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## DEPARTMENT OF HEALTH

### 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

- Establishes in the Ohio Department of Health (ODH) a Pregnancy-associated Mortality Review (PAMR) Board to identify and review all pregnancy-associated deaths for the purpose 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 requires 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.

### Central intake/referral system for home visiting services

- Authorizes the central intake and referral system to include referrals to home visiting programs that use home visiting contractors who provide services within a community HUB that fully or substantially complies with the certification standards developed by the Pathways Community HUB Institute.

### Ohio Home Visiting Consortium

- Includes as members of the Ohio Home Visiting Consortium (1) a home visiting contractor who provides services within one or more community HUBs through a contract, grant, or agreement with the Commission on Minority Health and (2) an individual who receives home visiting services through such a contractor.

## **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.

## **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.

## **Lead-Safe Home Fund Pilot Program**

- Requires the ODH Director to establish a Lead-Safe Home Fund Pilot Program to improve housing conditions for children by providing grants to eligible property owners for lead-safe remediation actions.

- Requires the Director to coordinate the program with the Lead Safe Cleveland Coalition.
- Requires the Director to submit a report of the program's findings and outcomes to the Governor and the members of the General Assembly by June 30, 2021.

### **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."

### **Newborn safety incubators**

- Exempts a law enforcement agency, hospital, or emergency medical service organization that has installed a newborn safety incubator from the requirement to have staff on site under specified circumstances.

### **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.
- Expands eligibility for screening and diagnostic services provided through ODH's Ohio Breast and Cervical Cancer Project.

## **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.

## **Transfer of nursing home ownership**

- Imposes disclosure requirements on an individual who is assigned or transferred operation of a nursing home.
- Requires that before the Director of Health can issue a license authorizing the person to operate the nursing home, the person must submit to the Director documentation including the individual's financial solvency, experience, insurance coverage, and prior nursing home ownership interest.

## **Commission on Infant Mortality**

- Requires the Governor or the Governor's designee to serve on the Commission on Infant Mortality instead of the Executive Director of the Office of Health Transformation or the Executive Director's designee.
- Requires the Speaker of the House and the Senate President to each appoint an individual who represents children's interest to the Commission.

## **Resident's right to choose a hospice care program**

- Adds to the existing bill of rights for a resident of a nursing home or residential care facility the right to choose a licensed hospice care program that best meets the resident's needs.

## **Fetal-infant mortality review boards**

(R.C. 121.22, 149.43, 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 under limited

circumstances in continuing law, 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 and exempt from the Publics Records Law. 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.<sup>82</sup>

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.

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<sup>82</sup> R.C. 121.22.

## 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 must be adopted in accordance with the Administrative Procedure Act<sup>83</sup> 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, 149.43, 3738.01, 3738.02, 3738.03, 3738.04, 3738.05, 3738.06, 3738.07, 3738.08, and 3738.09)

### Operation and duties

The bill establishes in the Ohio Department of Health (ODH) a Pregnancy-associated Mortality Review (PAMR) Board. The Board is to identify and review all pregnancy-associated deaths statewide for the purpose of reducing the incidence of those deaths.

"Pregnancy-associated death" is defined as the death of a woman while pregnant or within one year of pregnancy regardless of cause.

### No reviews during criminal investigation

The bill prohibits the PAMR Board 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

All of the following apply to the PAMR Board:

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<sup>83</sup> R.C. Chapter 119.

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. It 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.

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**

The PAMR Board must seek to reduce the incidence of pregnancy-associated deaths in Ohio by:

--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 applies 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 biennial reports described below), are confidential and not public records. 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.

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 immunity from civil liability, as follows:

--An individual or public or private entity providing records, documents, reports, or other information to the PAMR Board is not liable 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 is not liable 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.

### **Report**

The bill requires the PAMR Board to prepare and submit to the Governor, General Assembly, and ODH Director a biennial report<sup>84</sup> 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.

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<sup>84</sup> The reference to a triennial report is erroneous; the report is to be done biennially. A corrective amendment could be prepared to correct this error.

The initial report must be submitted by March 1, 2020, and subsequent reports must be submitted by March 1 every two years.<sup>85</sup> The reports are public records, and the ODH Director must make a copy of each report available on ODH's website.

## **Rules**

The ODH Director must adopt rules in accordance with the Administrative Procedure Act<sup>86</sup> 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.

## **Central intake/referral system for home visiting services**

(R.C. 3701.611)

Current law requires ODH to create a central intake and referral system to serve as a single point of entry for access, assessment, and referral of families to appropriate home visiting services. The bill authorizes the system to include referrals to home visiting programs that use home visiting contractors who provide services within a community HUB that fully or substantially complies with the Pathways Community HUB certification standards developed by the Pathways Community HUB Institute.

According to the institute, the Pathways Community HUB model focuses on the comprehensive identification and reduction of risk in a culturally connected pay-for-performance approach. Community-based care coordination organizations employ community health workers to reach out to those at greatest risk of poor health outcomes. The community health workers complete a comprehensive assessment of health, social, and behavioral health risk factors for the individuals they serve. Working with a team of social workers and medical personnel, a risk reduction plan of care is developed. Each risk factor identified in the assessment is assigned a specific "pathway," which is tracked and can provide confirmation that the risk factor is addressed. Pathways and the related reduction of risks span access to health care, housing, food stability, education, employment, and other areas of concern. Programs delivering nationally certified Pathways Community HUB services are paid when each Pathway (risk reduction) is completed. The HUB represents a network of agencies that provide evidence-focused care coordination and the professional work needed to identify and address risk

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<sup>85</sup> A corrective amendment is necessary to coordinate the timing of subsequent reports with the bill's general requirement for issuance of triennial reports.

<sup>86</sup> R.C. Chapter 119.

factors. The HUB, as the quality center of the network, assures that care coordinators and programs collaborate in their approach to identify and address risk, reduce service duplication, and increase the effectiveness of systems of care.<sup>87</sup>

## **Ohio Home Visiting Consortium**

(R.C. 3701.612)

The Ohio Home Visiting Consortium exists to ensure that home visiting services are high-quality and delivered through evidenced-based or innovative, promising home visiting models. The bill adds as members of the Consortium (1) a home visiting contractor who provides services within one or more community HUBs described above through a contract, grant, or other agreement with the Commission on Minority Health and (2) an individual who receives home visiting services through such a contractor. Among the 14 existing members are a home visiting contractor who provides services within the Help Me Grow Program through a contract, grant, or other agreement with ODH and an individual who receives home visiting services from the Help Me Grow Program.

## **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

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<sup>87</sup> Pathways Community HUB Institute, Pathways Community HUB Model Overview, available at <https://pchi-hub.com/hubmodeloverview>.

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, 4773.061, 4773.07, 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 are the same as 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 and changes references from "radiography" to "radiology."

## **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.

## **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:

- The reference to Ohio Help end Lead Poisoning Coalition is changed to the Ohio Healthy Homes Network; and
- 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:

- The owner or manager has failed to comply with a lead hazard control order; and
- 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.

## **Lead-Safe Home Fund Pilot Program**

(Section 737.15)

The bill requires the Director to establish a two-year Lead-Safe Home Fund Pilot Program (for FY 2020 and 2021) to improve housing conditions for children by providing grants to eligible property owners for lead-safe remediation actions. The Director must enter into a cooperative agreement with the Lead Safe Cleveland Coalition – the Coalition may make certain

decisions and determinations regarding the program in accordance with the program requirements specified below.

The Director must establish all of the following for purposes of the program:

- A means to solicit applicants;
- An application process;
- A process for distributing and administering the grants;
- A methodology for evaluating the eligibility of the applicants; and
- Any other procedures and requirements necessary to implement and administer the program.

By June 30, 2021, the Director, in consultation with the Coalition, must issue a report of the program's findings and outcomes to the Governor and the members of the General Assembly.

## **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, it 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:

- 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;
- 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.

## **Newborn safety incubators**

(R.C. 2151.3516 and 2151.3532)

Under current law, a parent may deliver to a newborn safety incubator his or her newborn who is not older than 30 days without intent to return for the child. Existing law also authorizes a law enforcement agency, hospital, or emergency medical service organization to install a newborn safety incubator that meets certain standards, including that the incubator notify the agency, hospital, or organization within 30 seconds of a newborn being placed inside.

Current law requires the agency, hospital, or organization to have one or more officers or employees present at all times at the location where the incubator has been installed. The

bill exempts an agency, hospital, or organization from this requirement if the following conditions are met:

- An officer or employee can arrive at the location within seven minutes of a newborn being placed inside the incubator;
- The agency, hospital, or organization submits to ODH a written statement confirming that an officer or employee can arrive at the location within the seven-minute period.

## **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**

### **Providers**

(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.

### **Eligibility**

(R.C. 3701.601)

The bill expands eligibility for screening and diagnostic services provided through ODH's Ohio Breast and Cervical Cancer Project as follows:

- Increases maximum income eligibility from 250% to 300% of the federal poverty line;
- In the case of women seeking breast cancer screening and diagnostic services generally, eliminates the requirement that women be younger than 65;
- In the case of women seeking breast cancer screening and diagnostic services because of family history, clinical examination results, or other factors, lowers to 21 (from 25) the age at which women become eligible for such services.

## **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 Plant<sup>88</sup>) cease operation, the bill does the following regarding the current URSB operating assessment on those facilities:

- 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.<sup>89</sup> 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

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<sup>88</sup> 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>.

<sup>89</sup> See R.C. 4905.10, not in the bill.

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.<sup>90</sup>

## **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.<sup>91</sup> 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.

### **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).<sup>92</sup> Upon the facilities' shut down, spent nuclear fuel may remain in storage at the facility for some time.<sup>93</sup>

## **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.

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<sup>90</sup> 18 C.F.R. 35.32(a)(6) and 35.33(b), not in the bill.

<sup>91</sup> R.C. 4937.02, not in the bill.

<sup>92</sup> *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>.

<sup>93</sup> Storage of Spent Nuclear Fuel, U.S. Nuclear Regulatory Commission, <https://www.nrc.gov/waste/spent-fuel-storage.html>.

## **Transfer of nursing home ownership**

(R.C. 3721.026)

The bill imposes disclosure requirements on an individual who is assigned or transferred operation of a nursing home. In that situation, before the Director of Health can issue a license authorizing the person to operate the nursing home, the person must submit to the Director documentation showing all of the following:

- If the assignment or transfer is done by means other than a lease, the person has financial resources that the Director determines are sufficient to cover any reasonable anticipated revenue shortfall for at least 12 months after the assignment or transfer.
- If the assignment or transfer is done by a lease, that (1) the person has obtained a bond for a term of at least 12 months, subject to annual renewal, for not less than \$1 million or (2) if the person cannot obtain a bond at a reasonable cost, that the person has financial resources that the Director determines are sufficient to cover any anticipated revenue shortfall for at least 12 months after the assignment or transfer.
- The person has at least five years' experience as a nursing home operator, manager, or administrator.
- The person has plans for quality assurance and risk management for the nursing home.
- The person has general and professional insurance coverage of at least \$1 million per occurrence and \$3 million aggregate.

The documentation must include (1) projected financial statements for the nursing home for the 12-month period after the assignment or transfer and (2) a list of each currently or previously licensed nursing home in which the person has or had any percentage of ownership. These requirements are in addition to any other nursing home operation requirements.

## **Commission on Infant Mortality**

(R.C. 3701.68)

The bill requires the Governor or the Governor's designee to serve on the Commission on Infant Mortality, instead of the Executive Director of the Office of Health Transformation or the Executive Director's designee. Additionally, the bill requires the Speaker of the House and the Senate President to each appoint an individual who represents children's interests. The other 16 members of the Commission are from various government agencies, medical associations, and community-based programs.

The Commission's purpose is to conduct a complete inventory of services provided or administered by the state that are available to address the infant mortality rate, and to track and analyze, with the assistance from academic medical centers, infant mortality rates by county to determine the impact of state and local initiatives to reduce those rates.

## **Resident's right to choose a hospice care program**

(R.C. 3721.13)

The bill adds to the existing bill of rights for residents of nursing homes and residential care facilities (commonly referred to as assisted living facilities) the right, if a resident has requested the care and services of a hospice care program, to choose a licensed program that best meets the resident's needs. Current law requires that individuals in a residential care facility who require extended skilled nursing care be given an opportunity to choose a hospice care program that best meets the individuals' needs.<sup>94</sup> The bill applies the right to choose a hospice care program to all residents of long-term care facilities and residential care facilities.

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<sup>94</sup> R.C. 3721.011(D)(2)(d), not in the bill.