district represented by the board, including law enforcement representatives, prosecutors, representatives of state-certified community addiction services providers, persons recovering from substance abuse, private nonprofit organizations (such as hepatitis C and HIV advocacy organizations), residents of the health district, and the board of alcohol, drug addiction, and mental health services that serves the area in which the health district is located. The second group consists of representatives selected by the governing authority of the city, village, or township in which the prevention program is proposed to be established.

Program cost and requirements

The act specifies that the cost of a bloodborne infectious disease prevention program is the responsibility of the board of health that establishes the program. Generally, the board is to determine the manner in which a prevention program is

⁷² R.C. 3702.304; R.C. 3702.303, not in the act.



operated and individuals eligible to participate. Specifically, the act requires each program to do the following:

(1) **Screening** – provide on-site screening for HIV, hepatitis B, and hepatitis C, if resources are available;

(2) **Education** – educate program participants regarding exposure to bloodborne pathogens;

(3) **Referral agreements** – identify health and supportive services providers and substance abuse treatment programs in the area served by the prevention program and, as appropriate, develop and enter into referral agreements with the identified providers and programs;

(4) **Referral for care and services** – encourage program participants to seek appropriate medical care, mental health services, substance abuse treatment, or social services and, as appropriate, make referrals to health and supportive services providers and substance abuse treatment programs with which the prevention program has entered into referral agreements;

(5) **Recordkeeping** – ensure participant anonymity in the program's recordkeeping;

(6) **Confidentiality** – comply with applicable state and federal laws governing participant confidentiality;

(7) **Participant identification** – provide program participants with documentation identifying the individual as an active participant in the program.

Reports

The act requires a board of health that establishes a bloodborne infectious disease prevention program to include details about the program in its comprehensive annual report submitted to the ODH under continuing law. Additionally, a prevention program may report to the Department of Mental Health and Addiction Services demographic information about each program participant.

Notice of prevention program location

A board of health that decides to establish a bloodborne infectious disease prevention program must provide written notice of the proposed location to the governing authority of the city, village, or township in which the program is to be located. The act specifies that the governing authority retains all zoning rights.



Immunity from criminal prosecution

The act provides that if carrying out a duty under a component of a bloodborne infectious disease prevention program would be considered a violation of laws regarding possessing criminal tools, possessing drug abuse instruments, possessing drug paraphernalia, or furnishing hypodermic needles, an employee or volunteer of the program is not subject to criminal prosecution for the violation.

With regard to program participants, the act provides that if participating in a component of a prevention program would be considered a violation of laws regarding possessing criminal tools, possessing drug abuse instruments, or possessing drug paraphernalia, a program participant who is within 1,000 feet of a program facility and in possession of documentation from the prevention program identifying the individual as an active participant is not subject to criminal prosecution for the violation.

Physician and Dentist Loan Repayment Programs

(R.C. 3702.74 and 3702.91)

The act makes various changes to the Physician Loan Repayment Program and the Dentist Loan Repayment Program, which offer funds to repay some or all of the educational loans of physicians and dentists who agree to provide primary care or dental services in health resource shortage areas.

The act repeals a provision that required the amount of state funds included in a participant's repayment to equal the amount of federal funds that was included in the repayment if the source of the federal funds was the Bureau of Clinician Recruitment and Services (BCRS) in the U.S. Department of Health and Human Services. Instead, the act requires the amount of state funds included in a participant's repayment to equal the amount of federal funds included in the repayment if the repayment includes funds from any federal source.

With respect to the Dental Loan Repayment Program, the act repeals a provision that permitted teaching activities to count as service hours only if they involved supervising dental students and dental residents at the service site. The act provides instead that teaching activities consist of providing clinical education to dental students and residents and dental health profession students at the service site.

Signatures on vital records

(R.C. 3705.08)

The act changes requirements in the Vital Statistics Law for signatures on vital records to permit signatures to be made by electronic means. Prior to the act, all birth,



fetal death, and death records and certificates had to be printed legibly or typewritten in unfading black ink and facsimile signatures were prohibited. The act repeals those provisions and expressly states that required signatures may be filed and registered by means prescribed by the ODH Director, including by electronic means.

Photograph or copy a birth or death record

(R.C. 3705.231)

The act requires a local registrar to allow an individual to photograph or otherwise copy a birth or death record.

Newborn screening for Krabbe disease

(R.C. 3701.501)

The act generally requires Krabbe disease to be a disorder for which newborns born on or after July 1, 2016, are screened under ODH's Newborn Screening Program, and prescribes the testing process that must be used for the screening. The screening requirement does not apply to a child whose parents have chosen to forgo the screening.

Immunizations

(Section 289.30)

The act specifies that, beginning January 1, 2016, ODH will no longer provide general revenue funded (GRF-funded) vaccines from appropriation line item 440418, Immunizations. Local health departments and other local providers who receive GRF funding for vaccines from ODH before January 1, 2016 must instead bill private insurance companies, as appropriate, to recover the costs of providing and administering vaccines. The act, however, allows ODH to continue to provide GRF-funded vaccines in the following circumstances: (1) to cover uninsured adults, (2) to cover individuals on grandfathered private insurance plans that do not cover vaccines, and (3) in certain exceptional cases determined by the ODH Director.

Uterine cytologic exams (pap smears) in hospitals

(R.C. 3701.60)

Uterine cytologic examinations (commonly referred to as pap smears) can detect early cancers of the cervix, which is the lower part of the uterus. The act permits public and nonprofit hospitals to offer these exams to every female patient age 21 or older who has been admitted on an in-patient basis, unless the exam is contrary to the attending physician's orders or has been performed within the preceding year. This provision



replaces a provision that required a hospital to offer the exam to every inpatient female age 18 or older, unless the exam was contrary to the attending physician's orders or had been performed within the preceding year.

Law unchanged by the act permits the patient to refuse the exam. If a hospital offers the exam, the act requires it to maintain records of the results or to record that the exam was refused.

WIC vendor contracts

(Section 289.40)

In Ohio, ODH administers the federal Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The act requires that, during fiscal years 2016 and 2017, ODH review and process a WIC vendor contract application not later than 45 days after it is received if on that date the applicant is a WIC-contracted vendor and meets all of the following requirements:

- (1) Submits a complete WIC vendor application with all required documents and information;
- (2) Passes the required unannounced preauthorization visit within 45 days of submitting a complete application;
- (3) Completes the required in-person training within 45 days of submitting the complete application.

ODH must deny the application if the applicant fails to meet all of the requirements. After an application has been denied, the applicant may reapply for a contract to act as a WIC vendor during the contracting cycle of the applicant's WIC region.

Hospital transparency (VETOED)

(Section 289.60)

The Governor vetoed a provision that would have required, within one year, all hospitals operating in Ohio to have either of the following in place:

- A process under which the hospital could provide, upon a consumer's request, a reasonable, good faith estimate of a patient's out-of-pocket expenses associated with the hospital's 100 most frequently provided nonemergency, outpatient services;



- A process under which the hospital could direct consumers to a source, including the consumer's health plan issuer, where the consumer could get that information.

Within two years, all hospitals operating in Ohio were to have had either of these same processes in place for the hospital's 100 most frequently provided inpatient services.

A good faith estimate was to include information, provided in a conspicuous manner if the estimate was written, that informed the patient that the information provided was a good faith estimate based on information available at the time, and that the actual cost to the patient could be different. The act would have required health plan issuers to provide information to hospitals as needed to provide the estimates. On or about the act's respective deadlines related to these estimates, a representative of the Ohio Hospital Association was to provide to the Joint Medicaid Oversight Committee a collective report of hospitals' experience in providing these estimates.

Health Services Cost Estimate Study Committee (VETOED)

(Section 227.20)

The Governor vetoed a provision that would have established, under the Office of Health Transformation, the Health Services Cost Estimate Study Committee. The Committee would have studied the impact and feasibility of requiring health services providers to provide, upon request by a consumer, estimates of the consumer's out-of-pocket cost for common products, procedures, and services offered by the provider for the purpose of cost comparison on the part of the consumer. Not later than December 31, 2015, the Committee would have made a report of its findings and deliver that report to the Governor, the President and Minority Leader of the Senate, and the Speaker and Minority Leader of the House of Representatives. If the report viewed the implementation of such a requirement favorably, the report would have included recommendations regarding legislation and associated rules for enactment and adoption.

Hope for a Smile Program (VETOED)

(R.C. 3701.139 and 5747.01(A); Section 803.370)

The Governor vetoed a provision that would have established the Hope for a Smile Program with a specified primary objective of improving the oral health of school-age children, particularly those who are indigent and uninsured. Under the Program, the Director of Health would have been required to secure, maintain, and operate a bus as a mobile dental unit. The vetoed provision also would have created a state income tax deduction, to be used by a dentist or dental hygienist beginning with



taxable years beginning in 2015, equal to the fair market value of the services provided for free under the program.

A detailed description of the vetoed provision is available on pages 250 through 252, and page 422, of LSC's analysis of the House version of H.B. 64. The analysis is available online at www.lsc.ohio.gov/budget/agencyanalyses131/passedhouse/h0064-ph-131.pdf.

Legislative Committee on Public Health Futures

(Section 737.10)

Re-establishment and purpose

The act re-establishes the Legislative Committee on Public Health Futures, that was established in 2012 by H.B. 487 of the 129th General Assembly. It requires the Committee to review (1) the June 2012 report of the Public Health Futures Project Steering Committee of the Association of Ohio Health Commissioners and (2) the October 2012 report of the previous Legislative Committee on Public Health Futures. The Committee must review the effectiveness of recommendations from those reports that are being or that have been implemented. Based on the knowledge and insight gained from its reviews, the Committee must make legislative and fiscal policy recommendations that it believes would improve local public health services in Ohio.

The Committee, by January 31, 2016, must prepare a report that describes its review of the reports and of the recommendations that are being or that have been implemented, and that states and explains the Committee's new policy recommendations. The Committee must transmit its report to the Governor, the President and Minority Leader of the Senate, and the Speaker and Minority Leader of the House. Upon transmitting its report, the Committee ceases to exist.

Appointment and membership

ODH and each of the following associations must appoint one individual to the Committee: the County Commissioners Association of Ohio, the Ohio Township Association, the Ohio Public Health Association, the Ohio Environmental Health Association, the Ohio Boards of Health Association, the Ohio Municipal League, and the Ohio Hospital Association. The Association of Ohio Health Commissioners must appoint two individuals. The President and Minority Leader of the Senate each must appoint two members. The Speaker and Minority Leader of the House each must appoint two members to the committee. Of the two appointments made by each legislative leader, one must be a member of the General Assembly from the appointing member's chamber.



Appointments must be made as soon as possible, but not later than October 29, 2015. Vacancies must be filled in the same manner as the original appointment.

As soon as all members have been appointed, the President of the Senate must fix a time and place for the Committee to hold its first meeting. At that meeting, the Committee must elect from among its membership a chairperson, a vice-chairperson, and a secretary. The ODH Director must provide the Committee with meeting and office space, equipment, and professional, technical, and clerical staff as necessary to enable it successfully to complete its work.

Moms Quit for Two Grant Program

(Sections 289.10, 289.20, and 289.33)

The act requires ODH to create the Moms Quit for Two Grant Program. Under the Program, ODH – recognizing the significant health risks posed to women and their children by tobacco use during and after pregnancy – must award grants to private, nonprofit entities or government entities that demonstrate the ability to deliver evidence-based tobacco cessation interventions to women who (1) reside in communities that have the highest incidence of infant mortality, as determined by the ODH Director, and (2) are pregnant or live with children. The act authorizes ODH to adopt rules it considers necessary to administer the Program.

ODH must create a grant application and develop a process for receiving and evaluating completed grant applications on a competitive basis. ODH must select grant recipients not later than December 31, 2015, giving first preference to the private and government entities that are able to target the interventions to pregnant women and second preference to those entities that are able to target the interventions to women living with children. The act specifies that ODH's decision regarding a submitted grant application is final.

ODH must establish performance objectives to be met by grant recipients and monitor the performance of each grant recipient in meeting the objectives.

After the Program's conclusion, ODH must evaluate the Program. Not later than December 31, 2017, ODH must prepare a report describing its findings and make a recommendation on whether the Program should be continued. A copy of the report must be provided to the Governor and the General Assembly. In addition, ODH must make the report available to the public on its website.



Annual report on government programs to reduce infant mortality

(R.C. 3701.95)

The act requires the ODH Director to identify each government program (other than the Help Me Grow program) providing benefits that has the goal of reducing infant mortality and negative birth outcomes or the goal of reducing disparities among women who are pregnant or capable of becoming pregnant and who belong to a racial or ethnic minority. The Director is to identify only those programs that provide education, training, and support services to program participants in their homes. The Director may consult with the Ohio Partnership to Build Stronger Families to assist in identifying the programs.

For each program the Director identifies, the program's administrator must report to the Director data on performance indicators that assess the program's progress toward achieving its goals. The specific performance indicators that must be reported by the programs are to be established by the Director in rules. The act specifies that the performance indicators must, to the extent possible, be consistent with federal reporting requirements for federally funded home visiting services. The Director must also adopt rules establishing the format and time frame in which the administrators are to report the data. The rules are to be adopted in accordance with the Administrative Procedure Act.

Using the reported data, the Director must prepare an annual report that assesses the performance of each identified program during the 12-month period covered by the report. In addition, the report must summarize and provide an analysis of information contained in the "information for medical and health use only" section of the records for children born during the relevant 12-month period. The Director must provide a copy of the report to the General Assembly and the Joint Medicaid Oversight Committee.

Violation of smoking prohibitions

(R.C. 3794.07)

The act requires ODH to adopt rules prescribing fines for violations committed by retail tobacco stores regarding filings with ODH for an exemption from smoking prohibitions. Continuing law requires ODH to establish a schedule of fines for violations of smoking laws. The schedule of fines must be progressive based on the number of prior violations by a proprietor. The act exempts fines charged for violations regarding filings with ODH for the retail tobacco store exemption from this progressive schedule of fines.

