

**As Introduced**

**131st General Assembly**

**Regular Session**

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**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**

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**A BILL**

To amend sections 3701.132, 3701.142, 3701.61, 1  
3701.63, 3701.66, 3701.67, 3701.84, 3701.928, 2  
3713.01, 3713.02, 3713.99, 4729.01, 4729.16, 3  
5162.01, 5162.13, 5163.10, and 5167.16 and to 4  
enact sections 175.14, 191.09, 191.10, 3701.671, 5  
3701.90, 3701.951, 3701.952, 3701.953, 3701.97, 6  
3705.40, 3705.41, 3713.021, 3727.20, 4729.45, 7  
4743.08, 5160.28, 5162.135, 5164.471, 5164.721, 8  
5167.171, 5167.172, 5167.173, and 5167.45 of the 9  
Revised Code to provide for the implementation 10  
of recommendations, other than those pertaining 11  
to tobacco taxes and the minimum purchase age 12  
for tobacco products, made by the Commission on 13  
Infant Mortality, and to make an appropriation. 14

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

**Section 1.** That sections 3701.132, 3701.142, 3701.61, 15  
3701.63, 3701.66, 3701.67, 3701.84, 3701.928, 3713.01, 3713.02, 16  
3713.99, 4729.01, 4729.16, 5162.01, 5162.13, 5163.10, and 17

5167.16 be amended and sections 175.14, 191.09, 191.10, 18  
3701.671, 3701.90, 3701.951, 3701.952, 3701.953, 3701.97, 19  
3705.40, 3705.41, 3713.021, 3727.20, 4729.45, 4743.08, 5160.28, 20  
5162.135, 5164.471, 5164.721, 5167.171, 5167.172, 5167.173, and 21  
5167.45 of the Revised Code be enacted to read as follows: 22

Sec. 175.14. (A) The Ohio housing finance agency shall do 23  
both of the following: 24

(1) Include pregnancy as a priority in its housing 25  
assistance programs and local emergency shelter programs; 26

(2) Investigate current investment in state-funded 27  
programs that support middle to low-income buyers in the urban 28  
and rural communities specified in rules adopted under section 29  
3701.142 of the Revised Code and evaluate whether current 30  
investment should be rebalanced. 31

(B) The recipient of any grants targeting homelessness 32  
administered by the Ohio housing finance agency or the Ohio 33  
development services agency shall do both of the following: 34

(1) Track and report, as required in rules adopted under 35  
this section, the number of pregnant women and the number and 36  
ages of any children seeking assistance from each emergency 37  
shelter operated or funded by the grantee; 38

(2) Require that pregnant women be placed in family 39  
shelters instead of shelters for single adults. 40

(C) The Ohio housing finance agency, in consultation with 41  
the Ohio development services agency, shall adopt rules in 42  
accordance with Chapter 119. of the Revised Code necessary to 43  
implement the requirements of this section. 44

Sec. 191.09. The executive director of the office of 45

health transformation shall establish goals for continuous 46  
quality improvement within the component of the state innovation 47  
model (SIM) grant pertaining to episode-based payments for 48  
prenatal care that was awarded to this state by the center for 49  
medicare and medicaid innovation in the United States centers 50  
for medicare and medicaid services. 51

**Sec. 191.10.** As part of the state innovation model (SIM) 52  
grant pertaining to patient centered medical homes that was 53  
awarded to this state by the center for medicare and medicaid 54  
innovation in the United States centers for medicare and 55  
medicaid services, the executive director of the office of 56  
health transformation shall promote the adoption of best 57  
practices pertaining to family planning options, strategies for 58  
reducing poor pregnancy outcomes, and health and wellness 59  
activities. The executive director shall ensure that health care 60  
providers, health professional trade associations, medical 61  
schools, nursing schools, and other health profession 62  
educational programs are apprised of these best practices and 63  
encouraged to incorporate them in their practices, curricula, 64  
and continuing education programs that they may administer. 65

**Sec. 3701.132.** (A) As used in this section: 66

(1) "Text4baby" means the free service provided by the 67  
nonprofit organization, zero to three, and voxiva, inc., that 68  
sends periodic text messages to the cellular telephones of 69  
pregnant women and new mothers that are tailored based on the 70  
gestational age of the woman's pregnancy or the age of her 71  
infant; 72

(2) "WIC program" means the "special supplemental 73  
nutrition program for women, infants, and children" established 74  
under the "Child Nutrition Act of 1966," 80 Stat. 885, 42 U.S.C. 75

1786, as amended. 76

(B) The department of health is hereby designated as the 77  
state agency to administer the WIC program. The director of 78  
health ~~may~~ shall adopt rules pursuant to Chapter 119. of the 79  
Revised Code as necessary for administering the WIC program. The 80  
rules shall require a contract the department enters into with a 81  
local WIC clinic to include provisions requiring the clinic to 82  
promote the use of Text4baby among clinic clients who are 83  
pregnant or have an infant who is less than one year of age. The 84  
rules may include civil money penalties for violations of the 85  
rules. 86

(C) In determining eligibility for services provided under 87  
the WIC program, the department may use the application form 88  
established under section 5163.40 of the Revised Code for the 89  
healthy start program. The department may require applicants to 90  
furnish their social security numbers. 91

(D) If the department determines that a vendor has 92  
committed an act with respect to the WIC program that federal 93  
statutes or regulations or state statutes or rules prohibit, the 94  
department shall take action against the vendor in the manner 95  
required by 7 C.F.R. part 246, including imposition of a civil 96  
money penalty in accordance with 7 C.F.R. 246.12, or rules 97  
adopted under this section. 98

**Sec. 3701.142.** ~~(C)~~ The director of health, in consultation 99  
with the medicaid director, shall adopt rules specifying ~~The the~~ 100  
urban and rural communities, that have the highest infant 101  
mortality rates in this state. The communities shall be 102  
identified by zip code or portions of zip codes that are 103  
contiguous, ~~that have the highest infant mortality rates in this~~ 104  
~~state; . The~~ 105

~~(D) The rules adopted under this section shall be adopted~~ 106  
in accordance with Chapter 119. of the Revised Code. 107

**Sec. 3701.61.** (A) The department of health shall establish 108  
the help me grow program to encourage early prenatal and well- 109  
baby care, provide parenting education to promote the 110  
comprehensive health and development of children, and provide 111  
early intervention services in accordance with part C of the 112  
"Individuals with Disabilities Education Act," 118 Stat. 2744 113  
(2004), 20 U.S.C. 1431 et seq. The program shall include the 114  
following services: 115

(1) Home visiting services to families with a pregnant 116  
woman or an infant or toddler under three years of age who meet 117  
the eligibility requirements established in rules adopted under 118  
this section; 119

(2) Part C early intervention services to infants and 120  
toddlers under three years of age who meet the eligibility 121  
requirements established in rules adopted under this section. 122

(B) The director of health may enter into an interagency 123  
agreement with one or more state agencies to implement the help 124  
me grow program and ensure coordination of early childhood 125  
programs. 126

(C) The director may distribute help me grow program funds 127  
through contracts, grants, or subsidies to entities providing 128  
services under the program. 129

(D) To the extent funds are available, the department 130  
shall establish a system of payment to providers of home 131  
visiting and part C early intervention services. 132

(E) (1) As used in this division, "Text4baby" has the same 133  
meaning as in section 3701.132 of the Revised Code. 134

(2) As a condition of receiving payments for home visiting services, providers shall ~~report~~ do both of the following: 135  
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(a) Promote the use of Text4baby among families with a pregnant woman or infant who is less than one year of age; 137  
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(b) Report to the director data on the program performance indicators that are used to assess progress toward achieving the goals of the program. The report shall include data on the performance indicator of birth outcomes, including risk indicators of low birth weight and preterm births, and data on all other performance indicators specified in rules adopted under this section. The providers shall report the data in the format and within the time frames specified in the rules. 139  
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The director shall prepare an annual report on the data received from the providers. 147  
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(F) 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: 149  
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(1) Eligibility ~~Subject to division (G) of this section,~~ eligibility requirements for home visiting services and part C early intervention services; 153  
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(2) Eligibility requirements for providers of home visiting services and providers of part C early intervention services; 156  
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(3) Standards and procedures for the provision of program services, including data collection, program monitoring, and program evaluation; 159  
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(4) Procedures for appealing the denial of an application 162

for program services or the termination of services;	163
(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;	164 165 166
(6) Procedures for addressing complaints;	167
(7) The program performance indicators on which data must be reported by providers of home visiting services under division (E) of this section, which, to the extent possible, shall be consistent with federal reporting requirements for federally funded home visiting services;	168 169 170 171 172
(8) The format in which reports must be submitted under division (E) of this section and the time frames within which the reports must be submitted;	173 174 175
(9) Criteria for payment of approved providers of program services;	176 177
(10) Any other rules necessary to implement the program.	178
<u>(G) When adopting the rules required by division (F) (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 receive priority over other families for home visiting services.</u>	179 180 181 182 183
<u>(H) A family enrolled in the help me grow at-risk program on the effective date of this amendment, September 29, 2011,</u> shall be eligible for at-risk services until December 31, 2013, or until the eligible child reaches three years of age, whichever occurs first.	184 185 186 187 188
<b>Sec. 3701.63.</b> (A) As used in this section and sections 3701.64, 3701.66, and 3701.67 of the Revised Code:	189 190

(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.	191 192 193
(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.	194 195 196
(3) "Foster caregiver" has the same meaning as in section 5103.02 of the Revised Code.	197 198
(4) "Freestanding birthing center" has the same meaning as in section 3702.141 of the Revised Code.	199 200
(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:	201 202 203 204
(a) The hospital has a maternity unit.	205
(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.	206 207 208
(6) "Infant" means a child who is less than one year of age.	209 210
(7) "Maternity unit" means the distinct portion of a hospital licensed as a maternity unit under Chapter 3711. of the Revised Code.	211 212 213
(8) "Other person responsible for the infant" includes a foster caregiver.	214 215
(9) "Parent" means either parent, unless the parents are separated or divorced or their marriage has been dissolved or	216 217



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.

(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.

(B) The director of health shall establish the shaken baby syndrome education program by doing all of the following:

(1) Developing educational materials that present readily comprehensible information on shaken baby syndrome;

(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;

(3) Annually assessing the effectiveness of the shaken baby syndrome education program by ~~evaluating~~ doing all of the following:

(a) Evaluating the reports received pursuant to section 5101.135 of the Revised Code;

(b) Reviewing the content of the educational materials to determine if updates or improvements should be made;

(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.

(C) In meeting the requirements under division (B) of this

section, the director shall develop educational materials that, 246  
to the extent possible, minimize administrative or financial 247  
burdens on any of the entities or persons listed in section 248  
3701.64 of the Revised Code. 249

**Sec. 3701.66.** (A) As used in this section, "sudden 250  
unexpected infant death" means the death of an infant that 251  
occurs suddenly and unexpectedly, the cause of which is not 252  
immediately obvious prior to investigation. 253

(B) The department of health shall establish the safe 254  
sleep education program by doing all of the following: 255

(1) By not later than sixty days after ~~the effective date~~ 256  
~~of this section~~ March 19, 2015, developing educational materials 257  
that present readily comprehensible information on safe sleeping 258  
practices for infants and possible causes of sudden unexpected 259  
infant death; 260

(2) Making available on the department's internet web site 261  
in an easily accessible format the educational materials 262  
developed under division (B)(1) of this section; 263

(3) Providing annual training classes at no cost to 264  
individuals who provide safe sleep education to parents and 265  
infant caregivers who reside in the urban and rural communities 266  
specified under section 3701.142 of the Revised Code, including 267  
child care providers as defined in section 2151.011 of the 268  
Revised Code, hospital staff and volunteers, local health 269  
department staff, social workers, individuals who provide home 270  
visiting services, and community health workers; 271

(4) Beginning in 2015, annually assessing the 272  
effectiveness of the safe sleep education program by evaluating 273  
the reports submitted by child fatality review boards to the 274

department pursuant to section 307.626 of the Revised Code. 275

(C) In meeting the requirements under division (B) of this 276  
section, the department shall develop educational materials 277  
that, to the extent possible, minimize administrative or 278  
financial burdens on any of the entities or persons required by 279  
division (D) of this section to distribute the materials. 280

(D) A copy of the safe sleep educational materials 281  
developed under this section shall be distributed by entities 282  
and persons with and in the same manner as the shaken baby 283  
syndrome educational materials are distributed pursuant to 284  
section 3701.64 of the Revised Code. 285

An entity or person required to distribute the educational 286  
materials is not liable for damages in a civil action for 287  
injury, death, or loss to person or property that allegedly 288  
arises from an act or omission associated with the dissemination 289  
of those educational materials unless the act or omission 290  
constitutes willful or wanton misconduct. 291

An entity or person required to distribute the educational 292  
materials is not subject to criminal prosecution or, to the 293  
extent that a person is regulated under Title XLVII of the 294  
Revised Code, professional disciplinary action under that title, 295  
for an act or omission associated with the dissemination of 296  
those educational materials. 297

This division does not eliminate, limit, or reduce any 298  
other immunity or defense that an entity or person may be 299  
entitled to under Chapter 2744. of the Revised Code, or any 300  
other provision of the Revised Code, or the common law of this 301  
state. 302

(E) Each entity or person that is required to distribute 303

the educational materials and has infants regularly sleeping at 304  
a facility or location under the entity's or person's control 305  
shall adopt an internal infant safe sleep policy. The policy 306  
shall specify when and to whom educational materials on infant 307  
safe sleep practices are to be delivered to individuals working 308  
or volunteering at the facility or location and be consistent 309  
with the model internal infant safe sleep policy adopted under 310  
division (F) of this section. 311

(F) The director of health shall adopt a model internal 312  
infant safe sleep policy for use by entities and persons that 313  
must comply with division (E) of this section. The policy shall 314  
specify safe infant sleep practices, include images depicting 315  
safe infant sleep practices, and specify sample content for an 316  
infant safe sleep education program that entities and persons 317  
may use when conducting new staff orientation programs. 318

**Sec. 3701.67.** (A) As used in this section: 319

(1) "Contractor" means a person who provides personal 320  
services pursuant to a contract. 321

(2) "Critical access hospital" means a facility designated 322  
as a critical access hospital by the director of health under 323  
section 3701.073 of the Revised Code. 324

(3) "Crib" includes a portable play yard or other suitable 325  
sleeping place. 326

(B) Each hospital and freestanding birthing center shall 327  
implement an infant safe sleep screening procedure. The purpose 328  
of the procedure is to determine whether there will be a safe 329  
crib for an infant to sleep in once the infant is discharged 330  
from the facility to the infant's residence following birth. The 331  
procedure shall consist of questions that facility staff or 332

volunteers must ask the infant's parent, guardian, or other 333  
person responsible for the infant regarding the infant's 334  
intended sleeping place and environment. 335

The director of health shall develop questions that 336  
facilities may use when implementing the infant safe sleep 337  
screening procedure required by this division. The director may 338  
consult with persons and government entities that have expertise 339  
in infant safe sleep practices when developing the questions. 340

(C) If, prior to an infant's discharge from a facility to 341  
the infant's residence following birth, a facility other than a 342  
critical access hospital or a facility identified under division 343  
(D) of this section determines through the procedure implemented 344  
under division (B) of this section that the infant is unlikely 345  
to have a safe crib at the infant's residence, the facility 346  
shall make a good faith effort to arrange for the parent, 347  
guardian, or other person responsible for the infant to obtain a 348  
safe crib at no charge to that individual. In meeting this 349  
requirement, the facility may do any of the following: 350

(1) Obtain a safe crib with its own resources; 351

(2) Collaborate with or obtain assistance from persons or 352  
government entities that are able to procure a safe crib or 353  
provide money to purchase a safe crib; 354

(3) Refer the parent, guardian, or other person 355  
responsible for the infant to a person or government entity 356  
described in division (C)(2) of this section to obtain a safe 357  
crib free of charge from that source; 358

(4) If funds are available for the cribs for kids program 359  
or a successor program administered by the department of health, 360  
refer the parent, guardian, or other person responsible for the 361

infant to a site, designated by the department for purposes of 362  
the program, at which a safe crib may be obtained at no charge. 363

If a safe crib is procured as described in division (C) 364  
(1), (2), or (3) of this section, the facility shall ensure that 365  
the crib recipient receives safe sleep education and crib 366  
assembly instructions from the facility or another source. If a 367  
safe crib is procured as described in division (C)(4) of this 368  
section, the department of health shall ensure that the cribs 369  
for kids program or a successor program administered by the 370  
department provides safe sleep education and crib assembly 371  
instructions to the recipient. 372

(D) The director of health shall identify the facilities 373  
in this state that are not critical access hospitals and are not 374  
served by a site described in division (C)(4) of this section. 375  
The director shall identify not less than annually the 376  
facilities that meet both criteria and notify those that do so. 377

(E) When a facility that is a hospital registers with the 378  
department of health under section 3701.07 of the Revised Code 379  
or a facility that is a freestanding birthing center renews its 380  
license in accordance with rules adopted under section 3702.30 381  
of the Revised Code, the facility shall report the following 382  
information to the department in a manner the department 383  
prescribes: 384

(1) The number of safe cribs that the facility obtained 385  
and distributed by using its own resources as described in 386  
division (C)(1) of this section since the last time the facility 387  
reported this information to the department; 388

(2) The number of safe cribs that the facility obtained 389  
and distributed by collaborating with or obtaining assistance 390

from another person or government entity as described in 391  
division (C) (2) of this section since the last time the facility 392  
reported this information to the department; 393

(3) The number of referrals that the facility made to a 394  
person or government entity as described in division (C) (3) of 395  
this section since the last time the facility reported this 396  
information to the department; 397

(4) The number of referrals that the facility made to a 398  
site designated by the department as described in division (C) 399  
(4) of this section since the last time the facility reported 400  
this information to the department; 401

(5) Demographic information specified by the director of 402  
health regarding the individuals to whom safe cribs were 403  
distributed as described in division (E) (1) or (2) of this 404  
section or for whom a referral described in division (E) (3) or 405  
(4) of this section was made; 406

(6) In the case of a critical access hospital or a 407  
facility identified under division (D) of this section, 408  
demographic information specified by the director of health 409  
regarding each parent, guardian, or other person responsible for 410  
the infant determined to be unlikely to have a safe crib at the 411  
infant's residence pursuant to the procedure implemented under 412  
division (B) of this section; 413

(7) Any other information collected by the facility 414  
regarding infant sleep environments and intended infant sleep 415  
environments that the director determines to be appropriate. 416

(F) Not later than July 1 of each year ~~beginning in 2015,~~ 417  
the director of health shall prepare a written report that 418  
summarizes the information collected under division (E) of this 419

section for the preceding twelve months, assesses whether at- 420  
risk families are sufficiently being served by the crib 421  
distribution and referral system established by this section, 422  
makes suggestions for system improvements, and provides any 423  
other information the director considers appropriate for 424  
inclusion in the report. On completion, the report shall be 425  
submitted to the governor and, in accordance with section 101.68 426  
of the Revised Code, the general assembly. 427

(G) A facility, and any employee, contractor, or volunteer 428  
of a facility, that implements an infant safe sleep procedure in 429  
accordance with division (B) of this section is not liable for 430  
damages in a civil action for injury, death, or loss to person 431  
or property that allegedly arises from an act or omission 432  
associated with implementation of the procedure, unless the act 433  
or omission constitutes willful or wanton misconduct. 434

A facility, and any employee, contractor, or volunteer of 435  
a facility, that implements an infant safe sleep screening 436  
procedure in accordance with division (B) of this section is not 437  
subject to criminal prosecution or, to the extent that a person 438  
is regulated under Title XLVII of the Revised Code, professional 439  
disciplinary action under that title, for an act or omission 440  
associated with implementation of the procedure. 441

This division does not eliminate, limit, or reduce any 442  
other immunity or defense that a facility, or an employee, 443  
contractor, or volunteer of a facility, may be entitled to under 444  
Chapter 2744. of the Revised Code, or any other provision of the 445  
Revised Code, or the common law of this state. 446

(H) A facility, and any employee, contractor, or volunteer 447  
of a facility, is neither liable for damages in a civil action, 448  
nor subject to criminal prosecution, for injury, death, or loss 449



to person or property that allegedly arises from a crib obtained 450  
by a parent, guardian, or other person responsible for the 451  
infant as a result of any action the facility, employee, 452  
contractor, or volunteer takes to comply with division (C) of 453  
this section. 454

The immunity provided by this division does not require 455  
compliance with division (D) of section 2305.37 of the Revised 456  
Code. 457

Sec. 3701.671. The director of health shall require each 458  
recipient of a grant the department of health administers that 459  
pertains to safe crib procurement to annually report to the 460  
department both of the following: 461

(A) Demographic information specified by the director of 462  
health regarding the individuals to whom safe cribs were 463  
distributed; 464

(B) If known, the extent to which distributed cribs are 465  
being used. 466

Sec. 3701.84. (A) The department of health ~~may~~ shall 467  
prepare a plan to reduce tobacco use by Ohioans, with emphasis 468  
on reducing the use of tobacco by youth, minority and regional 469  
populations, pregnant women, medicaid recipients, and others who 470  
may be disproportionately affected by the use of tobacco. The 471  
department shall make copies of the plan available to the 472  
public. 473

(B) The plan shall do both of the following: 474

(1) Take into account the increasing use of electronic 475  
health records by health care providers and expanded health 476  
insurance coverage for tobacco cessation products and services; 477

(2) Require the department to collaborate with community organizations in the urban and rural communities specified in rules adopted under section 3701.142 of the Revised Code for the purpose of helping them succeed in securing grants from the moms quit for two grant program created under Section 289.33 of Am. Sub. H.B. 64 of the 131st general assembly and other tobacco cessation grant programs. 478  
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(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.~~ The 485  
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~~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: 489  
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~~(A)~~ (1) Media campaigns directed to youth to prevent underage tobacco consumption; 494  
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~~(B)~~ (2) School-based education programs to prevent youth tobacco consumption; 496  
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~~(C)~~ (3) Community-based youth programs involving youth tobacco consumption prevention through general youth development; 498  
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~~(D)~~ (4) Retailer education and compliance efforts to prevent youth tobacco consumption; 501  
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~~(E)~~ (5) Mentoring programs designed to prevent or reduce tobacco use by students. 503  
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(D) Pursuant to the plan, the department may carry out, or 505

provide funding for private or public agencies to carry out, 506  
research and programs related to tobacco use prevention and 507  
cessation. If the department provides such funding, the 508  
department shall establish an objective process to determine 509  
which research and program proposals to fund. When appropriate, 510  
proposals for research shall be peer-reviewed. No program shall 511  
be carried out or funded by the department unless there is 512  
research that indicates that the program is likely to achieve 513  
the results desired. All research and programs funded by the 514  
department shall be goal-oriented and independently and 515  
objectively evaluated annually on whether it is meeting its 516  
goals. The department shall contract for such evaluations and 517  
shall adopt rules under Chapter 119. of the Revised Code 518  
regarding conflicts of interest in the research and programs it 519  
funds. 520

The department shall endeavor to coordinate its research 521  
and programs with the efforts of other agencies of this state to 522  
reduce tobacco use by Ohioans. Any state agency that conducts a 523  
survey that measures tobacco use or behavior toward tobacco use 524  
by Ohioans shall share the results of the survey with the 525  
department. 526

(E) The department may adopt rules under Chapter 119. of 527  
the Revised Code as necessary to implement this section. 528

Sec. 3701.90. The director of health shall collaborate 529  
with medical, nursing, and physician assistant schools or 530  
programs in this state, as well as medical residency and 531  
fellowship programs in this state, to develop and implement 532  
appropriate curricula in those schools and programs designed to 533  
prepare primary and women's health care physicians, advanced 534  
practice registered nurses, and physician assistants to provide 535

patient counseling on efficacy-based contraceptives, including 536  
long-acting reversible contraceptives. 537

**Sec. 3701.928.** (A) The director of health or, at the 538  
director's request, the patient centered medical home education 539  
advisory group ~~may work~~ shall collaborate with medical, nursing, 540  
and physician assistant schools or programs in this state to 541  
develop appropriate curricula designed to prepare primary care 542  
physicians, advanced practice registered nurses, and physician 543  
assistants to practice within the patient centered medical home 544  
model of care. In developing the curricula, the director or 545  
advisory group and the schools or programs shall include all of 546  
the following: 547

(1) Components for use at the medical student, advanced 548  
practice registered nursing student, physician assistant 549  
student, and primary care resident training levels; 550

(2) Components that reflect, as appropriate, the special 551  
needs of patients who are part of a medically underserved 552  
population, including medicaid recipients, individuals without 553  
health insurance, individuals with disabilities, individuals 554  
with chronic health conditions, and individuals within racial or 555  
ethnic minority groups; 556

(3) Components that include training in interdisciplinary 557  
cooperation between physicians, advanced practice registered 558  
nurses, and physician assistants in the patient centered medical 559  
home model of care, including curricula ensuring that a common 560  
conception of a patient centered medical home model of care is 561  
provided to medical students, advanced practice registered 562  
nurses, physician assistants, and primary care residents; 563

(4) Components that include training in preconception care 564

and family planning. 565

(B) The director or advisory group may work in association 566  
with the medical, nursing, and physician assistant schools or 567  
programs to identify funding sources to ensure that the 568  
curricula developed under division (A) of this section are 569  
accessible to medical students, advanced practice registered 570  
nursing students, physician assistant students, and primary care 571  
residents. The director or advisory group shall consider 572  
scholarship options or incentives provided to students in 573  
addition to those provided under the choose Ohio first 574  
scholarship program operated under section 3333.61 of the 575  
Revised Code. 576

Sec. 3701.951. Each calendar quarter, the department of 577  
health shall determine the state's infant mortality and preterm 578  
birth rates, delineated by race and ethnic group. The rates 579  
shall be determined using a simple rolling average. The 580  
department shall publish the rates in a quarterly report, which 581  
shall also include a description of the data sources and 582  
methodology used to determine the rates. The department shall 583  
make each report available on its internet web site not later 584  
than five business days after the rates are determined. 585

Sec. 3701.952. (A) The department of health shall create a 586  
population-based questionnaire designed to examine maternal 587  
behaviors and experiences before, during, and after a woman's 588  
pregnancy, as well as during the early infancy of the woman's 589  
child. The questionnaire shall collect information that is 590  
similar to the information collected by the pregnancy risk 591  
assessment monitoring system (PRAMS) questionnaire that the 592  
department most recently used prior to the effective date of 593  
this section, as well as any additional information suggested by 594

the United States centers for disease control and prevention 595  
(CDC) for PRAMS questionnaires. 596

(B) The department shall implement and use the 597  
questionnaires created under division (A) of this section in a 598  
manner that is consistent with the standardized data collection 599  
methodology for PRAMS questionnaires prescribed by the CDC model 600  
surveillance protocol. In addition, for the purpose of having 601  
statistically valid data for local analyses, the department 602  
shall oversample women in Cuyahoga, Franklin, and Hamilton 603  
counties on an annual basis, and shall oversample women in the 604  
remaining counties that constitute the Ohio equity institute 605  
cohort (Butler, Stark, Mahoning, Montgomery, Summit, and Lucas 606  
counties) on a biennial basis. 607

(C) The department shall report results from the 608  
questionnaires not less than annually in a manner consistent 609  
with guidelines established by the CDC for the reporting of 610  
PRAMS questionnaire results. 611

**Sec. 3701.953.** (A) The department of health shall create 612  
an infant mortality scorecard. The scorecard shall report all of 613  
the following: 614

(1) The state's performance on population health measures, 615  
including the infant mortality rate, sudden unexpected infant 616  
death rate, preterm birth rate, and low-birthweight rate, 617  
delineated by race, ethnic group, region of the state, and the 618  
state as a whole; 619

(2) The state's performance on outcome measures related to 620  
preconception health, reproductive health, prenatal care, labor 621  
and delivery, smoking, infant safe sleep practices, 622  
breastfeeding, behavioral health, domestic violence, food 623

security, and housing status, delineated by race, ethnic group, 624  
region of the state, and the state as a whole; 625

(3) A comparison of the state's performance on the 626  
population and outcome measures specified in divisions (A) (1) 627  
and (2) of this section with both of the following: 628

(a) National performance on the measures; 629

(b) The targets for the measures, or the targets for the 630  
objectives similar to the measures, established by the United 631  
States department of health and human services through the 632  
healthy people 2020 initiative. 633

(4) Any other information on maternal and child health 634  
that the department considers appropriate. 635

(B) The scorecard shall be updated each calendar quarter 636  
and made available on the department's internet web site. 637

(C) The scorecard shall include a description of the data 638  
sources and methodology used to complete the scorecard. 639

**Sec. 3701.97.** (A) Except as provided in division (B) of 640  
this section, a freestanding birthing center shall modify 641  
operational processes to ensure that a woman giving birth in the 642  
freestanding birthing center has the option of having a long- 643  
acting reversible contraceptive placed after delivery and before 644  
the woman is discharged. 645

(B) A freestanding birthing center shall be exempt from 646  
the requirement in division (A) of this section if the 647  
freestanding birthing center notifies the department of health 648  
in writing that it has a faith-based objection to the 649  
requirement. 650

**Sec. 3705.40.** (A) As used in this section, "geocoding" 651

means a geographic information system (GIS) operation for 652  
converting street addresses into spatial data that can be 653  
displayed as features on a map, usually by referencing address 654  
information from a street segment data layer. 655

(B) The state registrar shall ensure that local 656  
organizations concerned with infant mortality reduction 657  
initiatives and recipients of grants administered by the 658  
division of family and community health services in the 659  
department of health have access to preliminary birth and death 660  
data maintained by the department of health, as well as access 661  
to any electronic system of vital records the state registrar or 662  
department of health maintains, including the Ohio public health 663  
information warehouse. To the extent possible, the preliminary 664  
data shall be provided in a format that permits geocoding. In 665  
addition, the state registrar shall ensure that the terms of 666  
data use agreements required for access to the preliminary data 667  
and any electronic system of vital records are consistent with 668  
the terms of data use agreements required to access the Ohio 669  
cancer incidence surveillance system. 670

(C) The state registrar shall provide the users of the 671  
preliminary data and electronic systems described in division 672  
(B) of this section with a data analysis tool kit that assists 673  
the users with using the data in a manner that promotes 674  
consistency and accuracy among users. The tool kit shall include 675  
a data dictionary and sample data analyses. 676

**Sec. 3705.41.** (A) As used in this section: 677

(1) "Freestanding birthing center" has the same meaning as 678  
in section 3702.141 of the Revised Code. 679

(2) "Funeral services worker" means a person licensed as a 680



funeral director or embalmer under Chapter 4717. of the Revised 681  
Code or an individual responsible for the direct final 682  
disposition of a deceased person. 683

(3) "Hospital" means a hospital classified pursuant to 684  
rules adopted under section 3701.07 of the Revised Code as a 685  
general hospital or children's hospital and to which either of 686  
the following applies: 687

(a) The hospital has a maternity unit; 688

(b) The hospital receives for care infants who have been 689  
transferred to it from other facilities and who have never been 690  
discharged to their residences following birth. 691

(4) "Maternity unit" means the distinct portion of a 692  
hospital licensed as a maternity unit under Chapter 3711. of the 693  
Revised Code. 694

(B) At least annually, the state registrar shall provide 695  
training for appropriate staff of hospitals and freestanding 696  
birthing centers, as well as funeral services workers, on their 697  
responsibilities under the laws of this state and any rules 698  
adopted pursuant to those laws pertaining to vital records. The 699  
training shall cover correct coding and time limits for 700  
reporting vital statistics information for the purpose of 701  
ensuring accuracy and consistency of the system of vital 702  
statistics. 703

**Sec. 3713.01.** As used in sections 3713.01 to 3713.10 of 704  
the Revised Code: 705

(A) "Person" has the same meaning as used in division (C) 706  
of section 1.59 of the Revised Code and also means any limited 707  
company, limited liability partnership, joint stock company, or 708  
other association. 709

(B) "Bedding" means any upholstered furniture, any 710  
mattress, upholstered spring, comforter, bolster, pad, cushion, 711  
pillow, mattress protector, quilt, and any other upholstered 712  
article, to be used for sleeping, resting, or reclining 713  
purposes, and any glider, hammock, or other substantially 714  
similar article that is wholly or partly upholstered. 715

(C) "Secondhand" means any article, or material, or 716  
portion thereof of which prior use has been made in any manner 717  
whatsoever. 718

(D) "Remade, repaired, or renovated articles not for sale" 719  
means any article that is remade, repaired, or renovated for and 720  
is returned to the owner for the owner's own use. 721

(E) "Sale," "sell," or "sold" shall, in the corresponding 722  
tense, mean sell, offer to sell, or deliver or consign in sale, 723  
or possess with intent to sell, or deliver in sale. 724

(F) "Upholstered furniture" means any article of furniture 725  
wholly or partly stuffed or filled with material and that is 726  
used or intended for use for sitting, resting, or reclining 727  
purposes. 728

(G) "Stuffed toy" means any article intended for use as a 729  
plaything or for an educational or recreational purpose that is 730  
wholly or partially stuffed with material. 731

(H) "Tag" or "label" means any material prescribed by the 732  
superintendent of industrial compliance to be attached to an 733  
article that contains information required under this chapter. 734

(I) "Crib bumper pad" means any padding material, 735  
including a roll of stuffed fabric, that is designed for 736  
placement within a crib to cushion one or more of the crib's 737  
inner sides adjacent to the crib mattress. 738

<b>Sec. 3713.02.</b> <u>Subject to section 3713.021 of the Revised</u>	739
<u>Code, all of the following apply:</u>	740
(A) Except as provided in section 3713.05 of the Revised	741
Code, no person shall import, manufacture, renovate, wholesale,	742
or reupholster stuffed toys or articles of bedding in this state	743
without first registering to do so with the superintendent of	744
industrial compliance in accordance with section 3713.05 of the	745
Revised Code.	746
(B) No person shall manufacture, offer for sale, sell,	747
deliver, or possess for the purpose of manufacturing, selling,	748
or delivering, an article of bedding or a stuffed toy that is	749
not labeled in accordance with section 3713.08 of the Revised	750
Code.	751
(C) No person shall manufacture, offer for sale, sell,	752
deliver, or possess for the purpose of manufacturing, selling,	753
or delivering, an article of bedding or a stuffed toy that is	754
falsely labeled.	755
(D) No person shall sell or offer for sale any secondhand	756
article of bedding or any secondhand stuffed toy that has not	757
been sanitized in accordance with section 3713.08 of the Revised	758
Code.	759
(E) The possession of any article of bedding or stuffed	760
toy in the course of business by a person required to obtain	761
registration under this chapter, or by that person's agent or	762
servant shall be prima-facie evidence of the person's intent to	763
sell the article of bedding or stuffed toy.	764
<b>Sec. 3713.021.</b> (A) <u>No person shall recklessly manufacture,</u>	765
<u>offer for sale, sell, deliver, or possess for the purpose of</u>	766
<u>manufacturing, selling, or delivering a crib bumper pad.</u>	767

(B) The superintendent of industrial compliance shall 768  
issue a notice of violation to any person found to have violated 769  
the prohibition in division (A) of this section. 770

**Sec. 3713.99.** (A) Whoever violates division (A), (B), or 771  
(D) of section 3713.02 of the Revised Code is guilty of a 772  
misdemeanor of the fourth degree. 773

(B) Whoever violates division (C) of section 3713.02 of 774  
the Revised Code is guilty of a misdemeanor of the third degree. 775

(C) A person who, after being issued a notice of violation 776  
described in division (B) of section 3713.021 of the Revised 777  
Code, continues to violate division (A) of that section is 778  
subject to a fine of not more than five hundred dollars. Each 779  
day of violation constitutes a separate offense. 780

**Sec. 3727.20.** (A) Except as provided in division (B) of 781  
this section, each hospital that has a maternity unit licensed 782  
under Chapter 3711. of the Revised Code shall modify operational 783  
processes not later than three months after the effective date 784  
of this section or three months after commencing operations, as 785  
applicable, to ensure that a woman giving birth in the hospital 786  
has the option of having a long-acting reversible contraceptive 787  
placed after delivery and before the woman is discharged. 788

(B) A hospital shall be exempt from the requirement in 789  
division (A) of this section if the hospital notifies the 790  
department of health in writing that it has a faith-based 791  
objection to the requirement. 792

**Sec. 4729.01.** As used in this chapter: 793

(A) "Pharmacy," except when used in a context that refers 794  
to the practice of pharmacy, means any area, room, rooms, place 795  
of business, department, or portion of any of the foregoing 796

where the practice of pharmacy is conducted. 797

(B) "Practice of pharmacy" means providing pharmacist care 798  
requiring specialized knowledge, judgment, and skill derived 799  
from the principles of biological, chemical, behavioral, social, 800  
pharmaceutical, and clinical sciences. As used in this division, 801  
"pharmacist care" includes the following: 802

(1) Interpreting prescriptions; 803

(2) Dispensing drugs and drug therapy related devices; 804

(3) Compounding drugs; 805

(4) Counseling individuals with regard to their drug 806  
therapy, recommending drug therapy related devices, and 807  
assisting in the selection of drugs and appliances for treatment 808  
of common diseases and injuries and providing instruction in the 809  
proper use of the drugs and appliances; 810

(5) Performing drug regimen reviews with individuals by 811  
discussing all of the drugs that the individual is taking and 812  
explaining the interactions of the drugs; 813

(6) Performing drug utilization reviews with licensed 814  
health professionals authorized to prescribe drugs when the 815  
pharmacist determines that an individual with a prescription has 816  
a drug regimen that warrants additional discussion with the 817  
prescriber; 818

(7) Advising an individual and the health care 819  
professionals treating an individual with regard to the 820  
individual's drug therapy; 821

(8) Acting pursuant to a consult agreement with one or 822  
more physicians authorized under Chapter 4731. of the Revised 823  
Code to practice medicine and surgery or osteopathic medicine 824

and surgery, if an agreement has been established;	825
(9) Engaging in the administration of immunizations to the extent authorized by section 4729.41 of the Revised Code;	826
<u>(10) Engaging in the administration of drugs to the extent authorized by section 4729.45 of the Revised Code.</u>	827
(C) "Compounding" means the preparation, mixing, assembling, packaging, and labeling of one or more drugs in any of the following circumstances:	828
(1) Pursuant to a prescription issued by a licensed health professional authorized to prescribe drugs;	829
(2) Pursuant to the modification of a prescription made in accordance with a consult agreement;	830
(3) As an incident to research, teaching activities, or chemical analysis;	831
(4) In anticipation of orders for drugs pursuant to prescriptions, based on routine, regularly observed dispensing patterns;	832
(5) Pursuant to a request made by a licensed health professional authorized to prescribe drugs for a drug that is to be used by the professional for the purpose of direct administration to patients in the course of the professional's practice, if all of the following apply:	833
(a) At the time the request is made, the drug is not commercially available regardless of the reason that the drug is not available, including the absence of a manufacturer for the drug or the lack of a readily available supply of the drug from a manufacturer.	834
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(b) A limited quantity of the drug is compounded and 852  
provided to the professional. 853

(c) The drug is compounded and provided to the 854  
professional as an occasional exception to the normal practice 855  
of dispensing drugs pursuant to patient-specific prescriptions. 856

(D) "Consult agreement" means an agreement that has been 857  
entered into under section 4729.39 of the Revised Code. 858

(E) "Drug" means: 859

(1) Any article recognized in the United States 860  
pharmacopoeia and national formulary, or any supplement to them, 861  
intended for use in the diagnosis, cure, mitigation, treatment, 862  
or prevention of disease in humans or animals; 863

(2) Any other article intended for use in the diagnosis, 864  
cure, mitigation, treatment, or prevention of disease in humans 865  
or animals; 866

(3) Any article, other than food, intended to affect the 867  
structure or any function of the body of humans or animals; 868

(4) Any article intended for use as a component of any 869  
article specified in division (E) (1), (2), or (3) of this 870  
section; but does not include devices or their components, 871  
parts, or accessories. 872

(F) "Dangerous drug" means any of the following: 873

(1) Any drug to which either of the following applies: 874

(a) Under the "Federal Food, Drug, and Cosmetic Act," 52 875  
Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, the drug is 876  
required to bear a label containing the legend "Caution: Federal 877  
law prohibits dispensing without prescription" or "Caution: 878

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 both 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 907  
sexual partner of the intended user. 908

(I) "Licensed health professional authorized to prescribe 909  
drugs" or "prescriber" means an individual who is authorized by 910  
law to prescribe drugs or dangerous drugs or drug therapy 911  
related devices in the course of the individual's professional 912  
practice, including only the following: 913

(1) A dentist licensed under Chapter 4715. of the Revised 914  
Code; 915

(2) A clinical nurse specialist, certified nurse-midwife, 916  
or certified nurse practitioner who holds a certificate to 917  
prescribe issued under section 4723.48 of the Revised Code; 918

(3) An optometrist licensed under Chapter 4725. of the 919  
Revised Code to practice optometry under a therapeutic 920  
pharmaceutical agents certificate; 921

(4) A physician authorized under Chapter 4731. of the 922  
Revised Code to practice medicine and surgery, osteopathic 923  
medicine and surgery, or podiatric medicine and surgery; 924

(5) A physician assistant who holds a license to practice 925  
as a physician assistant issued under Chapter 4730. of the 926  
Revised Code, holds a valid prescriber number issued by the 927  
state medical board, and has been granted physician-delegated 928  
prescriptive authority; 929

(6) A veterinarian licensed under Chapter 4741. of the 930  
Revised Code. 931

(J) "Sale" and "sell" include delivery, transfer, barter, 932  
exchange, or gift, or offer therefor, and each such transaction 933  
made by any person, whether as principal proprietor, agent, or 934

employee.	935
(K) "Wholesale sale" and "sale at wholesale" mean any sale	936
in which the purpose of the purchaser is to resell the article	937
purchased or received by the purchaser.	938
(L) "Retail sale" and "sale at retail" mean any sale other	939
than a wholesale sale or sale at wholesale.	940
(M) "Retail seller" means any person that sells any	941
dangerous drug to consumers without assuming control over and	942
responsibility for its administration. Mere advice or	943
instructions regarding administration do not constitute control	944
or establish responsibility.	945
(N) "Price information" means the price charged for a	946
prescription for a particular drug product and, in an easily	947
understandable manner, all of the following:	948
(1) The proprietary name of the drug product;	949
(2) The established (generic) name of the drug product;	950
(3) The strength of the drug product if the product	951
contains a single active ingredient or if the drug product	952
contains more than one active ingredient and a relevant strength	953
can be associated with the product without indicating each	954
active ingredient. The established name and quantity of each	955
active ingredient are required if such a relevant strength	956
cannot be so associated with a drug product containing more than	957
one ingredient.	958
(4) The dosage form;	959
(5) The price charged for a specific quantity of the drug	960
product. The stated price shall include all charges to the	961
consumer, including, but not limited to, the cost of the drug	962

product, professional fees, handling fees, if any, and a 963  
statement identifying professional services routinely furnished 964  
by the pharmacy. Any mailing fees and delivery fees may be 965  
stated separately without repetition. The information shall not 966  
be false or misleading. 967

(O) "Wholesale distributor of dangerous drugs" means a 968  
person engaged in the sale of dangerous drugs at wholesale and 969  
includes any agent or employee of such a person authorized by 970  
the person to engage in the sale of dangerous drugs at 971  
wholesale. 972

(P) "Manufacturer of dangerous drugs" means a person, 973  
other than a pharmacist, who manufactures dangerous drugs and 974  
who is engaged in the sale of those dangerous drugs within this 975  
state. 976

(Q) "Terminal distributor of dangerous drugs" means a 977  
person who is engaged in the sale of dangerous drugs at retail, 978  
or any person, other than a wholesale distributor or a 979  
pharmacist, who has possession, custody, or control of dangerous 980  
drugs for any purpose other than for that person's own use and 981  
consumption, and includes pharmacies, hospitals, nursing homes, 982  
and laboratories and all other persons who procure dangerous 983  
drugs for sale or other distribution by or under the supervision 984  
of a pharmacist or licensed health professional authorized to 985  
prescribe drugs. 986

(R) "Promote to the public" means disseminating a 987  
representation to the public in any manner or by any means, 988  
other than by labeling, for the purpose of inducing, or that is 989  
likely to induce, directly or indirectly, the purchase of a 990  
dangerous drug at retail. 991

(S) "Person" includes any individual, partnership, 992  
association, limited liability company, or corporation, the 993  
state, any political subdivision of the state, and any district, 994  
department, or agency of the state or its political 995  
subdivisions. 996

(T) "Finished dosage form" has the same meaning as in 997  
section 3715.01 of the Revised Code. 998

(U) "Generically equivalent drug" has the same meaning as 999  
in section 3715.01 of the Revised Code. 1000

(V) "Animal shelter" means a facility operated by a humane 1001  
society or any society organized under Chapter 1717. of the 1002  
Revised Code or a dog pound operated pursuant to Chapter 955. of 1003  
the Revised Code. 1004

(W) "Food" has the same meaning as in section 3715.01 of 1005  
the Revised Code. 1006

(X) "Pain management clinic" has the same meaning as in 1007  
section 4731.054 of the Revised Code. 1008

**Sec. 4729.16.** (A) The state board of pharmacy, after 1009  
notice and hearing in accordance with Chapter 119. of the 1010  
Revised Code, may revoke, suspend, limit, place on probation, or 1011  
refuse to grant or renew an identification card, or may impose a 1012  
monetary penalty or forfeiture not to exceed in severity any 1013  
fine designated under the Revised Code for a similar offense, or 1014  
in the case of a violation of a section of the Revised Code that 1015  
does not bear a penalty, a monetary penalty or forfeiture of not 1016  
more than five hundred dollars, if the board finds a pharmacist 1017  
or pharmacy intern: 1018

(1) Guilty of a felony or gross immorality; 1019

(2) Guilty of dishonesty or unprofessional conduct in the practice of pharmacy;	1020 1021
(3) Addicted to or abusing alcohol or drugs or impaired physically or mentally to such a degree as to render the pharmacist or pharmacy intern unfit to practice pharmacy;	1022 1023 1024
(4) Has been convicted of a misdemeanor related to, or committed in, the practice of pharmacy;	1025 1026
(5) Guilty of willfully violating, conspiring to violate, attempting to violate, or aiding and abetting the violation of any of the provisions of this chapter, sections 3715.52 to 3715.72 of the Revised Code, Chapter 2925. or 3719. of the Revised Code, or any rule adopted by the board under those provisions;	1027 1028 1029 1030 1031 1032
(6) Guilty of permitting anyone other than a pharmacist or pharmacy intern to practice pharmacy;	1033 1034
(7) Guilty of knowingly lending the pharmacist's or pharmacy intern's name to an illegal practitioner of pharmacy or having professional connection with an illegal practitioner of pharmacy;	1035 1036 1037 1038
(8) Guilty of dividing or agreeing to divide remuneration made in the practice of pharmacy with any other individual, including, but not limited to, any licensed health professional authorized to prescribe drugs or any owner, manager, or employee of a health care facility, residential care facility, or nursing home;	1039 1040 1041 1042 1043 1044
(9) Has violated the terms of a consult agreement entered into pursuant to section 4729.39 of the Revised Code;	1045 1046
(10) Has committed fraud, misrepresentation, or deception	1047

in applying for or securing a license or identification card 1048  
issued by the board under this chapter or under Chapter 3715. or 1049  
3719. of the Revised Code. 1050

(B) Any individual whose identification card is revoked, 1051  
suspended, or refused, shall return the identification card and 1052  
license to the offices of the state board of pharmacy within ten 1053  
days after receipt of notice of such action. 1054

(C) As used in this section: 1055

"Unprofessional conduct in the practice of pharmacy" 1056  
includes any of the following: 1057

(1) Advertising or displaying signs that promote dangerous 1058  
drugs to the public in a manner that is false or misleading; 1059

(2) Except as provided in section 4729.281 ~~or 4729.44~~, 1060  
or 4729.46 of the Revised Code, the dispensing or sale of any 1061  
drug for which a prescription is required, without having 1062  
received a prescription for the drug; 1063

(3) Knowingly dispensing medication pursuant to false or 1064  
forged prescriptions; 1065

(4) Knowingly failing to maintain complete and accurate 1066  
records of all dangerous drugs received or dispensed in 1067  
compliance with federal laws and regulations and state laws and 1068  
rules; 1069

(5) Obtaining any remuneration by fraud, 1070  
misrepresentation, or deception. 1071

(D) The board may suspend a license or identification card 1072  
under division (B) of section 3719.121 of the Revised Code by 1073  
utilizing a telephone conference call to review the allegations 1074  
and take a vote. 1075

(E) If, pursuant to an adjudication under Chapter 119. of 1076  
the Revised Code, the board has reasonable cause to believe that 1077  
a pharmacist or pharmacy intern is physically or mentally 1078  
impaired, the board may require the pharmacist or pharmacy 1079  
intern to submit to a physical or mental examination, or both. 1080

Sec. 4729.45. (A) (1) A pharmacist licensed under this 1081  
chapter who meets the requirements of division (B) of this 1082  
section may administer by injection either of the following 1083  
drugs as long as the drug to be administered has been prescribed 1084  
by a health professional with authority to prescribe the drug: 1085

(a) Hydroxyprogesterone caproate; 1086

(b) Medroxyprogesterone acetate. 1087

(2) As part of engaging in the administration of drugs by 1088  
injection pursuant to this section, a pharmacist may administer 1089  
epinephrine or diphenhydramine, or both, to an individual in an 1090  
emergency situation resulting from an adverse reaction to a drug 1091  
administered by the pharmacist. 1092

(B) To be authorized to administer drugs pursuant to this 1093  
section, a pharmacist must do all of the following: 1094

(1) Successfully complete a course in the administration 1095  
of drugs that has been approved by the state board of pharmacy; 1096

(2) Receive and maintain certification to perform basic 1097  
life-support procedures by successfully completing a basic life- 1098  
support training course certified by the American red cross or 1099  
American heart association; 1100

(3) Practice in accordance with a protocol that meets the 1101  
requirements of division (D) of this section. 1102

(C) Each time a pharmacist administers a drug pursuant to 1103

this section, the pharmacist shall do all of the following: 1104

(1) Observe the individual who receives the drug to 1105  
determine whether the individual has an adverse reaction to the 1106  
drug; 1107

(2) Notify the health professional who prescribed the 1108  
drug; 1109

(3) Obtain permission in accordance with the procedures 1110  
specified in rules adopted under division (F) of this section 1111  
and the following requirements: 1112

(a) Except as provided in division (C) (3) (c) of this 1113  
section, for each drug administered by a pharmacist to an 1114  
individual who is eighteen years of age or older, the pharmacist 1115  
shall obtain permission from the individual. 1116

(b) For each drug administered by a pharmacist to an 1117  
individual who is under eighteen years of age, the pharmacist 1118  
shall obtain permission from the individual's parent or other 1119  
person having care or charge of the individual. 1120

(c) For each drug administered by a pharmacist to an 1121  
individual who lacks the capacity to make informed health care 1122  
decisions, the pharmacist shall obtain permission from the 1123  
person authorized to make such decisions on the individual's 1124  
behalf. 1125

(D) All of the following apply with respect to the 1126  
protocol required by division (B) (3) of this section: 1127

(1) The protocol must be established by a physician 1128  
authorized under Chapter 4731. of the Revised Code to practice 1129  
medicine and surgery or osteopathic medicine and surgery and 1130  
must be approved by the state board of pharmacy before it is 1131



implemented. 1132

(2) The board shall review each protocol it receives from 1133  
an individual seeking approval of the protocol. If the board 1134  
determines that the protocol meets the requirements of division 1135  
(D) (3) of this section and all other requirements for approval 1136  
established in rules adopted under this section, the board shall 1137  
approve the protocol. 1138

(3) The protocol must do all of the following: 1139

(a) Specify a definitive set of treatment guidelines; 1140

(b) Specify the locations at which a pharmacist may engage 1141  
in the administration of drugs pursuant to this section; 1142

(c) Include provisions for implementing the requirements 1143  
of division (C) of this section, including provisions specifying 1144  
the length of time and location at which a pharmacist must 1145  
observe an individual who receives a drug to determine whether 1146  
the individual has an adverse reaction to the drug; 1147

(d) Specify procedures to be followed by a pharmacist when 1148  
administering epinephrine, diphenhydramine, or both, to an 1149  
individual who has an adverse reaction to a drug administered by 1150  
the pharmacist. 1151

(E) A pharmacist shall not do either of the following: 1152

(1) Engage in the administration of drugs pursuant to this 1153  
section unless the requirements of division (B) of this section 1154  
have been met; 1155

(2) Delegate to any person the pharmacist's authority to 1156  
engage in the administration of drugs pursuant to this section. 1157

(F) (1) The state board of pharmacy shall adopt rules to 1158

implement this section. The rules shall be adopted in accordance 1159  
with Chapter 119. of the Revised Code and include all of the 1160  
following: 1161

(a) Provisions for approval of courses in administration 1162  
of drugs; 1163

(b) Provisions for approval of protocols to be followed by 1164  
pharmacists in administering drugs pursuant to this section; 1165

(c) Procedures to be followed by a pharmacist in obtaining 1166  
permission to administer a drug to an individual. 1167

(2) The provisions for approval of protocols shall 1168  
establish standards regarding the length of time and location at 1169  
which a pharmacist must observe an individual to whom a drug is 1170  
administered to determine whether the individual has an adverse 1171  
reaction. 1172

(3) The board shall consult with the state medical board 1173  
and the board of nursing before adopting rules regarding 1174  
approval of protocols under this section. 1175

**Sec. 4743.08. (A) As used in this section:** 1176

(1) "Applicant" means an individual who applies for 1177  
licensure, certification, or registration, as applicable, to 1178  
practice as a health care professional. 1179

(2) "Health care professional" means all of the following: 1180

(a) A dentist licensed by the state dental board under 1181  
Chapter 4715. of the Revised Code; 1182

(b) A registered nurse or licensed practical nurse 1183  
licensed by the board of nursing under Chapter 4723. of the 1184  
Revised Code; 1185

(c) An optometrist licensed by the state board of 1186  
optometry under Chapter 4725. of the Revised Code; 1187

(d) A pharmacist licensed by the state board of pharmacy 1188  
under Chapter 4729. of the Revised Code; 1189

(e) A physician authorized to practice medicine and 1190  
surgery or osteopathic medicine and surgery by the state medical 1191  
board under Chapter 4731. of the Revised Code; 1192

(f) A psychologist licensed by the state board of 1193  
psychology under Chapter 4732. of the Revised Code; 1194

(g) An independent social worker, social worker, or social 1195  
work assistant licensed or registered by the counselor, social 1196  
worker, and marriage and family therapist board under Chapter 1197  
4757. of the Revised Code. 1198

(3) "State board" means the state dental board, the board 1199  
of nursing, the state board of optometry, the state board of 1200  
pharmacy, the state medical board, the state board of 1201  
psychology, or the counselor, social worker, and marriage and 1202  
family therapist board. 1203

(B) Except as provided in division (C) of this section, to 1204  
be eligible to receive or renew licensure, certification, or 1205  
registration, as applicable, each applicant or health care 1206  
professional shall submit to the appropriate state board 1207  
evidence that the applicant or professional has successfully 1208  
completed the board's requirements for instruction or continuing 1209  
education in cultural competency, as those requirements are 1210  
established by the board in rules adopted under division (D) of 1211  
this section. 1212

(C) A state board may grant an applicant or health care 1213  
professional a waiver of the board's requirements for 1214

instruction or continuing education in cultural competency if 1215  
the applicant or professional meets the criteria established by 1216  
the board in rules adopted under division (D) of this section. 1217

(D) In accordance with Chapter 119. of the Revised Code, 1218  
each state board shall adopt rules that establish all of the 1219  
following: 1220

(1) The number of hours of instruction in cultural 1221  
competency an applicant must complete to be eligible to receive 1222  
licensure, certification, or registration from the board; 1223

(2) The number of hours of continuing education in 1224  
cultural competency required for renewal of licensure, 1225  
certification, or registration by the board; 1226

(3) The criteria that will be considered by the board in 1227  
deciding whether to grant an applicant or health care 1228  
professional a waiver of the requirement to complete instruction 1229  
or continuing education in cultural competency, including 1230  
demonstration to the board's satisfaction that the applicant or 1231  
professional has attained experience that is substantially 1232  
equivalent to the required number of hours of instruction or 1233  
continuing education in cultural competency. 1234

(E) In developing the rules described in division (D) of 1235  
this section, each state board shall consider the problems of 1236  
race and gender-based disparities in health care treatment 1237  
decisions and consult with one or more professionally relevant 1238  
and nationally recognized organizations, or similar entities, 1239  
that review the curricula offered by the applicable health care 1240  
professional schools, colleges, and other educational 1241  
institutions. 1242

(F) Not later than ninety days after the effective date of 1243

this section, each state board shall approve one or more 1244  
continuing education courses addressing cultural competency in 1245  
health care treatment. To be approved, a course must include 1246  
instruction in addressing the problems of race and gender-based 1247  
disparities in health care treatment decisions. The state board 1248  
may approve courses that are included within continuing 1249  
education programs certified by professional associations or 1250  
similar entities. 1251

Sec. 5160.28. The medicaid director shall do both of the 1252  
following: 1253

(A) Ensure that the web-based public benefits application 1254  
system, known as "Ohiobenefits.gov," or a successor system, 1255  
collects information on the primary language of each applicant 1256  
for benefits through the system, as well as the race and ethnic 1257  
group of each person in the applicant's household whose income 1258  
or resources affect the applicant's eligibility for the benefits 1259  
or affect the amount of benefits the applicant would receive; 1260

(B) Ensure that the information collected in division (A) 1261  
of this section is made available to medicaid managed care 1262  
organizations, health care providers, social services agencies, 1263  
and other persons and government entities that arrange for or 1264  
provide health or social services to households determined to be 1265  
eligible for benefits. 1266

**Sec. 5162.01.** (A) As used in the Revised Code: 1267

(1) "Medicaid" and "medicaid program" mean the program of 1268  
medical assistance established by Title XIX of the "Social 1269  
Security Act," 42 U.S.C. 1396 et seq., including any medical 1270  
assistance provided under the medicaid state plan or a federal 1271  
medicaid waiver granted by the United States secretary of health 1272

and human services.	1273
(2) "Medicare" and "medicare program" mean the federal health insurance program established by Title XVIII of the "Social Security Act," 42 U.S.C. 1395 et seq.	1274 1275 1276
(B) As used in this chapter:	1277
(1) "Dual eligible individual" has the same meaning as in section 5160.01 of the Revised Code.	1278 1279
(2) "Exchange" has the same meaning as in 45 C.F.R. 155.20.	1280 1281
(3) "Federal financial participation" has the same meaning as in section 5160.01 of the Revised Code.	1282 1283
(4) "Federal poverty line" means the official poverty line defined by the United States office of management and budget based on the most recent data available from the United States bureau of the census and revised by the United States secretary of health and human services pursuant to the "Omnibus Budget Reconciliation Act of 1981," section 673(2), 42 U.S.C. 9902(2).	1284 1285 1286 1287 1288 1289
(5) <u>"Healthcheck" has the same meaning as in section 5164.01 of the Revised Code.</u>	1290 1291
<u>(6)</u> "Healthy start component" means the component of the medicaid program that covers pregnant women and children and is identified in rules adopted under section 5162.02 of the Revised Code as the healthy start component.	1292 1293 1294 1295
<del>(6)</del> <u>(7)</u> "Home and community-based services" means services provided under a home and community-based services medicaid waiver component.	1296 1297 1298
<del>(7)</del> <u>(8)</u> "Home and community-based services medicaid waiver	1299

component" has the same meaning as in section 5166.01 of the Revised Code.	1300 1301
<del>(8)</del> <u>(9)</u> "ICF/IID" has the same meaning as in section 5124.01 of the Revised Code.	1302 1303
<del>(9)</del> <u>(10)</u> "Medicaid managed care organization" has the same meaning as in section 5167.01 of the Revised Code.	1304 1305
<del>(10)</del> <u>(11)</u> "Medicaid provider" has the same meaning as in section 5164.01 of the Revised Code.	1306 1307
<del>(11)</del> <u>(12)</u> "Medicaid services" has the same meaning as in section 5164.01 of the Revised Code.	1308 1309
<del>(12)</del> <u>(13)</u> "Medicaid waiver component" has the same meaning as in section 5166.01 of the Revised Code;	1310 1311
<del>(13)</del> <u>(14)</u> "Nursing facility" and "nursing facility services" have the same meanings as in section 5165.01 of the Revised Code.	1312 1313 1314
<del>(14)</del> <u>(15)</u> "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.	1315 1316 1317 1318
<del>(15)</del> <u>(16)</u> "Prescribed drug" has the same meaning as in section 5164.01 of the Revised Code.	1319 1320
<del>(16)</del> <u>(17)</u> "Provider agreement" has the same meaning as in section 5164.01 of the Revised Code.	1321 1322
<del>(17)</del> <u>(18)</u> "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	1323 1324 1325 1326

school for the deaf, and the state school for the blind to which 1327  
both of the following apply: 1328

(a) It holds a valid provider agreement. 1329

(b) It meets all other conditions for participation in the 1330  
medicaid school component of the medicaid program established in 1331  
rules authorized by section 5162.364 of the Revised Code. 1332

~~(18)~~ (19) "State agency" means every organized body, 1333  
office, or agency, other than the department of medicaid, 1334  
established by the laws of the state for the exercise of any 1335  
function of state government. 1336

~~(19)~~ (20) "Vendor offset" means a reduction of a medicaid 1337  
payment to a medicaid provider to correct a previous, incorrect 1338  
medicaid payment to that provider. 1339

**Sec. 5162.13.** (A) On or before the first day of January of 1340  
each year, the department of medicaid shall complete a report on 1341  
the effectiveness of the medicaid program in meeting the health 1342  
care needs of low-income pregnant women, infants, and children. 1343  
The report shall include all of the following, delineated by 1344  
race and ethnic group: 1345

(1) The estimated number of pregnant women, infants, and 1346  
children eligible for the program; 1347

(2) The actual number of eligible persons enrolled in the 1348  
program; 1349

(3) The actual number of enrolled pregnant women 1350  
categorized by estimated gestational age at time of enrollment; 1351

(4) The average number of days between the following 1352  
events: 1353



<u>(a) A pregnant woman's application for medicaid and</u>	1354
<u>enrollment in the fee-for-service component of medicaid;</u>	1355
<u>(b) A pregnant woman's application for enrollment in a</u>	1356
<u>medicaid managed care organization and enrollment in the managed</u>	1357
<u>care organization.</u>	1358
<u>The information described in divisions (A) (4) (a) and (b)</u>	1359
<u>of this section shall also be delineated by county and the urban</u>	1360
<u>and rural communities specified in rules adopted under section</u>	1361
<u>3701.142 of the Revised Code.</u>	1362
<u>(5) The number of prenatal, postpartum, and child health</u>	1363
<u>visits;</u>	1364
<del>(5)</del> <u>(6) The estimated number of enrolled women of child-</u>	1365
<u>bearing age who use a tobacco product;</u>	1366
<u>(7) The estimated number of enrolled women of child-</u>	1367
<u>bearing age who participate in a tobacco cessation program or</u>	1368
<u>who use a tobacco cessation product;</u>	1369
<u>(8) The rates at which enrolled pregnant women receive</u>	1370
<u>addiction or mental health services, progesterone therapy, and</u>	1371
<u>any other service specified by the department;</u>	1372
<del>(6)</del> <u>(9) A report on birth outcomes, including a comparison</u>	1373
<u>of low-birthweight births and infant mortality rates of medicaid</u>	1374
<u>recipients with the general female child-bearing and infant</u>	1375
<u>population in this state;</u>	1376
<del>(7)</del> <u>(10) A comparison of the prenatal, delivery, and child</u>	1377
<u>health costs of the program with such costs of similar programs</u>	1378
<u>in other states, where available;</u>	1379
<u>(11) A report on performance data generated by the</u>	1380
<u>component of the state innovation model (SIM) grant pertaining</u>	1381

to episode-based payments for perinatal care that was awarded to 1382  
this state by the center for medicare and medicaid innovation in 1383  
the United States centers for medicare and medicaid services; 1384

(12) A report on funds allocated for infant mortality 1385  
reduction initiatives in the urban and rural communities 1386  
specified in rules adopted under section 3701.142 of the Revised 1387  
Code; 1388

(13) A report on the results of client responses to 1389  
questions related to pregnancy services and healthcheck that are 1390  
asked by county department of job and family services personnel; 1391

(14) A comparison of the performance of the fee-for- 1392  
service component of medicaid with the performance of each 1393  
medicaid managed care organization on perinatal health metrics. 1394

(B) The department shall submit the report to the general 1395  
assembly in accordance with section 101.68 of the Revised Code 1396  
and to the joint medicaid oversight committee. The department 1397  
also shall make the report available to the public. 1398

**Sec. 5162.135.** (A) The department of medicaid shall create 1399  
an infant mortality scorecard. The scorecard shall report all of 1400  
the following: 1401

(1) The performance of the fee-for-service component of 1402  
medicaid and each medicaid managed care organization on 1403  
population health measures, including the infant mortality rate, 1404  
sudden unexpected infant death rate, preterm birth rate, and 1405  
low-birthweight rate, delineated in accordance with division (B) 1406  
of this section. 1407

(2) The performance of the fee-for-service component of 1408  
medicaid and each medicaid managed care organization on service 1409  
utilization and outcome measures using claims data and data from 1410

vital records. 1411

(3) Any other information on maternal and child health 1412  
that the department considers appropriate. 1413

(B) The performance measures described in division (A) of 1414  
this section shall be delineated in the scorecard as follows: 1415

(1) For each region of the state and the state as a whole, 1416  
by race and ethnic group; 1417

(2) For the urban and rural communities specified in rules 1418  
adopted under section 3701.142 of the Revised Code and the 1419  
communities that are the subject of targeted infant mortality 1420  
reduction initiatives administered by one or more state 1421  
agencies, by race, ethnic group, and census tract. 1422

The scorecard shall be updated each calendar quarter and 1423  
made available on the department's internet web site. 1424

(C) The scorecard shall include a description of the data 1425  
sources and methodology used to complete the scorecard. 1426

**Sec. 5163.10.** (A) As used in this section: 1427

"Presumptive eligibility for pregnant women option" means 1428  
the option available under the "Social Security Act," section 1429  
1920, 42 U.S.C. 1396r-1, to make ambulatory prenatal care 1430  
available to pregnant women under the medicaid program during 1431  
presumptive eligibility periods. 1432

"Qualified provider" has the same meaning as in the 1433  
"Social Security Act," section 1920(b)(2), 42 U.S.C. 1396r-1(b) 1434  
(2). 1435

(B) The medicaid director shall implement the presumptive 1436  
eligibility for pregnant women option. ~~Children's hospitals,~~ 1437

~~federally qualified health centers, and federally qualified health center look-alikes, if they are~~ 1438  
~~Any entity that is~~ 1439  
~~eligible to be a qualified providers-provider and request~~ 1440  
~~requests to serve as a qualified providers-provider may serve~~ 1441  
~~as a qualified providers-provider for purposes of the~~ 1442  
~~presumptive eligibility for pregnant women option if the~~ 1443  
~~department of medicaid determines the entity is capable of~~ 1444  
~~making determinations of presumptive eligibility for pregnant~~ 1445  
~~women. The director may authorize other types of providers that~~ 1446  
~~are eligible to be qualified providers and request to serve as~~ 1447  
~~qualified providers to serve as qualified providers for purposes~~ 1448  
~~of the presumptive eligibility for pregnant women option.~~ 1449

**Sec. 5164.471.** Not less than once each year and in 1450  
accordance with all state and federal laws governing the 1451  
confidentiality of patient-identifying information, the 1452  
department of medicaid shall make medicaid claims data regarding 1453  
perinatal services available on request to local organizations 1454  
concerned with infant mortality reduction initiatives and 1455  
recipients of grants administered by the division of family and 1456  
community health services in the department of health. 1457

**Sec. 5164.721.** A hospital that is a medicaid provider may 1458  
submit to the department of medicaid or the department's fiscal 1459  
agent a medicaid claim that is both of the following: 1460

(A) For a long-acting reversible contraceptive device that 1461  
is covered by medicaid and provided to a medicaid recipient 1462  
during the period after the recipient gives birth in the 1463  
hospital and before the recipient is discharged from the 1464  
hospital; 1465

(B) Separate from another medicaid claim for other 1466  
hospital inpatient care the hospital provides to the medicaid 1467

<u>recipient.</u>	1468
<b>Sec. 5167.16.</b> (A) As used in this section:	1469
(1) "Help me grow program" means the program established by the department of health pursuant to section 3701.61 of the Revised Code.	1470 1471 1472
(2) "Targeted case management" has the same meaning as in 42 C.F.R. 440.169(b).	1473 1474
(B) A medicaid managed care organization shall provide to a medicaid recipient who meets the criteria in division (C) of this section, or arrange for such recipient to receive, both of the following types of services:	1475 1476 1477 1478
(1) Home visits, which shall include depression screenings, for which federal financial participation is available under the targeted <del>care</del> - <u>case</u> management benefit;	1479 1480 1481
(2) Cognitive behavioral therapy, provided by a community mental health services provider, that is determined to be medically necessary through a depression screening conducted as part of a home visit.	1482 1483 1484 1485
(C) A medicaid recipient qualifies to receive the services specified in division (B) of this section if the medicaid recipient is enrolled in the help me grow program, enrolled in the medicaid managed care organization providing or arranging for the services, and is either pregnant or the birth mother of an infant or toddler under three years of age.	1486 1487 1488 1489 1490 1491
(D) If requested by a medicaid recipient eligible for the cognitive behavioral therapy covered under division (B) (2) of this section, the therapy shall be provided in the recipient's home. The medicaid managed care organization shall inform the	1492 1493 1494 1495

medicaid recipient of the right to make the request and how to 1496  
make it. 1497

Sec. 5167.171. When contracting under section 5167.10 of 1498  
the Revised Code with a managed care organization that is a 1499  
health insuring corporation, the department of medicaid shall 1500  
require the organization, if the organization requires providers 1501  
to obtain prior approval before administering progesterone to 1502  
medicaid recipients enrolled in the organization, to use a 1503  
uniform prior approval form for progesterone that is not more 1504  
than one page. 1505

Sec. 5167.172. When contracting under section 5167.10 of 1506  
the Revised Code with a managed care organization that is a 1507  
health insuring corporation, the department of medicaid shall 1508  
require the organization to promote the use of Text4baby, as 1509  
defined in section 3701.132 of the Revised Code, among medicaid 1510  
recipients who are enrolled in the organization and are pregnant 1511  
or have an infant who is less than one year of age. 1512

Sec. 5167.173. (A) As used in this section: 1513

(1) "Certified community health worker" has the same 1514  
meaning as in section 4723.01 of the Revised Code. 1515

(2) "Community health worker services" means the services 1516  
described in section 4723.81 of the Revised Code. 1517

(3) "Qualified community hub" means a community-based 1518  
agency that meets all of the following criteria: 1519

(a) Uses the pathways community HUB model developed by the 1520  
community health access project in this state for the purposes 1521  
of coordinating two or more care coordination agencies and 1522  
ensuring that the agencies use pathways to connect at-risk 1523  
individuals to physical health, behavioral health, social, and 1524

employment services; 1525

(b) Demonstrates to the medicaid director that it fully or 1526  
substantially complies with the pathways community HUB 1527  
certification standards developed by the pathways community hub 1528  
institute, inc., by submitting to the director a copy of a 1529  
document from that institute stating that the community hub 1530  
satisfies the standards or has shown substantial progress toward 1531  
satisfying the standards; 1532

(c) Has a plan, approved by the medicaid director, 1533  
specifying how the community hub ensures that children served by 1534  
it receive appropriate developmental screenings as specified in 1535  
the most recent edition of "Bright Futures: Guidelines for 1536  
Health Supervision of Infants, Children, and Adolescents," 1537  
available from the American academy of pediatrics, as well as 1538  
appropriate early and periodic screening, diagnostic, and 1539  
treatment services. 1540

(B) When contracting under section 5167.10 of the Revised 1541  
Code with a managed care organization that is a health insuring 1542  
corporation, the department of medicaid shall require the 1543  
organization to provide to a medicaid recipient who meets the 1544  
criteria in division (C) of this section, or arrange for the 1545  
medicaid recipient to receive, both of the following services 1546  
provided by a certified community health worker who is employed 1547  
by, or works under a contract with, a qualified community hub: 1548

(1) Community health worker services; 1549

(2) Other services that are not community health worker 1550  
services but are performed for the purpose of ensuring that the 1551  
medicaid recipient is linked to employment services, housing, 1552  
educational services, social services, or medically necessary 1553

physical and behavioral health services. 1554

(C) A medicaid recipient qualifies to receive the services 1555  
specified in division (B) of this section if the medicaid 1556  
recipient is pregnant or capable of becoming pregnant, resides 1557  
in a community served by a qualified community hub, has been 1558  
recommended to receive the services by a physician or another 1559  
licensed health professional specified in rules adopted under 1560  
division (D) of this section, and is enrolled in the medicaid 1561  
managed care organization providing or arranging for the 1562  
services. 1563

(D) The medicaid director shall adopt rules under section 1564  
5167.02 of the Revised Code specifying the licensed health 1565  
professionals, in addition to physicians, who may recommend that 1566  
a medicaid recipient receive the services specified in division 1567  
(B) of this section. 1568

**Sec. 5167.45.** The department of medicaid shall include 1569  
information about medicaid recipients' races, ethnicities, and 1570  
primary languages in data the department shares with medicaid 1571  
managed care organizations. Medicaid managed care organizations 1572  
shall include this information in the data the organizations 1573  
share with providers. 1574

**Section 2.** That existing sections 3701.132, 3701.142, 1575  
3701.61, 3701.63, 3701.66, 3701.67, 3701.84, 3701.928, 3713.01, 1576  
3713.02, 3713.99, 4729.01, 4729.16, 5162.01, 5162.13, 5163.10, 1577  
and 5167.16 of the Revised Code are hereby repealed. 1578

**Section 3.** (A) The Department of Medicaid shall prepare a 1579  
report that does both of the following: 1580

(1) Evaluates each Medicaid managed care organization's 1581  
progress, during fiscal year 2016 and fiscal year 2017, toward 1582



decreasing the incidence of prematurity, low birthweight, and 1583  
infant mortality and improving the overall health status of 1584  
women capable of becoming pregnant, through both of the 1585  
following: 1586

(a) The provision of enhanced care management services, as 1587  
required by section 5167.17 of the Revised Code; 1588

(b) The implementation of other initiatives that are 1589  
targeted in the urban and rural communities specified in rules 1590  
adopted under section 3701.142 of the Revised Code, including 1591  
those that use community health workers. 1592

(2) Describes, in detail, the uses and amounts spent of 1593  
the \$13,400,000 appropriated in fiscal year 2016 and fiscal year 1594  
2017 for the department initiative designed to engage leaders in 1595  
high-risk neighborhoods for the purpose of connecting women to 1596  
health care. 1597

(B) Not later than April 1, 2017, the Department shall 1598  
submit the report to the Joint Medicaid Oversight Committee and 1599  
the General Assembly. The report shall be submitted to the 1600  
General Assembly in accordance with section 101.68 of the 1601  
Revised Code. 1602

**Section 4.** (A) "Qualified community hub" has the same 1603  
meaning as in section 5167.173 of the Revised Code. 1604

(B) Not later than December 31, 2016, the Commission on 1605  
Minority Health shall identify each community in this state that 1606  
is not served by a qualified community hub. 1607

(C) Using funds received from the "Maternal and Child 1608  
Health Block Grant," Title V of the "Social Security Act," 42 1609  
U.S.C. 701, as amended, the Department of Health shall establish 1610  
a qualified community hub in each community identified under 1611

division (B) of this section. In establishing the hubs, the 1612  
Department shall consult with the Commission. 1613

(D) The Commission shall convene quarterly meetings with 1614  
the qualified community hubs established under division (C) of 1615  
this section. The meetings may be held by telephone, video 1616  
conference, or other electronic means. Each meeting shall 1617  
include a discussion on the community hubs' performance data, 1618  
best practices for community hubs, and any other topics the 1619  
Commission considers appropriate. 1620

**Section 5.** (A) Not later than October 1, 2016, the 1621  
Legislative Service Commission shall contract with a nonprofit 1622  
organization to convene and lead a stakeholder group concerned 1623  
with matters regarding the social determinants of health for 1624  
infants and women of child-bearing age. The stakeholder group 1625  
shall do all of the following: 1626

(1) Review state policies and programs that impact the 1627  
social determinants of health for infants and women of child- 1628  
bearing age, particularly programs intended to improve 1629  
educational attainment, public transportation options, and 1630  
access to employment; 1631

(2) Identify opportunities to improve the programs and 1632  
policies described in division (A)(1) of this section; 1633

(3) Evaluate best practices other states have implemented 1634  
to improve the social determinants of health for infants and 1635  
women of child-bearing age. 1636

(B) The nonprofit organization shall determine the 1637  
stakeholder group's membership and who should be invited to 1638  
participate in the group's discussions. 1639

(C) Not later than October 1, 2017, the nonprofit 1640

organization shall submit a report to the Governor and General 1641  
Assembly that summarizes the stakeholder group's findings and 1642  
makes policy recommendations based on the findings. The report 1643  
shall be submitted to the General Assembly in accordance with 1644  
section 101.68 of the Revised Code. 1645

(D) The Legislative Service Commission shall use up to 1646  
\$100,000 in fiscal year 2017 to contract with the nonprofit 1647  
organization. 1648

**Section 6.** Not later than October 1, 2016, the Department 1649  
of Medicaid shall enter into an interagency agreement with the 1650  
Department of Health that provides for the Department of 1651  
Medicaid to pay the federal and nonfederal shares of Ohio 1652  
Tobacco Quit Line services provided to Medicaid recipients. 1653

**Section 7.** Not later than October 1, 2016, the Department 1654  
of Health shall do all of the following with respect to the home 1655  
visiting component of the Help Me Grow Program and other home 1656  
visiting programs operating in this state: 1657

(A) Convene staff from the Department of Medicaid and 1658  
other stakeholders to discuss and create a proposal for 1659  
transferring administration of the home visiting component of 1660  
the Help Me Grow Program to the Department of Medicaid so that 1661  
Medicaid funds may be used to pay for home visiting services 1662  
provided to Medicaid recipients. 1663

(B) Allocate funds for pilot projects that seek to provide 1664  
home visiting services through innovative service delivery 1665  
models to families with the most challenging needs who have been 1666  
unsuccessful in home visiting programs that use traditional 1667  
service delivery models. 1668

(C) Transition to paying for home visiting services based 1669

on outcomes rather than processes. 1670

(D) Through a competitive grant process, select one or 1671  
more persons or government entities to create and administer a 1672  
central intake and referral system for all home visiting 1673  
programs operating in this state. The system shall ensure that 1674  
families are linked to appropriate home visiting services based 1675  
on their county and region of residence. 1676

**Section 8.** (A) As used in this section, "LARC First 1677  
practice" means the practice of a prescriber who promotes 1678  
awareness and use of long-acting reversible contraception as the 1679  
first-line contraceptive option for women, including teens. 1680

(B) During fiscal year 2017, the Director of Health shall 1681  
coordinate with the Medicaid Director to do both of the 1682  
following: 1683

(1) Provide technical assistance to health care 1684  
facilities, including federally qualified health centers and 1685  
federally qualified health center look-alikes, that seek to 1686  
include a LARC First practice and that serve women residing in 1687  
the urban and rural communities specified in rules adopted under 1688  
section 3701.142 of the Revised Code. 1689

(2) Provide grants to health care facilities described in 1690  
division (B)(1) of this section. A facility awarded a grant 1691  
under this section shall use the funds to purchase long-acting 1692  
reversible contraception and progesterone. 1693

(C) The Medicaid Director and the Director of Health shall 1694  
use any available funds from the Children's Health Insurance 1695  
Program Reauthorization Act of 2009 or any unallotted General 1696  
Revenue Funds within the Department of Health's budget to fund 1697  
the activities specified in division (B) of this section. 1698

**Section 9.** The General Assembly, applying the principle 1699  
stated in division (B) of section 1.52 of the Revised Code that 1700  
amendments are to be harmonized if reasonably capable of 1701  
simultaneous operation, finds that the following sections, 1702  
presented in this act as composites of the sections as amended 1703  
by the acts indicated, are the resulting versions of the 1704  
sections in effect prior to the effective date of the sections 1705  
as presented in this act: 1706

Section 4729.01 of the Revised Code as amended by both 1707  
Sub. H.B. 124 and Am. Sub. H.B. 188 of the 131st General 1708  
Assembly. 1709

Section 4729.16 of the Revised Code as amended by Am. Sub. 1710  
H.B. 4 of the 131st General Assembly and Am. Sub. H.B. 394 and 1711  
Am. Sub. S.B. 276, both of the 130th General Assembly. 1712