DEPARTMENT OF HEALTH

Vital statistics

- Modifies the Vital Statistics Law to reflect processes the Department of Health has implemented as it transitions to exclusive use of electronic birth and death registration systems.

- Eliminates requirements that local registrars of vital statistics transmit to the State Registrar Social Security numbers on birth and death certificates.

Abuse of long-term care facility residents

- Includes psychological abuse, sexual abuse, and exploitation as additional types of misconduct in a long-term care facility that must be reported.

- Requires licensed health professionals to report abuse, neglect, exploitation, and misappropriation to the facility, rather than to the Director of Health.

- Requires a statement of findings of abuse, neglect, exploitation, or misappropriation of a resident by a licensed health professional to be included in the Nurse Aide Registry.

- Prohibits certain employers from employing a licensed health professional if there is a statement in the Registry of abuse, neglect, exploitation, or misappropriation by the professional.

Information sharing

- Authorizes the Director of Health to release to the Department of Aging the identity of a patient or resident who receives assisted living services from programs administered by that Department.

Nursing home inspection – increased capacity

- Provides that a nursing home does not need to be inspected before the Director of Health increases its licensed capacity if the resident rooms to which the beds will be added were similarly inspected as part of the nursing home's most recent inspection.

Confidentiality of HIV/AIDS information

- Clarifies that information regarding an individual's HIV test, or an individual's AIDS or AIDS-related diagnosis, may be disclosed to any physician who treats the individual.

Moms Quit for Two grants

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

WIC vendor contracts

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

Third-party payment for goods and services

- Prohibits the Department from paying, on or after January 1, 2018, for goods and services an individual receives through the Department or one of its grantees or contractors if the individual has coverage for those goods and services through another source.

- Specifies that the prohibition does not apply when it is expressly contrary to another Ohio statute or when Department funds are required to mitigate the spread of infectious disease or are needed for exceptional circumstances.

Lead-safe residential rental units

- Eliminates the legal presumption that residential units, child care facilities, or schools constructed before 1950 do not contain a lead hazard if the owner undertakes preventative steps called essential maintenance practices.

- Eliminates all procedures and requirements related to essential maintenance practices that applied to residential units, child care facilities, and schools and, instead, establishes lead abatement procedures and requirements specific only to residential rental units by:

  --Requiring the Director to maintain a lead-safe residential rental unit registry;

  --Specifying that the owner of a residential rental unit constructed before 1978 may register that unit as lead-free on the registry if the owner has implemented specified lead-safe maintenance practices;

  --Allowing residential rental units constructed after January 1, 1978, and units determined to be lead free to be included in the registry;

--Establishing procedures, requirements, and exemptions regarding the lead-safe registry;

--Requiring a person seeking to conduct residential rental unit lead-safe maintenance practices to participate in a training program approved by the Director; and

--Requiring the Director to establish a nonrefundable application fee for seeking approval of a training program.

Choose Life Fund

- Authorizes the Director to distribute money from the Choose Life Fund that was not distributed in a previous year due to the lack of an eligible organization.

- Specifies that the Director may distribute the money to eligible organizations.

Hospital data reporting

- Repeals requirements that hospitals submit to the Director information on meeting performance measures and inpatient and outpatient services.

OVI drug concentration technology

- Eliminates "gas chromatography mass spectrometry" as the sole technology used to measure the concentration of marijuana metabolite for the OVI (impaired driving) law, thus allowing the use of different technologies.

Hospital nurse staffing plan

- Requires each hospital to have its own nursing services staffing plan reviewed by the hospital's nursing care committee at least once every two years, rather than annually.

- Requires each hospital, by March 1 of each even-numbered year, to submit a copy of its nursing services staffing plan in effect at that time to the Department in order to maintain a repository for public access.

- Specifies that the submitted copies of the plans are public records.

State Board of Sanitarian Registration

- Eliminates the State Board of Sanitarian Registration and transfers its duties and powers regarding the regulation of sanitarians-in-training and sanitarians to the Department.

- Requires the Director to establish an advisory board to advise the Director regarding the registration of sanitarians-in-training and sanitarians and other matters.

- Requires the Director to submit a report to the Governor, the Speaker of the House, and the President of the Senate assessing the cost impact to the Department to regulate sanitarians.

Breast and Cervical Cancer Project

- Requires the Department to set new eligibility requirements for services provided through the Ohio Breast and Cervical Cancer Project (BCCP).

- Requires the Department to adopt rules specifying the cost sharing limit for each screening and diagnostic service that may be obtained through BCCP.

- Eliminates a provision that permitted the BCCP to use remaining contributed funds, after paying for screening, diagnostic, and outreach services provided by local health departments, federally qualified health centers, or community health centers, to pay for services provided by other providers.

Health Care Compact (VETOED)

- Would have adopted "The Health Care Compact," which would have permitted Ohio to become a member state and, along with other member states, enact the Compact (VETOED).

Smoke Free Workplace Act – research exception

- Exempts from the Smoke Free Workplace Act qualifying enclosed spaces in college or university laboratory facilities when used for clinical research related to the health effects of smoking or tobacco use.

Central intake and referral – home visiting and early intervention

- Provides that the central intake and referral system for home visiting services must also serve as a single point of entry for access, assessment, and referral of families to Part C early intervention services.

- Requires the Departments of Health and Developmental Disabilities to share any funding made available to each for local outreach and "child find" efforts after creating the central intake and referral system.

Prohibited conduct in RV parks

- Prohibits certain felonious conduct (nuisance activities) in recreational vehicle parks and combined use park camps.

- Requires the local board of health to send notice to the park operator, after the occurrence of two nuisance activities on the park property, that the operator is at risk of losing its license if another nuisance activity occurs within a six-month period.

- Requires the camp licensing entity to revoke a park operator's license if the licensing entity receives notice that three or more nuisance activities have occurred in the park in a six-month period.

Certificates of need

- Requires the Director to administer an expedited review process for certificate of need applications in addition to the standard review process.

- Provides that a change in the owner or operator of a long-term care facility for which a certificate of need was granted that occurs during the five-year monitoring by the Department is not a reviewable activity unless the new owner or operator is associated with certain violations.

Program for Medically Handicapped Children

- Requires that any Medicaid provider be approved to provide the same goods and services under the Program for Medically Handicapped Children (also known as "BCMH") that the provider is approved to provide under the Medicaid Program.

Palliative care facilities

- Repeals a provision regarding palliative care facility licensure that was inadvertently enacted because of a drafting error.

Vital statistics

(R.C. 3705.07, 3705.08, 3705.09, and 3705.10)

The act modifies various provisions of the Vital Statistics Law to reflect new processes that the Department of Health has implemented for the filing of births, fetal deaths, and deaths, as it transitions to exclusive use of electronic registration systems.

The act requires local registrars of vital statistics to consecutively number each fetal death and death certificate printed on paper that the local registrar receives from the Electronic Death Registration System (EDRS) maintained by the Department. The number assigned to each certificate must be the one provided by EDRS. The local registrar then must make a copy only of each fetal death and death certificate printed on paper. The paper copy must be filed and preserved as the local record only until the electronic information regarding the event has been completed and made available in EDRS and EDRS is capable of issuing a complete and accurate electronic copy of the certificate. Prior law specified that the copy made by the local registrar (presumably on paper) had to be preserved as the local record permanently. Lastly, the local registrar must transmit to the State Office of Vital Statistics all original fetal death and death certificates received using the state transmittal schedule specified by the Department. The State Office must maintain a permanent index of all births, fetal deaths, and deaths that are registered, but the act eliminates the requirement that the index show the volume in which it is contained.

The act requires the Director of Health to prescribe *electronic* methods, as well as forms, for obtaining registrations of birth, death, and other vital statistics. It eliminates a requirement that the Director furnish necessary postage, forms, and blanks for obtaining registrations in each vital statistics registration district.

The act requires that all birth, fetal death, and death records be certified rather than signed. It also specifies that, in general, (1) a birth certificate requiring signature may, instead, be electronically certified by the person in charge of the institution or that person's designee and (2) a death certificate may be certified by the individual who attests to the facts of death. Accordingly, the act specifies that when a birth occurs in or en route to an institution (1) the person in charge of the institution or that person's designee no longer must secure necessary signatures, but may instead complete and certify the facts of birth on the certificate within ten calendar days (rather than "ten days") and (2) the physician or certified nurse-midwife in attendance at the birth must be listed on the record (rather than provide the medical information and certify the facts of birth).

The act eliminates a requirement that all birth certificates include a line for the mother's and father's signature. It maintains the requirement that birth certificates include a statement setting forth the names of the child's parents. It also eliminates a provision regarding issuance of a new birth certificate to include the name of a child's father after a man is presumed, found, or declared to be the father or has acknowledged paternity. Under the eliminated provision, the Department had to promptly forward a copy of the new birth record to the appropriate local registrar and the original birth record had to be destroyed.

The act eliminates a provision that authorized a person to file with the State Office a birth record when an Ohio resident has given birth to a child in a foreign country that lacks a vital statistics registration system and evidence of such facts that is satisfactory to the Director was shown. Finally, the act eliminates provisions that require local registrars of vital statistics to transmit to the State Registrar of Vital Statistics Social Security numbers on birth and death certificates.

Abuse of long-term care facility residents

(R.C. 3721.21, 3721.22, 3721.23, 3721.24, 3721.25, and 3721.32 with conforming changes in R.C. 173.27, 173.38, 173.381, 3701.881, and 5164.342)

Reporting of abuse, neglect, exploitation, or misappropriation

Regarding the reporting of misconduct against a resident of a nursing home or residential care facility, the act (1) expands the misconduct that must be reported and (2) modifies the reporting process for licensed health professionals.

Prior to the act, a licensed health professional was required to report abuse or neglect of a resident or misappropriation of resident property to the Director. Under the act, reports by licensed health professionals of the following misconduct are to be made to the facility, instead of the Director:

--Abuse, which specifically includes psychological abuse and sexual abuse under the act (see below);

--Neglect;

--Exploitation, which is defined by the act (see below);

--Misappropriation.

A facility administrator continues to be required to report misconduct to the Director, and the act adds psychological abuse, sexual abuse, and exploitation to the misconduct that an administrator must report. Similarly, other individuals continue to be permitted to report known or suspected abuse, neglect, or misappropriation to the Director, and the act adds psychological abuse, sexual abuse, and exploitation to the misconduct that may be reported. The act continues to require the Director to investigate reported matters and make findings.

Under the act, psychological abuse and sexual abuse are components of "abuse" for purposes of the reporting law. The act defines "psychological abuse" as knowingly or recklessly causing psychological harm to a resident, whether verbally or by action.

"Sexual abuse" is sexual conduct or contact as defined under the Sex Offenses Law.[78] "Physical abuse" continues to be defined as knowingly causing physical harm or recklessly causing serious physical harm by physical contact or by physical or chemical restraint, medication, or isolation that is excessive; used for punishment, staff convenience, or as a substitute for treatment; or is in an amount that precludes habilitation and treatment.

The act defines "exploitation" as taking advantage of a resident, regardless of whether the action was for personal gain, whether the resident knew of the action, or whether the resident was harmed.

Except for changes discussed below, the act continues the following provisions concerning the reporting of abuse, neglect, and misappropriation and applies them to the reporting of exploitation, psychological abuse, and sexual abuse: permissive reporting, liability protections for persons who report, retaliation protections for persons who report and residents, investigation procedures, and nondisclosure requirements.

Regarding resident protection from retaliation, the act extends the resident's protection to actions taken by a resident's family member, guardian, sponsor, or personal representative to report or cause to be reported suspected abuse, neglect, exploitation, or misappropriation, provide information during an investigation, or participate in a hearing or other proceeding pertaining to the suspected abuse, neglect, exploitation, or misappropriation. Prior to the act, the resident had protection from retaliation only if the resident reported the information. There is no specified penalty for retaliation, but continuing law specifies that a person has a cause of action (right to sue) against a person or government entity that violates the prohibition of retaliation.

Nurse Aide Registry

The act expands the misconduct and the persons that must be included in the Nurse Aide Registry maintained by the Director of Health. Continuing law requires the Director to include in the Registry a statement concerning any finding by the Director that a nurse aide, or another person who provides services but is not a nurse aide or licensed health professional, has abused or neglected a resident or misappropriated a resident's property.

The act requires findings of psychological abuse, sexual abuse, or exploitation to be included in the Registry. This affects nurse aides and individuals who are neither nurse aides nor licensed health professionals.

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[78] R.C. 2907.01, not in the act.

The act extends the Nurse Aide Registry provisions to licensed health professionals. This requires the Director to investigate reports of abuse, neglect, exploitation, or misappropriation by licensed health professionals and to include statements of the Director's findings in the Registry.

Under the act, the following agencies and employers are not permitted to employ a nurse aide, licensed health professional, or other person who provides services in a long-term care facility if the Nurse Aide Registry includes a statement that the person abused, neglected, or exploited a resident or misappropriated the property of a resident:

--The Director of Aging, State Long-term Care Ombudsman, and regional long-term care ombudsman programs regarding employment with the state program or a regional ombudsman program;

--An Area Agency on Aging regarding employment in a direct-care position;

--The Department of Aging regarding community-based long-term care services certificates, contracts, or grants to self-employed providers;

--A home health agency regarding employment in a direct-care position; and

--A waiver agency that provides home and community-based services under a Medicaid waiver component regarding employment in providing home and community-based services.

Information sharing

(R.C. 3721.031)

In general, continuing law prohibits the Director of Health and any Department of Health employee from releasing information that would identify a resident or patient of a nursing home or long-term care facility unless the patient or resident or that individual's representative permits the release. The act authorizes the Director, on the request of the Director of Aging (or a designee), to release the identity of a patient or resident of a home or facility who receives assisted living services from programs administered by the Department of Aging. The information may not be used for any purpose other than monitoring the well-being of patients or residents who receive assisted living services.

Nursing home inspection – increased capacity

(R.C. 3721.02)

The act provides that a nursing home does not need to be inspected before the Director increases its licensed capacity if the resident rooms to which the beds will be added were inspected, as part of the nursing home's most recent inspection, for the same number of residents proposed to be placed in a room after the capacity increase.

Confidentiality of HIV/AIDS information

(R.C. 3701.243)

The act clarifies that information regarding an HIV test that an individual has had, or an individual's AIDS or AIDS-related diagnosis, may be disclosed to *any* physician who treats the individual, not just "the individual's physician" as specified in prior law.

Moms Quit for Two grants

(Sections 291.20 and 291.30)

The act retains provisions enacted in the last biennial budget act (H.B. 64) that require the Department to create the Moms Quit for Two Grant Program. Under the Program, the Department must award grants to private, nonprofit entities or government entities that demonstrate the ability to deliver evidence-based tobacco cessation interventions to women who (1) reside in communities that have the highest incidence of infant mortality and (2) are pregnant or live with children.

As under H.B. 64, the Department must evaluate the Program and, by December 31, 2017, prepare a report describing its findings and recommend whether the Program should continue.

WIC vendor contracts

(Section 291.40)

In Ohio, the Department administers the federal Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The act extends to FY 2018 and FY 2019 a requirement that the Department review and process a WIC vendor contract application not later than 45 days after it is received if on that date the applicant is a WIC-contracted vendor and meets all of the following requirements:

(1) Submits a complete WIC vendor application with all required documents and information;

(2) Passes the required unannounced preauthorization visit within 45 days of submitting a complete application; and

(3) Completes the required in-person training within 45 days of submitting the complete application.

The application must be denied if the applicant fails to meet all of the requirements. After being denied, the applicant may reapply for a contract to act as a WIC vendor during the contracting cycle of the applicant's WIC region.

Third-party payment for goods and services

(R.C. 3701.12)

The act generally prohibits the Department from paying, on or after January 1, 2018, for goods and services that are payable through third-party benefits. "Third-party benefits" is defined as any and all benefits paid by a third party to or on behalf of an individual or the individual's parent or guardian for goods or services the individual has received from the Department or one of its grantees or contractors. "Third party" is defined as any person or government entity other than the Department or a program it administers.

The act specifies two exemptions from the prohibition: (1) when the prohibition is expressly contrary to another Ohio statute or (2) when the Director determines that Department funds are required to mitigate the spread of infectious disease or are needed for exceptional circumstances.

Lead-safe residential rental units

(R.C. 3742.41 and 3742.42; Repealed and Reenacted R.C. 3742.43; conforming changes in numerous other R.C. sections)

Introduction

Generally, under continuing law, if a child under six is determined to have lead poisoning, the Department or an approved board of health must conduct an investigation. If the child is six or older, the Department or board may, but is not required to, conduct the investigation. If it is determined that the possible source of the lead is a residential unit, child care facility, or school, the Department or board must conduct a risk assessment. If the risk assessment determines that the residential unit, child care facility, or school is the source of the lead, the Department or board must

issue a lead hazard control order regarding the property. The unit, facility, or school remains subject to the order until it passes a clearance examination. If the property owner fails or refuses to comply with the order, the Department or board must issue an order prohibiting the owner from allowing the property to be used as a residential unit, child care facility, or school until it passes a clearance examination.

Under prior law, with regard to any residential unit, child care facility, or school constructed before 1950, there was a legal presumption that the unit, facility, or school was not the source of lead and did not contain a lead hazard if the property owner both:

(1) Took preventative steps called essential maintenance practices; and

(2) Covered all rough, pitted, or porous horizontal surfaces of the inhabited or occupied areas within the unit, facility, or school with a smooth, cleanable covering or coating, such as metal coil stock, plastic, polyurethane, carpet, or linoleum.

The act repeals this legal presumption and all of the law associated with the presumption and essential maintenance practices, and replaces it with a new program that applies **only** to residential rental units.

Residential rental unit lead-safe registry

The Director must maintain a lead-safe residential rental unit registry. The act does not specify whether a residential rental unit listed in the registry is legally presumed not to be a source of lead poisoning. An owner of a residential rental unit may register the unit on the registry as follows:

(1) If the unit was constructed before 1978 and the owner has implemented specified residential rental unit lead-safe maintenance practices established by the act;

(2) If the unit was or is constructed after January 1, 1978; or

(3) If the unit is determined to be lead free by a licensed lead inspector or lead risk assessor after an inspection of the unit.

An owner must register a residential rental unit if the unit is subject to a lead hazard control order from the Department or board and it passes a clearance examination that indicates that all lead hazards in the order are controlled. The owner of a residential rental unit that is designated as senior housing is exempt from this requirement.

A residential rental unit is a rental property containing a dwelling or any part of a building being used as an individual's private residence.

Residential rental unit lead-safe maintenance practices

As indicated above, in order for a property constructed before 1978 to qualify for inclusion on the residential rental unit lead-safe registry, the owner or the owner's agent must implement certain residential rental unit lead-safe maintenance practices. Specifically the owner or agent must do all of the following:

(1) Successfully complete a training program in residential rental unit lead-safe maintenance practices approved by the Director, unless the person is a licensed lead abatement contractor or lead abatement worker;

(2) Annually perform a visual examination for deteriorated paint, underlying damage, and other conditions that may cause exposure to lead;

(3) After the visual examination, repair deteriorated paint or other building components that may cause exposure to lead and eliminate the cause of the deterioration in accordance with the work practice standards established by the U.S. EPA;

(4) Conduct post-maintenance dust sampling in accordance with rules (see below); and

(5) Maintain a record of residential rental unit lead-safe maintenance practices for at least three years that documents those practices, including the post-maintenance dust sampling.

All of the following areas of the residential rental unit are subject to the residential rental unit lead-safe maintenance practices:

(1) Interior surfaces and all common areas;

(2) Every attached or unattached structure located within the same lot line as the residential rental unit that the owner or manager considers to be associated with the operation of the residential rental unit, including garages, play equipment, and fences; and

(3) The lot or land that the residential rental unit occupies.

Training programs

Residential rental unit lead-safe maintenance practices are not required to be performed by a person licensed as a lead abatement contractor or lead abatement worker under continuing law. However, after March 29, 2018, any person other than a lead abatement contractor or worker who performs the maintenance practices must

have successfully completed a training program in lead-safe maintenance practices approved by the Director.

In order to seek approval of a training program in residential rental unit lead-safe maintenance practices, a person must apply to the Director and pay a nonrefundable application fee that is established by the Director. The Director cannot establish a fee that exceeds the expense incurred in conducting an evaluation and approval of a training program. The Director must approve a training program if the applicant can show that the training program will provide written proof of completion to each person who completes the program and passes an examination; and that the program complies with any other requirements that the Director has established by rule (see below).

Rules

The Director must adopt rules that establish:

(1) Standards and procedures to be followed when registering a residential rental unit on the lead-safe residential rental unit registry (the rules must be based on U.S. EPA standards);

(2) Procedures and criteria for approving training programs in residential rental unit lead-safe maintenance practices; and

(3) Procedures for post-maintenance dust sampling.

Funding

The Director may use money in the Lead Poisoning Prevention Fund to provide financial assistance to individuals who are unable to pay for costs associated with residential rental unit lead-safe maintenance practices. Under continuing law, the Director may use money in the Fund to provide financial assistance to individuals who are unable to pay for costs associated with obtaining lead tests and lead poisoning treatment for children under six who are not covered by private medical insurance or who are underinsured, are not eligible for Medicaid or any other government health program, and do not have access to another source of funds to cover the cost of lead tests and any indicated treatment. The act repeals a provision of law that allowed the Fund to be used to pay for costs associated with having lead abatement performed or having preventative treatments performed.

Choose Life Fund

(R.C. 3701.65)

The act explicitly authorizes the Director to distribute money in the Choose Life Fund from a prior year that was not distributed to eligible organizations. The previously unspent money must be distributed to eligible organizations in accordance with continuing law's requirements, which the act does not change. Under the continuing law, the Fund consists of the contributions paid for Choose Life license plates. The Director must allocate money in the Fund to each county in proportion to the number of Choose Life license plates issued during the preceding year for vehicles registered in the county. The money is then paid to eligible organizations that are generally located in the county and that provide services to pregnant women residing in the county. In certain situations, the Director does not pay the entire annual allocation for a county because there is a lack of eligible organizations to receive it.

Hospital data reporting

(Repealed R.C. 3727.33, 3727.331, 3727.34, 3727.35, 3727.36, 3727.37, 3727.38, 3727.39, 3727.391, 3727.40, and 3727.41 with conforming changes in R.C. 3727.45)

The act repeals statutory provisions establishing hospital performance measure reporting requirements and certain reporting requirements related to inpatient and outpatient services. The repealed law required each hospital to:

(1) Annually demonstrate performance in meeting inpatient and outpatient service measures specified in rules; and

(2) Annually submit the following information to the Director:

--For patients in certain diagnosis groups that are most frequently treated on an inpatient basis in the hospital: (a) the total number of patients discharged, (b) the mean, median, and range of hospital charges, (c) the mean, median, and range of length of stay, (d) the number of emergency room admissions, hospital transfer admissions, and admissions from other sources, (e) the number of patients falling into certain diagnosis group codes.

--For patients in certain categories of outpatient services most frequently provided by the hospital: (a) the mean and median of total hospital charges for the services and (b) for each category of services, the number of patients.

Hospitals had to make the submitted information available for public inspection and copying for a reasonable fee. The Director had to make it public and, within available appropriations, available on the Internet.

The act also repeals related provisions concerning verification of submitted information, privacy of names and Social Security numbers, hospital liability protections, inadmissibility of submitted information, sale of submitted information, compliance enforcement, and rulemaking.

OVI drug concentration technology

(R.C. 4511.19)

The act eliminates "gas chromatography mass spectrometry" as the sole technology used to measure the concentration of marijuana metabolite for purposes of the OVI (impaired driving) law. This allows for the use of different technologies, particularly as new technologies are developed and approved by the Department.

Hospital nurse staffing plan

(R.C. 3727.54)

Under continuing law, each hospital must create an evidence-based, written nursing services staffing plan guiding the assignment of all nurses in the hospital. The plan must reflect standards established by private accreditation organizations or governmental entities.[79]

The act requires a hospital's nursing care committee to review the plan at least every two years, instead of annually. To maintain a repository for public access, the act requires the hospital to submit a copy of its most recent plan to the Department by March 1 of every even-numbered year, beginning in 2018. The act specifies that the submitted copy is a public record.

State Board of Sanitarian Registration

(R.C. 4736.01, 4736.02, 4736.03, 4736.05, and 4736.12; repealed R.C. 4736.16; conforming changes in numerous other R.C. sections; Sections 515.13 and 515.19)

Elimination of the Board and transfer of authority

The act eliminates the State Board of Sanitarian Registration and transfers to the Director its duties and powers to regulate sanitarians and sanitarians-in-training,

[79] R.C. 3727.53, not in the act.

including conducting examinations and administering a continuing education program. A sanitarian, under continuing law, is a person who performs, for compensation, duties requiring specialized knowledge and skills in the field of environmental health science.

All rules, orders, and determinations of the Board continue in effect as if made by the Director, until modified or rescinded by the Director. Further, all certificates, registrations, and continuing education credit issued by the Board remain valid. Any unfinished business of the Board and any pending action or proceeding by or against the Board is transferred to the Department.

Sanitarian Advisory Board

The act establishes the Sanitarian Advisory Board, which is a seven-member board that must advise the Director regarding:

(1) The registration of sanitarians-in-training and sanitarians;

(2) Continuing education requirements for sanitarians;

(3) The administration of sanitarian examinations;

(4) The education criteria for sanitarians and sanitarians-in-training; and

(5) Any other matter that may assist the Director in regulating sanitarians and sanitarians-in-training.

The Director must appoint the Board members with the advice and consent of the Senate for terms established in accordance with rules adopted by the Director.

Report on cost impact

The act requires the Director, by January 31, 2018, to submit a report to the Governor, the Speaker of the House, and the President of the Senate assessing the cost impact to the Department to regulate sanitarians. The report must include:

(1) An analysis of the operating costs to the Department to regulate sanitarians;

(2) An analysis of whether the costs are sufficiently covered by the revenue from sanitarian and sanitarian-in-training licensing fees; and

(3) A recommendation of whether the fees should be decreased, increased, or remain unchanged in order to sufficiently cover the operating costs.

Breast and Cervical Cancer Project

(R.C. 3701.144 and 3701.601)

Eligibility

The act requires the Department to set new eligibility requirements for services provided through the Ohio Breast and Cervical Cancer Project (BCCP). It specifies that BCCP constitutes Ohio's participation in the National Breast and Cervical Cancer Early Detection Program. BCCP must be administered in accordance with the federal Breast and Cervical Cancer Mortality Prevention Act of 1990,[80] as well as the Department's grant agreement with the U.S. Centers for Disease Control and Prevention.

The following table describes the eligibility requirements that the Department must establish under the act for BCCP.

Ohio Breast and Cervical Cancer Project Eligibility Under the Act	
Income	Not more than 250% of the federal poverty line.
Health insurance status	Any of the following: • Uninsured; • Covered by health insurance that excludes the screening or diagnostic services the woman seeks through BCCP; or • Covered by health insurance that imposes cost sharing for the services the woman seeks through BCCP that exceeds the limit specified by the Director of Health in rules.
Covered services	• Cervical cancer screening and diagnostic services for women ages 21 to 64. • Breast cancer screening and diagnostic services for: ➢ Any woman age 40 to 64; or ➢ A woman age 25 to 39 who has been determined by a

[80] 42 U.S.C. 300k *et seq.* (Title XV of the federal Public Health Service Act).

Ohio Breast and Cervical Cancer Project Eligibility Under the Act	
	physician to need breast cancer screening and diagnostic services due to the results of a clinical breast examination, the woman's family history, or other factors.

Rules

Under the act, the Director must adopt rules specifying the cost sharing limit for each screening and diagnostic service that may be obtained through BCCP. It defines "cost sharing" as the cost to an individual insured under an individual or group insurance policy or a public employee benefit plan according to any coverage limit, copayment, coinsurance, deductible, or other out-of-pocket expense requirements imposed by the policy or plan.[81]

The Director may adopt other rules as necessary to implement BCCP. All rules must be adopted in accordance with the Administrative Procedure Act.

Use of BCCP funds

(R.C. 3701.601)

The act eliminates a provision that permitted BCCP to use funds contributed to it to pay for services by other providers other than local health departments, federally qualified health centers (FQHCs), or community health centers. As a result, those funds must be used to pay only local health departments, FQHCs, and community health centers for screening, diagnostic, and outreach services. Under continuing law, BCCP is funded by donations made through an income tax refund contribution check-off box and direct personal contributions.

Health Care Compact (VETOED)

(R.C. 190.01 and 190.02)

The Governor vetoed a provision that would have adopted "The Health Care Compact" and made Ohio a member state, along with any other state that legally joined the Compact. The Compact allows a state that seeks "to protect individual liberty and

[81] *See* R.C. 3923.85, not in the act.

personal control over its health care decisions" to authorize its legislature with that regulatory responsibility. Any regulation by the member states is done with the goal to improve health policy in their respective jurisdictions. The Compact would have only been effective upon its adoption by at least two member states and the consent of Congress. A detailed description of the vetoed provisions is available on pages 343-346 of LSC's analysis of the House version of H.B. 49. The analysis is available online at https://www.legislature.ohio.gov/download?key=7018&format=pdf.

Smoke Free Workplace Act – research exception

(R.C. 3794.03)

The act establishes an additional exemption from the Smoke Free Workplace Act for certain rooms in a college or university laboratory facility. Specifically, it exempts an enclosed space in a laboratory facility at an accredited college or university, when used exclusively for institutional review board-approved scientific or medical research related to the health effects of smoking or use of tobacco products. Additionally, the research must be conducted in an enclosed space that is not open to the public and that is designed to minimize exposure of nonsmokers to smoke. The act requires a notice of new research to be filed annually with the Department.

Under continuing law, private residences, rooms for sleeping in hotels, family-owned places of employment, rooms in nursing homes, retail tobacco stores, and outdoor patios are, under some circumstances, exempt from the Smoke Free Workplace Act.

Central intake and referral – home visiting and early intervention

(R.C. 3701.611)

Continuing law requires the Departments of Health and Developmental Disabilities to create, by October 6, 2017, a central intake and referral system for the Part C Early Intervention Services Program and all home visiting programs in Ohio. The system must comply with federal IDEA regulations.

Through a competitive bidding process, the departments may select persons or government entities to operate the system. The act adds to and modifies the requirements that a contract they enter into with a system operator must include.

First, under the act, the selected system operator must ensure that the system:

--Serves as a single point of entry for access, assessment, and referral of families to part C early intervention services (in addition to home visiting services, as required by preexisting law); and

--Uses a standardized risk assessment and social determinants of health form or other mechanism for not only assessing each family member's risk factors and social determinants of health, but also for ensuring each family is referred to the appropriate home visiting or part C early intervention program or service. The standardized form or other mechanism must be agreed to by the Home Visiting Consortium and Early Intervention Services Advisory Council.

Second, the contract must include provisions that require the system operator to issue an annual report to the departments that includes data regarding referrals made by the central intake and referral system, costs associated with the referrals, and the quality of services received by families who were referred to the services. The report must be distributed to the Home Visiting Consortium and the Early Intervention Advisory Council.

In addition to these contractual requirements, the act requires the departments to share any funding made available to each for local outreach and child-find efforts after creating the central intake and referral system.

Lastly, the act specifies that its provisions governing the central intake and referral system do not:

--Prohibit the departments from using alternative promotional materials or names for the system;

--Require the use of Help Me Grow Program promotional materials or names; or

--Prohibit providers, central coordinators, the departments, or stakeholders from using the Help Me Grow name for promotional materials for both the home visiting and part C early intervention services components.

Prohibited conduct in RV parks

(R.C. 3729.08 and 3729.14)

The act prohibits a person from using or operating a recreational vehicle park or combined park-camp (a park with both recreational vehicles and portable camping units) as a chronic nuisance property – a property where three or more nuisance activities have occurred during any consecutive six-month period. The act also prohibits a park operator from (1) allowing the park or combined park-camp to be used as a

chronic nuisance property, or (2) knowingly permitting a person with a campsite use agreement to engage in nuisance activity in the park or combined park-camp. A nuisance activity is:

- A felony drug abuse offense;
- A felony sex offense;
- A felony offense of violence; or
- A felony or specification that includes the possession or use of a deadly weapon, including an explosive or a firearm.

Notice

Under the act, the local board of health of the health district in which a recreational vehicle park or combined park-camp is located must send notice to the park or camp operator if the board finds that persons associated with the property have engaged in two or more nuisance activities on the property within any consecutive six-month period. The operator must send the notice by certified mail, and the notice must:

- Specify the conduct that constitutes the nuisance activity; and
- Inform the operator that if any additional nuisance activities occur during the six-month period, the property will be declared a chronic nuisance property and the camp operator's license will be revoked.

If, after mailing the notice, the board learns of another nuisance activity occurring on the property during the six-month period, the board must immediately report to the licensing authority that the property is a chronic nuisance. The licensing authority must immediately revoke the operator's license on receipt of such information.

The license revocation provisions do not limit any other recourse permitted under law for nuisance conduct.

Certificates of need

(R.C. 3702.52)

Law unchanged by the act requires a person seeking to engage in an activity regarding a long-term care facility to obtain a certificate of need (CON) from the Director if the activity is a reviewable activity. A long-term care facility is a nursing home, the portion of a facility certified as a skilled nursing facility or nursing facility for

Medicare or Medicaid, and the portion of a hospital that contains skilled nursing beds or long-term care beds. Reviewable activities that require a CON include constructing a new long-term care facility or replacing an existing one, renovating a facility at a cost of $2 million or more, increasing bed capacity, and relocating beds. The Director must (1) issue rulings on whether a proposed project is a reviewable activity and (2) accept and consider CON applications.[82]

Expedited CON process

The act requires an expedited review process to be administered in addition to the standard review process. It specifies that an application for which expedited review is requested must meet the same requirements as all other applications.

Reviewable activity rulings

If an expedited review is requested, a reviewable activity ruling must be issued not later than 30 days after the Director receives a complete request for a ruling. Under continuing law with standard review, the deadline is 45 days after a complete request is received.

CON applications

Under continuing law, the Director must determine whether a CON application is complete. The Director must mail the applicant a written notice that the application is complete or a written request for information not later than 30 days after receiving the application or a response from the applicant. The act provides that for expedited review applications, the Director's notice or request must be mailed not later than 14 days after receiving the application or response. The act also shortens the comment period to 21 days for expedited review applications, from 45 days for standard review.

Regarding granting or denying a CON application, the act provides that in expedited review cases, the application must be granted or denied no later than 45 days after the notice of completeness is mailed. Under continuing law with standard review, the deadline is 60 days.

Changes in facility ownership during monitoring period

Law unchanged by the act requires the Director to monitor the activities of a person granted a CON during the period beginning with the granting of the CON and ending five years after implementation of the activity for which the CON is granted.

[82] R.C. 3702.51, 3702.511(A), and 3702.53, none in the act.

The Director must determine whether the reviewable activity for which the CON is granted is conducted in substantial accordance with the CON.

Under continuing law, a decrease in bed capacity cannot be used as the basis for determining that a reviewable activity is not being conducted in substantial accordance with a CON. The act adds that a change in the owner or operator of the facility cannot be used as the basis for such a determination, unless the new owner or operator is associated with certain safety or licensing violations specified in continuing law.[83] Under this provision, the holder of a CON may transfer or sell a facility during the five-year monitoring period without the new owner or operator being required to apply for a CON and pay an application fee.

Program for Medically Handicapped Children

(R.C. 3701.021)

Under continuing law, the Program for Medically Handicapped Children provides assistance to Ohio residents who are under age 21, have special health care needs, and meet medical and financial eligibility criteria. It is administered by the Department of Health's Bureau for Children with Medical Handicaps, which is why the Program is commonly referred to as "BCMH."[84] The Director of Health must adopt rules that specify eligibility requirements for BCMH Program providers.

The act specifies that a Medicaid provider is eligible to be a provider of the same goods and services for the BCMH Program that the provider is approved to provide for Medicaid. The act requires the Director to approve such a Medicaid provider for the BCMH Program.

Palliative care facilities

(Repealed R.C. 3712.042)

The act repeals a statute regarding the licensure of palliative care facilities that was enacted inadvertently in 2016 through a drafting error in H.B. 470 of the 131st General Assembly. All other provisions regarding the licensing of those facilities had been removed from H.B. 470 before its enactment.

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[83] See R.C. 3702.59(B), not in the act.

[84] Ohio Department of Health, *Children with Medical Handicaps Program – Information for Families*, available at https://www.odh.ohio.gov/odhprograms/cmh/cwmh/infofam/cmhfmin1.aspx.