
DEPARTMENT OF HEALTH

Drug overdose fatality review committees

- Authorizes the establishment of county or regional drug overdose fatality review committees.
- Requires each committee to submit to the Ohio Department of Health (ODH) an annual report containing specified information related to the drug overdose or opioid-involved deaths reviewed by the committee.

Fetal-infant mortality review boards

- Authorizes local boards of health to establish fetal-infant mortality review boards to review fetal and infant deaths within the board's jurisdiction.
- Specifies a review board's membership, purposes, and responsibilities.
- Specifies that investigatory materials that a review board possesses are confidential and not public records, and that review board meetings are not subject to Ohio's Open Meetings Law.
- Specifies that entities that submit investigatory materials to a review board, as well as board members, are immune from civil liability in connection with their responsibilities.
- Requires the ODH Director to adopt rules for the establishment and operation of fetal-infant mortality review boards.

Pregnancy-associated Mortality Review (PAMR) Board

- Authorizes the ODH to establish a Pregnancy-associated Mortality Review (PAMR) Board to identify and review all pregnancy-associated deaths for the purposes of reducing the incidence of those deaths.
- Prohibits the Board from reviewing deaths under investigation or prosecution unless the prosecuting attorney agrees.
- Describes Board membership and operations, and authorizes the ODH Director to adopt rules concerning how the Board conducts pregnancy-associated death reviews.
- Specifies that information the Board possesses is confidential and not a public record and that Board meetings are exempt from the Open Meetings Law.
- Specifies that those who submit information to the Board, as well as Board members, are immune from civil liability in connection with their responsibilities.

Standard pregnancy risk assessment form

- Requires the Director of the Governor's Children's Initiative to convene a workgroup, by January 1, 2020, to develop a standard, electronic pregnancy risk assessment form and to identify the processes and technology systems necessary for obstetric care providers, other persons, and government entities to comply with the required use of the form.

- Requires an obstetric care provider, beginning January 1, 2021, to complete a pregnancy risk assessment form for each obstetric patient at the patient's first visit designated for prenatal care and to submit the form through the designated state interface.
- Requires a person or government entity that has or has had a relationship with a patient to accept a completed pregnancy risk assessment form as valid authorization for the disclosure of that patient's protected health information to specified persons and government entities.
- Prohibits information in the form from being used for discriminatory or unauthorized purposes and from being further disclosed by the authorized recipients.

Substance use disorder professionals

- Authorizes ODH to establish a loan repayment program for professionals who provide treatment and other related services to individuals with substance use disorders.
- Authorizes ODH to establish a program in which a physician who provides medication-assisted treatment in a health resource shortage area may be eligible for financial assistance.

Dental Hygiene Resource Shortage Area Fund

- Eliminates the Dental Hygiene Resource Shortage Area Fund and specifies that donations for the benefit of the Dental Hygienist Loan Repayment Program instead be paid to the Dental Hygienist Loan Repayment Fund.

Radiation technology professionals

- Authorizes nuclear medicine technologists and radiation therapy technologists who are certified in computed tomography (CT) to perform CT procedures.
- Makes other changes to the law governing the regulation of radiation technology professionals.

Examination fees

- Requires ODH to post on its website the fee amounts for examinations administered by other entities on the Department's behalf.

Body art regulation

- Defines "body artist" as an individual, including an operator of a body art business, who performs tattooing or body piercing and is registered with the ODH Director.
- Establishes that beginning June 30, 2020, a body artist who wishes to perform body art services for compensation must obtain registration from the Director.
- Requires a business offering body art services to obtain a license from a licensor (see following dot point), replacing the approval required from the board of health.
- Establishes the licensor as (1) the board of health of a city or general health district, (2) the authority having the duties of a board of health in any city, (3) the Director, or (4) any authorized representative of any of these entities or of the Director.

- Prohibits a person from constructing, installing, renovating, or otherwise substantially altering a body art business without first obtaining approval from the licensor.
- Requires that prior to issuing an initial license and annually thereafter, the licensor inspect each body art business in their jurisdiction to determine whether the business is in compliance with the Body Art Laws and regulations.
- Permits the board of health to suspend or revoke a body art business license at any time if the board determines the business is being operated in violation of the Body Art Law.
- Requires the Director to adopt rules for body art businesses and body artists and the regulation of these persons, including safety and sanitation procedures.
- Establishes the administration of the fees associated with the licensing, registration, and enforcement of the Body Art Law.
- Permits the Director to survey each board of health that licenses body art businesses to determine if the board of health is in substantial compliance with the Body Art Law.
- Requires the Director, if the Director determines that the board of health is not in compliance with the Body Art Law, to perform the duties of the licensor in that jurisdiction.
- Requires that a parent, guardian, or custodian of a minor who desires to authorize a business to perform body art on the minor to provide documentation that they are the minor's parent, guardian, or custodian.

Sanitarian and sanitarian in training law

- Recodifies and reorganizes the law governing sanitarians and sanitarians in training.
- Makes the following substantive changes to the law:
 - Removes all statutorily imposed registration, registration renewal, and examination fees for sanitarians and sanitarians in training, and instead requires the ODH Director to adopt rules that establish the fees;
 - Removes certain government employees from the requirement to register as a sanitarian or sanitarian in training, but also requires certain other government employees to register as a sanitarian or sanitarian in training;
 - Decreases, from one year to 60 days, the amount of time a sanitarian or sanitarian in training may renew a certificate to practice prior to the date the certificate expires;
 - Eliminates certain duties that the Director is required to perform, such as preparing a registration examination for sanitarians and sanitarians in training;
 - Requires a sanitarian in training applicant to take an examination before registering and, once registered, to complete an annual continuing education program;
 - Revises provisions related to sanitarian and sanitarian in training examinations.

Child lead poisoning advisory council

- Revises the membership of the advisory council appointed by the ODH that assists in development and implementation of the child lead poisoning prevention program by adding four new members and updating two member association names.

Lead abatement: order to vacate

- Requires the ODH Director or a board of health to issue an order to vacate, prohibiting the owner or manager of a residential unit, child-care facility, or school from using that property for any purpose if the owner or manager is out of compliance with a lead hazard control order.
- Authorizes the Director or a board of health to request a prosecuting attorney, city director of law, village solicitor, or similar chief legal officer to commence a civil action for injunctive and other equitable relief against any person who violates an order to vacate.

Ambulatory surgical facility licensure

- Modifies the criteria used in determining whether a facility must be licensed as an ambulatory surgical facility, and extends the licensing requirement to any facility located within an inpatient care building if the facility is operated by a separate entity.

Health care facility payments

- Expresses the General Assembly's intent to not have licensure requirements or exemptions affect any third-party payments that may be available for certain health care facilities.

Newborn screening for Krabbe disease

- Repeals the law that limits newborn screening for Krabbe disease to a process known as "first tier testing."

Occupational disease reporting

- Eliminates the requirement that physicians report suspected occupational diseases and ailments to the ODH Director.

Diabetes action plan reporting cycle

- Lengthens to three years (from two) the reporting cycle for the ODH Director to submit to the General Assembly a report detailing the prevalence of diabetes.

ODM access to Social Security numbers accompanying vital statistics records

- Requires ODH's Office of Vital Statistics to make available to the Department of Medicaid, for the purpose of medical assistance eligibility determinations, Social Security numbers that accompany birth certificates or death certificates.

Area training centers for nursing home employees

- Repeals the law requiring the ODH Director to establish and supervise centers for the training of nursing home employees and to contract with other entities to operate the centers.

Breast and Cervical Cancer Project

- Adds certain providers to those eligible to receive payments for services from the Breast and Cervical Cancer Project Income Tax Contribution Fund.

Public Health Priorities Fund

- Changes the name of Ohio's Public Health Priorities Trust Fund to Ohio's Public Health Priorities Fund, eliminates the purposes for which money credited to the fund must be used, and instead requires the ODH Director to use the money to address pressing public health needs and implement innovative programs and prevention strategies.
- Eliminates the prohibition on transferring money from GRF to the fund.

Utility Radiological Safety Board

- Specifies that the Utility Radiological Safety Board (URSB), based on the utilities' decommissioning budgets, may make assessments for URSB operations against Ohio nuclear electric utilities that have stopped producing electricity.
- Expands the definition of "nuclear electric utility" under URSB law to include persons within Ohio engaged in the storage of spent nuclear fuel arising from the production of electricity using nuclear energy.

Cancer Incidence Surveillance Advisory Board

- Abolishes the Ohio Cancer Incidence Surveillance System Advisory Board.

Drug overdose fatality review committees

(R.C. 121.22, 307.631, 307.632, 307.633, 307.634, 307.635, 307.636, 307.637, 307.638, 307.639, 3701.049, and 4731.22)

The bill authorizes the board of county of commissioners of a single county or the boards of two or more counties jointly to establish a county or regional committee to review drug overdose and opioid-involved deaths occurring in that county or region. To formally establish a drug overdose fatality review committee, the board or boards must appoint a health commissioner of a board of health located in the county or counties to do so.

Purpose

The purpose of a drug overdose fatality review committee is to decrease the incidence of preventable overdose deaths by doing all of the following:

- Promoting cooperation, collaboration, and communication between all groups, professions, agencies, or entities engaged in drug abuse prevention, education, or treatment efforts;

- Maintaining a comprehensive database of all overdose deaths occurring in the county or region to develop an understanding of the causes and incidence of those deaths;
- Recommending and developing plans for implementing local service and program changes that might prevent overdose deaths; and
- Providing the Ohio Department of Health (ODH) with aggregate data, trends, and patterns concerning overdose deaths.

Membership, chairperson, and meetings

If established, a review committee must consist of the health commissioner and the following five members:

1. The county coroner or designee;
2. The chief of police or sheriff or designee of the chief or sheriff;
3. A public health official or designee;
4. The executive director of the county's ADAMHS board or designee; and
5. An Ohio-licensed physician.

In the case of a review committee serving two or more counties, the members must be representatives from the most populous county.

The health commissioner convenes committee meetings and serves as the committee's chairperson. Committee meetings are not subject to Ohio's Open Meetings Law. Any vacancy on the committee must be filled in the same manner as original appointments. Members are neither compensated for serving on the committee nor reimbursed for expenses incurred, unless compensation or reimbursement is received as part of the member's regular employment. A majority of the members may invite additional members to serve on the committee. Each additional member serves for the period of time determined by the majority and has the same authority, duties, and responsibilities as an original member.

Information to be collected

For each drug overdose or opioid-involved death reviewed by a committee, the committee must collect all of the following:

1. Demographic information of the deceased, including age, sex, race, and ethnicity;
2. The year in which the death occurred;
3. The geographic location of the death;
4. The cause of death;
5. Any factors contributing to the death; and
6. Any other information the committee considers relevant.

On the request of a review committee, any individual, law enforcement agency, or other public or private entity that provided services to a person whose death is reviewed by the committee must submit to the committee a summary sheet of information. In the case of a request made to a health care entity, the summary sheet must contain only information

available and reasonably drawn from a medical record created by the entity. With respect to a request made to any other individual or entity, the sheet must contain only information available and reasonably drawn from any record involving the person to which the individual or entity has access.

Confidentiality

Any information, document, or report presented to a review committee, all statements made by committee members during meetings, all work products of the committee, and data submitted to ODH, other than the annual report, are confidential and may be used by the review committee, its members, and ODH only in the exercise of proper committee or departmental functions.

Security of information collected

Each review committee must establish a system for collecting and maintaining information necessary for the review of drug overdose or opioid-involved deaths in the county or region. In an effort to ensure confidentiality, each committee must maintain all records in a secure location; develop security measures to prevent unauthorized access to records containing information that could reasonably identify any person; and develop a system for storing, processing, indexing, retrieving, and destroying information obtained in the course of reviewing a drug overdose or opioid-involved death.

Annual reports

By April 1 of each year, a committee must prepare and submit to ODH a report that includes the following information for the previous calendar year:

1. The total number of drug overdose or opioid-involved deaths in the county or region;
2. The total number of drug overdose or opioid-involved deaths reviewed by the committee along with the total number not reviewed by the committee;
3. A summary of demographic information for the deaths reviewed, including age, sex, race, and ethnicity; and
4. A summary of any trends or patterns identified by the committee.

The report also must include recommendations for actions that might prevent other deaths and may include any other information the review committee determines should be included. The report is a public record for the purposes of Ohio's Public Records Law.

Pending investigations or prosecutions

A review committee may not conduct a review of a death 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. On the conclusion of an investigation or prosecution, the law enforcement agency conducting the criminal investigation or prosecuting attorney prosecuting the case must notify the committee's chairperson of the conclusion.

In addition, an individual, law enforcement agency, prosecuting attorney, or entity cannot provide to a review committee any information regarding the death of a person while an investigation or prosecution is pending, unless the prosecuting attorney has agreed to allow the review.

Immunity

Any individual or entity providing information to a review committee is immune from civil liability for injury, death, or loss to person or property that otherwise might be incurred or imposed as a result of providing the information. Each member of a review committee is also immune from civil liability as a result of the member's participation on the committee.

Fetal-infant mortality review boards

(R.C. 121.22, 3701.049, 3707.70, 3707.71, 3707.72, 3707.73, 3707.74, 3707.75, 3707.76, and 3707.77)

Operation and duties

The bill authorizes a local board of health to establish and operate a fetal-infant mortality review board, in accordance with rules the ODH Director must adopt under the bill, to review both of the following:

- Each fetal death experienced by a woman who was, at the time of the fetal death, a resident of the health district in which the board exercises authority; and
- Each death of an infant who was, at the time of death, a resident of the health district in which the local board exercises authority.

No reviews during criminal investigation

The bill prohibits a fetal-infant mortality review board from conducting a review of a death while an investigation of the death or prosecution of a person for causing the death is pending, unless the prosecuting attorney agrees to allow it. The law enforcement agency conducting the criminal investigation, on the investigation's conclusion, and the prosecuting attorney prosecuting the case, on the prosecution's conclusion, must notify the review board chairperson of the conclusion.

Membership

If a local board of health establishes a fetal-infant mortality review board, the local board, by a majority vote of a quorum of its members, must select the review board's members. Members may include the following professionals or individuals representing the following constituencies:

- Fetal-infant mortality review coordinators;
- Board-certified obstetricians and gynecologists;
- Key community leaders from the board of health's jurisdiction;
- Health care providers;
- Human services providers;
- Consumer and advocacy groups; and
- Community action teams.

A majority of the review board members may invite additional individuals to serve on the board. The additional members must serve for a period of time determined by a majority of

the members and have the same authority, duties, and responsibilities of the members. In addition, the review board, by a majority vote of a quorum of its members, must designate a chairperson.

A vacancy on the review board is to be filled in the same manner as the original appointment. A board member is prohibited from receiving any compensation or reimbursement for expenses associated with membership. A review board may work in conjunction with, or be a component of, a child fatality review board or regional child fatality review board.

A review board must convene at least once a year at the call of its chairperson.

Purpose

The bill specifies that a review board's purpose is to decrease the incidence of preventable fetal and infant deaths by doing all of the following:

--Assessing, planning, improving, and monitoring the service systems and broad community resources that support and promote the health and well-being of women, infants, and families;

--Recommending and developing plans for implementing local service and program changes, as well as changes to the groups, professions, agencies, and entities that serve families, children, and pregnant women; and

--Providing ODH with aggregate data, trends, and patterns regarding fetal and infant deaths.

Submission of information; family member participation

Notwithstanding state confidentiality laws, the bill requires an individual, public children services agency, private child placing agency, agency that provides services specifically to individuals or families, a law enforcement agency, or another public or private entity that provided services to a pregnant woman whose fetus died or an infant who died to submit to the review board copies of any record it possesses that the board requests. These records may include maternal health records. In addition, the individual or entity may make available to the board additional information, documents, or reports that could be useful to the board's investigation. An exception to this requirement exists when a person is under investigation, or being prosecuted, for causing the death (unless the prosecuting attorney agrees to allow the death review).

The bill permits a family member of the deceased to decline to participate in an interview as part of the review process. In that case, the review must continue without that individual's participation.

Confidentiality

Except for information from a public children services agency about a child who is the subject of a child abuse, neglect, or other criminal conduct investigation, the bill specifies that any record, document, report, or other information presented to a fetal-infant mortality review board or a person abstracting such materials on the board's behalf, statements made by board members during board meetings, all board work products, and data submitted by the board to

ODH or a national infant death review database (other than the annual report required by the bill, discussed below), are confidential. These materials must be used by the review board and ODH only in the exercise of their proper functions. In addition, board meetings are not public meetings subject to Ohio's Open Meetings Law.³⁶

If the materials are presented to the review board or a person abstracting the materials on the board's behalf in paper form, the materials must be stored in a locked file cabinet. If a database is used to store the materials electronically, the database must be stored in a secure manner. All information accessible to each board member and used during a review, including information provided by the deceased's mother, must be de-identified. The bill prohibits the unauthorized dissemination of this confidential information. A violation of this prohibition is a misdemeanor of the second degree.

Immunity

The bill grants civil immunity to both:

--An individual or public or private entity providing records, documents, reports, or other information to a fetal-infant mortality review board for injury, death, or loss to person or property that otherwise might be incurred or imposed as a result of providing these materials to a board; and

--Each review board member for injury, death, or loss to person or property that otherwise might be incurred or imposed as a result of the member's participation on the board.

Data reporting and annual report

The bill requires a fetal-infant mortality review board, not later than April 1 each year, to both:

--Submit to the fetal-infant mortality database maintained by ODH or a national infant death review database individual data pertaining to each fetal or infant death reviewed in that board's jurisdiction within the 12 months immediately before the submission; and

--Submit to ODH a report that summarizes any trends or patterns the review board identifies.

The specific data that must be submitted, and other information the board considers relevant to a review, must be specified by the ODH Director in rules required by the bill. The report, a public record, may include recommendations on how to decrease the incidence of preventable fetal and infant deaths in the board's jurisdiction and Ohio, as well as any other information the board determines should be included.

Rules

The bill requires the ODH Director to adopt rules to establish a procedure for fetal-infant mortality review boards to follow in conducting a review of a fetal or infant death. The rules

³⁶ R.C. 121.22.

must be adopted in accordance with the Administrative Procedure Act³⁷ and do all of the following:

--Specify the procedures that a local board of health must use to establish and operate a review board;

--Specify the data and other relevant information a review board must use when conducting a review of a fetal or infant death;

--Establish guidelines for a review board to follow so that information presented to the board does not include anything that would permit any person's identity from being ascertained; and

--Specify the standards and procedures a review board must use when reporting fetal-infant mortality data to ODH's fetal-infant mortality database or a national infant death review database.

Pregnancy-associated Mortality Review (PAMR) Board

(R.C. 121.22, 3738.01, 3738.02, 3738.03, 3738.04, 3738.05, 3738.06, 3738.07, 3738.08, and 3738.09)

Operation and duties

The bill authorizes the ODH to establish a Pregnancy-associated Mortality Review (PAMR) Board to identify and review all pregnancy-associated deaths statewide for the purpose of reducing the incidence of those deaths.

No reviews during criminal investigation

If the PAMR Board is established, the bill prohibits it from conducting a review of a pregnancy-associated death while an investigation of a death or prosecution of a person for causing the death is pending, unless the prosecuting attorney agrees to allow the review. The law enforcement agency conducting the criminal investigation, on the investigation's conclusion, and the prosecuting attorney prosecuting the case, on the prosecution's conclusion, must notify the Board's chairperson of the conclusion.

Membership; technical assistance

If ODH establishes the PAMR Board, all of the following apply:

Members: The ODH Director must appoint the Board's members and make a good faith effort to select members who represent all regions of Ohio and multiple areas of expertise and constituencies concerned with the care of pregnant and postpartum women.

Chairperson: The Board, by a majority vote of a quorum of its members, must select a chairperson. The Board may replace a chairperson in the same manner.

Terms: An appointed member holds office until a successor is appointed, and the ODH Director must fill a vacancy as soon as practicable.

³⁷ R.C. Chapter 119.

Compensation: Board members are to receive no compensation or reimbursement for any expenses associated with their service.

Meeting times: The Board must meet at the call of its chairperson as often as that individual considers necessary for timely completion of pregnancy-associated death reviews. The reviews must be conducted in accordance with rules the bill requires the ODH Director to adopt.

Technical assistance: ODH must provide meeting space, staff services, and other technical assistance required by the Board.

Purpose

If established, the PAMR Board must seek to reduce the incidence of pregnancy-associated deaths in Ohio by doing all of the following:

--Promoting cooperation, collaboration, and communication between all groups, professions, agencies, and entities that serve pregnant and postpartum women and families;

--Recommending and developing plans for implementing service and program changes, as well as changes to the groups, professions, agencies, and entities that serve pregnant and postpartum women and families;

--Providing ODH with aggregate data, trends, and patterns regarding pregnancy-associated deaths using data and other relevant information specified in rules; and

--Developing effective interventions to reduce the mortality of pregnant and postpartum women.

Submission of information; family member participation

Notwithstanding state confidentiality laws, the bill requires an individual, government entity, agency that provides services specifically to individuals or families, law enforcement agency, health care provider, or other public or private entity that provided services to a woman whose death is being reviewed by the PAMR Board to submit to the Board a copy of any record it possesses that the Board requests. In addition, the individual or entity may make available to the Board additional information, documents, or reports that could be useful to the Board's investigation. An exception to this requirement exists when a person is under investigation or being prosecuted for causing the death (unless the prosecuting attorney agrees to allow the death review).

The bill permits a family member of the deceased to decline to participate in an interview as part of the review process. In that case, the review must continue without that individual's participation.

Confidentiality

The bill specifies that any record, document, report, or other information presented to the PAMR Board, as well as all statements made by Board members during Board meetings, all Board work products, and data submitted to ODH by the Board (other than the triennial reports described below), are confidential. These materials must be used by the Board and ODH only in

the exercise of their proper functions. In addition, Board meetings are not public meetings subject to Ohio's Open Meetings Law.³⁸

The bill prohibits the unauthorized dissemination of this confidential information. A violation of this prohibition is a misdemeanor of the second degree.

Immunity

The bill grants civil immunity to both of the following:

--An individual or public or private entity providing records, documents, reports, or other information to the PAMR Board for injury, death, or loss to person or property that might otherwise be incurred or imposed as a result of providing these materials to the Board; and

--Each Board member for injury, death, or loss to person or property that otherwise might be incurred or imposed as a result of the member's participation on the Board.

Triennial report

The bill requires the PAMR Board to prepare and submit to the Governor, General Assembly, and ODH Director a triennial report that:

--Summarizes the Board's findings from the reviews completed in the preceding three calendar years, including any trends or patterns identified by the Board;

--Makes recommendations on how pregnancy-associated deaths may be prevented, including changes that should be made to policies and laws; and

--Includes any other information related to pregnancy-associated mortality the Board considers useful.

The initial report must be submitted by March 1, 2020, and subsequent reports must be submitted by March 1 every three years. The reports are public records, and the ODH Director must make a copy of each report available on ODH's website.

Rules

If the PAMR Board is established, the ODH Director must adopt rules in accordance with the Administrative Procedure Act³⁹ that are necessary for the PAMR Board's operations, including rules that do all of the following:

--Establish a procedure for the Board to follow in conducting pregnancy-associated death reviews;

--Specify the data and other relevant information the Board must use when conducting pregnancy-associated death reviews; and

--Establish guidelines for the Board to follow to prevent an unauthorized dissemination of confidential information.

³⁸ R.C. 121.22.

³⁹ R.C. Chapter 119.

Standard pregnancy risk assessment form

(R.C. 3701.953)

Workgroup responsibilities

The bill requires the Director of the Governor's Children's Initiative⁴⁰ to convene a workgroup, by January 1, 2020, to:

--Develop a standard, electronic pregnancy risk assessment form to use in accordance with the bill's provisions for the following purposes: (1) to identify pregnancy risks, (2) to ensure care coordination, and (3) to facilitate referrals of pregnant women to additional services intended to achieve healthy pregnancies and optimal birth outcomes; and

--Identify the processes and technology systems that are necessary for obstetric care providers to comply with the bill's form completion and submission requirements, and persons and government entities to comply with bill's protected health information disclosure requirements (discussed below).

Workgroup membership

The workgroup must consist of at least one representative from each of the following:

- Department of Medicaid;
- Department of Health;
- Department of Insurance;
- Department of Job and Family Services;
- Department of Administrative Services;
- Department of Mental Health and Addiction Services;
- InnovateOhio;
- Ohio Association of Health Plans;
- Ohio Children's Hospital Association;
- Ohio Hospital Association;
- Ohio Association of Community Health Centers;
- Ohio chapter of the American College of Obstetrics and Gynecology; and
- Ohio State Medical Association.

Form development

In developing the pregnancy risk assessment form, the workgroup must ensure that both of the following requirements are met:

--The form must have components that address the purposes discussed in (1) through (3), above;

⁴⁰ Executive Order No. 2019-02D.

--The form must be designed in a manner that facilitates an administrative agency's ability to fulfill responsibilities to inform Medicaid-eligible women about the benefits and importance of pregnancy-related services, to make requested or needed referrals to support services, and to provide nonmedical services promoting healthy birth outcomes.

Form use

The bill requires that the pregnancy risk assessment form be used solely for the purposes discussed in (1) through (3), above. In no circumstance is the form to be used to penalize women for increased use of services or other discriminatory purposes.

Form completion

Beginning January 1, 2021, the bill requires an obstetric care provider to complete the pregnancy risk assessment form for each obstetric patient at the patient's first visit designated for prenatal care. Not later than seven days after completing the form, the provider must submit the form through the state electronic interface designated by the workgroup for submissions as part of its responsibility to identify processes and technology systems for using the form.

Protected health information disclosures

Beginning January 1, 2021, the bill requires any health insuring corporation, any other person, and any government entity that has or has had a relationship with a patient, or a designee of the foregoing, to accept a completed pregnancy risk assessment form as valid authorization for the disclosure of that patient's protected health information to each person or government entity specified on the form. As soon as practicable after receiving a completed form, the person or government entity must disclose the relevant protected health information in accordance with the form.

Prohibition on further disclosures

The bill restricts use of protected health information that is disclosed through completed pregnancy risk assessment forms to the purposes discussed in (1) through (3), above. The recipient of the protected health information is prohibited from making further disclosures of the information.

Substance use disorder professionals

(Sections 737.10 and 737.11)

The bill authorizes ODH to establish a loan repayment program for professionals who provide treatment and other related services to individuals with substance use disorders. Under the program, ODH may agree to repay all or part of the principal or interest of an educational loan taken by a substance use disorder professional. In return, the participating professional must commit to serving in an area of the state with limited access to addiction treatment and related services.

The bill also authorizes the Department to establish a program in which a physician who provides medication-assisted treatment to patients with substance use disorders in a health resource shortage area may be eligible for financial assistance. Eligible physicians are those participating in the Department's existing Physician Loan Repayment Program.

Dental Hygiene Resource Shortage Area Fund

(R.C. 3702.967)

The ODH operates a Dental Hygienist Loan Repayment Program in cooperation with the Dentist Loan Repayment Advisory Board. The purpose of the program is to provide student loan repayment for dental hygienists who agree to provide dental hygiene services in areas designated as dental health resource shortage areas.

Law unchanged by the bill authorizes the ODH Director to accept donations for the program's operations. Currently, the Director must deposit those donations into the State Treasury to the credit of the Dental Hygiene Resource Shortage Area Fund. According to ODH staff, no donations have been received in nearly four years. The bill therefore eliminates this fund and instead requires that any donations be deposited to the credit of the Dental Hygienist Loan Repayment Fund. Currently, this latter fund holds money that dental hygienists who fail to fulfill their obligations under the program must pay back to ODH. The bill continues to require that money in this fund be used for program operations.

Radiation technology professionals

(R.C. 4773.01, 4773.011, 4773.061, and 4773.08)

The bill revises the law governing ODH's regulation of radiation technology professionals. First, it authorizes nuclear medicine technologists and radiation therapy technologists who are certified in computed tomography, or CT, to perform CT procedures. The bill also requires the ODH Director to adopt rules establishing standards for the performance of CT procedures and for the approval of national organizations that certify nuclear medicine and radiation therapy technologists in CT.

Second, the bill modifies the definitions of radiation technology professionals in the following ways:

- By adding to the definitions of general x-ray machine operator, radiation therapy technologist, and radiographer references to radiation-generating equipment;
- By specifying that radiation therapy technologists include radiation therapists;
- By removing from the definitions of general x-ray machine operator and radiographer references to determining the site of radiation and replacing them with references to determining procedure positioning.

The bill also clarifies that a general x-ray machine operator does not determine procedure positioning, while a radiographer does.

Examination fees

(R.C. 3701.044)

When an entity other than ODH administers an examination or evaluation on behalf of the Department for the purpose of issuing a license, certificate, or registration or determining competency and the entity collects and retains an examination or evaluation fee, the bill requires ODH to post on its website the dollar amount of the fee. If the entity changes the fee

amount, then ODH must post the change to its website at least 30 days before the change becomes effective.

Body art regulation

(R.C. 3730.01, 3730.04, and 3730.99)

The bill creates the term “body artist” and establishes oversight of body artists by requiring body artists who perform a body art procedure, for compensation, to be registered by the ODH Director beginning June 30, 2020. A “body artist” is an individual, including an operator of a body art business, who performs tattooing or body piercing and who is registered with the Director. Under existing law, there is no state-level registration or licensing requirement for individuals who perform tattooing or body piercing procedures. The bill replaces the current requirement that a business performing tattooing or body piercing services obtain *approval* from the local board of health before offering these services with a requirement that instead a person operating a business offering body art services obtain a *license* from the local board of health, the authority having the duties of the local board, or the Director (a licensor). “Body art” is the practice of physical body adornment, including tattooing and body piercing, but does not include ear piercing performed with an ear piercing gun. A violation of the bill’s licensing and registration requirement is a fourth degree misdemeanor.

Body artist registration

(R.C. 3730.01, 3730.02, 3730.021, and 3730.99; Section 737.20)

Beginning June 30, 2020, each person who intends to perform a body art procedure or act as a body artist must be registered by the ODH Director. If a person wishes to be registered by this deadline, the person must submit all required application materials by June 1, 2020; the Director must then issue the registration by June 30, 2020, if the applicant meets the minimum requirements for registration. An initial registration issued on or before April 1 is effective from the date of issuance until June 30 of that year. An initial registration issued after April 1 is effective from the date of issuance until June 30 of the following year. Thereafter, a registration is effective for one year and may be renewed.

The registration fee is \$250. However, the ODH Director may increase the fee by rule and adopt a rule prorating the fee for initial registrations. The fees must be administered by the Director and used solely for the administration and enforcement of body art regulation.

The ODH Director must adopt rules specifying registration and renewal procedures and fees. The rules may also include standards and procedures to be followed by a business that offers body art services to ensure that individuals are registered and adequately trained to properly perform the procedures. The Director must investigate all complaints of an unregistered person providing body art services. A person who recklessly violates a rule adopted by the Director is guilty of a fourth degree misdemeanor.

Body art business license

(R.C. 3730.01, 3730.02, 3730.05, and 3730.11)

The bill requires every person who intends to operate or maintain a body art business to apply for a license to operate the business from the board of health of a city or general health district, the authority having the duties of the board of health, or the ODH Director (licensor).

Thus, the bill is broader than existing law, which requires a person seeking approval (instead of a license) to operate a business that offers tattooing or body piercing (arguably narrower than “body art”) to apply to the board of health of the city or general health district in which the business is located (narrower than “licensor”).

An applicant must apply at least 30 days prior to the intended start of business operation. The standard to receive a license remains largely the same as the standard to receive approval under existing law. But instead of being required to demonstrate the training of the individuals who perform the procedures, an applicant must demonstrate the registration of those individuals.

Generally, each initial license is effective until December 31 of the year in which it was issued, but if the initial license was issued after October 1, it is effective until December 31 of the following year. A licensed business may apply for license renewal in December. The license may be transferred to a new owner of the existing business address.

Finally, each business operator that offers body art services must ensure that the individuals who perform the body art procedures are registered with the ODH Director beginning June 30, 2020, and thereafter.

Plan approval

(R.C. 3730.03)

The bill prohibits a person from constructing, installing, renovating, or otherwise substantially altering a body art business until the plans for the business have been submitted and approved by the licensor. The licensor must approve or disapprove the plans within 30 days of receiving them. Any person aggrieved by the licensor’s disapproval of plans may, within 30 days following the receipt of the licensor’s notice of disapproval, request a hearing. The hearing must be provided if requested.

For newly constructed or altered body art business, the applicant must notify the licensor when the body art business is ready for inspection. Within five days of receiving the notice, the licensor must verify that the construction or alternations are consistent with the plans submitted and approved. If the construction or alternations are consistent with the plans, then the licensor must issue the license. If not, then the licensor must reject the application or defer the issuance of the license pending a subsequent inspection. If the plans are rejected, the applicant may request a hearing on the matter and it must be provided. The ODH Director must adopt rules specifying who must provide the hearing and when it must be held.

Inspection

(R.C. 3730.06)

Under the existing approval process, the board of health is required to inspect the tattooing and body piercing business at least once before approving the business and may inspect the business as necessary after approval. Under the bill, prior to the issuance of an initial license and annually thereafter, the licensor is required to inspect each body art business in their jurisdiction to determine whether the business is in compliance with the Body Art Law. In addition, the licensor may inspect a business at any time. The licensor must make the initial

inspection within five days from the date of receipt of the notification that the business is ready for operation and must maintain a record of each inspection for at least five years.

Suspending or revoking license

(R.C. 3730.07)

The bill permits a board of health to suspend or revoke the license of a body art business at any time the board determines that the business is being operated in violation of the Body Art Law. Note – it is unclear whether this provision applies to a legislative authority having the duties of a board of health.

Rules relating to body art businesses

(R.C. 3730.02)

The bill requires the ODH Director to adopt rules governing the issuance of licenses, approval of plans, layout, construction, sanitation, safety, and operation of body art businesses. However, these rules do not apply to buildings to which the Ohio Building Code applies. The rules must include safety and sanitation standards and procedures to prevent the transmission of infectious diseases during the performance of body art procedures. The rules must also indicate the standards and procedures to be followed for appropriate disinfection and sterilization of all invasive equipment or parts of equipment used in body art and ear piercing gun procedures. The Director must also adopt rules relating to the universal blood and body fluid precautions to be used by any individual who performs body art procedures. The precautions must include (1) the appropriate use of hand washing, (2) the handling and disposal of all needles and other sharp instruments used in body art procedures, and (3) the wearing and disposal of gloves and other protective garment and devices.

Fees

(R.C. 3701.83, 3709.09, 3709.092, 3730.05, and 3730.13)

The bill permits each licensor to establish plan review, licensing, and inspection fees, but the fees cannot exceed the cost of the plan review, licensing, and inspection of the body art business. The annual license fee for a body art business is collected by the board of health and transmitted to the ODH Director, which must be used for the administration and enforcement by the Director. In addition, if the Director acts as the licensor in a particular jurisdiction, the Director retains the fees associated with acting as the licensor. Otherwise, the bill requires that all license fees collected by the licensor must be deposited into a body art fund. The body art fund must be used for the expenses of the licensor for the administration and enforcement of the body art program.

Under existing law, revised by the bill, boards of health must deposit all fees collected for the approval of businesses that offer tattooing and body piercing into the health fund of the district that the board serves for enforcement purposes.

Director's survey of board of health

(R.C. 3701.83 and 3730.13)

The bill permits the ODH Director to annually survey each board of health that wishes to license body art businesses to determine whether the board of health is in substantial

compliance with the Body Art Law (note – it is unclear whether this duty applies to a licensor that is an authority having the duties of a board of health). If the ODH Director determines that a board of health is in substantial compliance, the Director must approve the board of health for issuance of licenses. The Director may make additional surveys of a board of health as the Director considers appropriate. If the board of health is not in substantial compliance, the Director must register the same to the president of the board of health and must perform the duties of the licensor in that area until the Director approves the board of health.

All fees payable to the board of health during the time the Director performs the duties of the licensor and all other fees that have not been expended or otherwise encumbered must be deposited by the Director in the state treasury to the credit of the General Operations Fund to be used by the Director as the licensor. The Director must keep record of the fees deposited and when the board of health is approved, the Director must transfer any remaining balance of the fees to the board of health's body fund.

Consent required to perform procedure on minor

(R.C. 3730.08 and 3730.99)

Under existing law, largely unchanged by the bill, a person is prohibited from performing tattooing, body piercing, or ear piercing on a minor unless the minor's parent, guardian, or custodian (parent) has consented. A violation of this prohibition is a fourth degree misdemeanor. The parent must appear in person at the business at the time the procedure is performed and sign a document explaining the procedure and proper post-procedure care of the affected area. The bill expands the prohibition to also apply to body art procedures and additionally requires the parent to provide documentation that they are the minor's parent.

Conforming changes

(R.C. 3730.09, 3730.10, 3730.11, and 3730.12)

The bill makes conforming changes to the law where tattooing and body piercing is stated or implicated and replaces these references with the "body art" or "body artist."

Sanitarian and sanitarian in training law

(R.C. 3722.01, 3722.02, 3722.03, 3722.04, 3722.05, 3722.06, 3722.07, 3722.08, 3722.09, 3722.10, 3722.11, 3722.12; repealed R.C. 4736.05, 4736.06, 4736.10, 4736.12; conforming changes in R.C. 2925.01, 3701.33, 3701.83, 3717.27, 3717.47, 3718.011, 3718.03, 3742.03, 4743.05, 4776.20, and 5903.12)

The bill recodifies R.C. Chapter 4736, the law governing sanitarians and sanitarians in training, in Chapter 3722, reorganizes that law, and makes a number of substantive changes, described below.

Fees

The bill removes all statutorily imposed registration, registration renewal, and examination fees for sanitarians and sanitarians in training, and instead requires the Director to adopt rules that establish the fees. Currently, the fees are as follows:

Type of applicant	Fee to register
Sanitarian in training applicant	\$80
Sanitarian registration applicant who is already a sanitarian in training	\$80
Sanitarian registration applicant	\$160
Sanitarian in training – renewal	\$90
Sanitarian – renewal	\$90
Late application for renewal	\$75

Current law authorizes the ODH Director to establish fees exceeding the amounts listed above with Controlling Board approval; however, the fees cannot exceed those amounts by more than 50%.

Registration

The bill removes the following from the list of laws requiring enforcement and regulation by a sanitarian or sanitarian in training:

- Garbage scavengers;
- Sanitary plants;
- Youth sports organizations and concussion protocols;
- Naloxone protocols; and
- Bloodborne infectious disease prevention programs.

However, the bill requires all of the following to register as a sanitarian or as a sanitarian in training:

1. An employee of the Department of Agriculture who administers and enforces the laws governing food processing establishments;
2. An employee of a board of health who administers and enforces the laws governing tattooing and body piercing; and
3. An employee of the Environmental Protection Agency or board of health who regulates the laws governing hazardous waste.

The bill requires the ODH Director to issue certificates of registration to practice in January and July every year. Additionally, a sanitarian or sanitarian in training must renew their registration 60 days prior to their certification's expiration date instead of one year before expiration, as required under current law.

ODH Director duties

The bill authorizes the ODH Director to appoint members to the Sanitarian Advisory Board without the advice and consent of the Senate, as is currently required. In addition, the Director no longer must do any of the following as required in current law:

1. Annually prepare a list of the names and address of every person registered as a sanitarian and sanitarian in training and a list of every person whose registration has been suspended or revoked within the previous year;
2. Prepare the sanitarian and sanitarian in training registration examination;
3. Provide annually, and when requested by a registered sanitarian, a list of courses approved by the Director that satisfy the continuing education program; and
4. Designate a serial number for each certificate of registration.

Sanitarian in training requirements

The bill requires, instead of authorizes, the ODH Director to administer an examination for a sanitarian in training applicant and requires registered sanitarians in training to complete an annual continuing education program. Current law only requires a registered sanitarian to complete a continuing education program.

Sanitarian in training title

The bill prohibits a person who is not a registered sanitarian in training from:

1. Making a representation that the person is a registered sanitarian in training;
2. Using the title “sanitarian in training”; or
3. Using the abbreviation “S.I.T.” after the person’s name.

If a person violates this prohibition by misrepresenting oneself as a registered sanitarian in training, the person is guilty of a fourth degree misdemeanor. Current law prohibits a person from misrepresenting oneself as a registered sanitarian only, a violation of which is a fourth degree misdemeanor.

Examinations

The bill removes the law that prohibits the sanitarian examination from disclosing the applicant’s name. Currently, an applicant’s name cannot appear on examination papers. Instead, the applicant is identified by a number assigned by the ODH Director. By removing this provision, the bill authorizes the Director to use the applicant’s name, or any other identification method, on the sanitarian or sanitarian in training examination papers. The bill authorizes the Director to use materials prepared by recognized examination *entities*, rather than recognized examination *agencies*.

Child lead poisoning advisory council

(R.C. 3742.32)

The bill adds the following four members to the advisory council appointed by the ODH Director to assist in developing and implementing the child lead poisoning prevention program:

- A representative from Ohio Realtors;
- A representative of the Ohio Housing Finance Agency;
- A physician knowledgeable in lead poisoning prevention; and
- A representative of the public.

It also updates the names of two associations represented on the advisory council, as follows:

1. The reference to Ohio Help end Lead Poisoning Coalition is changed to the Ohio Healthy Homes Network; and
2. The reference to the National Paint and Coatings Association is changed to the American Coatings Association.

Lead abatement: order to vacate

(R.C. 3742.18 and 3742.40)

The bill requires the ODH Director or a board of health to issue an order to vacate that prohibits the owner or manager of a residential unit, child-care facility, or school from using the property for *any purpose*, under the following circumstances:

1. The owner or manager has failed to comply with a lead hazard control order; and
2. The residential unit, child-care facility, or school has not passed a lead hazard clearance examination.

Under current law, the Director or the board may only issue an order to vacate that prohibits the owner or manager from using the property as a residential unit, child-care facility, or school.

The bill authorizes the Director or a board of health to request a prosecuting attorney, city director of law, village solicitor, or similar chief legal officer to commence a civil action for injunctive and other equitable relief against any person who violates the order to vacate or is about to violate that order. It specifies that the court must grant injunctive relief on a showing that the person has violated or is about to violate the order. Under current law, the Director may only request the Attorney General bring a civil action for civil penalties and injunctive and other equitable relief against any person who violates any provision of the Lead Abatement Law and rules adopted under it. Current law does not specifically provide for injunctive relief for violations of a lead hazard control order.

Ambulatory surgical facility licensure

(R.C. 3702.30 with conforming changes in R.C. 111.15, 2317.54, 3702.12, 3702.13, and 3711.12)

The bill modifies the criteria to determine whether a facility must be licensed as an ambulatory surgical facility.

Current law

Under existing law, the licensing requirement applies to a facility located in a building that is distinct from another in which inpatient care is provided, if any of the following is the case:

--Outpatient surgery is routinely performed and the facility functions separately from a hospital's inpatient surgical services and offices of private physicians, podiatrists, and dentists;

--Anesthesia is administered in the facility by an anesthesiologist or certified registered nurse anesthetist, and the facility functions separately from a hospital's inpatient surgical service and from the offices of private physicians, podiatrists, and dentists;

--The facility applies to be Medicare-certified as an ambulatory surgical center;

--The facility applies to be certified as an ambulatory surgical center by a national accrediting body approved by Medicare;

--The facility bills or receives from any third-party payer, government health care program, or other person or government entity any ambulatory surgical facility fee that is billed or paid in addition to any fee for professional services.

The bill

The bill eliminates the licensure criteria, above, pertaining to anesthesia services, Medicare certification, and receipt of facility fees. Instead, the bill bases the licensing requirement on the provision of surgical services to patients who do not require hospitalization for inpatient care and who do not receive services for more than 24 hours after admission.

With respect to the location of a facility subject to licensure, the bill retains provisions that require licensure when the facility is separate from an inpatient care facility. In addition, the bill extends the licensure requirement to any facility operated by a separate entity within an inpatient care facility. Specifically, the licensing requirement applies under the bill as follows:

1. To a facility that is separate from an inpatient care building, regardless of whether the separate building is part of the same organization as the inpatient care building;
2. To a facility located within an inpatient care building, if the facility is not operated by the entity that operates the remainder of the building.

The bill maintains a provision of current law specifying that the licensing requirement applies to any facility that is held out to any person or government entity as an ambulatory surgical facility or similar facility by signage, advertising, or other promotional efforts. In a manner similar to current law, the bill also specifies that the licensing requirement does not extend to the offices of physicians, podiatrists, or dentists.

Health care facility payments

(R.C. 3702.30(E))

Under law unchanged by the bill, ODH licenses ambulatory surgical facilities, freestanding dialysis centers, freestanding inpatient rehabilitation facilities, freestanding birthing centers, freestanding radiation therapy centers, and freestanding or mobile diagnostic imaging centers. The bill expresses the General Assembly's intent to not have licensure requirements or exemptions from such requirements affect any third-party payments that may be available for these facilities.

Process for screening newborns for Krabbe disease

(R.C. 3701.501)

Existing statutory law requires newborns to be screened for Krabbe disease. The bill repeals the law that limits the screening process to “first tier testing,” or testing accomplished by measuring galactocerebrosidase activity using mass spectrometry. The bill neither requires nor specifies a particular screening process for Krabbe disease.

Occupational disease reporting

(R.C. 3701.25, 3701.26, and 3701.27, repealed, with conforming changes in R.C. 3701.571, 3701.99, 3742.03, and 3742.04)

The bill eliminates the requirement that a physician who suspects that a patient is suffering from poisoning from lead, cadmium, phosphorus, arsenic, brass, wood alcohol, mercury, or another occupational disease or ailment submit a report to ODH. ODH no longer manages data related to occupational diseases or ailments.

Diabetes action plan reporting cycle

(R.C. 3701.139)

The bill modifies the reporting cycle for the ODH Director to submit to the General Assembly a report detailing the prevalence of diabetes in the state. Under current law, the Director is required to submit the report by January 31 of each even numbered year. The bill instead requires that this report be submitted to the General Assembly every third year beginning in 2021.

ODM access to Social Security numbers accompanying vital statistics records

(R.C. 3705.07, 3705.09, and 3705.10; R.C. 3705.16, not in the bill)

The bill requires ODH’s Office of Vital Statistics to make Social Security numbers accompanying birth and death certificates available to the Department of Medicaid for medical assistance eligibility determinations.

Under existing law, every birth certificate filed in Ohio generally must be accompanied by the Social Security numbers of the child’s parents. (The numbers are not, however, recorded on the birth certificate.) Similarly, every death certificate filed in Ohio must contain the decedent’s Social Security number. Under current law, Office of Vital Statistics must make these Social Security numbers in its possession available to the Department of Job and Family Services’ Division of Child Support for child support enforcement.

Nursing home employees and area training centers

(R.C. 3721.41 and 3721.42)

The bill repeals the law requiring the ODH Director to establish and supervise centers in appropriate locations throughout the state for the training of nursing home employees. It also repeals the law requiring the Director to enter into contracts with local public or nonprofit entities for the operation of the training centers.

Providers under the Breast and Cervical Cancer Project

(R.C. 3701.601)

The bill adds the following providers to those eligible to receive payments for services from the Breast and Cervical Cancer Project Income Tax Contribution Fund: free clinics, mammography services providers, radiology services providers, and rural health centers. Under current law, the ODH Director must distribute money from the fund to pay for breast and cervical cancer screening, diagnostic, and outreach services provided to uninsured and under-insured women as part of the Ohio Breast and Cervical Cancer Project. Existing law limits the providers eligible for payments to federally qualified health centers, other community health centers, and health departments operated by local boards of health.

Ohio's Public Health Priorities Fund

(R.C. 183.18 and 183.33)

The bill changes the name of Ohio's Public Health Priorities Trust Fund to Ohio's Public Health Priorities Fund. It also eliminates the purposes for which money credited to the fund must be used. The bill instead requires the ODH Director to use the money to:

- Conduct public health awareness and educational campaigns;
- Address any pressing public health issue identified by the Director or described in the State Health Improvement Plan or a successor document prepared for ODH;
- Implement and administer innovative public health programs and prevention strategies;
- Improve the population health of Ohio.

It also authorizes the Director to collaborate with one or more nonprofit entities, including a public health foundation, in order to meet the bill's requirements.

At present, all investment earnings of the fund must be credited to the fund. The bill authorizes the Director of Budget and Management to credit to the fund any money received by the state, ODH Director, or ODH as part of a settlement agreement relating to a pressing public health issue. The bill also eliminates the prohibition on transferring or appropriating money from GRF to the fund.

Utility Radiological Safety Board

(R.C. 4937.01 and 4937.05)

For purposes of funding Utility Radiological Safety Board (URSB) operations after the only nuclear facilities in Ohio (Davis-Besse Nuclear Power Station and Perry Nuclear Power Plant⁴¹) cease operation, the bill does the following regarding the current URSB operating assessment on those facilities:

⁴¹ U.S. NRC, "Facilities (by NRC Region or State)," available at: <https://www.nrc.gov/info-finder/region-state/>, <https://www.nrc.gov/info-finder/reactors/davi.html>, and <https://www.nrc.gov/info-finder/reactors/perr1.html>.

- Expands the definition of “nuclear electric utility” to include every person, their agents, assignees, or trustees, within Ohio engaged in the storage of spent nuclear fuel arising from the production of electricity using nuclear energy, instead of just including those persons engaged in the business of producing electricity using nuclear energy.
- Provides that the assessment may be made based on the nuclear electric utility’s decommissioning budget for the year of the assessment, if the utility is not engaged in the business of producing electricity using nuclear energy. This is in addition to the continuing law requirement that the URSB assessment be made in proportion to the intrastate gross receipts of the utility, excluding receipts from sales to other public utilities for resale, for the calendar year next preceding the year in which the assessments are made.

The bill’s changes do not, however, alter the limitation in continuing law that the URSB assessment may only be made against nuclear electric utilities that are subject to the Public Utilities Commission (PUCO) operating assessment law. Under that law, the public utilities that may be assessed include electric utilities and electric services companies (such as a nuclear electric utility), electric cooperatives, and governmental aggregators to the extent that they are certified and supply or arrange to supply retail electric service.⁴² If a nuclear electric utility is only in the business of the *storage of spent nuclear fuel* arising from nuclear electricity production and no longer in the business of *producing electricity using nuclear energy*, it is not clear that the utility would continue to be an electric services company against which assessments may be made for URSB.

The bill is unclear as to how the assessment is to be paid if the nuclear electric utility is no longer producing electricity. It provides that the assessment is to be made *based on* the decommissioning budget. Under Nuclear Regulatory Commission (NRC) regulations, a nuclear plant decommissioning trust fund may not be used for, or diverted to, any purpose other than to fund the costs of decommissioning the nuclear power plant to which the fund relates, and to pay administrative costs and other incidental expenses, including taxes, of the fund.⁴³

Background

URSB membership and duties

The URSB is composed of the Chairperson of PUCO, the Director of Environmental Protection, the Directors of the Departments of Agriculture, Commerce, and Health, and the Executive Director of the Emergency Management Agency. The purpose of URSB is to develop a comprehensive state policy regarding nuclear power safety. Its objectives include to promote safe, reliable, and economical power and to establish agreements with state agencies, the NRC, and the federal Emergency Management Agency.⁴⁴ Assessments against nuclear electric utilities must be used by URSB member agencies to fulfill their duties related to URSB, nuclear safety, or agreements with NRC.

⁴² See R.C. 4905.10, not in the bill.

⁴³ 18 C.F.R. 35.32(a)(6) and 35.33(b), not in the bill.

⁴⁴ R.C. 4937.02, not in the bill.

Davis-Besse and Perry shutdown

The Davis-Besse Nuclear Power Station and the Perry Nuclear Power Plant are operated by FirstEnergy Nuclear Operating Company (FENOC). FENOC and First Energy Solutions and its subsidiaries are subject to bankruptcy proceedings, and the plan is to shut the facilities down (Davis-Besse, 5/31/2020; Perry, 5/31/2021).⁴⁵ Upon the facilities' shut down, spent nuclear fuel may remain in storage at the facility for some time.⁴⁶

Ohio Cancer Incidence Surveillance System Advisory Board

(R.C. 3701.264, repealed)

The bill abolishes the Ohio Cancer Incidence Surveillance System Advisory Board, but maintains the Ohio Cancer Incidence Surveillance System in ODH. Under existing law, the Board oversees the collection and analysis of data by the Surveillance System and advises the ODH Director and The Ohio State University in the System's implementation.

⁴⁵ *In re: First Energy Solutions Corp., et al.*, Case No. 18-50757 (U.S. Bankruptcy Court, Northern Dist. Ohio, Eastern Division); *Generation Deactivation Notification Update*, <https://www.pjm.com/-/media/committees-groups/committees/teac/20180503/20180503-teac-generation-deactivation-notification.ashx>.

⁴⁶ Storage of Spent Nuclear Fuel, U.S. Nuclear Regulatory Commission, <https://www.nrc.gov/waste/spent-fuel-storage.html>.