

Executive

As Passed By House

As Reported By Senate Finance

**DOHCD49 Maternal Mortality Awareness Month**

No provision.

No provision.

**R.C. 5.246**

Designates the month of May as "Maternal Mortality Awareness Month" to increase awareness about the causes of pregnancy-associated deaths and to encourage implementation of interventions intended to reduce those deaths.

**Fiscal effect: None.**

**DOHCD53 Postpartum cardiomyopathy awareness**

No provision.

No provision.

**R.C. 5.2527**

Designates the fourth week of June as "Postpartum Cardiomyopathy Awareness Week" to increase public awareness of postpartum cardiomyopathy, which is a form of heart failure that can happen during the last month of pregnancy or up to five months after giving birth.

**Fiscal effect: None.**

**DOHCD42 Rare Disease Advisory Council membership**

No provision.

No provision.

**R.C. 103.60**

Adds six members to the Rare Disease Advisory Council, increasing its membership from 25 to 31, as follows:

No provision.

No provision.

Two public members appointed by both the President of the Senate and the Speaker of the House;

No provision.

No provision.

One public member appointed by both the Minority Leaders of the House and Senate.

**Fiscal effect: There may be additional costs related to member reimbursements for actual and necessary expenses incurred in performance of Council business.**

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**DOHCD50 Drug overdose fatality review committees; suicide fatality review committees**

**R.C. 121.22, 307.631-307.639, 307.641-307.649, 307.6410, 2151.421, 3701.0410, 3701.0411, 4729.80, 4729.86, 4731.22**

No provision.	No provision.	Authorizes the establishment of both of the following to review drug overdose and opioid-involved deaths or suicide deaths occurring in the county or region: (1) county or regional drug overdose fatality review committees and (2) county or regional suicide fatality review committees.
No provision.	No provision.	Authorizes the establishment of a hybrid committee rather than two separate committees in order to review the deaths.
No provision.	No provision.	Requires each review committee that is established to collect certain information concerning the deaths, review the information, and submit annual reports to ODH.
No provision.	No provision.	Requires specified individuals or entities that provided services to a person whose death is reviewed by a committee to submit summary sheets of information to the committee.
No provision.	No provision.	Provides that records presented to a review committee, statements made by committee members, committee work products, and data submitted to ODH, other than annual reports, are confidential and to be used by the review committee, its members, and ODH only in the exercise of the committee's or ODH's proper functions.
No provision.	No provision.	Grants immunity from civil liability to committee members and any individual or entity providing information to a committee.
No provision.	No provision.	Requires ODH to adopt rules establishing procedures for a committee to follow in conducting reviews of deaths.

**Fiscal effect: Counties that choose to establish review**

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committees may experience an increase in costs, as well as local boards of health, and other participating local public entities. ODH may also experience an increase in costs to prescribe and collect reports and to adopt rules.

**DOHCD36 Disposition of financial gifts to support public health**

**R.C. 183.18**

Allows the Director of Budget and Management to credit to the Ohio's Public Health Priorities Fund (Fund L087) any financial gifts made to the state to support public health.

**Fiscal effect: Potential gain in revenue to Fund L087.**

**R.C. 183.18**

Same as the Executive.

**Fiscal effect: Same as the Executive.**

No provision.

**DOHCD8 Vapor products certificate of operation**

**R.C. 2927.025, 2927.026-2927.0210, conforming changes in 2927.02**

Requires any person seeking to sell vapor products to obtain a certificate of registration prior to doing so.

Specifies the form of application for a certificate of registration.

Imposes an initial \$100 application fee and a \$500 annual fee for a certificate of registration.

Imposes a maximum fine of \$1,000, or \$100 if the violation is within 90 days of a certificate's expiration, for the sale, offer to sell, or possession with intent to sell without a certificate of registration.

Specifies all fees and fines collected in relation to the vapor product certificate of registration program are to be deposited in the Tobacco Use Prevention Fund (Fund 5BX0) and to be used for administration of the certificate program or for tobacco and nicotine prevention or cessation interventions.

No provision.

No provision.

No provision.

No provision.

No provision.

No provision.

No provision.

No provision.

No provision.

No provision.

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**Fiscal effect: ODH will experience an increase in costs to implement and enforce vapor product certificates of registration. However, ODH anticipates that these costs may eventually be offset by the fees and fines established, which are to be deposited in Fund 5BX0.**

**DOHCD46 Program for Medically Handicapped Children eligibility**

No provision.

No provision.

**R.C. 3701.021, 3701.022**

Expands eligibility for the Program for Medically Handicapped Children by increasing the maximum age of participants from 21 to 22 beginning on July 1, 2021 and from 22 to 23 beginning on July 1, 2022.

**Fiscal effect: ODH could experience an increase in costs due to expanded eligibility; however, the bill appropriates \$500,000 in both FY 2022 and FY 2023 in GRF appropriation item 440505, Medically Handicapped Children, to help cover these additional costs. Additionally, it is possible that some counties that are not currently being charged the maximum county share amount may realize an increase in costs. Costs will depend on the number of residents who are eligible as a result of the bill and costs associated with their treatment.**

**DOHCD40 City health districts**

No provision.

**R.C. 3709.01, 3709.012, 3709.052, 3709.06, 3709.07**

Requires each city with a population less than 50,000 served by a board of health of a city health district to complete a study evaluating the efficiency and effectiveness of merging with the general health district that includes the city for the administration of health affairs in the merged general health district.

**R.C. 3701.13, 3709.012, 3709.052, 3709.06, 3709.07**

Same as the House, but exempts from the requirements a city health district that is either accredited or in the process of applying for accreditation and receives it by December 31, 2025.

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No provision.	Requires the Director of Health, in consultation with the Auditor of State, to develop criteria to be used in determining whether a merger is advisable and requires the city to conduct its evaluation using the developed criteria.	Same as the House.
No provision.	Requires the city's chief executive, if the study indicates that a merger is advisable, to enter into a contract with the district advisory council for the general health district that includes the city for the administration of health affairs in the merged general health district, unless the applicable district advisory council for the general health district delays the merger for good cause.  <b>Fiscal effect: ODH and the Auditor of State may experience an increase in administrative costs. Costs to conduct the studies may be covered under a \$6.0 million earmark in FY 2022 from GRF appropriation item 440413, Local Health Departments (see DOHCD10). Any other impacts will depend on the study results.</b>	Same as the House.  <b>Fiscal effect: Affected local health departments will experience an increase in costs to conduct the studies. The cost of these studies is unknown at this time. Any other impacts will depend on the study results. Additionally, ODH and the Auditor of State may experience an increase in administrative costs.</b>
<p><b>DOHCD6 Technological resources</b></p> <p><b>R.C. 3701.132, 3701.61; Repealed: 5167.172</b></p> <p>Removes a requirement that providers conducting home visits under the Help Me Grow Program, WIC clinics, and Medicaid managed care organizations promote the use of technological resources that provide information on having a healthy baby and healthy pregnancy.</p> <p><b>Fiscal effect: None.</b></p>	<p><b>R.C. 3701.132, 3701.61; Repealed: 5167.172</b></p> <p>Same as the Executive.</p> <p><b>Fiscal effect: Same as the Executive.</b></p>	<p><b>R.C. 3701.132, 3701.61; Repealed: 5167.172</b></p> <p>Same as the Executive.</p> <p><b>Fiscal effect: Same as the Executive.</b></p>
<p><b>DOHCD41 Newborn screening for genetic, endocrine, and metabolic disorders</b></p> <p>No provision.</p>	<p><b>R.C. 3701.501</b></p> <p>Revises the law governing the screening of newborns for genetic, endocrine, and metabolic disorders, as follows:</p>	<p><b>R.C. 3701.501</b></p> <p>Same as the House.</p>

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(1) No provision.	(1) Requires newborns to be screened for X-linked adrenoleukodystrophy and spinal muscular atrophy, with the screenings to begin 240 days after the bill's effective date;	(1) Same as the House.
(2) No provision.	(2) Requires the state's Newborn Screening Advisory Council (NSAC) to consider whether a disorder has been added to the federal Recommended Uniform Screening Panel;	(2) Same as the House.
(3) No provision.	(3) Requires the NSAC, not later than six months after a disorder's inclusion on the federal panel, to determine whether or not to recommend that Ohio newborns be screened for the disorder and, if the NSAC recommends screening, requires it to submit its recommendation to the Director of Health as soon as practicable;	(3) Same as the House.
(4) No provision.	(4) Requires the Director of Health, not later than six months after receiving the recommendation, to specify the disorder for screening in rule, with the screening to begin not later than one year after the date the rule becomes effective.  <b>Fiscal effect: ODH may experience an increase in costs to screen for these two conditions if the conditions are not part of the current panel; screen for other disorders depending on NSAC recommendations; and promulgate rules. However, if the newborn screening fee is increased as a result of any additions to the panel, ODH could experience a gain in fee revenue.</b>	(4) Same as the House.  <b>Fiscal effect: Same as the House.</b>
<b>DOHCD45 Wishes for Sick Children eligibility change</b>		
No provision.	No provision.	<b>R.C. 3701.602</b> Reduces, from \$1,000,000 to \$250,000, the amount a nonprofit corporation must spend granting wishes of minors with life-threatening illnesses to qualify for funds from the Wishes for Sick Children Income Tax Contribution Fund (Fund 5SH0).

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**Fiscal effect: Additional entities may become eligible to receive funds under this provision.**

**DOHCD5 Home visiting services**

**R.C. 3701.61, 3701.613, conforming changes in 5167.16**

Extends the maximum age that a child's family is eligible for home visiting services through the Help Me Grow Program from three years old to five years old.

Changes the frequency of the summit on home visiting programs facilitated by the Ohio Department of Health (ODH) from twice a year to once every two years.

**Fiscal effect: ODH will experience an increase in costs due to expanded eligibility. However, GRF appropriation item 440459, Help Me Grow, is increased by approximately \$2.0 million over FY 2021 estimated expenditures, which will allow additional families to be served. Additionally, ODH may experience a savings due to the reduction in the frequency of the summit on home visiting programs.**

**R.C. 3701.61, 3701.613, conforming changes in 5167.16**

Same as the Executive.

Same as the Executive.

**Fiscal effect: Same as the Executive.**

No provision.

No provision.

**DOHCD52 Variances from written transfer agreements**

No provision.

(1) No provision.

(2) No provision.

No provision.

(1) No provision.

(2) No provision.

**R.C. 3702.304, Section 291.80**

Adds the following requirements to existing law governing variances from written transfer agreements for ambulatory surgical facilities (ASF):

(1) The local hospital at which the consulting physician has admitting privileges must be within a 25-mile radius of the ASF;

(2) The consulting physician cannot teach or provide instruction at a medical school, osteopathic medical school, any state hospital, or other public institution;

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(3) No provision.	(3) No provision.	(3) The consulting physician cannot be employed by, compensated pursuant to a contract with, or otherwise provide instruction or consultation to, a medical school, osteopathic medical school, any state hospital, or other public institution;
(4) No provision.	(4) No provision.	(4) The consulting physician must actively practice clinical medicine within a 25-mile radius of the ASF; and
(5) No provision.	(5) No provision.	(5) An ASF with an existing variance must demonstrate compliance with the new requirements within 90 days of the provisions' effective date, or the variance is rescinded.  <b>Fiscal effect: ODH could experience costs to review variance applications.</b>
<b>DOHCD44 Certificate of need capital expenditure threshold</b>		
No provision.	No provision.	<b>R.C. 3702.511</b> Increases, from \$2 million to \$6 million, the maximum amount of a capital expenditure that may be made in renovating or adding to a long-term care facility without being subject to review under the Certificate of Need (CON) Law.  <b>Fiscal effect: ODH may experience a decrease in costs related to the Certificate of Need program as the capital expenditure amount is increased (thereby potentially reducing the number of reviewable activities). However, ODH may also experience a decrease in corresponding CON application fee revenue.</b>
<b>DOHCD9 Combined health district property tax authority</b>		
<b>R.C. 3709.291</b> Authorizes combined health districts to levy property tax, with voter approval, for operating expenses.	No provision.	<b>R.C. 3709.291</b> Same as the Executive.



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**Fiscal effect: Potential increase in administrative costs to county boards of elections, as well as a potential gain in tax revenue for boards of health of a combined health district if a new tax levy is approved. According to ODH, this could facilitate local health district mergers.**

**Fiscal effect: Same as the Executive.**

**DOHCD4 Inspections of residential care facilities**

**R.C. 3721.02**

Authorizes the Director of Health to inspect a residential care (assisted living) facility every 30 months (instead of every 15 months as in current law) once the residential care facility has had two consecutive 15 month inspections without any substantiated violations and other related conditions are met.

**R.C. 3721.02**

Same as the Executive.

**R.C. 3721.02**

Same as the Executive.

**Fiscal effect: Potential decrease in costs if residential care facilities that meet requirements are inspected less frequently.**

**Fiscal effect: Same as the Executive.**

**Fiscal effect: Same as the Executive.**

**DOHCD38 Expedited licensing inspections**

No provision.

**R.C. 3721.02**

Specifies that an existing licensed residential care (assisted living) facility may request an expedited licensing inspection from the Director of Health when seeking approval to increase or decrease its licensed capacity or make any other change for which the Director requires a licensing inspection.

**R.C. 3721.02**

Same as the House, but specifies that any existing home, not just an existing residential care facility, may request an expedited licensing inspection.

**Fiscal effect: The impact will depend on the number of expedited inspections requested.**

**Fiscal effect: Same as the House.**

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<b>DOHCD3 Summary orders against nursing homes</b>		
<b>R.C. 3721.081</b>	<b>R.C. 3721.081</b>	
Permits the Director of Health to issue orders, take corrective action, and impose fines regarding a nursing home, residential care facility, or other home if the Director determines immediate action is necessary to protect resident health or safety.	Same as the Executive.	No provision.
Permits a home to request a hearing under the Administrative Procedure Act after such an order is issued.	Same as the Executive, but clarifies that a home may also request a hearing regarding action taken by the Director.	No provision.
No provision.	Requires the Director to provide a home 24-hours advance notice before entering the home.	No provision.
No provision.	Places limits on the Director's authority to transfer residents in the case of environmental and clinical conditions affecting a home.	No provision.
Requires a home to request a hearing within 30 days and requires the hearing to be held within 60 days.	Replaces the Executive provision with a provision that requires a home to request a hearing within 15 days and requires the hearing to be held within ten days.	No provision.
Requires the Director to issue a final adjudication order within 90 days of the hearing.	Replaces the Executive provision with a provision that requires the Director to issue a final adjudication order within 30 days of the hearing.	No provision.
Requires a home to reimburse ODH for necessary expenses incurred by the Department in taking direct action.	Replaces the Executive provision with a provision specifying that if the Director is found to have acted outside the authority of this provision, the home must be reimbursed for its expenses within 90 days.	No provision.
Provides the following regarding fines for noncompliance:	Same as the Executive, with the following changes.	No provision.
(1) Interest may accrue on imposed fines; and	(1) No provision.	(1) No provision.

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(2) Not more than \$250,000 may be imposed for each instance of noncompliance.	(2) Replaces the Executive provision with a provision that lowers the maximum fine to \$100,000 per incident; and	(2) No provision.
(3) No provision.	(3) Requires any fine to be commensurate to the harm caused by a home.	(3) No provision.
Provides that a final adjudication order is not subject to suspension by a court while an appeal is pending.	No provision.	No provision.
<b>Fiscal effect: ODH may experience an increase in costs. However, nursing homes are required to reimburse ODH for necessary expenses incurred. Additionally, ODH may realize an increase in fine and interest revenue, which is to be deposited in Fund 4700.</b>	<b>Fiscal effect: ODH may realize a gain in revenue deposited in Fund 4700. However, it could be less than under the Executive due to the lowered maximum fine, the removal of interest accrual allowed, and the removal of reimbursement for necessary expenses. Additionally, ODH may experience costs if the Director is found to have acted outside the authority of the provision and is required to reimburse a home.</b>	
<b>DOHCD43 Nurse aide training and competency evaluation programs</b>		
No provision.	No provision.	<p data-bbox="1800 946 2270 976"><b>R.C. 3721.28, 3721.31, 3721.32</b></p> <p data-bbox="1800 992 2607 1488">Adds to current law an additional ground upon which a nurse aide may satisfy the existing requirement of having successfully completed a training and competency evaluation program: that the individual completes, during the COVID-19 public health emergency, a minimum of 75 hours of training that occurs in a long-term care facility setting, includes on-site observation and work as a nurse aide under COVID-19 pandemic waiver issued by the federal Centers for Medicare and Medicaid Services, and addresses all of the required areas specified in federal law, including through supplemental training, if the individual also successfully completes the competency evaluation conducted by the Director of Health.</p> <p data-bbox="1800 1513 2053 1541"><b>Fiscal effect: None.</b></p>

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DOHCD34 Hospital licensure

R.C. 3722.02, 3722.01, 3722.03-3722.14, 3722.99, 111.15, 140.01, 3701.07, 3701.351, 3701.503, 3701.5010, 3701.63, 3701.69, 3701.83, 3702.31, 3702.51, 3702.52, 3702.521, 3702.55, 3702.592, 3702.593, 3705.30, 3705.41, 3711.01, 3711.02, 3711.04-3711.06, 3711.10, 3711.12, 3711.14, 3711.30, 3727.01-3727.07, 3727.70, 3727.99, 3781.112, 3901.40, 3929.67, 4723.431, 4723.481, 4730.411, 4731.31, 4761.01; Repealed: 3702.11-3702.20, 3727.01-3727.07, 3727.99

Requires a hospital, including one operated by a health maintenance organization, to be licensed by ODH within three years of the bill's effective date, rather than registered as under current law.

Specifies that any existing law reference to a hospital that is not contained within the bill is to be construed as a reference to a hospital licensed under the bill's licensure requirements.

Specifies the following regarding a hospital's license:

(1) Specifies that the license is valid for its premises.

(2) That a hospital operating a medical campus or from multiple buildings must submit a single application for licensure.

Specifies that the Director of Health may at any time inspect a licensed hospital.

R.C. 3722.02, 3722.01, 3722.03-3722.14, 3722.99, 111.15, 140.01, 3701.07, 3701.351, 3701.503, 3701.5010, 3701.63, 3701.69, 3701.83, 3702.30, 3702.31, 3702.51, 3702.52, 3702.521, 3702.55, 3702.592, 3702.593, 3705.30, 3705.41, 3711.01, 3711.02, 3711.04-3711.06, 3711.10, 3711.12, 3711.14, 3711.30, 3727.01-3727.07, 3727.70, 3727.99, 3781.112, 3901.40, 3929.67, 4723.431, 4723.481, 4730.411, 4731.31, 4761.01; Repealed: 3702.11-3702.20, 3727.01-3727.07, 3727.99

Same as the Executive, but removes references to health maintenance organizations.

Same as the Executive.

Same as the Executive, but makes the following changes:

(1) Replaces the Executive provision with a provision that specifies that a hospital's license is valid only for the hospital identified in the licensure application and requires a hospital to identify its main hospital location and the other locations it operates in its application.

(2) No provision.

Same as the Executive, but specifies that the Director of Health may inspect a hospital to address an incident that may impact public health, respond to a complaint submitted

R.C. 3722.02, 3722.01, 3722.03-3722.14, 3722.99, 111.15, 140.01, 3701.07, 3701.351, 3701.503, 3701.5010, 3701.63, 3701.69, 3701.83, 3702.30, 3702.31, 3702.51, 3702.52, 3702.521, 3702.55, 3702.592, 3702.593, 3705.30, 3705.41, 3711.01, 3711.02, 3711.04-3711.06, 3711.10, 3711.12, 3711.14, 3711.30, 3727.01-3727.07, 3727.70, 3727.99, 3781.112, 3901.40, 3929.67, 4723.431, 4723.481, 4730.411, 4731.31, 4761.01; Repealed: 3702.11-3702.20, 3727.01-3727.07, 3727.99

Same as the House.

Same as the Executive.

Same as the House.

(1) Same as the House.

(2) No provision.

Same as the House.

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Specifies that a hospital may avoid an inspection by the Director of Health prior to receiving a license or prior to renewal if the hospital submits a copy of its most recent on-site survey report from an accrediting body.

to the director, or otherwise ensure the safety of hospital patients.

Same as the Executive, but specifies that on-site survey reports which may be submitted to avoid inspections by the Director of Health include reports from the federal Centers for Medicare and Medicaid Services or accrediting organizations approved under federal law.

Same as the House.

Requires ODH to adopt rules establishing fees for initial applications, license renewals, license transfers, inspections conducted, as well as standards and procedures for imposing civil penalties.

Same as the Executive, but makes the following changes: (1) requires the Director of Health, when adopting rules establishing fee amounts, to limit the amounts to what is necessary to support the hospital licensure program, (2) provides that, in the case of inspection fees, the amounts must cover only the cost of inspections, (3) requires the Director of Health to adopt rules governing changes to a hospital's license, including address changes, as well as rules governing the eligibility of new hospitals for licensure, and (4) requires the Director of Health to collaborate with the hospital industry to maximize the rules' public health utility and to limit the administrative burden and costs of compliance.

Same as the House.

Authorizes the Director of Health to impose penalties on hospitals for violating the bill's provisions, including the following: (1) suspending, revoking, or refusing to issue or renew a license; (2) providing the license holder an opportunity to correct the violation; (3) providing the license holder with a plan to correct or mitigate the violation; (4) prohibiting the license holder from admitting new patients; (5) imposing a civil penalty; and (6) summarily suspending a license or a type of health care service.

Replaces the Executive provision with a provision that limits the Director's authority to the following: (1) imposing a civil penalty of not less than \$1,000 and not more than \$250,000; (2) requiring the license holder to submit a plan to correct or mitigate the violation; and (3) suspending a health care service or revoking a license issued if the Director determines that the license holder is not in substantial compliance.

Same as the House.

Specifies that the Director of Health may take certain actions if a "real and present danger" exists at a hospital, including

Same as the Executive, but replaces the term "real and present danger" with "imminent threat of harm" and

Same as the House.

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appointing a special master or engaging in on-site monitoring.	removes provisions authorizing the special master's appointment or on-site monitoring.	
Prohibits a quality improvement organization, which is authorized by the bill to assist the Director of Health in providing technical assistance to a hospital, from being compensated by ODH.	No provision.	No provision.
Requires each licensed hospital to have a governing board which is required to be responsible for the following:	Same as the Executive, but makes the following change to the responsibilities:	Same as the House.
(1) Overseeing the appointment, reappointment, and assignment of privileges to medical staff; and	(1) Same as the Executive.	(1) Same as the Executive.
(2) Establishing protocols for the admission and treatment of patients.	(2) No provision.	(2) No provision.
No provision.	Authorizes third-party organizations to report the following to the Director of Health on behalf of hospitals: the number of opioid dependent newborns and the contagious, environmental, or infectious diseases, illnesses, or health conditions or unusual infectious agents or biological toxins for which hospitals provide treatment to patients.	Same as the House.
No provision.	Specifies that an ambulatory surgical facility does not include a hospital provider-based department that is otherwise licensed under the bill's provisions.	Same as the House.
Defines "children's hospital" as a hospital or a distinct portion of a hospital that provides general pediatric medical and surgical care in which at least seventy-five percent of annual inpatient discharges for the preceding two calendar years were individuals less than 18 years of age.	Same as the Executive.	Same as the Executive, but specifies that a children's hospital that is a distinct portion of hospital has a total of at least 150 pediatric special care and pediatric acute care beds.
No provision.	No provision.	Specifies that the ODH Director is not prohibited from issuing a license to a hospital that occupies space in a building also used by another hospital or occupies one or more buildings

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No provision.	No provision.	located on the same campus as buildings used by another hospital.  Requires the ODH Director to accept a corrective action plan also accepted by the federal Centers for Medicare and Medicaid Services or an accrediting organization so long as the plan was submitted in response to the same deficiencies identified by the ODH Director.
No provision.	No provision.	Specifies that rules adopted by the ODH Director cannot conflict with requirements under federal law or regulations.
Specifies that an adjudication requested by a license holder subject to suspension or revocation must be held from a period between seven and 15 days.	Same as the Executive.	Replaces the Executive provision with a provision that reduces the period to a seven-day period.
Requires the Director to issue a final adjudication order not later than ninety days after completion of the adjudication.	Same as the Executive.	Replaces the Executive provision with a provision that reduces the number of days that the ODH Director has to issue a final adjudication order from 90 to 14.
Requires a hospital to have an opportunity to present evidence to a court that an imminent threat of harm does not exist or has been remedied.	Same as the Executive.	Same as the Executive, but specifies that the hospital is to have the opportunity before the court enters an order granting injunctive relief.
<b>Fiscal effect: ODH will realize an increase in costs to promulgate rules and to implement and enforce a hospital licensure program. However, it is anticipated that the fee established in rule may eventually offset program costs. Government-owned hospitals could realize costs. The total costs will depend on the licensure process, including fee amounts, established in rule.</b>	<b>Fiscal effect: Same as the Executive.</b>	<b>Fiscal effect: Same as the Executive.</b>

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**DOHCD48 Hospital admissions and notification to health plan issuers**

No provision.

No provision.

**R.C. 3727.80**

Requires, when a patient covered by a health benefit plan is admitted to a hospital, the hospital to notify the health plan issuer of the admission within 24 hours.

**Fiscal effect: Government-owned hospitals may experience a minimal increase in administrative costs.**

**DOHCD39 Home health licensure**

No provision.

**R.C. 3740.01, 3740.02-3740.05, 3740.07, 3740.10, 3740.11, 3740.99; conforming changes in other sections**

Requires home health agencies and non-agency providers of direct care (excluding nursing homes, residential care facilities, hospice care programs, pediatric respite care programs, or immediate family members), starting one year after the bill's effective date, to be licensed by ODH to provide skilled home health services and nonmedical home health services.

**R.C. 3740.01, 3740.02-3740.05, 3740.07, 3740.10, 3740.11, 3740.99; conforming changes in other sections**

Same as the House, but additionally excludes the following from home health licensure: (1) providers certified by the Department of Developmental Disabilities, such as providers of supported living; (2) persons who provide direct care to not more than two individuals who are not related to the care provider; (3) volunteers; (4) residential facilities, which are homes and facilities where individuals with a developmental disabilities reside; (5) informal respite care providers and shared living providers; (6) persons certified under current law to provide publicly funded child care as in-home aides; (7) persons who provide privately funded child care; and (8) legal guardians, grandchildren, step-parents, step-children, and step-siblings providing care.

No provision.

Specifies, for purposes of the licensure described above, application and renewal procedures, reasons for discipline, criminal penalties, and rulemaking authority, including the Director of Health's ability to adopt rules specifying the extent to which the following certifications satisfy home health licensure requirements: certification by the

Same as the House, but (1) specifies that certification by the Department of Aging does satisfy the home health licensure requirement and removes the Director's ability to adopt rules specifying the extent and (2) exempts providers certified by the Department of Developmental Disabilities from licensure.



Executive	As Passed By House	As Reported By Senate Finance
No provision.	Department of Aging to provide community-based long-term care services and certification by the Department of Developmental Disabilities to provide supported living.	
No provision.	Prescribes application and renewal fees of \$250 for both skilled and nonmedical home health services licenses.	Same as the House.
No provision.	Requires that ODH's review of an application include a site visit to verify that Medicare conditions of participation are met if the applicant has not had such a site visit within the five-year period immediately preceding the date of the application.	Same as the House, but exempts nonmedical home health services applicants from a site visit as part of the licensure process.
No provision.	No provision.	Requires the Director of Health to adopt rules to establish processes for dispute resolution and appeals.
No provision.	Permits the Director of Health to waive receipt of certain application materials for license applicants that are certified by the Department of Aging to provide community-based long-term care services.	Replaces the House provision with a provision that requires the Director of Health to waive receipt of these application materials.
No provision.	Defines "personal care services" as having the same meaning as in section 3721.01 of the Revised Code.	Replaces the House provision with a provision that specifically names certain additional services in the definition of personal care services, including instrumental activities of daily living, assistance managing the individual's home and personal affairs, homemaker services, respite services, and errands.
	<b>Fiscal effect: ODH will experience an increase in costs to adopt rules, review applications, conduct potential site visits, and issue licenses. However, these costs may be at least partially offset by application fee revenue. Any government entities that provide home health services may experience an increase in costs to apply for licensure. Total costs may depend on if they already have certain accreditations.</b>	<b>Fiscal effect: Same as the House, but costs to ODH may be decreased with the additional exemptions. However, any corresponding application fee revenue would also be decreased.</b>

Executive	As Passed By House	As Reported By Senate Finance
<p><b>DOHCD2 Renovation, Repair, and Painting Rule</b></p> <p><b>R.C. 3742.11</b></p> <p>Authorizes the Director of Health to enter into agreements with the U.S. Environmental Protection Agency for the administration and enforcement of the federal Renovation, Repair, and Painting Rule, which establishes requirements regarding lead-based paint hazards associated with renovation, repair, and painting activities.</p> <p>Allows the Director to accept available assistance in support of the agreements.</p> <p>Allows the Director to adopt rules to administer and enforce the federal Renovation, Repair, and Painting Rule, including specifying provisions governing the certification process and fees for certification.</p> <p><b>Fiscal effect: ODH has budgeted \$650,000 in each fiscal year for costs associated with administration and enforcement; however, ODH anticipates that the program will eventually be self-sufficient.</b></p>	<p><b>R.C. 3742.11</b></p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p>Same as the Executive.</p> <p><b>Fiscal effect: Same as the Executive.</b></p>	<p>No provision.</p> <p>No provision.</p> <p>No provision.</p>
<p><b>DOHCD1 Fines and penalties for lead abatement violations</b></p> <p><b>R.C. 3742.16, 3742.18, 3742.19</b></p> <p>Allows the Director of Health to impose an administrative fine of up to \$5,000 for specified violations of the Lead Abatement Law. Specifies that all administrative fines collected must be deposited in ODH's General Operations Fund (Fund 4700).</p> <p>Increases, from \$1,000 to \$5,000, the maximum allowable civil penalty that a court of common pleas may impose against a person for specified violations of the Lead Abatement Law, which are deposited into the Lead</p>	<p>No provision.</p> <p>No provision.</p>	<p>No provision.</p> <p>No provision.</p>

Executive

As Passed By House

As Reported By Senate Finance

Abatement Personnel Licensing Fund.

**Fiscal effect: Potential increase in fine revenue deposited in Fund 4700.**

**DOHCD7 Smoke-Free Workplace Law**

**R.C. 3794.01**

Expands the Smoke-Free Workplace Law to include electronic smoking devices and vapor products.

No provision.

No provision.

No provision.

No provision.

No provision.

**Fiscal effect: Potential increase in enforcement costs and a potential gain in fine revenues for any violations.**

**R.C. 3794.01**

Same as the Executive.

Revises the current definition of "retail tobacco store" under the Smoke-Free Workplace Law to apply to stores that sell "lighted or heated tobacco products" as opposed to "cigars, cigarettes, pipes, or other smoking devices for burning tobacco."

No provision.

No provision.

No provision.

No provision.

**Fiscal effect: Same as the Executive.**

**R.C. 3794.01, 3794.03**

Same as the Executive.

Same as the House.

Exempts retail vapor establishments from the smoking ban with regard to smoking via vapor products and electronic smoking devices.

Specifies that the smoking ban applies to retail vapor establishments with regard to all other forms of smoking.

Requires entities to certify that they are eligible for the retail vapor store smoking ban exemption.

Defines "retail vapor store" as being a retail establishment that derives more than eighty per cent of its gross revenue from the sale of vapor products, electronic smoking devices, or other electronic smoking product accessories and for which the sale of other products is merely incidental.

**Fiscal effect: Same as the Executive, but there may be a decrease in enforcement costs and corresponding fine revenue associated with the retail vapor establishment exemption.**

Executive

As Passed By House

As Reported By Senate Finance

**DOHCD10 Local Health Departments**

**Section: 291.20**

Earmarks up to \$6.0 million in FY 2022 in GRF appropriation item 440413, Local Health Departments, which may be used to support local health departments' efforts to improve population health, based upon the findings and recommendations in Ohio's 2020-2022 State Health Improvement Plan, and/or to incentivize efficiencies among local health departments, including the use of shared services or the consolidation of local health departments that formally merge on or after July 1, 2021.

Requires funding for mergers to be distributed only after a formal merger agreement is signed by two or more local health departments and shared with ODH.

Requires the merger funding to be used to cover the costs related to the merger and to build capacity for the newly combined local health department in order to improve services to the public and the health of all residents. Allows a portion of this funding to be used to support pre-merger analysis and planning for departments interested in a merger.

No provision.

Allows the Director of Health, on July 1, 2022, or as soon as possible thereafter, to certify to the Director of Budget and Management an amount up to the unexpended, unencumbered balance of GRF appropriation item 440413, Local Health Departments, at the end of FY 2022 to be reappropriated to FY 2023. Reappropriates the amount certified to the same appropriation item for FY 2023.

**Section: 291.20**

Same as the Executive, but requires the earmark to be used to conduct studies regarding city and general health district mergers as required in R.C. 3709.012 (see DOHCD40 for the requirements related to the study) and allows any remaining funds to be used for the Executive provisions.

Same as the Executive.

Same as the Executive, but specifies that the funds to be used to support pre-merger analysis and planning are for local health departments not impacted by R.C. 3709.012.

Requires the Director of Health to seek Controlling Board approval before any funds can be expended from this earmark.

Same as the Executive.

No provision.

No provision.

No provision.

No provision.

No provision.

Executive

As Passed By House

As Reported By Senate Finance

**DOHCD11 Mothers and Children Safety Net Services**

**Section: 291.20**

No provision.

Earmarks up to \$200,000 in each fiscal year in GRF appropriation item 440416, Mothers and Children Safety Net Services, to be used to assist families with hearing impaired children under 21 years of age in purchasing hearing aids and hearing assistive technology.

Requires the Director of Health to adopt rules governing the distribution of these funds including rules that do both of the following: (1) establish eligibility criteria to include families with incomes at or below 400% of the federal poverty guidelines; and (2) develop a sliding scale of disbursement based on family income.

**Section: 291.20**

Earmarks \$15,000 in each fiscal year in GRF appropriation item 440416, Mothers and Children Safety Net Services, to be distributed to the Trumbull County chapter of Sleep in Heavenly Peace, Inc.

Same as the Executive.

Same as the Executive.

**Section: 291.20**

Same as the House.

Same as the Executive.

Same as the Executive.

**DOHCD12 Free Clinic Safety Net Services**

**Section: 291.20**

Requires GRF appropriation item 440431, Free Clinic Safety Net Services, to be provided to the Charitable Healthcare Network.

Allows funds to be used to reimburse free clinics for health care services provided, as well as for administrative services, information technology costs, infrastructure repair, or other clinic necessities.

Allows the Director of Health to designate up to five per cent of the appropriation in each fiscal year to pay the administrative costs ODH incurs for operating the program.

**Section: 291.20**

Same as the Executive.

Same as the Executive.

Same as the Executive.

**Section: 291.20**

Same as the Executive.

Same as the Executive.

Same as the Executive.



Executive	As Passed By House	As Reported By Senate Finance
<p>Requires the remainder of GRF appropriation item 440474, Infant Vitality, to be used to fund a multi-pronged population health approach to address infant mortality. Specifies that this approach may include the following: increasing awareness; supporting data collection; analysis and interpretation to inform decision-making and ensure accountability; targeting resources where the need is greatest; and implementing quality improvement science and programming that is evidence-based or based on emerging practices.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive, but includes raising awareness regarding respiratory syncytial virus as an approach to address infant mortality.</p>
<p>Specifies that measurable interventions may include activities related to safe sleep, community engagement, Centering Pregnancy, newborn screening, safe birth spacing, gestational diabetes, smoking cessation, breastfeeding, care coordination, and progesterone.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p><b>DOHCD16 Emergency Preparedness and Response</b></p>		
<p><b>Section: 291.20</b></p>	<p><b>Section: 291.20</b></p>	<p><b>Section: 291.20</b></p>
<p>Requires GRF appropriation item 440477, Emergency Preparedness and Response, to be used to support public health emergency preparedness and response efforts.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Allows GRF appropriation item 440477 to also be used to support data infrastructure projects and other data analysis and analytics work.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p><b>DOHCD17 Lupus Awareness</b></p>		
<p><b>Section: 291.20</b></p>	<p><b>Section: 291.20</b></p>	<p><b>Section: 291.20</b></p>
<p>Requires GRF appropriation item 440481, Lupus Awareness, to be distributed to the Lupus Foundation of America, Greater Ohio Chapter, Inc., to operate a lupus education and awareness program.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>

Executive

As Passed By House

As Reported By Senate Finance

**DOHCD18 Chronic Disease, Injury Prevention and Drug Overdose**

**Section: 291.20**

Makes the following earmarks from the appropriations to GRF line item 440482, Chronic Disease, Injury Prevention and Drug Overdose:

(1) Up to \$3.0 million in FY 2022 to be used, in consultation with the Department of Mental Health and Addiction Services and the Governor's RecoveryOhio Initiative, to support the continuation of the Emergency Department Comprehensive Care Initiative to enhance Ohio's response to the addiction crisis by creating a comprehensive system of care for patients who present in emergency departments with addiction; and

(2) Up to \$250,000 in FY 2022 to be used, in consultation with the Governor's RecoveryOhio Initiative, to support local health providers' harm reduction efforts to reduce overdose rates and deaths.

(3) No provision.

**Section: 291.20**

Same as the Executive, but makes the following change to the earmarks:

(1) Same as the Executive.

(2) Same as the Executive.

(3) \$75,000 in FY 2022 to be distributed to the Dental Center of Northwest Ohio to be used for clinical equipment at its practice in Toledo.

**Section: 291.20**

Same as the House, but makes the following changes:

(1) No provision.

(2) Same as the Executive.

(3) Same as the House.

**DOHCD19 Infectious Disease Prevention and Control**

**Section: 291.20**

Earmarks up to \$2.0 million in FY 2022 in GRF appropriation item 440483, Infectious Disease Prevention and Control, to be used, in consultation with Ohio's state agencies, boards, and commissions, for the purpose of addressing social determinants of health and improving health equity for all Ohioans.

**Section: 291.20**

No provision.

**Section: 291.20**

No provision.



Executive	As Passed By House	As Reported By Senate Finance
<p>Allows the Director of Health, on July 1, 2022, or as soon as possible thereafter, to certify to the Director of Budget and Management an amount up to the unexpended, unencumbered balance of GRF appropriation item 440483, Infectious Disease Prevention and Control, at the end of FY 2022 to be reappropriated to FY 2023. Reappropriates the amount certified to the same appropriation item for FY 2023.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p><b>DOHCD20 Targeted Health Care Services - Over 21</b></p>		
<p><b>Section: 291.20</b></p>	<p><b>Section: 291.20</b></p>	<p><b>Section: 291.20</b></p>
<p>Requires GRF appropriation item 440507, Targeted Health Care Services - Over 21, to be used to administer the Cystic Fibrosis Program and to implement the Hemophilia Insurance Premium Payment Program.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Earmarks \$100,000 in each fiscal year for ODH to implement the Hemophilia Insurance Premium Payment Program.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Requires GRF appropriation item 440507 to also be used to provide essential medications and to pay the copayments for drugs approved by ODH and covered by Medicare Part D that are dispensed to participants in the Cystic Fibrosis Program.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Requires ODH to expend all funds in appropriation item 440507.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p><b>DOHCD21 Lead Abatement</b></p>		
<p><b>Section: 291.20</b></p>	<p><b>Section: 291.20</b></p>	<p><b>Section: 291.20</b></p>
<p>Earmarks \$250,000 in each fiscal year in GRF appropriation item 440527, Lead Abatement, to be used by ODH to distribute funds to the city of Toledo for lead-based paint abatement, containment, and housing rehabilitation projects in the historic south neighborhoods of Toledo.</p>	<p>Same as the Executive, but increases the earmark to \$400,000 in each fiscal year.</p>	<p>Same as the House, but increases the earmark to \$500,000 in each fiscal year.</p>

Executive	As Passed By House	As Reported By Senate Finance
<p>Allows ODH to choose to require matching funding and to include project and reporting requirements before distributing funds.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive, but specifies that ODH must require local match funding of up to one half of annual grant funds distributed.</p>
<p><b>DOHCD22 Harm Reduction</b></p>		
<p><b>Section: 291.20</b></p>	<p><b>Section: 291.20</b></p>	<p><b>Section: 291.20</b></p>
<p>Requires GRF appropriation item 440529, Harm Reduction to be used to distribute funding to local health departments or a partner agency to operate harm reduction programs, including syringe services.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Requires local health departments eligible for funding to be accredited or in the process of becoming accredited through the Public Health Accreditation Board.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p><b>DOHCD23 Lead-Safe Home Fund Pilot Program</b></p>		
<p><b>Section: 291.20</b></p>	<p><b>Section: 291.20</b></p>	<p><b>Section: 291.20</b></p>
<p>Requires GRF appropriation item 440530, Lead-Safe Home Fund Pilot Program, to be used by ODH to make distributions on a quarterly basis to the Lead Safe Cleveland Coalition for the Lead-Safe Home Fund Pilot Program.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Requires the Coalition, before any funds are distributed, to provide ODH with documentation showing the amount of private sector dollars the Coalition has collected.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>
<p>Specifies that the amount of each distribution provided by ODH must not exceed the amount documented. Specifies that total disbursements must not exceed \$1.0 million in each fiscal year.</p>	<p>Same as the Executive.</p>	<p>Same as the Executive.</p>

Executive	As Passed By House	As Reported By Senate Finance
<p><b>DOHCD24 Youth Homelessness</b></p> <p><b>Section: 291.20</b></p> <p>No provision.</p> <p>Requires GRF appropriation item 440672, Youth Homelessness, to be used to address homelessness in youth and pregnant women by providing assertive outreach to provide stable housing, including recovery housing.</p>	<p><b>Section: 291.20</b></p> <p>Earmarks \$900,000 in each fiscal year in GRF appropriation item 440672, Youth Homelessness, to be distributed to Star House for its Drop-In Center and its Carol Stewart Village to provide services for homeless youth.</p> <p>Same as the Executive, but requires the remainder of the appropriation item to be used for these purposes.</p>	<p><b>Section: 291.20</b></p> <p>Same as the House.</p> <p>Same as the House.</p>
<p><b>DOHCD25 Fee Supported Programs</b></p> <p><b>Section: 291.20</b></p> <p>Earmarks \$2,160,000 in each fiscal year from DPF Fund 4700 appropriation item 440647, Fee Supported Programs, to be used to distribute subsidies, on a per capita basis, to local health departments accredited through the Public Health Accreditation Board, or local health departments that are in the process of earning accreditation.</p> <p>Earmarks \$1,840,000 in each fiscal year from appropriation item 440647 to be used to distribute subsidies to local health departments accredited through the Public Health Accreditation Board on a per capita basis.</p>	<p><b>Section: 291.20</b></p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>	<p><b>Section: 291.20</b></p> <p>Same as the Executive.</p> <p>Same as the Executive.</p>

Executive

As Passed By House

As Reported By Senate Finance

**DOHCD26 Medically Handicapped Children Audit Fund**

**Section: 291.20**

Specifies that the Medically Handicapped Children Audit Fund (Fund 4770) is to receive revenue from audits of hospitals and recoveries from third-party payers. Specifies that moneys in the fund may be used for payment of audit settlements and for costs directly related to obtaining recoveries from third-party payers and for encouraging Medically Handicapped Children's Program recipients to apply for third-party benefits.

Permits moneys in the fund to also be used for payments for diagnostic and treatment services on behalf of medically handicapped children and Ohio residents who are 21 or over and who are suffering from cystic fibrosis or hemophilia.

Permits moneys to also be used for administrative expenses incurred in operating the Medically Handicapped Children's Program.

**Section: 291.20**

Same as the Executive.

Same as the Executive.

Same as the Executive.

**Section: 291.20**

Same as the Executive.

Same as the Executive.

Same as the Executive.

**DOHCD27 Genetics Services**

**Section: 291.20**

Requires DPF Fund 4D60 appropriation item 440608, Genetics Services, to be used to administer newborn screening and programs related to the education, detection, and treatment of genetic diseases as authorized by R.C. 3701.501 and 3701.502. Requires that the funds cannot be used to counsel or refer for abortion, except in the case of a medical emergency.

**Section: 291.20**

Same as the Executive.

**Section: 291.20**

Same as the Executive.

Executive

As Passed By House

As Reported By Senate Finance

**DOHCD28 Tobacco Use Prevention, Cessation, and Enforcement**

**Section: 291.20**

Earmarks \$250,000 in each fiscal year from DPF Fund 5BX0 appropriation item 440656, Tobacco Use Prevention, Cessation, and Enforcement, to be distributed to boards of health for the Baby and Me Tobacco Free Program. Requires the Director to determine how the funds are to be distributed, but must prioritize awards to boards that serve women who reside in communities that have the highest infant mortality rates in this state, as identified under R.C. 3701.142.

Requires the remainder of the appropriation to be used to administer tobacco use prevention and cessation activities and programs, to administer compliance checks, retailer education and programs related to legal age restrictions, and to enforce the Ohio Smoke-Free Workplace Act (See DOHCD32 for the Moms Quit for Two Grant Program earmark).

**Section: 291.20**

Same as the Executive.

Same as the Executive.

**Section: 291.20**

Same as the Executive.

Same as the Executive.

**DOHCD29 Toxicology Screenings**

**Section: 291.20**

Requires DPF Fund 5TZ0 appropriation item 440621, Toxicology Screenings, to be used to reimburse county coroners in counties in which the coroner has performed toxicology screenings on victims of a drug overdose.

Requires the Director of Health to transfer the funds to the counties in proportion to the numbers of toxicology screenings performed per county.

**Section: 291.20**

Same as the Executive.

Same as the Executive.

**Section: 291.20**

Same as the Executive.

Same as the Executive.

Executive

As Passed By House

As Reported By Senate Finance

**DOHCD30 Medically Handicapped Children - County Assessments**

**Section: 291.20**

Requires DPF Fund 6660 appropriation item 440607, Medically Handicapped Children – County Assessments, to be used to make payments for expenses associated with the Bureau for Children with Medical Handicaps.

**Section: 291.20**

Same as the Executive.

**Section: 291.20**

Same as the Executive.

**DOHCD31 Cash transfer to Emergency Preparedness and Response Fund**

**Section: 291.20**

Allows the Director of Health, if the Director determines that there are insufficient funds in GRF appropriation item 440477, Emergency Preparedness and Response, to certify to the Director of Budget and Management an amount necessary to address public health emergency preparedness and response activities.

**Section: 291.20**

Same as the Executive.

No provision.

Requires the Director of Budget and Management, upon certification, to transfer up to \$500,000 cash in each fiscal year from the Controlling Board Emergency Purposes/Contingencies Fund (Fund 5KM0) to the Emergency Preparedness and Response Fund (Fund 5UA0).

Same as the Executive.

No provision.

Appropriates the transferred amount.

Same as the Executive.

No provision.

**DOHCD32 Moms Quit for Two Grant Program**

**Section: 291.30**

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

**Section: 291.30**

Same as the Executive.

**Section: 291.30**

Same as the Executive.

Executive	As Passed By House	As Reported By Senate Finance
Specifies that funds awarded shall not be used to provide tobacco cessation interventions to women who are eligible for Medicaid.	Same as the Executive.	Same as the Executive.
Earmarks \$750,000 in each fiscal year from DPF Fund 5BX0 appropriation item 440656, Tobacco Use Prevention, Cessation, and Enforcement, to be used to award grants for the Moms Quit for Two Grant Program.	Same as the Executive.	Same as the Executive.
<b>DOHCD33 WIC vendor contracts</b>		
<b>Section: 291.40</b>	<b>Section: 291.40</b>	<b>Section: 291.40</b>
Requires ODH, during FY 2022 and FY 2023, to process and review a Women, Infants, and Children (WIC) vendor contract application not later than 45 days after receipt of the application if the applicant is a WIC-contracted vendor at the time of application and meets all of the following requirements: (1) submits a complete WIC vendor application with all required documents and information; (2) passes the required unannounced preauthorization visit within 45 days of submitting a complete application; and (3) completes the required in-person training within 45 days of submitting the complete application.	Same as the Executive.	Same as the Executive.
Requires ODH to deny an application for the contract if an applicant fails to meet any of the requirements.	Same as the Executive.	Same as the Executive.
Specifies that, after an application has been denied, the applicant may reapply for a contract to act as a WIC vendor during the contracting cycle that is applicable to the applicant's WIC region.	Same as the Executive.	Same as the Executive.

Executive

As Passed By House

As Reported By Senate Finance

**DOHCD35 Long-Term Care Bed Buyback Program**

**Section: 291.50**

Requires ODH, in consultation with the Department of Aging and the Department of Medicaid, to establish a Long-Term Care Bed Buyback Program during FY 2022 and FY 2023 under which nursing facility operators may voluntarily, permanently surrender for compensation one or more licensed long-term care beds due to a decrease in bed utilization if the bed is (1) located in a county with bed excess as calculated by ODH and (2) the county has sufficient beds remaining to address the bed need in the county as calculated by ODH after surrender.

No provision.

No provision.

Requires ODH to solicit program applications, setting forth program requirements and the criteria that will be used to evaluate competing bed surrender proposals.

No provision.

No provision.

Requires a nursing facility that has received payment for the surrender of long-term care beds under the program to provide notice with specified information to ODH.

No provision.

No provision.

Requires DPF Fund L087 appropriation item 440680, Nursing Home Bed Reduction, to be used in FY 2022 to support the long-term care bed buyback program.

No provision.

No provision.

Allows, on July 1, 2022, or as soon as possible thereafter, the Director of Health to certify to the Director of Budget and Management an amount up to the unexpended, unencumbered balance of DPF appropriation item, 440680, Nursing Home Bed Reduction, at the end of fiscal year 2022 to be reappropriated to FY 2023.

No provision.

No provision.

Reappropriates the amount certified to the same appropriation item and for the same purpose for FY 2023.

No provision.

No provision.



Executive

As Passed By House

As Reported By Senate Finance

**Fiscal effect: In FY 2022, \$50.0 million is appropriated in appropriation item 440680.**

**DOHCD37 Frontline Health Care Worker Education Pilot Program**

**Section: 291.60**

No provision.

Requires ODH to establish and operate, during FY 2022 and FY 2023, a Frontline Health Care Worker Education, Training, and Certification Pilot Program to reimburse adult education institutions for the cost of education-related expenses and wraparound services provided to students enrolled in certain in-demand healthcare professions.

No provision.

No provision.

Requires GRF appropriation item 440485, Health Program Support, to be used to provide reimbursements under the Frontline Healthcare Worker Education, Training, and Certification Pilot Program.

No provision.

**Fiscal effect: ODH may experience an increase in costs to establish the program and to adopt rules; however, reimbursement for the program will be provided through the \$125,000 appropriation in each FY from GRF appropriation item 440485.**

**DOHCD47 Help Me Grow report**

**Section: 291.70**

No provision.

No provision.

Requires the Director of Health to submit a report regarding the Help Me Grow program to the chairperson and ranking minority member of the health committee and finance committee of each house.

No provision.

No provision.

Requires the report to include the number of families in the program who are eligible for Medicaid and TANF and to include recommendations for using funds associated with Medicaid and TANF to provide services through Help Me Grow.

Executive

As Passed By House

As Reported By Senate Finance

**DOHCD51 Vax-A-Million database not a public record**

No provision.

No provision.

**Fiscal effect: ODH will experience an increase in costs to produce the required report.**

**Section: 701.05, 812.23**

Specifies the information in the Vax-A-Million database is confidential and not public record.

No provision.

No provision.

Specifies this provision takes immediate effect when the bill becomes law.

**Fiscal effect: There could be impacts to local courts if there were any violations of the public records law.**

Executive

As Passed By House

As Reported By Senate Finance

**DASCD36 Transfer of employees from the Department of Health to the Department of Administrative Services**

**Section: 518.40**

Transfers, subject to the layoff provisions of R.C. Sections 124.321 to 124.328, employees identified as necessary to the operation of a central warehouse from the Department of Health to the Department of Administrative Services on July 1, 2021, or as soon as can be effectuated.

Allows the DAS Director to establish, change, and abolish positions of the Department of Health and assign, reassign, classify, reclassify, transfer, reduce, promote, or demote all employees of the Department of Health who are not subject to Chapter 4117 of the Revised Code.

Specifies that the authority granted the DAS Director includes assigning or reassigning exempt employees, as defined in R.C. Section 124.152, to a bargaining unit classification.

Specifies that actions taken by the Health Director or DAS Director under the bill are not subject to appeal to the State Personnel Board of Review.

Allows the OBM Director, on or after July 1, 2021, and notwithstanding and law to the contrary, to make budget changes made necessary by the aforementioned changes, including canceling encumbrances of the Department of Health and reestablishing them as encumbrances of DAS. Appropriates any reestablished encumbrances.

Requires the DAS Director to place an employee in the E-1 pay range that is to be assigned, reassigned, etc. to a lower classification, in Step X and specifies that the employee will not receive any increase in compensation until the maximum rate of pay for that classification exceeds the employee's

**Section: 518.40**

Same as the Executive.

Same as the Executive.

Same as the Executive.

Same as the Executive.

Same as the Executive.

Same as the Executive.

No provision.

No provision.

No provision.

No provision.

No provision.

No provision.

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compensation.

**Fiscal effect: The personnel and other related costs will be transferred from DOH to DAS.**

**Fiscal effect: Same as the Executive.**

Executive

As Passed By House

As Reported By Senate Finance

**AGECD8 Statewide Aging Initiatives**

**Section: 209.30**

Earmarks up to \$5,000,000 in FY 2022 in GRF appropriation item 490507, Statewide Aging Initiatives, to be used in coordination with the Ohio Department of Health to incentivize quality improvement initiatives in or regarding long-term care facilities or to connect long-term care facilities with technical assistance programming.

No provision.

No provision.

Allows the ODA Director to certify to the Director of Budget and Management, on July 1, 2022 or as soon as possible thereafter, the amount of the unexpended, unencumbered balance of item 490507 remaining at the end of FY 2022 to be reappropriated to FY 2023. Reappropriates the amount certified to the same item for FY 2023.

No provision

No provision.

Executive

As Passed By House

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**OBMCD9 OBM oversight over certain fund allocations**

R.C. 121.08, 121.084, 169.05, 901.91, 1121.30, 1181.06, 1321.21, 1707.37, 1733.321, 3701.831, 3737.71, 3745.014, 4735.211, 4763.15

Eliminates the Director of Budget and Management's oversight regarding internal agency fund assessments and allocations for the following funds: Division of Administration Fund, Unclaimed Funds Trust Fund, Division of Securities Fund, Industrial Compliance Operating Fund, Division of Real Estate Operating Fund, Real Estate Appraiser Operating Fund, State Fire Marshal's Fund, Banks Fund, Consumer Finance Fund, Credit Unions Fund, and Financial Institutions Fund (all administered by the Department of Commerce); the Department of Agriculture's operating funds; the Department of Health's operating funds; and the Environmental Protection Agency's Central Support Indirect Fund.

**Fiscal effect: None.**

R.C. 121.08, 121.084, 169.05, 901.91, 1121.30, 1181.06, 1321.21, 1707.37, 1733.321, 3701.831, 3737.71, 3745.014, 4735.211, 4763.15

Same as the Executive.

**Fiscal effect: Same as the Executive.**

R.C. 121.08, 121.084, 169.05, 901.91, 1121.30, 1181.06, 1321.21, 1707.37, 1733.321, 3701.831, 3737.71, 3745.014, 4735.211, 4763.15

Same as the Executive.

**Fiscal effect: Same as the Executive.**

**OBMCD39 Fiscal year 2021 General Revenue Fund ending balance**

**Section: 513.10**

Requires the Director of OBM to determine the GRF surplus revenue that existed on June 30, 2021, and transfer cash, up to the actual surplus revenue amount, from the GRF as follows:

(1) No provision;

(2) No provision;

**Section: 513.10**

Same as the Executive, but makes the following changes to the transfers:

(1) Up to \$1,200,000,000 to the Health and Human Services Fund (Fund 5SA4);

(2) Up to \$190,000,000 to the Ohio Residential Broadband Expansion Grant Program Fund (Fund 5XU0);

**Section: 513.10**

Same as the House, but makes the following changes to the transfers:

(1) Same as the House;

(2) No provision;

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(3) No provision;	(3) Up to \$155,000,000 to the Investing in Ohio Fund (Fund 5XM0);	(3) Same as the House;
(4) No provision.	(4) Up to \$132,000,000 to the H2Ohio Fund (Fund 6H20).	(4) Same as the House;
(5) Up to \$25,000,000 to the Emergency Purposes Fund (Fund 5KM0);	(5) Same as the Executive;	(5) Same as the Executive;
(6) Up to \$25,000,000 to the Disaster Services Fund (Fund 5E20);	(6) Same as the Executive.	(6) Same as the Executive;
(7) Up to \$16,300,000 to the Tobacco Use Prevention Fund (Fund 5BX0);	(7) Same as the Executive;	(7) Same as the Executive;
(8) Up to \$16,000,000 to the Ohio Governor Imagination Library Fund (Fund 5VJ0);	(8) Same as the Executive;	(8) No provision;
Requires that the remaining amount of the surplus revenue remain in the GRF.	Same as the Executive.	Same as the Executive.
<b>OBMCD40 Utility Radiological Safety Board assessments</b>		
<b>Section: 514.10</b>	<b>Section: 514.10</b>	<b>Section: 514.10</b>
Specifies the maximum amounts, unless the agency and nuclear electric utility mutually agree to a higher amount by contract, that may be assessed against nuclear electric utilities under RC 4937.05 (B) (2) and deposited into the following funds:	Same as the Executive.	Same as the Executive.
\$101,130 in each of FY 2022 and FY 2023 to the Utility Radiological Safety Fund (Fund 4E40) used by the Department of Agriculture;	Same as the Executive.	Same as the Executive.
\$1,300,000 in each of FY 2022 and FY 2023 to the Radiation Emergency Response Fund (Fund 6100) used by the Department of Health;	Same as the Executive.	Same as the Executive.

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\$325,370 in FY 2022 and \$332,287 in FY 2023 to the ER Radiological Safety Fund (Fund 6440) used by the Environmental Protection Agency; and  
\$1,368,624 in FY 2022 and \$1,378,304 in FY 2023 to the Emergency Response Plan Fund (Fund 6570) used by the Department of Public Safety.

Same as the Executive.  
  
Same as the Executive.

Same as the Executive.  
  
Same as the Executive.



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As Passed By House

As Reported By Senate Finance

**LCOCD1 Vacating COVID-19 violations and refunding fines to businesses**

	<b>Section: 701.60</b>	<b>Section: 701.60</b>
No provision.	Vacates violations of orders addressing COVID-19 by applicable businesses that occurred between March 14, 2020, and the effective date of the section. Requires state agencies and boards of health to cease disciplinary actions in progress against businesses for violations that occurred between March 14, 2020, and the section's effective date.	Same as the House.
No provision.	Within 30 days after the section's effective date: (1) Requires state agencies and boards of health to expunge any record of a vacated violation; (2) Requires LCO to notify businesses convicted for violations of certain COVID-related liquor control rules that the convictions have been expunged; (3) Requires state agencies and boards of health to treat as a nullity any finding of a violation that has been vacated and expunged and take steps to restore rights and privileges lost as a result of the finding, including reinstating licenses and other rights or privileges to do business; and (4) Requires the OBM Director, in consultation with any state agencies, as well as local boards of health, to determine the civil or administrative penalties paid by each business for each vacated violation and refund those amounts. Appropriates the amounts necessary to make the refunds of fines and penalties levied by state agencies.	Same as the House.
No provision.	Requires that, if a business no longer exists, the OBM Director or a board of health make reasonable efforts to locate and issue a refund to the business owner.	Same as the House.
No provision.	Requires LCO, within 30 days after taking the required actions, to submit a report to the General Assembly that all violations of specified rules have been expunged and all related fine money has been refunded.	Same as the House.

Executive	As Passed By House	As Reported By Senate Finance
No provision.	States that a business may bring an action in the common pleas court of the county where the business is located, notwithstanding other jurisdictional or venue limitations, to enforce the rights, privileges and obligations identified in this provision.	Same as the House.
No provision.	<p>States that these requirements cannot be construed as prohibiting an agency or a board of health from enforcing matters not relating to the specified COVID orders and rules.</p> <p><b>Fiscal effect: The refunds to liquor permit holders would be paid from the GRF, where these penalties are deposited. As of early February 2021, LCO had collected approximately \$100,000 in such penalties. It does not appear that the Department of Health or any local boards of health have issued any fines related to these violations.</b></p>	<p>Same as the House.</p> <p><b>Fiscal effect: Same as the House.</b></p>

Executive

As Passed By House

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**PRXCD1 Dispensing tobacco cessation drugs without a prescription**

**R.C. 4729.42, 4731.90**

(1) Permits a pharmacist or pharmacy intern to dispense tobacco cessation drugs without a prescription in accordance with a physician-established protocol that meets specified requirements and establishes recordkeeping and notice requirements.

(2) Requires a pharmacist or pharmacy intern to provide notice to the individual's primary care provider within 30 days after a screening is conducted.

(3) Requires a pharmacy to keep records for an unspecified period of time.

(4) No provision.

(5) Requires the State Board of Pharmacy to adopt rules in consultation with the State Medical Board and the Department of Health regarding dispensing tobacco cessation drugs.

(6) No provision.

**Fiscal effect: Potential increase in administrative expenses for the State Board of Pharmacy to promulgate rules and regulate additional pharmacist and pharmacy intern duties.**

**R.C. 4729.42, 4731.90**

(1) Same as the Executive.

(2) Same as the Executive.

(3) Same as the Executive

(4) No provision.

(5) Same as the Executive.

(6) No provision.

**Fiscal effect: Same as the Executive.**

**R.C. 4729.42, 4731.90**

(1) Same as Executive, but removes the authority for pharmacy interns to dispense the drugs, and limits the dispensing authority to nicotine replacement therapy, as opposed to all tobacco cessation drugs.

(2) Same as the Executive, but requires a pharmacist to notify an individual's primary care provider within 72-hours, as opposed to 30 days.

(3) Same as the Executive, but requires a pharmacy to keep records for three years

(4) Requires the individual to whom the nicotine replacement therapy is dispensed to be 18 years old or older.

(5) Same as Executive.

(6) Provides qualified immunity for physicians who authorize dispensing of nicotine replacement therapy in accordance with a protocol.

**Fiscal effect: Same as the Executive.**