GOVCD2 Public health emergency declarations

R.C. 107.20
Requires the Governor to declare by executive order a public health emergency if either (1) an event occurred or is occurring in any part of the state resulting in significant injury or harm to the public health; or (2) there is an imminent threat of substantial injury or harm to the public health, and one or more political subdivisions lack the resources or capabilities to protect public health and safety.
Requires an emergency order to remain in effect until the earliest of the following: (1) the Governor determines the emergency conditions no longer exist; (2) the General Assembly suspends the operation of the executive order by adopting a concurrent resolution; or (3) 30 days have elapsed since the Governor issued the order. Permits the Governor to issue another executive order if thirty days have elapsed and the General Assembly has not suspended the operation of the executive order but the emergency conditions are still present.
Requires the Governor to rescind the executive order as soon as possible after the General Assembly adopts a concurrent resolution suspending the executive order’s operation.
Requires the Governor, on declaring a public health emergency, to do all of the following: (1) take action and give direction to state and local law enforcement agencies as may be reasonable and necessary to secure compliance with an emergency order; (2) establish offices in state agencies and appoint personnel to carry out an order; and (3) direct state agency personnel to take actions as necessary to address the emergency.
Permits the Governor, on declaring a public health emergency, to do all of the following: (1) issue executive orders and direct state agencies to adopt rules relating to the emergency; (2) assume control of emergency management operations; (3) delegate duties as necessary; (4) authorize a health care practitioner in another jurisdiction to provide health care services during an emergency; (5) use any available resources of state government or political subdivisions as necessary; (6) order the Director of OBM to transfer cash from any fund not otherwise restricted to the Controlling Board Emergency Purposes/Contingency Fund (Fund 5KM0) to assist in emergency efforts; and (7) limit, alter, or suspend (except as provided under federal law) any provisions of a collective bargaining agreement or transfer state agency personnel or functions for the purpose of facilitating emergency services.
Fiscal effect: May alter state agency expenditures if state agency personnel or functions are transferred to other agencies. May reduce balances in non-restricted funds if the Governor orders the Director of OBM to transfer such funds to assist in emergency efforts. Any fiscal effects would depend on the individual circumstances of the emergency.
GOVCD1  Government Relations

Section:  289.10
Permits the Office of the Governor to charge an executive branch agency via intrastate transfer voucher for costs incurred to represent Ohio's interests to federal, state, and local governments and to cover membership dues related to Ohio's participation in national and regional associations. Requires that these amounts be deposited into the Governmental Relations Fund (Fund 5AK0).
OBMCD22 Funds received for use of Governor’s residence

Section: 503.120
Appropriates to appropriation item 100604, Governor's Residence Gift, any amount received by the Governor's residence Fund (Fund 4H20) for use of the residence pursuant to R.C. 107.40.
DOHCD37 Standard pregnancy risk assessment form

R.C. 3701.953
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.
Specifies the workgroup's membership.
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.
Prohibits information in the form from being used for discriminatory or unauthorized purposes and from being further disclosed by the authorized recipients.
Fiscal effect: Increase in administrative costs for the development of the form and for other workgroup duties. Potential increase in administrative costs for practitioners to fill out and submit the form. Potential increase in costs for case management services and a subsequent decrease in costs if women are referred to services that support healthy birth outcomes.
Repeals statutes that establish duties for the Office of Health Transformation. Removes all other references to the Office of Health Transformation from the Revised Code.

**Fiscal effect:** Reduces OBM expenditures by $0.5 million per year, of which approximately half are GRF savings. The remaining savings are attributed to Fund 3CM0, Medicaid Agency Transition, which the bill abolishes and transfers the remaining balance into Fund 3B10, Community Medicaid Expansion.