

As Reported by the House Finance Committee

131st General Assembly

Regular Session

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Sub. S. B. No. 332

Senators Jones, Tavares

Cosponsors: Senators Faber, Obhof, Patton, Manning, Lehner, Beagle, Seitz, Eklund, Hite, Gardner, Burke, Balderson, Peterson, Hottinger, Hackett, Uecker, Cafaro, Skindell, Yuko, LaRose, Bacon, Brown, Oelslager, Sawyer, Schiavoni, Thomas Representatives Green, Sprague

A BILL

To amend sections 2101.16, 2151.3515, 2151.3516, 1
2151.3517, 2151.3518, 2151.3519, 2151.3521, 2
2151.3523, 2151.3525, 2151.3526, 2151.3527, 3
2151.3529, 2151.3530, 3701.132, 3701.142, 4
3701.61, 3701.63, 3701.66, 3701.67, 3701.68, 5
3701.84, 3701.928, 3713.01, 3713.02, 3713.99, 6
4729.01, 5162.01, 5162.13, 5163.01, 5163.10, 7
5163.101, and 5167.16; to amend, for the purpose 8
of adopting new section numbers as shown in 9
parentheses, sections 2151.3516 (2151.3517), 10
2151.3517 (2151.3518), 2151.3518 (2151.3519), 11
2151.3519 (2151.3521), 2151.3520 (2151.3522), 12
2151.3521 (2151.3523), 2151.3522 (2151.3524), 13
2151.3523 (2151.3525), 2151.3524 (2151.3526), 14
2151.3525 (2151.3528), 2151.3526 (2151.3529), 15
2151.3527 (2151.3530), 2151.3528 (2151.3531), 16
2151.3529 (2151.3534), 2151.3530 (2151.3535); to 17
enact new section 2151.3516 and sections 175.14, 18
175.15, 191.09, 191.10, 2151.3532, 3701.611, 19
3701.612, 3701.613, 3701.671, 3701.90, 3701.951, 20
3701.952, 3701.953, 3701.97, 3702.34, 3705.40, 21

3705.41, 3713.021, 3713.022, 3727.20, 4729.45, 22
4731.057, 4743.08, 5162.135, 5162.136, 5164.471, 23
5164.721, 5167.171, 5167.172, 5167.173, and 24
5167.45 of the Revised Code to provide for the 25
implementation of recommendations made by the 26
Commission on Infant Mortality, to authorize 27
pharmacists to administer by injection certain 28
prescribed drugs, and to make changes to the law 29
permitting controlled desertion of a child not 30
older than thirty days. 31

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That sections 2101.16, 2151.3515, 2151.3516, 32
2151.3517, 2151.3518, 2151.3519, 2151.3521, 2151.3523, 33
2151.3524, 2151.3525, 2151.3526, 2151.3527, 2151.3529, 34
2151.3530, 3701.132, 3701.142, 3701.61, 3701.63, 3701.66, 35
3701.67, 3701.68, 3701.84, 3701.928, 3713.01, 3713.02, 3713.99, 36
4729.01, 5162.01, 5162.13, 5163.01, 5163.10, 5163.101, and 37
5167.16 be amended; sections 2151.3516 (2151.3517), 2151.3517 38
(2151.3518), 2151.3518 (2151.3519), 2151.3519 (2151.3521), 39
2151.3520 (2151.3522), 2151.3521 (2151.3523), 2151.3522 40
(2151.3524), 2151.3523 (2151.3525), 2151.3524 (2151.3526), 41
2151.3525 (2151.3528), 2151.3526 (2151.3529), 2151.3527 42
(2151.3530), 2151.3528 (2151.3531), 2151.3529 (2151.3534), and 43
2151.3530 (2151.3535) be amended for the purpose of adopting new 44
section numbers as shown in parentheses; and new section 45
2151.3516 and sections 175.14, 175.15, 191.09, 191.10, 46
2151.3532, 3701.611, 3701.612, 3701.613, 3701.671, 3701.90, 47
3701.951, 3701.952, 3701.953, 3701.97, 3702.34, 3705.40, 48

3705.41, 3713.021, 3713.022, 3727.20, 4729.45, 4731.057, 49
4743.08, 5162.135, 5162.136, 5164.471, 5164.721, 5167.171, 50
5167.172, 5167.173, and 5167.45 of the Revised Code be enacted 51
to read as follows: 52

Sec. 175.14. (A) The Ohio housing finance agency shall 53
include reducing infant mortality as a priority housing need in 54
the agency's annual plan under section 175.04 of the Revised 55
Code. 56

(B) The Ohio housing finance agency may establish a 57
housing assistance pilot program to expand housing opportunities 58
for extremely low-income households that include pregnant women 59
or new mothers. The housing assistance pilot program shall 60
include rental assistance. If the Ohio housing finance agency 61
establishes such a program under this division, it shall do all 62
of the following: 63

(1) Establish the program not later than December 31, 64
2017, and not end the program before December 31, 2020; 65

(2) Through a competitive bidding process, select local 66
community entities that are involved with issues concerning 67
housing and infant mortality reduction efforts to participate in 68
the program; 69

(3) Evaluate the outcome of the program and include the 70
findings in the annual report prepared pursuant to division (G) 71
of section 175.04 of the Revised Code. 72

Sec. 175.15. The Ohio housing finance agency and the Ohio 73
development services agency shall include pregnancy as a 74
priority in its housing assistance programs and local emergency 75
shelter programs. In consultation with the Ohio development 76
services agency, the Ohio housing finance agency may adopt rules 77

in accordance with Chapter 119. of the Revised Code that are 78
necessary to implement the requirements of this section. 79

Sec. 191.09. The executive director of the office of 80
health transformation shall establish goals for continuous 81
quality improvement pertaining to episode-based payments for 82
prenatal care. The goals shall be published on the internet web 83
site maintained by the office. 84

Sec. 191.10. The executive director of the office of 85
health transformation, in consultation with the director of 86
health, shall identify best practices pertaining to family 87
planning options, strategies for reducing poor pregnancy 88
outcomes, health professional instruction on cultural 89
competency, addressing social determinants of health, and health 90
and wellness activities. The executive director may seek 91
assistance from health care providers, health professional trade 92
associations, medical schools, nursing schools, and other health 93
profession educational programs in completing this task. The 94
executive director shall then inform all health care providers, 95
health professional trade associations, medical schools, nursing 96
schools, and other health profession educational programs in 97
this state of the identified best practices and encourage them 98
to incorporate those practices in their professional practices, 99
curricula, and continuing education programs. 100

Sec. 2101.16. (A) Except as provided in section 2101.164 101
of the Revised Code, the fees enumerated in this division shall 102
be charged and collected, if possible, by the probate judge and 103
shall be in full for all services rendered in the respective 104
proceedings: 105

- (1) Account, in addition to advertising charges 106
-\$ 12.00 107

Waivers and proof of notice of hearing on account,		108
per page, minimum one dollar		109
.....\$ 1.00		110
(2) Account of distribution, in addition to		111
advertising charges		112
.....\$ 7.00		113
(3) Adoption of child, petition for		114
.....\$ 50.00		115
(4) Alter or cancel contract for sale or purchase of		116
real property, complaint to		117
.....\$ 20.00		118
(5) Application and order not otherwise provided for		119
in this section or by rule adopted pursuant to		120
division (E) of this section		121
.....\$ 5.00		122
(6) Appropriation suit, per day, hearing in		123
.....\$ 20.00		124
(7) Birth, application for registration of		125
.....\$ 7.00		126
(8) Birth record, application to correct		127
.....\$ 5.00		128
(9) Bond, application for new or additional		129
.....\$ 5.00		130
(10) Bond, application for release of surety or		131
reduction of		132
.....\$ 5.00		133
(11) Bond, receipt for securities deposited in lieu of		134
.....\$ 5.00		135
(12) Certified copy of journal entry, record, or		136
proceeding, per page, minimum fee one dollar		137
.....\$ 1.00		138
(13) Citation and issuing citation, application for		139

.....	\$ 5.00	140
(14) Change of name, petition for		141
.....	\$ 20.00	142
(15) Claim, application of administrator or executor		143
for allowance of administrator's or executor's own		144
.....	\$ 10.00	145
(16) Claim, application to compromise or settle		146
.....	\$ 10.00	147
(17) Claim, authority to present		148
.....	\$ 10.00	149
(18) Commissioner, appointment of		150
.....	\$ 5.00	151
(19) Compensation for extraordinary services and		152
attorney's fees for fiduciary, application for		153
.....	\$ 5.00	154
(20) Competency, application to procure adjudication of		155
.....	\$ 20.00	156
(21) Complete contract, application to		157
.....	\$ 10.00	158
(22) Concealment of assets, citation for		159
.....	\$ 10.00	160
(23) Construction of will, complaint for		161
.....	\$ 20.00	162
(24) Continue decedent's business, application to		163
.....	\$ 10.00	164
Monthly reports of operation		165
.....	\$ 5.00	166
(25) Declaratory judgment, complaint for		167
.....	\$ 20.00	168
(26) Deposit of will		169
.....	\$ 5.00	170
(27) Designation of heir		171

.....	\$ 20.00	172
(28) Distribution in kind, application, assent, and order for		173 174
.....	\$ 5.00	175
(29) Distribution under section 2109.36 of the Revised Code, application for an order of		176 177
.....	\$ 7.00	178
(30) Docketing and indexing proceedings, including the filing and noting of all necessary documents, maximum fee, fifteen dollars		179 180 181
.....	\$ 15.00	182
(31) Exceptions to any proceeding named in this section, contest of appointment or		183 184
.....	\$ 10.00	185
(32) Election of surviving partner to purchase assets of partnership, proceedings relating to		186 187
.....	\$ 10.00	188
(33) Election of surviving spouse under will		189
.....	\$ 5.00	190
(34) Fiduciary, including an assignee or trustee of an insolvent debtor or any guardian or conservator accountable to the probate court, appointment of		191 192 193
.....	\$ 35.00	194
(35) Foreign will, application to record		195
.....	\$ 10.00	196
Record of foreign will, additional, per page		197
.....	\$ 1.00	198
(36) Forms when supplied by the probate court, not to exceed		199 200
.....	\$ 10.00	201
(37) Heirship, complaint to determine		202
.....	\$ 20.00	203

(38) Injunction proceedings		204
.....	.....\$ 20.00	205
(39) Improve real property, petition to		206
.....	.....\$ 20.00	207
(40) Inventory with appraisement		208
.....	.....\$ 10.00	209
(41) Inventory without appraisement		210
.....	.....\$ 7.00	211
(42) Investment or expenditure of funds, application for		212
.....	.....\$ 10.00	213
(43) Invest in real property, application to		214
.....	.....\$ 10.00	215
(44) Lease for oil, gas, coal, or other mineral, petition to		216
.....	.....\$ 20.00	217
(45) Lease or lease and improve real property, petition to		218
.....	.....\$ 20.00	219
(46) Marriage license		220
.....	.....\$ 10.00	221
Certified abstract of each marriage		222
.....	.....\$ 2.00	223
(47) Minor or incompetent person, etc., disposal of estate under twenty-five thousand dollars of		224
.....	.....\$ 10.00	225
(48) Mortgage or mortgage and repair or improve real property, complaint to		226
.....	.....\$ 20.00	227
(49) Newly discovered assets, report of		228
.....	.....\$ 7.00	229
(50) Nonresident executor or administrator to bar		230
		231
		232
		233
		234
		235

creditors' claims, proceedings by		236
.....	20.00	237
(51) Power of attorney or revocation of power, bonding		238
company		239
.....	10.00	240
(52) Presumption of death, petition to establish		241
.....	20.00	242
(53) Probating will		243
.....	15.00	244
Proof of notice to beneficiaries		245
.....	5.00	246
(54) Purchase personal property, application of		247
surviving spouse to		248
.....	10.00	249
(55) Purchase real property at appraised value,		250
petition of surviving spouse to		251
.....	20.00	252
(56) Receipts in addition to advertising charges,		253
application and order to record		254
.....	5.00	255
Record of those receipts, additional, per page		256
.....	1.00	257
(57) Record in excess of fifteen hundred words in any		258
proceeding in the probate court, per page		259
.....	1.00	260
(58) Release of estate by mortgagee or other lienholder		261
.....	5.00	262
(59) Relieving an estate from administration under		263
section 2113.03 of the Revised Code or granting		264
an order for a summary release from administration		265
under section 2113.031 of the Revised Code		266
.....	60.00	267

(60) Removal of fiduciary, application for		268
.....	.....\$ 10.00	269
(61) Requalification of executor or administrator		270
.....	.....\$ 10.00	271
(62) Resignation of fiduciary		272
.....	.....\$ 5.00	273
(63) Sale bill, public sale of personal property		274
.....	.....\$ 10.00	275
(64) Sale of personal property and report, application for		276
.....	.....\$ 10.00	277
.....		278
(65) Sale of real property, petition for		279
.....	.....\$ 25.00	280
(66) Terminate guardianship, petition to		281
.....	.....\$ 10.00	282
(67) Transfer of real property, application, entry, and certificate for		283
.....	.....\$ 7.00	284
.....		285
(68) Unclaimed money, application to invest		286
.....	.....\$ 7.00	287
(69) Vacate approval of account or order of distribution, motion to		288
.....	.....\$ 10.00	289
.....		290
(70) Writ of execution		291
.....	.....\$ 5.00	292
(71) Writ of possession		293
.....	.....\$ 5.00	294
(72) Wrongful death, application and settlement of claim for		295
.....	.....\$ 20.00	296
.....		297
(73) Year's allowance, petition to review		298
.....	.....\$ 7.00	299

(74) Guardian's report, filing and review of	300
.....\$ 5.00	301
(75) Mentally ill person subject to court order,	302
filing of affidavit and proceedings for	303
.....\$ 25.00	304
(B) (1) In relation to an application for the appointment	305
of a guardian or the review of a report of a guardian under	306
section 2111.49 of the Revised Code, the probate court, pursuant	307
to court order or in accordance with a court rule, may direct	308
that the applicant or the estate pay any or all of the expenses	309
of an investigation conducted pursuant to section 2111.041 or	310
division (A) (2) of section 2111.49 of the Revised Code. If the	311
investigation is conducted by a public employee or investigator	312
who is paid by the county, the fees for the investigation shall	313
be paid into the county treasury. If the court finds that an	314
alleged incompetent or a ward is indigent, the court may waive	315
the costs, fees, and expenses of an investigation.	316
(2) In relation to the appointment or functioning of a	317
guardian for a minor or the guardianship of a minor, the probate	318
court may direct that the applicant or the estate pay any or all	319
of the expenses of an investigation conducted pursuant to	320
section 2111.042 of the Revised Code. If the investigation is	321
conducted by a public employee or investigator who is paid by	322
the county, the fees for the investigation shall be paid into	323
the county treasury. If the court finds that the guardian or	324
applicant is indigent, the court may waive the costs, fees, and	325
expenses of an investigation.	326
(3) In relation to the filing of an affidavit of mental	327
illness for a mentally ill person subject to court order, the	328
court may waive the fee under division (A) (75) of this section	329

if the court finds that the affiant is indigent or for good 330
cause shown. 331

(C) Thirty dollars of the thirty-five-dollar fee collected 332
pursuant to division (A) (34) of this section and twenty dollars 333
of the sixty-dollar fee collected pursuant to division (A) (59) 334
of this section shall be deposited by the county treasurer in 335
the indigent guardianship fund created pursuant to section 336
2111.51 of the Revised Code. 337

(D) The fees of witnesses, jurors, sheriffs, coroners, and 338
constables for services rendered in the probate court or by 339
order of the probate judge shall be the same as provided for 340
similar services in the court of common pleas. 341

(E) The probate court, by rule, may require an advance 342
deposit for costs, not to exceed one hundred twenty-five 343
dollars, at the time application is made for an appointment as 344
executor or administrator or at the time a will is presented for 345
probate. 346

(F) (1) Thirty dollars of the fifty-dollar fee collected 347
pursuant to division (A) (3) of this section shall be deposited 348
into the "putative father registry fund," which is hereby 349
created in the state treasury. The department of job and family 350
services shall use the money in the fund to fund the 351
department's costs of performing its duties related to the 352
putative father registry established under section 3107.062 of 353
the Revised Code. 354

(2) If the department determines that money in the 355
putative father registry fund is more than is needed for its 356
duties related to the putative father registry, the department 357
may use the surplus moneys in the fund as permitted in division 358

(C) of section ~~2151.3529~~ 2151.3534, division (B) of section 2151.3530, or section 5103.155 of the Revised Code. 359
360

Sec. 2151.3515. As used in sections 2151.3515 to ~~2151.3530~~ 2151.3535 of the Revised Code: 361
362

~~(A) "Deserted child" means a child whose parent has voluntarily delivered the child to an emergency medical service worker, peace officer, or hospital employee without expressing an intent to return for the child.~~ 363
364
365
366

~~(B)~~ "Emergency medical service organization," "emergency medical technician-basic," "emergency medical technician-intermediate," "first responder," and "paramedic" have the same meanings as in section 4765.01 of the Revised Code. 367
368
369
370

~~(C)~~ (B) "Emergency medical service worker" means a first responder, emergency medical technician-basic, emergency medical technician-intermediate, or paramedic. 371
372
373

~~(D)~~ (C) "Hospital" has the same meaning as in section 3727.01 of the Revised Code. 374
375

~~(E)~~ (D) "Hospital employee" means any of the following persons: 376
377

(1) A physician who has been granted privileges to practice at the hospital; 378
379

(2) A nurse, physician assistant, or nursing assistant employed by the hospital; 380
381

(3) An authorized person employed by the hospital who is acting under the direction of a physician described in division (E) (1) of this section. 382
383
384

~~(F)~~ (E) "Law enforcement agency" means an organization or 385

entity made up of peace officers. 386

~~(G)~~ (F) "Nurse" means a person who is licensed under 387
Chapter 4723. of the Revised Code to practice as a registered 388
nurse or licensed practical nurse. 389

~~(H)~~ (G) "Nursing assistant" means a person designated by a 390
hospital as a nurse aide or nursing assistant whose job is to 391
aid nurses, physicians, and physician assistants in the 392
performance of their duties. 393

~~(I)~~ (H) "Peace officer" means a sheriff, deputy sheriff, 394
constable, police officer of a township or joint police 395
district, marshal, deputy marshal, municipal police officer, or 396
a state highway patrol trooper. 397

~~(J)~~ (I) "Physician" means an individual authorized under 398
Chapter 4731. of the Revised Code to practice medicine and 399
surgery, osteopathic medicine and surgery, or podiatric medicine 400
and surgery. 401

~~(K)~~ (J) "Physician assistant" means an individual who 402
holds a current, valid license to practice as a physician 403
assistant issued under Chapter 4730. of the Revised Code. 404

Sec. 2151.3516. A parent may voluntarily deliver his or 405
her child who is not older than thirty days, without intent to 406
return for the child, to a person specified in section 2151.3517 407
of the Revised Code or a newborn safety incubator provided by an 408
entity described in that section that meets the requirements of 409
section 2151.3532 of the Revised Code. 410

~~Sec. 2151.3516~~ 2151.3517. The following entities or 411
persons, while acting in an official capacity on behalf of any 412
of the entities, shall take possession of a child ~~who is thirty-~~ 413
~~days old or younger if that child's parent has voluntarily-~~ 414

~~delivered the child to that person without the parent expressing~~ 415
~~an intent to return for the child. delivered in accordance with~~ 416
~~section 2151.3516 of the Revised Code:~~ 417

(A) A ~~peace officer on behalf of the~~ law enforcement 418
~~agency that employs the~~ or a peace officer employed by the 419
agency; 420

(B) A ~~hospital employee on behalf of the~~ hospital that has 421
~~or a person granted the person privilege to practice at,~~ or 422
~~employed by,~~ the hospital ~~or that employs the person;~~ 423

(C) An ~~emergency medical service worker on behalf of the~~ 424
emergency medical service organization ~~that employs the worker~~ 425
~~or for which the worker provides~~ or an emergency medical service 426
worker employed by or providing services to the organization. 427

~~Sec. 2151.3517~~ **2151.3518.** (A) On taking possession of a 428
child pursuant to section ~~2151.3516~~ 2151.3517 of the Revised 429
Code, a law enforcement agency, hospital, or emergency medical 430
service organization shall do all the following: 431

(1) Perform any act necessary to protect the child's 432
health or safety; 433

(2) Notify the public children services agency of the 434
county in which the agency, hospital, or organization is located 435
that the child has been taken into possession; 436

(3) If possible, make available to the parent who 437
delivered the child forms developed under section ~~2151.3529~~ 438
2151.3534 of the Revised Code that are designed to gather 439
medical information concerning the child and the child's 440
parents; 441

(4) If possible, make available to the parent who 442

delivered the child written materials developed under section 443
~~2151.3529~~-2151.3534 of the Revised Code that describe services 444
available to assist parents and newborns; 445

(5) If the child has suffered a physical or mental wound, 446
injury, disability, or condition of a nature that reasonably 447
indicates abuse or neglect of the child, attempt to identify and 448
pursue the person who delivered the child. 449

(B) An emergency medical service worker who takes 450
possession of a child shall, in addition to any act performed 451
under division (A)(1) of this section, perform any medical 452
service the worker is authorized to perform that is necessary to 453
protect the physical health or safety of the child. 454

Sec. ~~2151.3518~~ 2151.3519. On receipt of a notice given 455
pursuant to section ~~2151.3517~~-2151.3518 of the Revised Code that 456
an emergency medical service organization, a law enforcement 457
agency, or hospital has taken possession of a child and in 458
accordance with rules of the department of job and family 459
services, a public children services agency shall do all of the 460
following: 461

(A) Consider the child to be in need of public care and 462
protective services; 463

(B) Accept and take emergency temporary custody of the 464
child; 465

(C) Provide temporary emergency care for the child, 466
without agreement or commitment; 467

(D) Make an investigation concerning the child; 468

(E) File a motion with the juvenile court of the county in 469
which the agency is located requesting that the court grant 470

temporary custody of the child to the agency or to a private 471
child placing agency; 472

(F) Provide any care for the child that the public 473
children services agency considers to be in the best interest of 474
the child, including placing the child in shelter care; 475

(G) Provide any care and perform any duties that are 476
required of public children services agencies under section 477
5153.16 of the Revised Code; 478

(H) Prepare and keep written records of the investigation 479
of the child, of the care and treatment afforded the child, and 480
any other records required by the department of job and family 481
services. 482

Sec. ~~2151.3519~~ 2151.3521. When a public children services 483
agency files a motion pursuant to division (E) of section 484
~~2151.3518~~ 2151.3519 of the Revised Code, the juvenile court 485
shall hold an emergency hearing as soon as possible to determine 486
whether the child ~~is a deserted child~~ was delivered in accordance 487
with section 2151.3516 of the Revised Code. The court ~~is~~ 488
~~required to~~ shall give notice to the parents of the child ~~only~~ 489
~~if the court has knowledge of the names of the parents~~ in 490
accordance with Rule 16 of the Rules of Juvenile Procedure. If 491
the court determines at the initial hearing or at any other 492
hearing that a child ~~is a deserted child~~ was delivered in 493
accordance with section 2151.3516 of the Revised Code, the court 494
shall adjudicate the child a deserted child and enter its 495
findings in the record of the case. 496

Sec. ~~2151.3520~~ 2151.3522. If a juvenile court adjudicates 497
a child a deserted child, the court shall commit the child to 498
the temporary custody of a public children services agency or a 499

private child placing agency. The court shall consider the order 500
committing the child to the temporary custody of the agency to 501
be an order of disposition issued under division (A) (2) of 502
section 2151.353 of the Revised Code with respect to a child 503
adjudicated a neglected child. 504

Sec. ~~2151.3521~~ 2151.3523. A court that issues an order 505
pursuant to section ~~2151.3520~~ 2151.3522 of the Revised Code 506
shall treat the child who is the subject of the order the same 507
as a child adjudicated a neglected child when performing duties 508
under Chapter 2151. of the Revised Code with respect to the 509
child, except that there is a rebuttable presumption that it is 510
not in the child's best interest to return the child to the 511
natural parents. 512

Sec. ~~2151.3522~~ 2151.3524. A public children services 513
agency or private child placing agency that receives temporary 514
custody of a child adjudicated a deserted child shall prepare 515
case plans, conduct investigations, conduct periodic 516
administrative reviews of case plans, and provide services for 517
the deserted child as if the child were adjudicated a neglected 518
child and shall follow the same procedures under this chapter in 519
performing those functions as if the deserted child was a 520
neglected child. 521

Sec. ~~2151.3523~~ 2151.3525. (A) A parent does not commit a 522
criminal offense under the laws of this state and shall not be 523
subject to criminal prosecution in this state for the act of 524
voluntarily delivering a child under section 2151.3516 of the 525
Revised Code. 526

(B) A person who delivers or attempts to deliver a child 527
who has suffered any physical or mental wound, injury, 528
disability, or condition of a nature that reasonably indicates 529

abuse or neglect of the child is not immune from civil or 530
criminal liability for abuse or neglect. 531

(C) A person or ~~governmental~~-entity that takes possession 532
of a child pursuant to section ~~2151.3516~~-2151.3517 of the 533
Revised Code or takes emergency temporary custody of and 534
provides temporary emergency care for a child pursuant to 535
section ~~2151.3518~~-2151.3519 of the Revised Code is immune from 536
any civil liability that might otherwise be incurred or imposed 537
as a result of these actions, unless the person or entity has 538
acted in bad faith or with malicious purpose. The immunity 539
provided by this division does not apply if the person or 540
~~governmental~~-entity has immunity from civil liability under 541
section 9.86, 2744.02, or 2744.03 of the Revised Code for the 542
action in question. 543

(D) A person or ~~governmental~~-entity that takes possession 544
of a child pursuant to section ~~2151.3516~~-2151.3517 of the 545
Revised Code or takes emergency temporary custody of and 546
provides temporary emergency care for a child pursuant to 547
section ~~2151.3518~~-2151.3519 of the Revised Code is immune from 548
any criminal liability that might otherwise be incurred or 549
imposed as a result of these actions, unless the person or 550
entity has acted in bad faith or with malicious purpose. 551

(E) Divisions (C) and (D) of this section do not create a 552
new cause of action or substantive legal right against a person 553
or ~~governmental~~-entity, and do not affect any immunities from 554
civil liability or defenses established by another section of 555
the Revised Code or available at common law, to which a person 556
or governmental entity may be entitled under circumstances not 557
covered by this section. 558

Sec. ~~2151.3524~~ 2151.3526. (A) A parent who voluntarily 559

delivers a child under section 2151.3516 of the Revised Code has 560
the absolute right to remain anonymous. The anonymity of a 561
parent who voluntarily delivers a child does not affect any duty 562
imposed under ~~sections 2151.3516~~ section 2151.3517 or ~~2151.3517-~~ 563
2151.3518 of the Revised Code. A parent who voluntarily delivers 564
a child may leave the place at which the parent delivers the 565
child at any time after the delivery of the child. 566

(B) Notwithstanding division (A) of this section, a parent 567
who delivers or attempts to deliver a child who has suffered any 568
physical or mental wound, injury, disability, or condition of a 569
nature that reasonably indicates abuse or neglect of the child 570
does not have the right to remain anonymous and may be subject 571
to arrest pursuant to Chapter 2935. of the Revised Code. 572

Sec. ~~2151.3525~~ 2151.3528. A parent who voluntarily 573
delivers a child under section 2151.3516 of the Revised Code may 574
complete all or any part of the medical information forms ~~the~~ 575
~~parent receives~~ made available under division (A) (3) of section 576
~~2151.3517-2151.3518~~ of the Revised Code. The parent may deliver 577
the fully or partially completed forms at the same time as 578
delivering the child or at a later time. The parent is not 579
required to complete all or any part of the forms. 580

Sec. ~~2151.3526~~ 2151.3529. A parent who voluntarily 581
delivers a child under section 2151.3516 of the Revised Code may 582
refuse to accept the materials made available under division (A) 583
(4) of section ~~2151.3517-2151.3518~~ of the Revised Code. 584

Sec. ~~2151.3527~~ 2151.3530. (A) No person described in 585
section ~~2151.3516-2151.3517~~ of the Revised Code and no other 586
person employed by an entity described in that section shall do 587
the following with respect to a parent who voluntarily delivers 588
a child under that section: 589

(1) Coerce or otherwise try to force the parent into revealing the identity of the child's parents; 590
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(2) Pursue or follow the parent after the parent leaves the place at which the child was delivered; 592
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(3) Coerce or otherwise try to force the parent not to desert the child; 594
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(4) Coerce or otherwise try to force the parent to complete all or any part of the medical information forms received-made available under division (A) (3) of section ~~2151.3517-2151.3518~~ of the Revised Code; 596
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(5) Coerce or otherwise try to force the parent to accept the materials made available under division (A) (4) of section ~~2151.3517-2151.3518~~ of the Revised Code. 600
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(B) Divisions (A) (1) and (2) of this section do not apply with respect to a person who delivers or attempts to deliver a child who has suffered any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect of the child. 603
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~~Sec. 2151.3528~~ 2151.3531. If a child is adjudicated a deserted child and a person indicates to the court that the person is the parent of the child and that the person seeks to be reunited with the child, the court that adjudicated the child shall require the person, at the person's expense, to submit to a DNA test to verify that the person is a parent of the child. 608
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Sec. 2151.3532. Not later than one hundred eighty days after the effective date of this section, the director of the department of health shall adopt rules in accordance with Chapter 119. of the Revised Code governing newborn safety incubators provided by entities described in section 2151.3517 614
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of the Revised Code. The rules shall provide for all of the 619
following: 620

(A) Sanitation standards; 621

(B) Procedures to provide emergency care for a child 622
delivered to an incubator; 623

(C) Manufacturing and manufacturer standards; 624

(D) Design and function requirements that include the 625
following: 626

(1) Take into account installation at a law enforcement 627
agency, a hospital, or an emergency medical service 628
organization; 629

(2) Allow a child to be placed anonymously from outside 630
the facility; 631

(3) Lock the incubator after a child is placed in it so 632
that a person outside the facility is unable to access the 633
child; 634

(4) Provide a controlled environment for the care and 635
protection of the child; 636

(5) Provide notification to a centralized location in the 637
facility within thirty seconds of a child being placed in the 638
incubator; 639

(6) Trigger a 9-1-1 call if a facility does not respond 640
within a reasonable amount of time after a child is placed in 641
the facility's incubator. 642

(E) Operating policies, supervision, and maintenance 643
requirements for an incubator, including requirements that only 644
a peace officer, emergency medical service worker, or hospital 645

employee supervise the incubator and take custody of a child 646
placed in it; 647

(F) Qualifications for persons to install incubators; 648

(G) Procedures and forms for the registration of qualified 649
incubator installers; 650

(H) Costs for registering and regulating incubators and 651
fees to cover those costs; 652

(I) Creating and posting signs to be placed near or on 653
incubators to provide information about using them; 654

(J) Enforcement of and remedies for violations for failure 655
to comply with the requirements governing incubators; 656

(K) Any other requirement the department considers 657
necessary to ensure the safety and welfare of a child placed in 658
an incubator. 659

Sec. ~~2151.3529~~ 2151.3534. (A) The director of job and 660
family services shall promulgate forms designed to gather 661
pertinent medical information concerning a deserted child and 662
the child's parents. The forms shall clearly and unambiguously 663
state on each page that the information requested is to 664
facilitate medical care for the child, that the forms may be 665
fully or partially completed or left blank, that completing the 666
forms or parts of the forms is completely voluntary, and that no 667
adverse legal consequence will result from failure to complete 668
any part of the forms. 669

(B) The director shall promulgate written materials to be 670
~~given~~ made available to the parents of a child delivered 671
pursuant to section 2151.3516 of the Revised Code. The materials 672
shall describe services available to assist parents and newborns 673

and shall include information directly relevant to situations 674
that might cause parents to desert a child and information on 675
the procedures for a person to follow in order to reunite with a 676
child the person delivered under section 2151.3516 of the 677
Revised Code, including notice that the person will be required 678
to submit to a DNA test, at that person's expense, to prove that 679
the person is the parent of the child. 680

(C) If the department of job and family services 681
determines that money in the putative father registry fund 682
created under section 2101.16 of the Revised Code is more than 683
is needed for its duties related to the putative father 684
registry, the department may use surplus moneys in the fund for 685
costs related to the development and publication of forms and 686
materials promulgated pursuant to divisions (A) and (B) of this 687
section. 688

Sec. ~~2151.3530~~ 2151.3535. (A) The director of job and 689
family services shall distribute the medical information forms 690
and written materials promulgated under section ~~2151.3529~~ 691
2151.3534 of the Revised Code to entities permitted to receive a 692
deserted child, to public children services agencies, and to 693
other public or private agencies that, in the discretion of the 694
director, are best able to disseminate the forms and materials 695
to the persons who are most in need of the forms and materials. 696

The department of job and family services shall develop an 697
educational plan, in collaboration with the Ohio family and 698
children first cabinet council, for informing at-risk 699
populations who are most likely to voluntarily deliver a child 700
under section 2151.3516 of the Revised Code concerning the 701
provisions of sections 2151.3516 to ~~2151.3530~~ 2151.3535 of the 702
Revised Code. 703

(B) If the department of job and family services 704
determines that money in the putative father registry fund 705
created under section 2101.16 of the Revised Code is more than 706
is needed to perform its duties related to the putative father 707
registry, the department may use surplus moneys in the fund for 708
costs related to the distribution of forms and materials 709
pursuant to this section. 710

Sec. 3701.132. (A) As used in this section, "WIC program" 711
means the "special supplemental nutrition program for women, 712
infants, and children" established under the "Child Nutrition 713
Act of 1966," 80 Stat. 885, 42 U.S.C. 1786, as amended. 714

(B) The department of health is hereby designated as the 715
state agency to administer the WIC program. ~~The~~ 716

The director of health ~~may~~ shall adopt rules pursuant to 717
Chapter 119. of the Revised Code as necessary for administering 718
the WIC program. The rules may include civil money penalties for 719
violations of the rules. The rules shall require a contract the 720
department enters into with a WIC clinic to include provisions 721
requiring the clinic to promote the use of technology-based 722
resources, such as mobile telephone or text messaging 723
applications, that offer tips on having a healthy pregnancy and 724
healthy baby to clinic clients who are pregnant or have an 725
infant who is less than one year of age. 726

(C) In determining eligibility for services provided under 727
the WIC program, the department may use the application form 728
established under section 5163.40 of the Revised Code for the 729
healthy start program. The department may require applicants to 730
furnish their social security numbers. 731

(D) If the department determines that a vendor has 732

committed an act with respect to the WIC program that federal 733
statutes or regulations or state statutes or rules prohibit, the 734
department shall take action against the vendor in the manner 735
required by 7 C.F.R. part 246, including imposition of a civil 736
money penalty in accordance with 7 C.F.R. 246.12, or rules 737
adopted under this section. 738

Sec. 3701.142. ~~(C)~~ The director of health, in consultation 739
with the medicaid director, shall adopt rules specifying ~~The the~~ 740
urban and rural communities, that have the highest infant 741
mortality rates in this state. The communities shall be 742
identified by zip code or portions of zip codes that are 743
contiguous, ~~that have the highest infant mortality rates in this~~ 744
~~state; . The~~ 745

~~(D)~~ ~~The rules adopted under this section shall be adopted~~ 746
in accordance with Chapter 119. of the Revised Code. 747

Sec. 3701.61. (A) The department of health shall establish 748
the help me grow program ~~to encourage as the state's evidence-~~ 749
based parent support program that encourages early prenatal and 750
well-baby care, as well as ~~provide~~ provides parenting education 751
to promote the comprehensive health and development of children. 752
The program shall also provide home visiting services to 753
families with a pregnant woman or an infant or toddler under 754
three years of age who meet the eligibility requirements 755
established in rules adopted under this section. Home visiting 756
services shall be provided through evidence-based home visiting 757
models or innovative, promising home visiting models recommended 758
by the Ohio home visiting consortium created under section 759
3701.612 of the Revised Code. 760

(B) Families shall be referred to the appropriate home 761
visiting services through the central intake and referral system 762

created under section 3701.611 of the Revised Code. 763

(C) To the extent possible, the goals of the help me grow 764
program shall be consistent with the goals of the federal home 765
visiting program, as specified by the maternal and child health 766
bureau of the health resources and services administration in 767
the United States department of health and human services or its 768
successor. 769

(D) The director of health may enter into an interagency 770
agreement with one or more state agencies to implement the help 771
me grow program and ensure coordination of early childhood 772
programs. 773

~~(C)~~ (E) The director may distribute help me grow program 774
funds through contracts, grants, or subsidies to entities 775
providing services under the program. 776

~~(D)~~ (F) As a condition of receiving payments for home 777
visiting services, providers shall ~~report~~ do both of the 778
following: 779

(1) Promote the use of technology-based resources, such as 780
mobile telephone or text messaging applications, that offer tips 781
on having a healthy pregnancy and healthy baby to families with 782
a pregnant woman or infant who is less than one year of age; 783

(2) Report to the director data on the program performance 784
indicators that are used to assess progress toward achieving the 785
goals of the program. The report shall include data on the 786
performance indicator of birth outcomes, including risk 787
indicators of low birth weight and preterm births, and data on 788
all other performance indicators, specified in rules adopted 789
under division (G) of this section, that are used to assess 790
progress toward achieving all of the following: 791

(a) The benchmark domains established for the federal home visiting program, including improvement in maternal and newborn health; reduction in child injuries, abuse, and neglect; improved school readiness and achievement; reduction in crime and domestic violence; and improved family economic self-sufficiency; 792
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(b) Improvement in birth outcomes and reduction in stillbirths, as that term is defined in section 3701.97 of the Revised Code; 798
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(c) Reduction in tobacco use by pregnant women, new parents, and others living in households with children. The 801
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The providers shall report the data in the format and within the time frames specified in the rules. 803
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The director shall prepare an annual report on the data received from the providers. The director shall make the report available on the internet web site maintained by the department of health. 805
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~~(E)~~ (G) Pursuant to Chapter 119. of the Revised Code, the director shall adopt rules that are necessary and proper to implement this section. The rules shall specify all of the following: 809
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(1) ~~Eligibility~~ Subject to division (H) of this section, eligibility requirements for home visiting services; 813
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(2) Eligibility requirements for providers of home visiting services; 815
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(3) Standards and procedures for the provision of program services, including data collection, program monitoring, and program evaluation; 817
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(4) Procedures for appealing the denial of an application for program services or the termination of services;	820 821
(5) Procedures for appealing the denial of an application to become a provider of program services or the termination of the department's approval of a provider;	822 823 824
(6) Procedures for addressing complaints;	825
(7) The program performance indicators on which data must be reported by providers of home visiting services under division (D) <u>(F)</u> of this section, which, to the extent possible, shall be consistent with federal reporting requirements for federally funded home visiting services;	826 827 828 829 830
(8) The format in which reports must be submitted under division (D) <u>(F)</u> of this section and the time frames within which the reports must be submitted;	831 832 833
(9) Criteria for payment of approved providers of program services;	834 835
(10) Any other rules necessary to implement the program.	836
<u>(H) When adopting rules required by division (G)(1) of this section, the department shall specify that families residing in the urban and rural communities specified in rules adopted under section 3701.142 of the Revised Code are to receive priority over other families for home visiting services.</u>	837 838 839 840 841
<u>Sec. 3701.611. (A) Not later than six months after the effective date of this section, the department of health and the department of developmental disabilities shall create a central intake and referral system for the state's part C early intervention services program and all home visiting programs operating in this state. The system shall comply with all</u>	842 843 844 845 846 847

regulations governing the part C early intervention program for 848
infants and toddlers with disabilities that are promulgated 849
under the "Individuals with Disabilities Education Act of 1997," 850
20 U.S.C. 1400, as amended. Through a competitive bidding 851
process, the department of health and department of 852
developmental disabilities may select one or more persons or 853
government entities to operate the system. 854

(B) If the department of health and department of 855
developmental disabilities choose to select one or more system 856
operators as described in division (A) of this section, a 857
contract with any system operator shall require that the system 858
do both of the following: 859

(1) Serve as a single point of entry for access, 860
assessment, and referral of families to appropriate home 861
visiting services based on each family's location of residence; 862

(2) Use a standardized form or other mechanism to assess 863
for each family member's risk factors and social determinants of 864
health. 865

If the Ohio home visiting consortium created under section 866
3701.612 of the Revised Code has recommended a standardized form 867
or other mechanism for this purpose, the contract may require 868
the use of that form or other mechanism. 869

Sec. 3701.612. (A) The Ohio home visiting consortium is 870
hereby created. The purpose of the consortium is to ensure that 871
home visiting services provided by home visiting programs 872
operating in this state, as well as home visiting services 873
provided or arranged for by medicaid managed care organizations, 874
are high-quality and delivered through evidence-based or 875
innovative, promising home visiting models. It is the intent of 876

the general assembly that all home visiting services provided in 877
this state do both of the following: 878

(1) Improve health, educational, and social outcomes for 879
expectant and new parents and young children; 880

(2) Promote safe, connected families and communities in 881
which children are able to grow up healthy and ready to learn. 882

(B) (1) In furtherance of the consortium's purpose, the 883
consortium shall do both of the following: 884

(a) Make recommendations to the department of health, 885
department of medicaid, department of mental health and 886
addiction services, and department of developmental disabilities 887
regarding how to leverage all funding sources available for home 888
visiting services, including medicaid, to accomplish both of the 889
following in this state: 890

(i) Expand the use of evidence-based home visiting program 891
models; 892

(ii) Initiate, as pilot projects, innovative, promising 893
home visiting models. 894

(b) Make recommendations to the department of medicaid on 895
the terms to be included in contracts the department enters into 896
with medicaid managed care organizations under section 5167.10 897
of the Revised Code to ensure that the organizations are 898
providing or arranging for the medicaid recipients enrolled in 899
their organizations to receive home visiting services that are 900
delivered as part of the home visiting program models described 901
in divisions (B) (1) (a) (i) and (ii) of this section. 902

(2) The consortium may recommend a standardized form or 903
other mechanism to assess family risk factors and social 904

<u>determinants of health for purposes of the central intake and</u>	905
<u>referral system described in section 3701.611 of the Revised</u>	906
<u>Code.</u>	907
<u>(C) The consortium shall consist of the following members:</u>	908
<u>(1) The director of health or the director's designee;</u>	909
<u>(2) The medicaid director or the director's designee;</u>	910
<u>(3) The director of mental health and addiction services</u>	911
<u>or the director's designee;</u>	912
<u>(4) The director of developmental disabilities or the</u>	913
<u>director's designee;</u>	914
<u>(5) The executive director of the commission on minority</u>	915
<u>health or the executive director's designee;</u>	916
<u>(6) A member of the commission on infant mortality who is</u>	917
<u>not a legislator or an individual specified under this division;</u>	918
<u>(7) One individual who represents medicaid managed care</u>	919
<u>organizations, recommended by the board of trustees of the Ohio</u>	920
<u>association of health plans;</u>	921
<u>(8) One individual who represents county boards of</u>	922
<u>developmental disabilities, recommended by the Ohio association</u>	923
<u>of county boards of developmental disabilities;</u>	924
<u>(9) A home visiting contractor who provides services</u>	925
<u>within the help me grow program through a contract, grant, or</u>	926
<u>other agreement with the department of health;</u>	927
<u>(10) An individual who receives home visiting services</u>	928
<u>from the help me grow program;</u>	929
<u>(11) Two members of the senate, one from the majority</u>	930
<u>party and one from the minority party, each appointed by the</u>	931

senate president; 932

(12) Two members of the house of representatives, one from 933
the majority party and one from the minority party, each 934
appointed by the speaker of the house of representatives. 935

(D) The consortium members described in divisions (C) (6) 936
to (11) of this section shall be appointed not later than thirty 937
days after the effective date of this section. An appointed 938
member shall hold office until a successor is appointed. A 939
vacancy shall be filled in the same manner as the original 940
appointment. 941

The director of health shall serve as the chairperson of 942
the consortium. 943

A member shall serve without compensation except to the 944
extent that serving on the consortium is considered part of the 945
member's regular duties of employment. 946

(E) The consortium shall meet at the call of the director 947
of health but not less than once each calendar quarter. The 948
consortium's first meeting shall occur not later than sixty days 949
after the effective date of this section. 950

(F) The department of health shall provide meeting space 951
and staff and other administrative support for the consortium. 952

(G) The consortium is not subject to sections 101.82 to 953
101.87 of the Revised Code. 954

Sec. 3701.613. Beginning in fiscal year 2018, the 955
department of health shall facilitate and allocate funds for a 956
biannual summit on home visiting programs. The purpose of each 957
summit is to convene persons and government entities involved 958
with the delivery of home visiting services in this state, as 959

<u>well as other interested persons, to do all of the following:</u>	960
<u>(A) Share the latest research on evidence-based and innovative, promising home visiting models;</u>	961
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<u>(B) Discuss strategies to ensure that home visiting programs in this state use evidence-based or innovative, promising home visiting models;</u>	963
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	965
<u>(C) Discuss strategies to reduce tobacco use by families participating in home visiting programs;</u>	966
	967
<u>(D) Present successes and challenges encountered by home visiting programs.</u>	968
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Sec. 3701.63. (A) As used in this section and sections 3701.64, 3701.66, and 3701.67 of the Revised Code:	970
	971
(1) "Child day-care center," "type A family day-care home," and "licensed type B family day-care home" have the same meanings as in section 5104.01 of the Revised Code.	972
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(2) "Child care facility" means a child day-care center, a type A family day-care home, or a licensed type B family day-care home.	975
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(3) "Foster caregiver" has the same meaning as in section 5103.02 of the Revised Code.	978
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(4) "Freestanding birthing center" has the same meaning as in section 3702.141 of the Revised Code.	980
	981
(5) "Hospital" means a hospital classified pursuant to rules adopted under section 3701.07 of the Revised Code as a general hospital or children's hospital and to which either of the following applies:	982
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(a) The hospital has a maternity unit.	986

(b) The hospital receives for care infants who have been transferred to it from other facilities and who have never been discharged to their residences following birth.	987 988 989
(6) "Infant" means a child who is less than one year of age.	990 991
(7) "Maternity unit" means the distinct portion of a hospital licensed as a maternity unit under Chapter 3711. of the Revised Code.	992 993 994
(8) "Other person responsible for the infant" includes a foster caregiver.	995 996
(9) "Parent" means either parent, unless the parents are separated or divorced or their marriage has been dissolved or annulled, in which case "parent" means the parent who is the residential parent and legal custodian of the child. "Parent" also means a prospective adoptive parent with whom a child is placed.	997 998 999 1000 1001 1002
(10) "Shaken baby syndrome" means signs and symptoms, including, but not limited to, retinal hemorrhages in one or both eyes, subdural hematoma, or brain swelling, resulting from the violent shaking or the shaking and impacting of the head of an infant or small child.	1003 1004 1005 1006 1007
(B) The director of health shall establish the shaken baby syndrome education program by doing all of the following:	1008 1009
(1) Developing educational materials that present readily comprehensible information on shaken baby syndrome;	1010 1011
(2) Making available on the department of health web site in an easily accessible format the educational materials developed under division (B) (1) of this section;	1012 1013 1014

(3) Annually assessing the effectiveness of the shaken baby syndrome education program by ~~evaluating doing all of the~~ following: 1015
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(a) Evaluating the reports received pursuant to section 5101.135 of the Revised Code; 1018
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(b) Reviewing the content of the educational materials to determine if updates or improvements should be made; 1020
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(c) Reviewing the manner in which the educational materials are distributed, as described in section 3701.64 of the Revised Code, to determine if modifications to that manner should be made. 1022
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(C) In meeting the requirements under division (B) of this section, the director shall develop educational materials that, to the extent possible, minimize administrative or financial burdens on any of the entities or persons listed in section 3701.64 of the Revised Code. 1026
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Sec. 3701.66. (A) As used in this section, "sudden unexpected infant death" means the death of an infant that occurs suddenly and unexpectedly, the cause of which is not immediately obvious prior to investigation. 1031
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(B) The department of health shall establish the safe sleep education program by doing all of the following: 1035
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(1) By not later than sixty days after ~~the effective date of this section~~ March 19, 2015, developing educational materials that present readily comprehensible information on safe sleeping practices for infants and possible causes of sudden unexpected infant death; 1037
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(2) Making available on the department's internet web site 1042

in an easily accessible format the educational materials 1043
developed under division (B) (1) of this section; 1044

(3) Providing annual training classes at no cost to 1045
individuals who provide safe sleep education to parents and 1046
infant caregivers who reside in the urban and rural communities 1047
specified under section 3701.142 of the Revised Code, including 1048
child care providers as defined in section 2151.011 of the 1049
Revised Code, hospital staff and volunteers, local health 1050
department staff, social workers, individuals who provide home 1051
visiting services, and community health workers; 1052

(4) Beginning in 2015, annually assessing the 1053
effectiveness of the safe sleep education program by evaluating 1054
the reports submitted by child fatality review boards to the 1055
department pursuant to section 307.626 of the Revised Code. 1056

(C) In meeting the requirements under division (B) of this 1057
section, the department shall develop educational materials 1058
that, to the extent possible, minimize administrative or 1059
financial burdens on any of the entities or persons required by 1060
division (D) of this section to distribute the materials. 1061

(D) A copy of the safe sleep educational materials 1062
developed under this section shall be distributed by entities 1063
and persons with and in the same manner as the shaken baby 1064
syndrome educational materials are distributed pursuant to 1065
section 3701.64 of the Revised Code. 1066

An entity or person required to distribute the educational 1067
materials is not liable for damages in a civil action for 1068
injury, death, or loss to person or property that allegedly 1069
arises from an act or omission associated with the dissemination 1070
of those educational materials unless the act or omission 1071

constitutes willful or wanton misconduct. 1072

An entity or person required to distribute the educational 1073
materials is not subject to criminal prosecution or, to the 1074
extent that a person is regulated under Title XLVII of the 1075
Revised Code, professional disciplinary action under that title, 1076
for an act or omission associated with the dissemination of 1077
those educational materials. 1078

This division does not eliminate, limit, or reduce any 1079
other immunity or defense that an entity or person may be 1080
entitled to under Chapter 2744. of the Revised Code, or any 1081
other provision of the Revised Code, or the common law of this 1082
state. 1083

(E) Each entity or person that is required to distribute 1084
the educational materials and has infants regularly sleeping at 1085
a facility or location under the entity's or person's control 1086
shall adopt an internal infant safe sleep policy. The policy 1087
shall specify when and to whom educational materials on infant 1088
safe sleep practices are to be delivered to individuals working 1089
or volunteering at the facility or location and be consistent 1090
with the model internal infant safe sleep policy adopted under 1091
division (F) of this section. 1092

(F) The director of health shall adopt a model internal 1093
infant safe sleep policy for use by entities and persons that 1094
must comply with division (E) of this section. The policy shall 1095
specify safe infant sleep practices, include images depicting 1096
safe infant sleep practices, and specify sample content for an 1097
infant safe sleep education program that entities and persons 1098
may use when conducting new staff orientation programs. 1099

Sec. 3701.67. (A) As used in this section: 1100

(1) "Contractor" means a person who provides personal 1101
services pursuant to a contract. 1102

(2) "Critical access hospital" means a facility designated 1103
as a critical access hospital by the director of health under 1104
section 3701.073 of the Revised Code. 1105

(3) "Crib" includes a portable play yard or other suitable 1106
sleeping place. 1107

(B) Each hospital and freestanding birthing center shall 1108
implement an infant safe sleep screening procedure. The purpose 1109
of the procedure is to determine whether there will be a safe 1110
crib for an infant to sleep in once the infant is discharged 1111
from the facility to the infant's residence following birth. The 1112
procedure shall consist of questions that facility staff or 1113
volunteers must ask the infant's parent, guardian, or other 1114
person responsible for the infant regarding the infant's 1115
intended sleeping place and environment. 1116

The director of health shall develop questions that 1117
facilities may use when implementing the infant safe sleep 1118
screening procedure required by this division. The director may 1119
consult with persons and government entities that have expertise 1120
in infant safe sleep practices when developing the questions. 1121

(C) If, prior to an infant's discharge from a facility to 1122
the infant's residence following birth, a facility other than a 1123
critical access hospital or a facility identified under division 1124
(D) of this section determines through the procedure implemented 1125
under division (B) of this section that the infant is unlikely 1126
to have a safe crib at the infant's residence, the facility 1127
shall make a good faith effort to arrange for the parent, 1128
guardian, or other person responsible for the infant to obtain a 1129

safe crib at no charge to that individual. In meeting this 1130
requirement, the facility may do any of the following: 1131

(1) Obtain a safe crib with its own resources; 1132

(2) Collaborate with or obtain assistance from persons or 1133
government entities that are able to procure a safe crib or 1134
provide money to purchase a safe crib; 1135

(3) Refer the parent, guardian, or other person 1136
responsible for the infant to a person or government entity 1137
described in division (C) (2) of this section to obtain a safe 1138
crib free of charge from that source; 1139

(4) If funds are available for the cribs for kids program 1140
or a successor program administered by the department of health, 1141
refer the parent, guardian, or other person responsible for the 1142
infant to a site, designated by the department for purposes of 1143
the program, at which a safe crib may be obtained at no charge. 1144

If a safe crib is procured as described in division (C) 1145
(1), (2), or (3) of this section, the facility shall ensure that 1146
the crib recipient receives safe sleep education and crib 1147
assembly instructions from the facility or another source. If a 1148
safe crib is procured as described in division (C) (4) of this 1149
section, the department of health shall ensure that the cribs 1150
for kids program or a successor program administered by the 1151
department provides safe sleep education and crib assembly 1152
instructions to the recipient. 1153

(D) The director of health shall identify the facilities 1154
in this state that are not critical access hospitals and are not 1155
served by a site described in division (C) (4) of this section. 1156
The director shall identify not less than annually the 1157
facilities that meet both criteria and notify those that do so. 1158

(E) When a facility that is a hospital registers with the department of health under section 3701.07 of the Revised Code or a facility that is a freestanding birthing center renews its license in accordance with rules adopted under section 3702.30 of the Revised Code, the facility shall report the following information to the department in a manner the department prescribes:

(1) The number of safe cribs that the facility obtained and distributed by using its own resources as described in division (C)(1) of this section since the last time the facility reported this information to the department;

(2) The number of safe cribs that the facility obtained and distributed by collaborating with or obtaining assistance from another person or government entity as described in division (C)(2) of this section since the last time the facility reported this information to the department;

(3) The number of referrals that the facility made to a person or government entity as described in division (C)(3) of this section since the last time the facility reported this information to the department;

(4) The number of referrals that the facility made to a site designated by the department as described in division (C)(4) of this section since the last time the facility reported this information to the department;

(5) Demographic information specified by the director of health regarding the individuals to whom safe cribs were distributed as described in division (E)(1) or (2) of this section or for whom a referral described in division (E)(3) or (4) of this section was made;

(6) In the case of a critical access hospital or a 1188
facility identified under division (D) of this section, 1189
demographic information specified by the director of health 1190
regarding each parent, guardian, or other person responsible for 1191
the infant determined to be unlikely to have a safe crib at the 1192
infant's residence pursuant to the procedure implemented under 1193
division (B) of this section; 1194

(7) Any other information collected by the facility 1195
regarding infant sleep environments and intended infant sleep 1196
environments that the director determines to be appropriate. 1197

~~(F) Not later than July 1 of each year beginning in 2015,~~ 1198
~~the~~ The director of health shall prepare a written report that 1199
summarizes the information collected under division (E) of this 1200
section for the preceding twelve months, assesses whether at- 1201
risk families are sufficiently being served by the crib 1202
distribution and referral system established by this section, 1203
makes suggestions for system improvements, and provides any 1204
other information the director considers appropriate for 1205
inclusion in the report. On completion, the report shall be 1206
submitted to the ~~governor and, in accordance with section 101.68~~ 1207
~~of the Revised Code, the general assembly with, and in the same~~ 1208
manner as, the report that the department of medicaid submits to 1209
the general assembly and joint medicaid oversight committee 1210
pursuant to section 5162.13 of the Revised Code. A copy of the 1211
report also shall be submitted to the governor. 1212

(G) A facility, and any employee, contractor, or volunteer 1213
of a facility, that implements an infant safe sleep procedure in 1214
accordance with division (B) of this section is not liable for 1215
damages in a civil action for injury, death, or loss to person 1216
or property that allegedly arises from an act or omission 1217

associated with implementation of the procedure, unless the act 1218
or omission constitutes willful or wanton misconduct. 1219

A facility, and any employee, contractor, or volunteer of 1220
a facility, that implements an infant safe sleep screening 1221
procedure in accordance with division (B) of this section is not 1222
subject to criminal prosecution or, to the extent that a person 1223
is regulated under Title XLVII of the Revised Code, professional 1224
disciplinary action under that title, for an act or omission 1225
associated with implementation of the procedure. 1226

This division does not eliminate, limit, or reduce any 1227
other immunity or defense that a facility, or an employee, 1228
contractor, or volunteer of a facility, may be entitled to under 1229
Chapter 2744. of the Revised Code, or any other provision of the 1230
Revised Code, or the common law of this state. 1231

(H) A facility, and any employee, contractor, or volunteer 1232
of a facility, is neither liable for damages in a civil action, 1233
nor subject to criminal prosecution, for injury, death, or loss 1234
to person or property that allegedly arises from a crib obtained 1235
by a parent, guardian, or other person responsible for the 1236
infant as a result of any action the facility, employee, 1237
contractor, or volunteer takes to comply with division (C) of 1238
this section. 1239

The immunity provided by this division does not require 1240
compliance with division (D) of section 2305.37 of the Revised 1241
Code. 1242

Sec. 3701.671. The director of health shall require each 1243
recipient of a grant the department of health administers that 1244
pertains to safe crib procurement to report annually to the 1245
department both of the following: 1246

(A) Demographic information specified by the director of health regarding the individuals to whom safe cribs were distributed; 1247
1248
1249

(B) If known, the extent to which distributed cribs are being used. 1250
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Sec. 3701.68. (A) As used in this section: 1252

(1) "Academic medical center" means a medical school and its affiliated teaching hospitals. 1253
1254

(2) "State registrar" has the same meaning as in section 3705.01 of the Revised Code. 1255
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(B) There is hereby created the commission on infant mortality. The commission shall do all of the following: 1257
1258

(1) Conduct a complete inventory of services provided or administered by the state that are available to address the infant mortality rate in this state; 1259
1260
1261

(2) For each service identified under division (B) (1) of this section, determine both of the following: 1262
1263

(a) The sources of the funds that are used to pay for the service; 1264
1265

(b) Whether the service and its funding sources have a connection with programs provided or administered by local or community-based public or private entities and, to the extent they do not, whether they should. 1266
1267
1268
1269

(3) With assistance from academic medical centers, track and analyze infant mortality rates by county for the purpose of determining the impact of state and local initiatives to reduce those rates. 1270
1271
1272
1273

(C) The commission shall consist of the following members:	1274
(1) Two members of the senate, one from the majority party	1275
and one from the minority party, each appointed by the senate	1276
president;	1277
(2) Two members of the house of representatives, one from	1278
the majority party and one from the minority party, each	1279
appointed by the speaker of the house of representatives;	1280
(3) The executive director of the office of health	1281
transformation or the executive director's designee;	1282
(4) The medicaid director or the director's designee;	1283
(5) The director of health or the director's designee;	1284
(6) <u>The director of developmental disabilities or the</u>	1285
<u>director's designee;</u>	1286
<u>(7)</u> The executive director of the commission on minority	1287
health or the executive director's designee;	1288
(7) <u>(8)</u> The attorney general or the attorney general's	1289
designee;	1290
(8) <u>(9)</u> A health commissioner of a city or general health	1291
district, appointed by the governor;	1292
(9) <u>(10)</u> A coroner, deputy coroner, or other person who	1293
conducts death scene investigations, appointed by the governor;	1294
(10) <u>(11)</u> An individual who represents the Ohio hospital	1295
association, appointed by the association's president;	1296
(11) <u>(12)</u> An individual who represents the Ohio children's	1297
hospital association, appointed by the association's president;	1298
(12) <u>(13)</u> Two individuals who represent community-based	1299

programs that serve pregnant women or new mothers whose infants 1300
tend to be at a higher risk for infant mortality, appointed by 1301
the governor. 1302

(D) The commission members described in divisions (C)(1), 1303
(2), ~~(8)~~, (9), (10), (11), ~~and (12)~~, and (13) of this section 1304
shall be appointed not later than thirty days after ~~the~~ 1305
~~effective date of this section~~ March 19, 2015. An appointed 1306
member shall hold office until a successor is appointed. A 1307
vacancy shall be filled in the same manner as the original 1308
appointment. 1309

From among the members, the president of the senate and 1310
speaker of the house of representatives shall appoint two to 1311
serve as co-chairpersons of the commission. 1312

A member shall serve without compensation except to the 1313
extent that serving on the commission is considered part of the 1314
member's regular duties of employment. 1315

(E) The commission may request assistance from the staff 1316
of the legislative service commission. 1317

(F) For purposes of division (B)(3) of this section, the 1318
state registrar shall ensure that the commission and academic 1319
medical centers located in this state have access to any 1320
electronic system of vital records the state registrar or 1321
department of health maintains, including the Ohio public health 1322
information warehouse. Not later than six months after ~~the~~ 1323
~~effective date of this section~~ March 19, 2015, the commission on 1324
infant mortality shall prepare a written report of its findings 1325
and recommendations concerning the matters described in division 1326
(B) of this section. On completion, the commission shall submit 1327
the report to the governor and, in accordance with section 1328

101.68 of the Revised Code, the general assembly. 1329

(G) The president of the senate and speaker of the house 1330
of representatives shall determine the responsibilities of the 1331
commission following submission of the report under division (F) 1332
of this section. 1333

(H) The commission is not subject to sections 101.82 to 1334
101.87 of the Revised Code. 1335

(I) The commission shall provide information to the Ohio 1336
housing finance agency for the purposes of division (A) of 1337
section 175.14 of the Revised Code. 1338

Sec. 3701.84. (A) The department of health ~~may~~ shall 1339
prepare a plan to reduce tobacco use by Ohioans, with emphasis 1340
on reducing the use of tobacco by youth, minority and regional 1341
populations, pregnant women, medicaid recipients, and others who 1342
may be disproportionately affected by the use of tobacco. The 1343
department shall make copies of the plan available to the 1344
public. 1345

(B) The plan shall do both of the following: 1346

(1) Take into account the increasing use of electronic 1347
health records by health care providers and expanded health 1348
insurance coverage for tobacco cessation products and services; 1349

(2) Require the department to collaborate with community 1350
organizations in the urban and rural communities specified in 1351
rules adopted under section 3701.142 of the Revised Code for the 1352
purpose of helping them succeed in securing grants from the moms 1353
quit for two grant program created under Section 289.33 of Am. 1354
Sub. H.B. 64 of the 131st general assembly and other tobacco 1355
cessation grant programs. 1356

(C) The plan may provide for periodic surveys to measure tobacco use and behavior toward tobacco use by Ohioans. ~~If the department prepares a plan, copies of the plan shall be available to the public.~~

(D) The plan may ~~also~~ describe youth tobacco consumption prevention programs to be eligible for consideration for grants from the department and may set forth the criteria by which applications for grants for such programs will be considered by the department. Programs eligible for consideration may include:

~~(A)~~ (1) Media campaigns directed to youth to prevent underage tobacco consumption;

~~(B)~~ (2) School-based education programs to prevent youth tobacco consumption;

~~(C)~~ (3) Community-based youth programs involving youth tobacco consumption prevention through general youth development;

~~(D)~~ (4) Retailer education and compliance efforts to prevent youth tobacco consumption;

~~(E)~~ (5) Mentoring programs designed to prevent or reduce tobacco use by students.

(E) Pursuant to the plan, the department may carry out, or provide funding for private or public agencies to carry out, research and programs related to tobacco use prevention and cessation. If the department provides such funding, the department shall establish an objective process to determine which research and program proposals to fund. When appropriate, proposals for research shall be peer-reviewed. No program shall be carried out or funded by the department unless there is research that indicates that the program is likely to achieve

the results desired. All research and programs funded by the 1386
department shall be goal-oriented and independently and 1387
objectively evaluated annually on whether it is meeting its 1388
goals. The department shall contract for such evaluations and 1389
shall adopt rules under Chapter 119. of the Revised Code 1390
regarding conflicts of interest in the research and programs it 1391
funds. 1392

The department shall endeavor to coordinate its research 1393
and programs with the efforts of other agencies of this state to 1394
reduce tobacco use by Ohioans. Any state agency that conducts a 1395
survey that measures tobacco use or behavior toward tobacco use 1396
by Ohioans shall share the results of the survey with the 1397
department. 1398

(F) The department may adopt rules under Chapter 119. of 1399
the Revised Code as necessary to implement this section. 1400

Sec. 3701.90. The director of health, with participation 1401
from the state medical board and board of nursing, shall 1402
collaborate with medical, nursing, and physician assistant 1403
schools or programs in this state, as well as medical residency 1404
and fellowship programs in this state, to develop and implement 1405
appropriate curricula in those schools and programs designed to 1406
prepare primary care and women's health care physicians, 1407
advanced practice registered nurses, and physician assistants to 1408
provide patient counseling on efficacy-based contraceptives, 1409
including long-acting reversible contraceptives. 1410

Sec. 3701.928. (A) The director of health ~~or, at the~~ 1411
~~director's request, the patient centered medical home education~~ 1412
~~advisory group may work~~ shall collaborate with medical, nursing, 1413
and physician assistant schools or programs in this state to 1414
develop appropriate curricula designed to prepare primary care 1415

physicians, advanced practice registered nurses, and physician 1416
assistants to practice within the patient centered medical home 1417
model of care. In developing the curricula, the director ~~or~~ 1418
~~advisory group~~ and the schools or programs shall include all of 1419
the following: 1420

(1) Components for use at the medical student, advanced 1421
practice registered nursing student, physician assistant 1422
student, and primary care resident training levels; 1423

(2) Components that reflect, as appropriate, the special 1424
needs of patients who are part of a medically underserved 1425
population, including medicaid recipients, individuals without 1426
health insurance, individuals with disabilities, individuals 1427
with chronic health conditions, and individuals within racial or 1428
ethnic minority groups; 1429

(3) Components that include training in interdisciplinary 1430
cooperation between physicians, advanced practice registered 1431
nurses, and physician assistants in the patient centered medical 1432
home model of care, including curricula ensuring that a common 1433
conception of a patient centered medical home model of care is 1434
provided to medical students, advanced practice registered 1435
nurses, physician assistants, and primary care residents; 1436

(4) Components that include training in preconception care 1437
and family planning. 1438

(B) The director ~~or advisory group~~ may work in association 1439
with the medical, nursing, and physician assistant schools or 1440
programs to identify funding sources to ensure that the 1441
curricula developed under division (A) of this section are 1442
accessible to medical students, advanced practice registered 1443
nursing students, physician assistant students, and primary care 1444

residents. The director ~~or advisory group~~ shall consider 1445
scholarship options or incentives provided to students in 1446
addition to those provided under the choose Ohio first 1447
scholarship program operated under section 3333.61 of the 1448
Revised Code. 1449

Sec. 3701.951. (A) As used in this section: 1450

(1) "Preliminary infant mortality and preterm birth rates" 1451
means infant mortality and preterm birth rates that are derived 1452
from vital records as defined in section 3705.01 of the Revised 1453
Code, are not considered finalized by the department of health, 1454
and are subject to modification as additional birth and death 1455
data are received by the department and added to vital records. 1456

(2) "Stillbirth" has the same meaning as in section 1457
3701.97 of the Revised Code. 1458

(B) Each calendar quarter, the department of health shall 1459
determine the state's preliminary infant mortality and preterm 1460
birth rates, as well as the stillbirth rate, delineated by race 1461
and ethnic group. The rates shall be determined using a simple 1462
rolling average. The department shall publish the rates in a 1463
quarterly report, which shall also include a description of the 1464
data sources and methodology used to determine the rates. The 1465
department shall make each report available on its internet web 1466
site not later than five business days after the rates are 1467
determined. 1468

Sec. 3701.952. (A) The department of health shall create a 1469
population-based questionnaire designed to examine maternal 1470
behaviors and experiences before, during, and after a woman's 1471
pregnancy, as well as during the early infancy of the woman's 1472
child. The questionnaire shall collect information that is 1473

similar to the information collected by the pregnancy risk 1474
assessment monitoring system (PRAMS) questionnaire that the 1475
department most recently used prior to the effective date of 1476
this section, as well as any additional information suggested by 1477
the United States centers for disease control and prevention 1478
(CDC) for PRAMS questionnaires. 1479

(B) The department shall implement and use the 1480
questionnaires created under division (A) of this section in a 1481
manner that is consistent with the standardized data collection 1482
methodology for PRAMS questionnaires prescribed by the CDC model 1483
surveillance protocol. In addition, for the purpose of having 1484
statistically valid data for local analyses, the department 1485
shall oversample women in Cuyahoga, Franklin, and Hamilton 1486
counties on an annual basis, and shall oversample women in the 1487
remaining counties that constitute the Ohio equity institute 1488
cohort (Butler, Stark, Mahoning, Montgomery, Summit, and Lucas 1489
counties) on a biennial basis. 1490

(C) The department shall report results from the 1491
questionnaires not less than annually in a manner consistent 1492
with guidelines established by the CDC for the reporting of 1493
PRAMS questionnaire results. 1494

Sec. 3701.953. (A) The department of health shall create 1495
an infant mortality scorecard. The scorecard shall report all of 1496
the following: 1497

(1) The state's performance on population health measures, 1498
including the infant mortality rate, preterm birth rate, and low 1499
birth weight rate, delineated by race, ethnic group, region of 1500
the state, and the state as a whole; 1501

(2) Preliminary data the department possesses on the 1502

state's unexpected infant death rate; 1503

(3) To the extent such information is available, the 1504
state's performance on outcome measures identified by the 1505
department that are related to preconception health, 1506
reproductive health, prenatal care, labor and delivery, smoking, 1507
infant safe sleep practices, breastfeeding, and behavioral 1508
health, delineated by race, ethnic group, region of the state, 1509
and the state as a whole; 1510

(4) A comparison of the state's performance on the 1511
population health measures specified in division (A) (1) of this 1512
section and, to the extent such information is available, the 1513
state's performance on outcome measures specified in division 1514
(A) (3) of this section with the targets for the measures, or the 1515
targets for the objectives similar to the measures, established 1516
by the United States department of health and human services 1517
through the healthy people 2020 initiative or a subsequent 1518
initiative; 1519

(5) Any other information on maternal and child health 1520
that the department considers appropriate. 1521

(B) The scorecard shall be updated each calendar quarter 1522
and made available on the department's internet web site. 1523

(C) The scorecard shall include a description of the data 1524
sources and methodology used to complete the scorecard. 1525

Sec. 3701.97. (A) As used in this section, "stillbirth" 1526
means death prior to the complete expulsion or extraction from 1527
its mother of a product of human conception of at least twenty 1528
weeks of gestation, which after such expulsion or extraction 1529
does not breathe or show any other evidence of life such as 1530
beating of the heart, pulsation of the umbilical cord, or 1531

definite movement of voluntary muscles. 1532

(B) The director of health shall do all of the following: 1533

(1) Publish stillbirth data compiled from the department 1534
of health's fetal death statistical file and make it available 1535
on the department's internet web site; 1536

(2) Review the stillbirth data described in division (B) 1537
(1) of this section and identify potential trends in the 1538
incidence of stillbirth and the possible causes of, and 1539
conditions that could lead to or indicate the possible 1540
occurrence of, stillbirth; 1541

(3) Develop educational materials in conjunction with 1542
statewide medical associations that may be used to apprise 1543
health care providers of trends, if any, that were identified 1544
through a review described in division (B) (2) of this section; 1545

(4) Electronically disseminate the educational materials 1546
developed under division (B) (3) of this section to the state 1547
medical board and statewide medical associations and make them 1548
available on the department of health's web site in an easily 1549
accessible format. 1550

Sec. 3702.34. (A) Except as provided in division (B) of 1551
this section, a freestanding birthing center shall modify 1552
operational processes to ensure that a woman giving birth in the 1553
freestanding birthing center has the option of having a long- 1554
acting reversible contraceptive placed after delivery and before 1555
the woman is discharged. 1556

(B) A freestanding birthing center is exempt from the 1557
requirement in division (A) of this section if the freestanding 1558
birthing center notifies the department of health in writing 1559
that it has a faith-based objection to the requirement. 1560

Sec. 3705.40. (A) As used in this section: 1561

(1) "Board of health" means a board of health of a city or 1562
general health district or the authority having the duties of a 1563
board of health under section 3709.05 of the Revised Code. 1564

(2) "Geocoding" means a geographic information system 1565
(GIS) operation for converting street addresses into spatial 1566
data that can be displayed as features on a map, usually by 1567
referencing address information from a street segment data 1568
layer. 1569

(B) The state registrar shall ensure that each board of 1570
health has access to preliminary birth and death data maintained 1571
by the department of health, as well as access to any electronic 1572
system of vital records the state registrar or department of 1573
health maintains, including the Ohio public health information 1574
warehouse. To the extent possible, the preliminary data shall be 1575
provided in a format that permits geocoding. If the state 1576
registrar requires a board to enter into a data use agreement 1577
before accessing such data or systems, the state registrar shall 1578
provide each board with an application for this purpose and, if 1579
requested, assist with the application's completion. 1580

(C) The state registrar shall provide the users of the 1581
preliminary data and electronic systems described in division 1582
(B) of this section with a data analysis tool kit that assists 1583
the users with using the data in a manner that promotes 1584
consistency and accuracy among users. The tool kit shall include 1585
a data dictionary and sample data analyses. 1586

Sec. 3705.41. (A) As used in this section: 1587

(1) "Freestanding birthing center" has the same meaning as 1588
in section 3702.141 of the Revised Code. 1589

(2) "Funeral services worker" means a person licensed as a funeral director or embalmer under Chapter 4717. of the Revised Code or an individual responsible for the direct final disposition of a deceased person. 1590
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(3) "Hospital" means a hospital classified pursuant to rules adopted under section 3701.07 of the Revised Code as a general hospital or children's hospital and to which either of the following applies: 1594
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(a) The hospital has a maternity unit. 1598

(b) The hospital receives for care infants who have been transferred to it from other facilities and who have never been discharged to their residences following birth. 1599
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(4) "Maternity unit" means the distinct portion of a hospital licensed as a maternity unit under Chapter 3711. of the Revised Code. 1602
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(B) At least annually, the state registrar shall offer to provide training for appropriate staff of hospitals and freestanding birthing centers, as well as funeral services workers, on their responsibilities under the laws of this state and any rules adopted pursuant to those laws pertaining to vital records. If provided, the training shall cover correct data entry procedures and time limits for reporting vital statistics information for the purpose of ensuring accuracy and consistency of the system of vital statistics. 1605
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Sec. 3713.01. As used in sections 3713.01 to 3713.10 of the Revised Code: 1614
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(A) "Person" has the same meaning as used in division (C) of section 1.59 of the Revised Code and also means any limited company, limited liability partnership, joint stock company, or 1616
1617
1618

other association. 1619

(B) "Bedding" means any upholstered furniture, any 1620
mattress, upholstered spring, comforter, bolster, pad, cushion, 1621
pillow, mattress protector, quilt, and any other upholstered 1622
article, to be used for sleeping, resting, or reclining 1623
purposes, and any glider, hammock, or other substantially 1624
similar article that is wholly or partly upholstered. 1625

(C) "Secondhand" means any article, or material, or 1626
portion thereof of which prior use has been made in any manner 1627
whatsoever. 1628

(D) "Remade, repaired, or renovated articles not for sale" 1629
means any article that is remade, repaired, or renovated for and 1630
is returned to the owner for the owner's own use. 1631

(E) "Sale," "sell," or "sold" shall, in the corresponding 1632
tense, mean sell, offer to sell, or deliver or consign in sale, 1633
or possess with intent to sell, or deliver in sale. 1634

(F) "Upholstered furniture" means any article of furniture 1635
wholly or partly stuffed or filled with material and that is 1636
used or intended for use for sitting, resting, or reclining 1637
purposes. 1638

(G) "Stuffed toy" means any article intended for use as a 1639
plaything or for an educational or recreational purpose that is 1640
wholly or partially stuffed with material. 1641

(H) "Tag" or "label" means any material prescribed by the 1642
superintendent of industrial compliance to be attached to an 1643
article that contains information required under this chapter. 1644

(I) "Crib bumper pad" means any padding material, 1645
including a roll of stuffed fabric, that is designed for 1646

placement within a crib to cushion one or more of the crib's 1647
inner sides adjacent to the crib mattress. "Crib bumper pad" 1648
excludes a mesh crib liner intended for placement between a crib 1649
mattress and one or more of the crib's inner sides, regardless 1650
of whether consumer product safety standards promulgated by the 1651
United States consumer product safety commission pursuant to 1652
section 104 of the "Consumer Product Safety Improvement Act of 1653
2008," 15 U.S.C. 2056a, as amended, include mesh crib liners in 1654
the federal definition of "crib bumper pad." 1655

Sec. 3713.02. Subject to sections 3713.021 and 3713.022 of 1656
the Revised Code, all of the following apply: 1657

(A) Except as provided in section 3713.05 of the Revised 1658
Code, no person shall import, manufacture, renovate, wholesale, 1659
or reupholster stuffed toys or articles of bedding in this state 1660
without first registering to do so with the superintendent of 1661
industrial compliance in accordance with section 3713.05 of the 1662
Revised Code. 1663

(B) No person shall manufacture, offer for sale, sell, 1664
deliver, or possess for the purpose of manufacturing, selling, 1665
or delivering, an article of bedding or a stuffed toy that is 1666
not labeled in accordance with section 3713.08 of the Revised 1667
Code. 1668

(C) No person shall manufacture, offer for sale, sell, 1669
deliver, or possess for the purpose of manufacturing, selling, 1670
or delivering, an article of bedding or a stuffed toy that is 1671
falsely labeled. 1672

(D) No person shall sell or offer for sale any secondhand 1673
article of bedding or any secondhand stuffed toy that has not 1674
been sanitized in accordance with section 3713.08 of the Revised 1675

Code. 1676

(E) The possession of any article of bedding or stuffed 1677
toy in the course of business by a person required to obtain 1678
registration under this chapter, or by that person's agent or 1679
servant shall be prima-facie evidence of the person's intent to 1680
sell the article of bedding or stuffed toy. 1681

Sec. 3713.021. (A) No person shall recklessly manufacture, 1682
offer for sale, sell, deliver, or possess for the purpose of 1683
manufacturing, selling, or delivering a crib bumper pad. 1684

(B) The superintendent of industrial compliance shall 1685
issue a notice of violation to any person found to have violated 1686
division (A) of this section. 1687

Sec. 3713.022. (A) No person shall recklessly manufacture, 1688
offer for sale, sell, deliver, or possess for the purpose of 1689
manufacturing, selling, or delivering a mesh crib liner intended 1690
for placement between a crib mattress and one or more of the 1691
crib's inner sides that does not comply with consumer product 1692
safety standards governing such liners that are promulgated 1693
after October 9, 2016, by the United States consumer product 1694
safety commission (pursuant to section 104 of the "Consumer 1695
Product Safety Improvement Act of 2008," 15 U.S.C. 2056a, as 1696
amended) for the purpose of ensuring sufficient permeability and 1697
breathability so as to prevent infant suffocation. 1698

(B) In the absence of standards described in division (A) 1699
of this section, no person shall, beginning three years after 1700
the effective date of this section, recklessly manufacture, 1701
offer for sale, sell, deliver, or possess for the purpose of 1702
manufacturing, selling, or delivering a mesh crib liner. 1703

(C) The superintendent of industrial compliance shall 1704

issue a notice of violation to any person found to have violated 1705
division (A) or (B) of this section. 1706

Sec. 3713.99. (A) Whoever violates division (A), (B), or 1707
(D) of section 3713.02 of the Revised Code is guilty of a 1708
misdemeanor of the fourth degree. 1709

(B) Whoever violates division (C) of section 3713.02 of 1710
the Revised Code is guilty of a misdemeanor of the third degree. 1711

(C) A person who, after receiving a notice issued under 1712
division (B) of section 3713.021 of the Revised Code or division 1713
(B) or (C) of section 3713.022 of the Revised Code, continues to 1714
violate the applicable division of either of those sections is 1715
subject to a fine of not more than five hundred dollars. Each 1716
day of violation constitutes a separate offense. 1717

Sec. 3727.20. (A) Except as provided in division (B) of 1718
this section, each hospital that has a maternity unit licensed 1719
under Chapter 3711. of the Revised Code shall modify operational 1720
processes not later than three months after the effective date 1721
of this section or three months after commencing operations, as 1722
applicable, to ensure that a woman giving birth in the hospital 1723
has the option of having a long-acting reversible contraceptive 1724
placed after delivery and before the woman is discharged. 1725

(B) A hospital is exempt from the requirement in division 1726
(A) of this section if the hospital notifies the department of 1727
health in writing that it has a faith-based objection to the 1728
requirement. 1729

Sec. 4729.01. As used in this chapter: 1730

(A) "Pharmacy," except when used in a context that refers 1731
to the practice of pharmacy, means any area, room, rooms, place 1732
of business, department, or portion of any of the foregoing 1733

where the practice of pharmacy is conducted. 1734

(B) "Practice of pharmacy" means providing pharmacist care 1735
requiring specialized knowledge, judgment, and skill derived 1736
from the principles of biological, chemical, behavioral, social, 1737
pharmaceutical, and clinical sciences. As used in this division, 1738
"pharmacist care" includes the following: 1739

(1) Interpreting prescriptions; 1740

(2) Dispensing drugs and drug therapy related devices; 1741

(3) Compounding drugs; 1742

(4) Counseling individuals with regard to their drug 1743
therapy, recommending drug therapy related devices, and 1744
assisting in the selection of drugs and appliances for treatment 1745
of common diseases and injuries and providing instruction in the 1746
proper use of the drugs and appliances; 1747

(5) Performing drug regimen reviews with individuals by 1748
discussing all of the drugs that the individual is taking and 1749
explaining the interactions of the drugs; 1750

(6) Performing drug utilization reviews with licensed 1751
health professionals authorized to prescribe drugs when the 1752
pharmacist determines that an individual with a prescription has 1753
a drug regimen that warrants additional discussion with the 1754
prescriber; 1755

(7) Advising an individual and the health care 1756
professionals treating an individual with regard to the 1757
individual's drug therapy; 1758

(8) Acting pursuant to a consult agreement with one or 1759
more physicians authorized under Chapter 4731. of the Revised 1760
Code to practice medicine and surgery or osteopathic medicine 1761

and surgery, if an agreement has been established; 1762

(9) Engaging in the administration of immunizations to the 1763
extent authorized by section 4729.41 of the Revised Code; 1764

(10) Engaging in the administration of drugs to the extent 1765
authorized by section 4729.45 of the Revised Code. 1766

(C) "Compounding" means the preparation, mixing, 1767
assembling, packaging, and labeling of one or more drugs in any 1768
of the following circumstances: 1769

(1) Pursuant to a prescription issued by a licensed health 1770
professional authorized to prescribe drugs; 1771

(2) Pursuant to the modification of a prescription made in 1772
accordance with a consult agreement; 1773

(3) As an incident to research, teaching activities, or 1774
chemical analysis; 1775

(4) In anticipation of orders for drugs pursuant to 1776
prescriptions, based on routine, regularly observed dispensing 1777
patterns; 1778

(5) Pursuant to a request made by a licensed health 1779
professional authorized to prescribe drugs for a drug that is to 1780
be used by the professional for the purpose of direct 1781
administration to patients in the course of the professional's 1782
practice, if all of the following apply: 1783

(a) At the time the request is made, the drug is not 1784
commercially available regardless of the reason that the drug is 1785
not available, including the absence of a manufacturer for the 1786
drug or the lack of a readily available supply of the drug from 1787
a manufacturer. 1788

(b) A limited quantity of the drug is compounded and provided to the professional.	1789 1790
(c) The drug is compounded and provided to the professional as an occasional exception to the normal practice of dispensing drugs pursuant to patient-specific prescriptions.	1791 1792 1793
(D) "Consult agreement" means an agreement that has been entered into under section 4729.39 of the Revised Code.	1794 1795
(E) "Drug" means:	1796
(1) Any article recognized in the United States pharmacopoeia and national formulary, or any supplement to them, intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals;	1797 1798 1799 1800
(2) Any other article intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals;	1801 1802 1803
(3) Any article, other than food, intended to affect the structure or any function of the body of humans or animals;	1804 1805
(4) Any article intended for use as a component of any article specified in division (E) (1), (2), or (3) of this section; but does not include devices or their components, parts, or accessories.	1806 1807 1808 1809
(F) "Dangerous drug" means any of the following:	1810
(1) Any drug to which either of the following applies:	1811
(a) Under the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, the drug is required to bear a label containing the legend "Caution: Federal law prohibits dispensing without prescription" or "Caution:	1812 1813 1814 1815

Federal law restricts this drug to use by or on the order of a licensed veterinarian" or any similar restrictive statement, or the drug may be dispensed only upon a prescription;

(b) Under Chapter 3715. or 3719. of the Revised Code, the drug may be dispensed only upon a prescription.

(2) Any drug that contains a schedule V controlled substance and that is exempt from Chapter 3719. of the Revised Code or to which that chapter does not apply;

(3) Any drug intended for administration by injection into the human body other than through a natural orifice of the human body.

(G) "Federal drug abuse control laws" has the same meaning as in section 3719.01 of the Revised Code.

(H) "Prescription" means all of the following:

(1) A written, electronic, or oral order for drugs or combinations or mixtures of drugs to be used by a particular individual or for treating a particular animal, issued by a licensed health professional authorized to prescribe drugs;

(2) For purposes of sections 2925.61, 4723.488, 4729.44, 4730.431, and 4731.94 of the Revised Code, a written, electronic, or oral order for naloxone issued to and in the name of a family member, friend, or other individual in a position to assist an individual who there is reason to believe is at risk of experiencing an opioid-related overdose.

(3) For purposes of sections 4723.4810, 4729.282, 4730.432, and 4731.93 of the Revised Code, a written, electronic, or oral order for a drug to treat chlamydia, gonorrhea, or trichomoniasis issued to and in the name of a

patient who is not the intended user of the drug but is the 1844
sexual partner of the intended user; 1845

(4) For purposes of sections 3313.7110, 3313.7111, 1846
3314.143, 3326.28, 3328.29, 4723.483, 4729.88, 4730.433, 1847
4731.96, and 5101.76 of the Revised Code, a written, electronic, 1848
or oral order for an epinephrine autoinjector issued to and in 1849
the name of a school, school district, or camp; 1850

(5) For purposes of Chapter 3728. and sections 4723.483, 1851
4729.88, 4730.433, and 4731.96 of the Revised Code, a written, 1852
electronic, or oral order for an epinephrine autoinjector issued 1853
to and in the name of a qualified entity, as defined in section 1854
3728.01 of the Revised Code. 1855

(I) "Licensed health professional authorized to prescribe 1856
drugs" or "prescriber" means an individual who is authorized by 1857
law to prescribe drugs or dangerous drugs or drug therapy 1858
related devices in the course of the individual's professional 1859
practice, including only the following: 1860

(1) A dentist licensed under Chapter 4715. of the Revised 1861
Code; 1862

(2) A clinical nurse specialist, certified nurse-midwife, 1863
or certified nurse practitioner who holds a certificate to 1864
prescribe issued under section 4723.48 of the Revised Code; 1865

(3) An optometrist licensed under Chapter 4725. of the 1866
Revised Code to practice optometry under a therapeutic 1867
pharmaceutical agents certificate; 1868

(4) A physician authorized under Chapter 4731. of the 1869
Revised Code to practice medicine and surgery, osteopathic 1870
medicine and surgery, or podiatric medicine and surgery; 1871

(5) A physician assistant who holds a license to practice 1872
as a physician assistant issued under Chapter 4730. of the 1873
Revised Code, holds a valid prescriber number issued by the 1874
state medical board, and has been granted physician-delegated 1875
prescriptive authority; 1876

(6) A veterinarian licensed under Chapter 4741. of the 1877
Revised Code. 1878

(J) "Sale" and "sell" include delivery, transfer, barter, 1879
exchange, or gift, or offer therefor, and each such transaction 1880
made by any person, whether as principal proprietor, agent, or 1881
employee. 1882

(K) "Wholesale sale" and "sale at wholesale" mean any sale 1883
in which the purpose of the purchaser is to resell the article 1884
purchased or received by the purchaser. 1885

(L) "Retail sale" and "sale at retail" mean any sale other 1886
than a wholesale sale or sale at wholesale. 1887

(M) "Retail seller" means any person that sells any 1888
dangerous drug to consumers without assuming control over and 1889
responsibility for its administration. Mere advice or 1890
instructions regarding administration do not constitute control 1891
or establish responsibility. 1892

(N) "Price information" means the price charged for a 1893
prescription for a particular drug product and, in an easily 1894
understandable manner, all of the following: 1895

(1) The proprietary name of the drug product; 1896

(2) The established (generic) name of the drug product; 1897

(3) The strength of the drug product if the product 1898
contains a single active ingredient or if the drug product 1899

contains more than one active ingredient and a relevant strength 1900
can be associated with the product without indicating each 1901
active ingredient. The established name and quantity of each 1902
active ingredient are required if such a relevant strength 1903
cannot be so associated with a drug product containing more than 1904
one ingredient. 1905

(4) The dosage form; 1906

(5) The price charged for a specific quantity of the drug 1907
product. The stated price shall include all charges to the 1908
consumer, including, but not limited to, the cost of the drug 1909
product, professional fees, handling fees, if any, and a 1910
statement identifying professional services routinely furnished 1911
by the pharmacy. Any mailing fees and delivery fees may be 1912
stated separately without repetition. The information shall not 1913
be false or misleading. 1914

(O) "Wholesale distributor of dangerous drugs" means a 1915
person engaged in the sale of dangerous drugs at wholesale and 1916
includes any agent or employee of such a person authorized by 1917
the person to engage in the sale of dangerous drugs at 1918
wholesale. 1919

(P) "Manufacturer of dangerous drugs" means a person, 1920
other than a pharmacist, who manufactures dangerous drugs and 1921
who is engaged in the sale of those dangerous drugs within this 1922
state. 1923

(Q) "Terminal distributor of dangerous drugs" means a 1924
person who is engaged in the sale of dangerous drugs at retail, 1925
or any person, other than a wholesale distributor or a 1926
pharmacist, who has possession, custody, or control of dangerous 1927
drugs for any purpose other than for that person's own use and 1928

consumption, and includes pharmacies, hospitals, nursing homes, 1929
and laboratories and all other persons who procure dangerous 1930
drugs for sale or other distribution by or under the supervision 1931
of a pharmacist or licensed health professional authorized to 1932
prescribe drugs. 1933

(R) "Promote to the public" means disseminating a 1934
representation to the public in any manner or by any means, 1935
other than by labeling, for the purpose of inducing, or that is 1936
likely to induce, directly or indirectly, the purchase of a 1937
dangerous drug at retail. 1938

(S) "Person" includes any individual, partnership, 1939
association, limited liability company, or corporation, the 1940
state, any political subdivision of the state, and any district, 1941
department, or agency of the state or its political 1942
subdivisions. 1943

(T) "Finished dosage form" has the same meaning as in 1944
section 3715.01 of the Revised Code. 1945

(U) "Generically equivalent drug" has the same meaning as 1946
in section 3715.01 of the Revised Code. 1947

(V) "Animal shelter" means a facility operated by a humane 1948
society or any society organized under Chapter 1717. of the 1949
Revised Code or a dog pound operated pursuant to Chapter 955. of 1950
the Revised Code. 1951

(W) "Food" has the same meaning as in section 3715.01 of 1952
the Revised Code. 1953

(X) "Pain management clinic" has the same meaning as in 1954
section 4731.054 of the Revised Code. 1955

Sec. 4729.45. (A) As used in this section, "physician" 1956

means an individual authorized under Chapter 4731. of the 1957
Revised Code to practice medicine and surgery or osteopathic 1958
medicine and surgery. 1959

(B) (1) Subject to division (C) of this section, a 1960
pharmacist licensed under this chapter may administer by 1961
injection any of the following drugs as long as the drug that is 1962
to be administered has been prescribed by a physician and the 1963
individual to whom the drug was prescribed has an ongoing 1964
physician-patient relationship with the physician: 1965

(a) An opioid antagonist used for treatment of drug 1966
addiction and administered in a long-acting or extended-release 1967
form; 1968

(b) An antipsychotic drug administered in a long-acting or 1969
extended-release form; 1970

(c) Hydroxyprogesterone caproate; 1971

(d) Medroxyprogesterone acetate; 1972

(e) Cobalamin. 1973

(2) As part of engaging in the administration of drugs by 1974
injection pursuant to this section, a pharmacist may administer 1975
epinephrine or diphenhydramine, or both, to an individual in an 1976
emergency situation resulting from an adverse reaction to a drug 1977
administered by the pharmacist. 1978

(C) To be authorized to administer drugs pursuant to this 1979
section, a pharmacist must do all of the following: 1980

(1) Successfully complete a course in the administration 1981
of drugs that satisfies the requirements established by the 1982
state board of pharmacy in rules adopted under division (H) (1) 1983

(a) of this section; 1984

<u>(2) Receive and maintain certification to perform basic</u>	1985
<u>life-support procedures by successfully completing a basic life-</u>	1986
<u>support training course certified by the American red cross or</u>	1987
<u>American heart association;</u>	1988
<u>(3) Practice in accordance with a protocol that meets the</u>	1989
<u>requirements of division (F) of this section.</u>	1990
<u>(D) Each time a pharmacist administers a drug pursuant to</u>	1991
<u>this section, the pharmacist shall do all of the following:</u>	1992
<u>(1) Obtain permission in accordance with the procedures</u>	1993
<u>specified in rules adopted under division (H) of this section</u>	1994
<u>and comply with the following requirements:</u>	1995
<u>(a) Except as provided in division (D)(1)(c) of this</u>	1996
<u>section, for each drug administered by a pharmacist to an</u>	1997
<u>individual who is eighteen years of age or older, the pharmacist</u>	1998
<u>shall obtain permission from the individual.</u>	1999
<u>(b) For each drug administered by a pharmacist to an</u>	2000
<u>individual who is under eighteen years of age, the pharmacist</u>	2001
<u>shall obtain permission from the individual's parent or other</u>	2002
<u>person having care or charge of the individual.</u>	2003
<u>(c) For each drug administered by a pharmacist to an</u>	2004
<u>individual who lacks the capacity to make informed health care</u>	2005
<u>decisions, the pharmacist shall obtain permission from the</u>	2006
<u>person authorized to make such decisions on the individual's</u>	2007
<u>behalf.</u>	2008
<u>(2) In the case of an opioid antagonist described in</u>	2009
<u>division (B) of this section, obtain in accordance with division</u>	2010
<u>(E) of this section test results indicating that it is</u>	2011
<u>appropriate to administer the drug to the individual if either</u>	2012
<u>of the following is to be administered:</u>	2013

<u>(a) The initial dose of the drug;</u>	2014
<u>(b) Any subsequent dose, if the administration occurs more than thirty days after the previous dose of the drug was administered.</u>	2015 2016 2017
<u>(3) Observe the individual to whom the drug is administered to determine whether the individual has an adverse reaction to the drug;</u>	2018 2019 2020
<u>(4) Notify the physician who prescribed the drug that the drug has been administered to the individual.</u>	2021 2022
<u>(E) A pharmacist may obtain the test results described in division (D) (2) of this section in either of the following ways:</u>	2023 2024
<u>(1) From the physician;</u>	2025
<u>(2) By ordering blood and urine tests for the individual to whom the opioid antagonist is to be administered.</u>	2026 2027
<u>If a pharmacist orders blood and urine tests, the pharmacist shall evaluate the results of the tests to determine whether they indicate that it is appropriate to administer the opioid antagonist. A pharmacist's authority to evaluate test results under this division does not authorize the pharmacist to make a diagnosis.</u>	2028 2029 2030 2031 2032 2033
<u>(F) All of the following apply with respect to the protocol required by division (C) (3) of this section:</u>	2034 2035
<u>(1) The protocol must be established by a physician who has a scope of practice that includes treatment of the condition for which the individual has been prescribed the drug to be administered.</u>	2036 2037 2038 2039
<u>(2) The protocol must satisfy the requirements established</u>	2040

<u>in rules adopted under division (H)(1)(b) of this section.</u>	2041
<u>(3) The protocol must do all of the following:</u>	2042
<u>(a) Specify a definitive set of treatment guidelines;</u>	2043
<u>(b) Specify the locations at which a pharmacist may engage in the administration of drugs pursuant to this section;</u>	2044 2045
<u>(c) Include provisions for implementing the requirements of division (D) of this section, including for purposes of division (D)(3) of this section provisions specifying the length of time and location at which a pharmacist must observe an individual who receives a drug to determine whether the individual has an adverse reaction to the drug;</u>	2046 2047 2048 2049 2050 2051
<u>(d) Specify procedures to be followed by a pharmacist when administering epinephrine, diphenhydramine, or both, to an individual who has an adverse reaction to a drug administered by the pharmacist.</u>	2052 2053 2054 2055
<u>(G) A pharmacist shall not do either of the following:</u>	2056
<u>(1) Engage in the administration of drugs pursuant to this section unless the requirements of division (C) of this section have been met;</u>	2057 2058 2059
<u>(2) Delegate to any person the pharmacist's authority to engage in the administration of drugs pursuant to this section.</u>	2060 2061
<u>(H)(1) The state board of pharmacy shall adopt rules to implement this section. The rules shall be adopted in accordance with Chapter 119. of the Revised Code and include all of the following:</u>	2062 2063 2064 2065
<u>(a) Requirements for courses in administration of drugs;</u>	2066
<u>(b) Requirements for protocols to be followed by</u>	2067

pharmacists in administering drugs pursuant to this section; 2068

(c) Procedures to be followed by a pharmacist in obtaining 2069
permission to administer a drug to an individual. 2070

(2) The board shall consult with the state medical board 2071
before adopting rules regarding requirements for protocols under 2072
this section. 2073

Sec. 4731.057. As used in this section, "physician" means 2074
an individual authorized under this chapter to practice medicine 2075
and surgery or osteopathic medicine and surgery. 2076

The state medical board shall adopt rules establishing 2077
standards and procedures to be followed by a physician when 2078
prescribing a drug that may be administered by a pharmacist 2079
pursuant to section 4729.45 of the Revised Code. The rules shall 2080
be adopted in accordance with Chapter 119. of the Revised Code 2081
and in consultation with the state board of pharmacy. 2082

Sec. 4743.08. (A) As used in this section, "state board" 2083
means the state dental board, the board of nursing, the state 2084
board of pharmacy, the state medical board, the state board of 2085
psychology, or the counselor, social workers, and marriage and 2086
family therapist board. 2087

(B) Not later than one hundred twenty days after the 2088
effective date of this section, each state board shall consider 2089
the problems of race and gender-based disparities in health care 2090
treatment decisions. When doing so, the boards shall consult 2091
with the commission on minority health and one or more 2092
professionally relevant and nationally recognized organizations 2093
or similar entities that review the curricula and experiential 2094
learning opportunities offered by the applicable health care 2095
professional schools, colleges, and other educational 2096

institutions. 2097

(C) Each state board shall annually provide its licensees 2098
or certificate holders with a list of continuing education 2099
courses and experiential learning opportunities addressing 2100
cultural competency in health care treatment. If a state board 2101
determines that a sufficient number of courses or experiential 2102
learning opportunities does not exist, the board shall 2103
collaborate with the organizations or similar entities described 2104
in division (B) of this section to create such courses and 2105
opportunities. 2106

Sec. 5162.01. (A) As used in the Revised Code: 2107

(1) "Medicaid" and "medicaid program" mean the program of 2108
medical assistance established by Title XIX of the "Social 2109
Security Act," 42 U.S.C. 1396 et seq., including any medical 2110
assistance provided under the medicaid state plan or a federal 2111
medicaid waiver granted by the United States secretary of health 2112
and human services. 2113

(2) "Medicare" and "medicare program" mean the federal 2114
health insurance program established by Title XVIII of the 2115
"Social Security Act," 42 U.S.C. 1395 et seq. 2116

(B) As used in this chapter: 2117

(1) "Dual eligible individual" has the same meaning as in 2118
section 5160.01 of the Revised Code. 2119

(2) "Exchange" has the same meaning as in 45 C.F.R. 2120
155.20. 2121

(3) "Federal financial participation" has the same meaning 2122
as in section 5160.01 of the Revised Code. 2123

(4) "Federal poverty line" means the official poverty line 2124

defined by the United States office of management and budget 2125
based on the most recent data available from the United States 2126
bureau of the census and revised by the United States secretary 2127
of health and human services pursuant to the "Omnibus Budget 2128
Reconciliation Act of 1981," section 673(2), 42 U.S.C. 9902(2). 2129

(5) "Healthcheck" has the same meaning as in section 2130
5164.01 of the Revised Code. 2131

(6) "Healthy start component" means the component of the 2132
medicaid program that covers pregnant women and children and is 2133
identified in rules adopted under section 5162.02 of the Revised 2134
Code as the healthy start component. 2135

~~(6)~~(7) "Home and community-based services" means services 2136
provided under a home and community-based services medicaid 2137
waiver component. 2138

~~(7)~~(8) "Home and community-based services medicaid waiver 2139
component" has the same meaning as in section 5166.01 of the 2140
Revised Code. 2141

~~(8)~~(9) "ICF/IID" has the same meaning as in section 2142
5124.01 of the Revised Code. 2143

~~(9)~~(10) "Medicaid managed care organization" has the same 2144
meaning as in section 5167.01 of the Revised Code. 2145

~~(10)~~(11) "Medicaid provider" has the same meaning as in 2146
section 5164.01 of the Revised Code. 2147

~~(11)~~(12) "Medicaid services" has the same meaning as in 2148
section 5164.01 of the Revised Code. 2149

~~(12)~~(13) "Medicaid waiver component" has the same meaning 2150
as in section 5166.01 of the Revised Code; 2151

~~(13)~~(14) "Nursing facility" and "nursing facility services" have the same meanings as in section 5165.01 of the Revised Code. 2152
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~~(14)~~(15) "Political subdivision" means a municipal corporation, township, county, school district, or other body corporate and politic responsible for governmental activities only in a geographical area smaller than that of the state. 2155
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~~(15)~~(16) "Prescribed drug" has the same meaning as in section 5164.01 of the Revised Code. 2159
2160

~~(16)~~(17) "Provider agreement" has the same meaning as in section 5164.01 of the Revised Code. 2161
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~~(17)~~(18) "Qualified medicaid school provider" means the board of education of a city, local, or exempted village school district, the governing authority of a community school established under Chapter 3314. of the Revised Code, the state school for the deaf, and the state school for the blind to which both of the following apply: 2163
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(a) It holds a valid provider agreement. 2169

(b) It meets all other conditions for participation in the medicaid school component of the medicaid program established in rules authorized by section 5162.364 of the Revised Code. 2170
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~~(18)~~(19) "State agency" means every organized body, office, or agency, other than the department of medicaid, established by the laws of the state for the exercise of any function of state government. 2173
2174
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~~(19)~~(20) "Vendor offset" means a reduction of a medicaid payment to a medicaid provider to correct a previous, incorrect medicaid payment to that provider. 2177
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2179

Sec. 5162.13. (A) On or before the first day of January of 2180
each year, the department of medicaid shall complete a report on 2181
the effectiveness of the medicaid program in meeting the health 2182
care needs of low-income pregnant women, infants, and children. 2183
The report shall include all of the following, delineated by 2184
race and ethnic group: 2185

(1) The estimated number of pregnant women, infants, and 2186
children eligible for the program; 2187

(2) The actual number of eligible persons enrolled in the 2188
program; 2189

(3) The actual number of enrolled pregnant women 2190
categorized by estimated gestational age at time of enrollment; 2191

(4) The average number of days between the following 2192
events: 2193

(a) A pregnant woman's application for medicaid and 2194
enrollment in the fee-for-service component of medicaid; 2195

(b) A pregnant woman's application for enrollment in a 2196
medicaid managed care organization and enrollment in the managed 2197
care organization. 2198

The information described in divisions (A) (4) (a) and (b) 2199
of this section shall also be delineated by county and the urban 2200
and rural communities specified in rules adopted under section 2201
3701.142 of the Revised Code. 2202

(5) The number of prenatal, postpartum, and child health 2203
visits; 2204

~~(5)~~ (6) The estimated number of enrolled women of child- 2205
bearing age who use a tobacco product; 2206

<u>(7) The estimated number of enrolled women of child-</u>	2207
<u>bearing age who participate in a tobacco cessation program or</u>	2208
<u>who use a tobacco cessation product;</u>	2209
<u>(8) The rates at which enrolled pregnant women receive</u>	2210
<u>addiction or mental health services, progesterone therapy, and</u>	2211
<u>any other service specified by the department;</u>	2212
(6) <u>(9) A report on birth outcomes, including a comparison</u>	2213
<u>of low-birthweight births and infant mortality rates of medicaid</u>	2214
<u>recipients with the general female child-bearing and infant</u>	2215
<u>population in this state;</u>	2216
(7) <u>(10) A comparison of the prenatal, delivery, and child</u>	2217
<u>health costs of the program with such costs of similar programs</u>	2218
<u>in other states, where available;</u>	2219
<u>(11) A report on performance data generated by the</u>	2220
<u>component of the state innovation model (SIM) grant pertaining</u>	2221
<u>to episode-based payments for perinatal care that was awarded to</u>	2222
<u>this state by the center for medicare and medicaid innovation in</u>	2223
<u>the United States centers for medicare and medicaid services;</u>	2224
<u>(12) A report on funds allocated for infant mortality</u>	2225
<u>reduction initiatives in the urban and rural communities</u>	2226
<u>specified in rules adopted under section 3701.142 of the Revised</u>	2227
<u>Code;</u>	2228
<u>(13) A report on the results of client responses to</u>	2229
<u>questions related to pregnancy services and healthcheck that are</u>	2230
<u>asked by the personnel of county departments of job and family</u>	2231
<u>services;</u>	2232
<u>(14) A comparison of the performance of the fee-for-</u>	2233
<u>service component of medicaid with the performance of each</u>	2234
<u>medicaid managed care organization on perinatal health metrics.</u>	2235

(B) The department shall submit the report to the general assembly in accordance with section 101.68 of the Revised Code and to the joint medicaid oversight committee. The department also shall make the report available to the public.

Sec. 5162.135. (A) As used in this section, "stillbirth" has the same meaning as in section 3701.97 of the Revised Code.

(B) The department of medicaid shall create an infant mortality scorecard. The scorecard shall report all of the following:

(1) The performance of the fee-for-service component of medicaid and each medicaid managed care organization on population health measures, including the infant mortality rate, preterm birth rate, and low-birthweight rate, stillbirth rate, delineated in accordance with division (C) of this section;

(2) The performance of the fee-for-service component of medicaid and each medicaid managed care organization on service utilization and outcome measures using claims data and data from vital records;

(3) The number and percentage of women who are at least fifteen but less than forty-four years of age who are medicaid recipients;

(4) The number of medicaid recipients who delivered a newborn and the percentage of those who reported tobacco use at the time of delivery;

(5) The number of prenatal, postpartum, and adolescent wellness visits made by medicaid recipients;

(6) The percentage of pregnant medicaid recipients who initiated progesterone therapy during pregnancy;

(7) The percentage of female medicaid recipients of 2264
childbearing age who participate in a tobacco cessation program 2265
or use a tobacco cessation product; 2266

(8) The percentage of female medicaid recipients of 2267
childbearing age who use long-acting reversible contraception; 2268

(9) A comparison of the low-birthweight rate of medicaid 2269
recipients with the low-birthweight rate of women who are not 2270
medicaid recipients; 2271

(10) Any other information on maternal and child health 2272
that the department considers appropriate. 2273

(C) To the extent possible, the performance measures 2274
described in division (B) (1) of this section shall be delineated 2275
in the scorecard as follows: 2276

(1) For each region of the state and the state as a whole, 2277
by race and ethnic group; 2278

(2) For the urban and rural communities specified in rules 2279
adopted under section 3701.142 of the Revised Code, as well as 2280
for any other communities that are the subject of targeted 2281
infant mortality reduction initiatives administered by one or 2282
more state agencies, by race, ethnic group, and census tract. 2283

The scorecard shall be updated each calendar quarter and 2284
made available on the department's internet web site. 2285

(D) The department shall make available the data sources 2286
and methodology used to complete the scorecard to any person or 2287
government entity on request. 2288

Sec. 5162.136. (A) The department of medicaid shall 2289
conduct periodic reviews to determine the barriers that medicaid 2290
recipients face in gaining full access to interventions intended 2291

to reduce tobacco use, prevent prematurity, and promote optimal 2292
birth spacing. The first review shall occur not later than sixty 2293
days after the effective date of this section. Thereafter, 2294
reviews shall be conducted every six months. The department 2295
shall prepare a report that summarizes the results of each 2296
review, which must contain the information specified in division 2297
(C) (1) or (2) of this section, as applicable. Each report shall 2298
be submitted to the commission on infant mortality, the joint 2299
medicaid oversight committee, and the general assembly. 2300
Submissions to the general assembly shall be made in accordance 2301
with section 101.68 of the Revised Code. 2302

(B) The department shall make a presentation on each 2303
report at the first meeting of the commission on infant 2304
mortality that follows the report's submission to the 2305
commission. 2306

(C) (1) All of the following shall be in the first report 2307
submitted in accordance with division (A) of this section: 2308

(a) Identification of the access barriers described in 2309
division (A) of this section, the individuals affected by the 2310
barriers, and whether the barriers result from policies 2311
implemented by the department, medicaid managed care 2312
organizations, providers, or others; 2313

(b) Recommendations for the expedient removal of the 2314
access barriers; 2315

(c) An analysis of the performance of the fee-for-service 2316
component of medicaid and the performance of each medicaid 2317
managed care organization on health metrics pertaining to 2318
tobacco cessation, prematurity prevention, and birth spacing; 2319

(d) Any other information the department considers 2320

pertinent to the report's topic. 2321

(2) All of the following shall be in each subsequent 2322
report submitted in accordance with division (A) of this 2323
section: 2324

(a) The progress that has been made on removing the access 2325
barriers described in division (A) of this section and the 2326
impact such progress has had on reducing the infant mortality 2327
rate in this state; 2328

(b) A performance analysis of the fee-for-service 2329
component of medicaid and each medicaid managed care 2330
organization on health metrics pertaining to tobacco cessation, 2331
prematurity prevention, and birth spacing; 2332

(c) Any other information the department considers 2333
pertinent. 2334

Sec. 5163.01. As used in this chapter: 2335

"Caretaker relative" has the same meaning as in 42 C.F.R. 2336
435.4 as that regulation is amended effective January 1, 2014. 2337

~~"Children's hospital" has the same meaning as in section~~ 2338
~~2151.86 of the Revised Code.~~ 2339

"Federal financial participation" has the same meaning as 2340
in section 5160.01 of the Revised Code. 2341

~~"Federally qualified health center" has the same meaning~~ 2342
~~as in the "Social Security Act," section 1905(1)(2)(B), 42-~~ 2343
~~U.S.C. 1396d(1)(2)(B).~~ 2344

~~"Federally qualified health center look-alike" has the~~ 2345
~~same meaning as in section 3701.047 of the Revised Code.~~ 2346

"Federal poverty line" has the same meaning as in section 2347

5162.01 of the Revised Code.	2348
"Healthy start component" has the same meaning as in	2349
section 5162.01 of the Revised Code.	2350
"Home and community-based services medicaid waiver	2351
component" has the same meaning as in section 5166.01 of the	2352
Revised Code.	2353
"Intermediate care facility for individuals with	2354
intellectual disabilities" and "ICF/IID" have the same meanings	2355
as in section 5124.01 of the Revised Code.	2356
"Mandatory eligibility groups" means the groups of	2357
individuals that must be covered by the medicaid state plan as a	2358
condition of the state receiving federal financial participation	2359
for the medicaid program.	2360
"Medicaid buy-in for workers with disabilities program"	2361
means the component of the medicaid program established under	2362
sections 5163.09 to 5163.098 of the Revised Code.	2363
"Medicaid services" has the same meaning as in section	2364
5164.01 of the Revised Code.	2365
"Medicaid waiver component" has the same meaning as in	2366
section 5166.01 of the Revised Code.	2367
"Nursing facility" and "nursing facility services" have	2368
the same meanings as in section 5165.01 of the Revised Code.	2369
"Optional eligibility groups" means the groups of	2370
individuals who may be covered by the medicaid state plan or a	2371
federal medicaid waiver and for whom the medicaid program	2372
receives federal financial participation.	2373
"Other medicaid-funded long-term care services" has the	2374

meaning specified in rules adopted under section 5163.02 of the Revised Code. 2375
2376

"Supplemental security income program" means the program 2377
established by Title XVI of the "Social Security Act," 42 U.S.C. 2378
1381 et seq. 2379

Sec. 5163.10. (A) As used in this section: 2380

(1) "Presumptive eligibility for pregnant women option" 2381
means the option available under section 1920 of the "Social 2382
Security Act," ~~section 1920,~~ 42 U.S.C. 1396r-1, to make 2383
ambulatory prenatal care available to pregnant women under the 2384
medicaid program during presumptive eligibility periods. 2385

(2) "Qualified provider" has the same meaning as in 2386
section 1920(b)(2) of the "Social Security Act," ~~section 1920(b)~~
~~(2),~~ 42 U.S.C. 1396r-1(b)(2). 2387
2388

(B) The medicaid director shall implement the presumptive 2389
eligibility for pregnant women option. ~~Children's hospitals,~~ 2390
~~federally qualified health centers, and federally qualified~~ 2391
~~health center look-alikes, if they are~~ Any entity that is 2392
eligible to be a qualified providers ~~provider~~ and ~~request~~ 2393
~~requests~~ to serve as a qualified providers, ~~provider~~ may serve 2394
as a qualified providers ~~provider~~ for purposes of the 2395
presumptive eligibility for pregnant women option if the 2396
department of medicaid determines the entity is capable of 2397
making determinations of presumptive eligibility for pregnant 2398
women. ~~The director may authorize other types of providers that~~ 2399
~~are eligible to be qualified providers and request to serve as~~ 2400
~~qualified providers to serve as qualified providers for purposes~~ 2401
~~of the presumptive eligibility for pregnant women option.~~ 2402

Sec. 5163.101. (A) As used in this section: 2403

<u>(1) "Children's hospital" has the same meaning as in</u>	2404
<u>section 2151.86 of the Revised Code.</u>	2405
<u>(2) "Federally qualified health center" has the same</u>	2406
<u>meaning as in section 1905(1)(2)(B) of the "Social Security</u>	2407
<u>Act," 42 U.S.C. 1396d(1)(2)(B).</u>	2408
<u>(3) "Federally qualified health center look-alike" has the</u>	2409
<u>same meaning as in section 3701.047 of the Revised Code.</u>	2410
<u>(4) "Presumptive eligibility for children option" means</u>	2411
the option available under <u>section 1920A of the "Social Security</u>	2412
<u>Act," section 1920A, 42 U.S.C. 1396r-1a, to make medical</u>	2413
assistance with respect to health care items and services	2414
available to children under the medicaid program during	2415
presumptive eligibility periods.	2416
<u>(5) "Qualified entity" has the same meaning as in <u>section</u></u>	2417
<u>1920A(b)(3) of the "Social Security Act," section 1920A(b)(3),</u>	2418
<u>42 U.S.C. 1396r-1a(b)(3).</u>	2419
(B) The medicaid director shall implement the presumptive	2420
eligibility for children option. Children's hospitals, federally	2421
qualified health centers, and federally qualified health center	2422
look-alikes, if they are eligible to be qualified entities and	2423
request to serve as qualified entities, may serve as qualified	2424
entities for purposes of the presumptive eligibility for	2425
children option. The director may authorize other types of	2426
entities that are eligible to be qualified entities and request	2427
to serve as qualified entities to serve as qualified entities	2428
for purposes of the presumptive eligibility for children option.	2429
<u>Sec. 5164.471. Not less than once each year and in</u>	2430
<u>accordance with all state and federal laws governing the</u>	2431
<u>confidentiality of patient-identifying information, the</u>	2432

department of medicaid shall make summary data regarding 2433
perinatal services available on request to local organizations 2434
concerned with infant mortality reduction initiatives and 2435
recipients of grants administered by the division of family and 2436
community health services in the department of health. 2437

Sec. 5164.721. A hospital or freestanding birthing center 2438
that is a medicaid provider may submit to the department of 2439
medicaid or the department's fiscal agent a medicaid claim that 2440
is both of the following: 2441

(A) For a long-acting reversible contraceptive device that 2442
is covered by medicaid and provided to a medicaid recipient 2443
during the period after the recipient gives birth in the 2444
hospital or center and before the recipient is discharged from 2445
that location; 2446

(B) Separate from another medicaid claim for other 2447
inpatient care the hospital or center provides to the medicaid 2448
recipient. 2449

Sec. 5167.16. (A) As used in this section: 2450

(1) "Help me grow program" means the program established 2451
by the department of health pursuant to section 3701.61 of the 2452
Revised Code. 2453

(2) "Targeted case management" has the same meaning as in 2454
42 C.F.R. 440.169(b). 2455

(B) A medicaid managed care organization shall provide to 2456
a medicaid recipient who meets the criteria in division (C) of 2457
this section, or arrange for such recipient to receive, both of 2458
the following types of services: 2459

(1) Home visits, which shall include depression 2460

screenings, for which federal financial participation is 2461
available under the targeted ~~care~~-case management benefit; 2462

(2) Cognitive behavioral therapy, provided by a community 2463
mental health services provider, that is determined to be 2464
medically necessary through a depression screening conducted as 2465
part of a home visit. 2466

(C) A medicaid recipient qualifies to receive the services 2467
specified in division (B) of this section if the medicaid 2468
recipient is enrolled in the help me grow program, enrolled in 2469
the medicaid managed care organization providing or arranging 2470
for the services, and is either pregnant or the birth mother of 2471
an infant or toddler under three years of age. 2472

(D) If requested by a medicaid recipient eligible for the 2473
cognitive behavioral therapy covered under division (B) (2) of 2474
this section, the therapy shall be provided in the recipient's 2475
home. The medicaid managed care organization shall inform the 2476
medicaid recipient of the right to make the request and how to 2477
make it. 2478

Sec. 5167.171. When contracting with a medicaid managed 2479
care organization that is a health insuring corporation, the 2480
department of medicaid shall require the organization, if the 2481
organization requires practitioners to obtain prior approval 2482
before administering progesterone to pregnant medicaid 2483
recipients enrolled in the organization, to use a uniform prior 2484
approval form for progesterone that is not more than one page. 2485

Sec. 5167.172. When contracting with a medicaid managed 2486
care organization that is a health insuring corporation, the 2487
department of medicaid shall require the organization to promote 2488
the use of technology-based resources, such as mobile telephone 2489

or text messaging applications, that offer tips on having a 2490
healthy pregnancy and healthy baby to medicaid recipients who 2491
are enrolled in the organization and are pregnant or have an 2492
infant who is less than one year of age. 2493

Sec. 5167.173. (A) As used in this section: 2494

(1) "Certified community health worker" has the same 2495
meaning as in section 4723.01 of the Revised Code. 2496

(2) "Community health worker services" means the services 2497
described in section 4723.81 of the Revised Code. 2498

(3) "Qualified community hub" means a central 2499
clearinghouse for a network of community care coordination 2500
agencies and that meets all of the following criteria: 2501

(a) Demonstrates to the director of health that it uses an 2502
evidenced-based, pay-for-performance community care coordination 2503
model (endorsed by the federal agency for healthcare research 2504
and quality, the national institutes of health, and the centers 2505
for medicare and medicaid services or their successors) to 2506
connect at-risk individuals to health, housing, transportation, 2507
employment, education, and other social services; 2508

(b) Demonstrates to the director of health that it has 2509
achieved, or is engaged in achieving, certification from a 2510
national hub certification program; 2511

(c) Has a plan, approved by the medicaid director, 2512
specifying how the community hub ensures that children served by 2513
it receive appropriate developmental screenings as specified in 2514
the publication titled "Bright Futures: Guidelines for Health 2515
Supervision of Infants, Children, and Adolescents," available 2516
from the American academy of pediatrics, as well as appropriate 2517
early and periodic screening, diagnostic, and treatment 2518

services. 2519

(B) When contracting with a medicaid managed care 2520
organization that is a health insuring corporation, the 2521
department of medicaid shall require the organization to provide 2522
to a medicaid recipient who meets the criteria in division (C) 2523
of this section, or arrange for the medicaid recipient to 2524
receive, both of the following services provided by a certified 2525
community health worker who is employed by, or works under a 2526
contract with, a qualified community hub: 2527

(1) Community health worker services; 2528

(2) Other services that are not community health worker 2529
services but are performed for the purpose of ensuring that the 2530
medicaid recipient is linked to employment services, housing, 2531
educational services, social services, or medically necessary 2532
physical and behavioral health services. 2533

(C) A medicaid recipient qualifies to receive the services 2534
specified in division (B) of this section if the medicaid 2535
recipient is pregnant or capable of becoming pregnant, resides 2536
in a community served by a qualified community hub, has been 2537
recommended to receive the services by a physician or another 2538
licensed health professional specified in rules adopted under 2539
division (D) of this section, and is enrolled in the medicaid 2540
managed care organization providing or arranging for the 2541
services. 2542

(D) The medicaid director shall adopt rules under section 2543
5167.02 of the Revised Code specifying the licensed health 2544
professionals, in addition to physicians, who may recommend that 2545
a medicaid recipient receive the services specified in division 2546
(B) of this section. 2547

Sec. 5167.45. The department of medicaid shall include 2548
information about medicaid recipients' races, ethnicities, and 2549
primary languages in data the department shares with medicaid 2550
managed care organizations. Medicaid managed care organizations 2551
shall include this information in the data the organizations 2552
share with providers. 2553

Section 2. That existing sections 2101.16, 2151.3515, 2554
2151.3516, 2151.3517, 2151.3518, 2151.3519, 2151.3520, 2555
2151.3521, 2151.3522, 2151.3523, 2151.3524, 2151.3525, 2556
2151.3526, 2151.3527, 2151.3528, 2151.3529, 2151.3530, 3701.132, 2557
3701.142, 3701.61, 3701.63, 3701.66, 3701.67, 3701.68, 3701.84, 2558
3701.928, 3713.01, 3713.02, 3713.99, 4729.01, 5162.01, 5162.13, 2559
5163.01, 5163.10, 5163.101, and 5167.16 of the Revised Code are 2560
hereby repealed. 2561

Section 3. (A) The Department of Medicaid shall prepare a 2562
report that does both of the following: 2563

(1) Evaluates each Medicaid managed care organization's 2564
progress, during fiscal year 2016 and fiscal year 2017, toward 2565
decreasing the incidence of prematurity, low birthweight, 2566
stillbirths, and infant mortality and improving the overall 2567
health status of women capable of becoming pregnant, through 2568
both of the following: 2569

(a) The provision of enhanced care management services, as 2570
required by section 5167.17 of the Revised Code; 2571

(b) The implementation of other initiatives that are 2572
targeted in the urban and rural communities specified in rules 2573
adopted under section 3701.142 of the Revised Code, including 2574
those that use community health workers. 2575

(2) Describes, in detail, the uses and amounts spent of, 2576

and outcomes from, the \$13,400,000 appropriated in fiscal year 2577
2016 and fiscal year 2017 for the Department initiative designed 2578
to engage leaders in high-risk neighborhoods for the purpose of 2579
connecting women to health care. 2580

(B) Not later than April 1, 2017, the Department shall 2581
submit the report to the Joint Medicaid Oversight Committee and 2582
the General Assembly. The report shall be submitted to the 2583
General Assembly in accordance with section 101.68 of the 2584
Revised Code. 2585

Section 4. (A) As used in this section, "qualified 2586
community hub" has the same meaning as in section 5167.173 of 2587
the Revised Code. 2588

(B) Not later than one hundred twenty days after the 2589
effective date of this section, the Commission on Minority 2590
Health shall identify each community in this state that is not 2591
served by a qualified community hub. 2592

(C) Using funds received from the "Maternal and Child 2593
Health Block Grant," Title V of the "Social Security Act," 42 2594
U.S.C. 701, as amended, the Department of Health shall establish 2595
a qualified community hub in each community identified under 2596
division (B) of this section. In establishing the hubs, the 2597
Department shall consult with the Commission. 2598

(D) The Commission shall convene quarterly meetings with 2599
the qualified community hubs established under division (C) of 2600
this section. The meetings may be held by telephone, video 2601
conference, or other electronic means. Each meeting shall 2602
include a discussion on the community hubs' performance data, 2603
best practices for community hubs, and any other topics the 2604
Commission considers appropriate. 2605

Section 5. (A) Not later than thirty days after the 2606
effective date of this section, the Legislative Service 2607
Commission shall contract with a nonprofit organization to 2608
convene and lead a stakeholder group concerned with matters 2609
regarding the social determinants of health for infants and 2610
women of child-bearing age. The stakeholder group shall do all 2611
of the following: 2612

(1) Review state policies and programs that impact the 2613
social determinants of health for infants and women of child- 2614
bearing age, particularly programs intended to improve 2615
educational attainment, public transportation options, housing, 2616
and access to employment; 2617

(2) Identify opportunities to improve the programs and 2618
policies described in division (A) (1) of this section; 2619

(3) Study the impact of using a state-funded rental 2620
assistance program targeted at infant mortality reduction; 2621

(4) Evaluate best practices other states have implemented 2622
to improve the social determinants of health for infants and 2623
women of child-bearing age. 2624

(B) (1) The nonprofit organization shall determine the 2625
stakeholder group's membership and who should be invited to 2626
participate in the group's discussions. 2627

(2) The stakeholder group shall include a representative 2628
from a metropolitan housing authority that operates at least one 2629
thousand units in this state. 2630

(C) Not later than December 1, 2017, the nonprofit 2631
organization shall submit a report to the Governor and General 2632
Assembly that summarizes the stakeholder group's findings and 2633
makes policy recommendations based on the findings. The report 2634

shall be submitted to the General Assembly in accordance with 2635
section 101.68 of the Revised Code. 2636

(D) The Legislative Service Commission shall use up to 2637
\$500,000 to contract with the nonprofit organization. 2638

Section 6. Not later than thirty days after the effective 2639
date of this section, the Department of Medicaid shall enter 2640
into an interagency agreement with the Department of Health that 2641
provides for the Department of Medicaid to pay the federal and 2642
nonfederal shares of Ohio Tobacco Quit Line services provided to 2643
Medicaid recipients. The Department of Medicaid shall make 2644
Medicaid providers aware of the Ohio Tobacco Quit Line services 2645
that are available to Medicaid recipients. 2646

Section 7. Not later than nine months after the effective 2647
date of this section, after considering recommendations made by 2648
the Ohio home visiting consortium created under section 3701.612 2649
of the Revised Code, the Department of Health shall do both of 2650
the following with respect to the home visiting component of the 2651
Help Me Grow Program and other home visiting programs operating 2652
in this state: 2653

(A) Allocate funds for pilot projects that seek to provide 2654
home visiting services through innovative, promising home 2655
visiting models to families with the most challenging needs who 2656
have been unsuccessful in home visiting programs that use 2657
traditional home visiting models; 2658

(B) Transition to paying for home visiting services based 2659
on outcomes rather than processes. 2660

Section 8. (A) As used in this section, "LARC First 2661
practice" means the practice of a prescriber who promotes 2662
awareness and use of long-acting reversible contraception as the 2663

first-line contraceptive option for women, including teens. 2664

(B) During fiscal year 2017, the Director of Health shall 2665
coordinate with the Medicaid Director to do both of the 2666
following: 2667

(1) Provide technical assistance to health care 2668
facilities, including federally qualified health centers and 2669
federally qualified health center look-alikes, that seek to 2670
include a LARC First practice and that serve women residing in 2671
the urban and rural communities specified in rules adopted under 2672
section 3701.142 of the Revised Code. 2673

(2) Provide grants to health care facilities described in 2674
division (B)(1) of this section. A facility awarded a grant 2675
under this section shall use the funds to purchase long-acting 2676
reversible contraception and progesterone for pregnant women. 2677

(C) The Medicaid Director and the Director of Health shall 2678
use any available funds from the Children's Health Insurance 2679
Program Reauthorization Act of 2009 or any unallotted General 2680
Revenue Funds within the Department of Health's budget to fund 2681
the activities specified in division (B) of this section. 2682

Section 9. Not later than ninety days after the effective 2683
date of this section, the Commission on Infant Mortality created 2684
under section 3701.68 of the Revised Code shall work with the 2685
Ohio Housing and Homelessness Collaborative established by the 2686
Governor in 2012 to do both of the following: 2687

(A) Develop a rental housing assistance program to expand 2688
housing opportunities for extremely low-income households that 2689
include pregnant women or new mothers; 2690

(B) Submit an implementation plan regarding the rental 2691
housing assistance program developed pursuant to division (A) of 2692

this section to the Governor and the General Assembly not later than December 31, 2017. 2693
2694

Section 10. Section 2101.16 of the Revised Code is 2695
presented in this act as a composite of the section as amended 2696
by both Sub. S.B. 23 and Am. Sub. S.B. 43 of the 130th General 2697
Assembly. The General Assembly, applying the principle stated in 2698
division (B) of section 1.52 of the Revised Code that amendments 2699
are to be harmonized if reasonably capable of simultaneous 2700
operation, finds that the composite is the resulting version of 2701
the section in effect prior to the effective date of the section 2702
as presented in this act. 2703