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Senators Jones, Tavares

Cosponsors: Senators Faber, Obhof, Patton, Manning, Lehner, Beagle, Seitz, Eklund, Hite, Gardner, Burke, Balderson, Peterson, Hottinger, Hackett, Uecker, Cafaro, Skindell, Yuko, LaRose, Bacon, Brown

A BILL

To amend sections 3701.132, 3701.142, 3701.61, 1
3701.63, 3701.66, 3701.67, 3701.68, 3701.84, 2
3701.928, 3713.01, 3713.02, 3713.99, 4729.01, 3
5162.01, 5162.13, 5163.01, 5163.10, 5163.101, 4
and 5167.16 and to enact sections 175.14, 5
175.15, 191.09, 191.10, 3701.611, 3701.612, 6
3701.613, 3701.671, 3701.90, 3701.951, 3701.952, 7
3701.953, 3702.34, 3705.40, 3705.41, 3713.021, 8
3727.20, 4729.45, 4731.057, 4743.08, 5162.135, 9
5162.136, 5164.471, 5164.721, 5167.171, 10
5167.172, 5167.173, and 5167.45 of the Revised 11
Code to provide for the implementation of 12
recommendations made by the Commission on Infant 13
Mortality and to authorize pharmacists to 14
administer by injection certain prescribed 15
drugs. 16

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

Section 1. That sections 3701.132, 3701.142, 3701.61, 17

3701.63, 3701.66, 3701.67, 3701.68, 3701.84, 3701.928, 3713.01, 18
3713.02, 3713.99, 4729.01, 5162.01, 5162.13, 5163.01, 5163.10, 19
5163.101, and 5167.16 be amended and sections 175.14, 175.15, 20
191.09, 191.10, 3701.611, 3701.612, 3701.613, 3701.671, 3701.90, 21
3701.951, 3701.952, 3701.953, 3702.34, 3705.40, 3705.41, 22
3713.021, 3727.20, 4729.45, 4731.057, 4743.08, 5162.135, 23
5162.136, 5164.471, 5164.721, 5167.171, 5167.172, 5167.173, and 24
5167.45 of the Revised Code be enacted to read as follows: 25

Sec. 175.14. (A) The Ohio housing finance agency and the 26
Ohio development services agency shall do both of the following: 27

(1) Include pregnancy as a priority in its housing 28
assistance programs and local emergency shelter programs; 29

(2) Investigate current investment in state-funded 30
programs that support middle- to low-income buyers in the urban 31
and rural communities specified in rules adopted under section 32
3701.142 of the Revised Code and evaluate whether current 33
investment should be rebalanced. 34

(B) The recipient of any grants targeting homelessness 35
administered by the Ohio development services agency shall do 36
both of the following: 37

(1) Ask and report, to the extent possible in accordance 38
with applicable laws, and as required in rules adopted under 39
this section, the number of pregnant women and the number and 40
ages of any children receiving assistance from each emergency 41
shelter operated or funded by the grantee; 42

(2) Require that, when possible, pregnant women be offered 43
placement in family shelters instead of shelters for single 44
adults. 45

(C) The Ohio housing finance agency, in consultation with 46

the Ohio development services agency, shall adopt rules in 47
accordance with Chapter 119. of the Revised Code necessary to 48
implement the requirements of this section. 49

Sec. 175.15. (A) The Ohio housing finance agency shall 50
include reducing infant mortality as a priority housing need in 51
the agency's annual plan under section 175.04 of the Revised 52
Code. 53

(B) The Ohio housing finance agency may establish a 54
housing assistance pilot program to expand housing opportunities 55
for extremely low-income households that include pregnant women 56
or new mothers. The housing assistance pilot program shall 57
include rental assistance. If the Ohio housing finance agency 58
establishes such a program under this division, it shall do all 59
of the following: 60

(1) Establish the program not later than December 31, 61
2017, and not end the program before December 31, 2020; 62

(2) Through a competitive bidding process, select local 63
community entities that are involved with issues concerning 64
housing and infant mortality reduction efforts to participate in 65
the program; 66

(3) Evaluate the outcome of the program and include the 67
findings in the annual report prepared pursuant to division (G) 68
of section 175.04 of the Revised Code. 69

Sec. 191.09. The executive director of the office of 70
health transformation shall establish goals for continuous 71
quality improvement pertaining to episode-based payments for 72
prenatal care. The goals shall be published on the internet web 73
site maintained by the office. 74

Sec. 191.10. The executive director of the office of 75

health transformation, in consultation with the director of 76
health, shall identify best practices pertaining to family 77
planning options, strategies for reducing poor pregnancy 78
outcomes, health professional instruction on cultural 79
competency, addressing social determinants of health, and health 80
and wellness activities. The executive director may seek 81
assistance from health care providers, health professional trade 82
associations, medical schools, nursing schools, and other health 83
profession educational programs in completing this task. The 84
executive director shall then inform all health care providers, 85
health professional trade associations, medical schools, nursing 86
schools, and other health profession educational programs in 87
this state of the identified best practices and encourage them 88
to incorporate those practices in their professional practices, 89
curricula, and continuing education programs. 90

Sec. 3701.132. (A) As used in this section, "WIC program" 91
means the "special supplemental nutrition program for women, 92
infants, and children" established under the "Child Nutrition 93
Act of 1966," 80 Stat. 885, 42 U.S.C. 1786, as amended. 94

(B) The department of health is hereby designated as the 95
state agency to administer the WIC program. ~~The~~ 96

The director of health ~~may~~ shall adopt rules pursuant to 97
Chapter 119. of the Revised Code as necessary for administering 98
the WIC program. The rules may include civil money penalties for 99
violations of the rules. The rules shall require a contract the 100
department enters into with a WIC clinic to include provisions 101
requiring the clinic to promote the use of technology-based 102
resources, such as mobile telephone or text messaging 103
applications, that offer tips on having a healthy pregnancy and 104
healthy baby to clinic clients who are pregnant or have an 105

infant who is less than one year of age. 106

(C) In determining eligibility for services provided under 107
the WIC program, the department may use the application form 108
established under section 5163.40 of the Revised Code for the 109
healthy start program. The department may require applicants to 110
furnish their social security numbers. 111

(D) If the department determines that a vendor has 112
committed an act with respect to the WIC program that federal 113
statutes or regulations or state statutes or rules prohibit, the 114
department shall take action against the vendor in the manner 115
required by 7 C.F.R. part 246, including imposition of a civil 116
money penalty in accordance with 7 C.F.R. 246.12, or rules 117
adopted under this section. 118

Sec. 3701.142. ~~(C)~~ The director of health, in consultation 119
with the medicaid director, shall adopt rules specifying ~~The the~~ 120
urban and rural communities, that have the highest infant 121
mortality rates in this state. The communities shall be 122
identified by zip code or portions of zip codes that are 123
contiguous, ~~that have the highest infant mortality rates in this~~ 124
~~state; . The~~ 125

~~(D)~~ ~~The rules adopted under this section shall be adopted~~ 126
in accordance with Chapter 119. of the Revised Code. 127

Sec. 3701.61. (A) The department of health shall establish 128
the help me grow program ~~to encourage as the state's evidence-~~ 129
based parent support program that encourages early prenatal and 130
well-baby care, as well as ~~provide~~ provides parenting education 131
to promote the comprehensive health and development of children. 132
The program shall also provide home visiting services to 133
families with a pregnant woman or an infant or toddler under 134

three years of age who meet the eligibility requirements 135
established in rules adopted under this section. Home visiting 136
services shall be provided through evidence-based home visiting 137
models or innovative, promising home visiting models recommended 138
by the Ohio home visiting consortium created under section 139
3701.612 of the Revised Code. 140

(B) Families shall be referred to the appropriate home 141
visiting services through the central intake and referral system 142
created under section 3701.611 of the Revised Code. 143

(C) To the extent possible, the goals of the help me grow 144
program shall be consistent with the goals of the federal home 145
visiting program, as specified by the maternal and child health 146
bureau of the health resources and services administration in 147
the United States department of health and human services or its 148
successor. 149

(D) The director of health may enter into an interagency 150
agreement with one or more state agencies to implement the help 151
me grow program and ensure coordination of early childhood 152
programs. 153

~~(C)~~ (E) The director may distribute help me grow program 154
funds through contracts, grants, or subsidies to entities 155
providing services under the program. 156

~~(D)~~ (F) As a condition of receiving payments for home 157
visiting services, providers shall ~~report~~ do both of the 158
following: 159

(1) Promote the use of technology-based resources, such as 160
mobile telephone or text messaging applications, that offer tips 161
on having a healthy pregnancy and healthy baby to families with 162
a pregnant woman or infant who is less than one year of age; 163

(2) 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 division (G) of this section, that are used to assess progress toward achieving all of the following: 164
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(a) The benchmark domains established for the federal home visiting program, including improvement in maternal and newborn health; reduction in child injuries, abuse, and neglect; improved school readiness and achievement; reduction in crime and domestic violence; and improved family economic self-sufficiency; 172
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(b) Improvement in birth outcomes; 178

(c) Reduction in tobacco use by pregnant women, new parents, and others living in households with children. The 179
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The providers shall report the data in the format and within the time frames specified in the rules. 181
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The director shall prepare an annual report on the data received from the providers. The director shall make the report available on the internet web site maintained by the department of health. 183
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~~(E)~~ (G) Pursuant to Chapter 119. of the Revised Code, the director shall adopt rules that are necessary and proper to implement this section. The rules shall specify all of the following: 187
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(1) Eligibility Subject to division (H) of this section, eligibility requirements for home visiting services; 191
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(2) Eligibility requirements for providers of home visiting services;	193 194
(3) Standards and procedures for the provision of program services, including data collection, program monitoring, and program evaluation;	195 196 197
(4) Procedures for appealing the denial of an application for program services or the termination of services;	198 199
(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;	200 201 202
(6) Procedures for addressing complaints;	203
(7) The program performance indicators on which data must be reported by providers of home visiting services under division (D) <u>(F)</u> of this section, which, to the extent possible, shall be consistent with federal reporting requirements for federally funded home visiting services;	204 205 206 207 208
(8) The format in which reports must be submitted under division (D) <u>(F)</u> of this section and the time frames within which the reports must be submitted;	209 210 211
(9) Criteria for payment of approved providers of program services;	212 213
(10) Any other rules necessary to implement the program.	214
<u>(H) When adopting rules required by division (G) (1) of this section, the department shall specify that families residing in the urban and rural communities specified in rules adopted under section 3701.142 of the Revised Code are to receive priority over other families for home visiting services.</u>	215 216 217 218 219

Sec. 3701.611. (A) Not later than six months after the 220
effective date of this section, the department of health, with 221
input from the department of developmental disabilities, shall 222
select one or more persons or government entities to create and 223
operate a central intake and referral system for all home 224
visiting programs operating in this state, including those that 225
provide early intervention services under the state's part C 226
early intervention services program. The department of health 227
shall select a system operator through a competitive bidding 228
process. 229

(B) A contract that the department of health enters into 230
with a system operator shall require that the system do both of 231
the following: 232

(1) Serve as a single point of entry for access, 233
assessment, and referral of families to appropriate home 234
visiting services based on each family's location of residence; 235

(2) Use a standardized form or other mechanism to assess 236
for each family member's risk factors and social determinants of 237
health. 238

If the Ohio home visiting consortium created under section 239
3701.612 of the Revised Code has recommended a standardized form 240
or other mechanism for this purpose, the contract may require 241
the use of that form or other mechanism. 242

Sec. 3701.612. (A) The Ohio home visiting consortium is 243
hereby created. The purpose of the consortium is to ensure that 244
home visiting services provided by home visiting programs 245
operating in this state, as well as home visiting services 246
provided or arranged for by medicaid managed care organizations, 247
are high-quality and delivered through evidence-based or 248

innovative, promising home visiting models. It is the intent of 249
the general assembly that all home visiting services provided in 250
this state do both of the following: 251

(1) Improve health, educational, and social outcomes for 252
expectant and new parents and young children; 253

(2) Promote safe, connected families and communities in 254
which children are able to grow up healthy and ready to learn. 255

(B) (1) In furtherance of the consortium's purpose, the 256
consortium shall do both of the following: 257

(a) Make recommendations to the department of health, 258
department of medicaid, department of mental health and 259
addiction services, and department of developmental disabilities 260
regarding how to leverage all funding sources available for home 261
visiting services, including medicaid, to accomplish both of the 262
following in this state: 263

(i) Expand the use of evidence-based home visiting program 264
models; 265

(ii) Initiate, as pilot projects, innovative, promising 266
home visiting models. 267

(b) Make recommendations to the department of medicaid on 268
the terms to be included in contracts the department enters into 269
with medicaid managed care organizations under section 5167.10 270
of the Revised Code to ensure that the organizations are 271
providing or arranging for the medicaid recipients enrolled in 272
their organizations to receive home visiting services that are 273
delivered as part of the home visiting program models described 274
in divisions (B) (1) (a) (i) and (ii) of this section. 275

(2) The consortium may recommend a standardized form or 276

<u>other mechanism to assess family risk factors and social</u>	277
<u>determinants of health for purposes of the central intake and</u>	278
<u>referral system described in section 3701.611 of the Revised</u>	279
<u>Code.</u>	280
<u>(C) The consortium shall consist of the following members:</u>	281
<u>(1) The director of health or the director's designee;</u>	282
<u>(2) The medicaid director or the director's designee;</u>	283
<u>(3) The director of mental health and addiction services</u>	284
<u>or the director's designee;</u>	285
<u>(4) The director of developmental disabilities or the</u>	286
<u>director's designee;</u>	287
<u>(5) The executive director of the commission on minority</u>	288
<u>health or the executive director's designee;</u>	289
<u>(6) A member of the commission on infant mortality who is</u>	290
<u>not a legislator or an individual specified under this division;</u>	291
<u>(7) One individual who represents medicaid managed care</u>	292
<u>organizations, recommended by the board of trustees of the Ohio</u>	293
<u>association of health plans;</u>	294
<u>(8) A home visiting contractor who provides services</u>	295
<u>within the help me grow program through a contract, grant, or</u>	296
<u>other agreement with the department of health;</u>	297
<u>(9) An individual who receives home visiting services from</u>	298
<u>the help me grow program;</u>	299
<u>(10) Two members of the senate, one from the majority</u>	300
<u>party and one from the minority party, each appointed by the</u>	301
<u>senate president;</u>	302
<u>(11) Two members of the house of representatives, one from</u>	303

the majority party and one from the minority party, each 304
appointed by the speaker of the house of representatives. 305

(D) The consortium members described in divisions (C) (6) 306
to (11) of this section shall be appointed not later than thirty 307
days after the effective date of this section. An appointed 308
member shall hold office until a successor is appointed. A 309
vacancy shall be filled in the same manner as the original 310
appointment. 311

The director of health shall serve as the chairperson of 312
the consortium. 313

A member shall serve without compensation except to the 314
extent that serving on the consortium is considered part of the 315
member's regular duties of employment. 316

(E) The consortium shall meet at the call of the director 317
of health but not less than once each calendar quarter. The 318
consortium's first meeting shall occur not later than sixty days 319
after the effective date of this section. 320

(F) The department of health shall provide meeting space 321
and staff and other administrative support for the consortium. 322

(G) The consortium is not subject to sections 101.82 to 323
101.87 of the Revised Code. 324

Sec. 3701.613. Beginning in fiscal year 2018, the 325
department of health shall facilitate and allocate funds for a 326
biannual summit on home visiting programs. The purpose of each 327
summit is to convene persons and government entities involved 328
with the delivery of home visiting services in this state, as 329
well as other interested persons, to do all of the following: 330

(A) Share the latest research on evidence-based and 331

<u>innovative, promising home visiting models;</u>	332
<u>(B) Discuss strategies to ensure that home visiting programs in this state use evidence-based or innovative, promising home visiting models;</u>	333
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<u>(C) Discuss strategies to reduce tobacco use by families participating in home visiting programs;</u>	336
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<u>(D) Present successes and challenges encountered by home visiting programs.</u>	338
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Sec. 3701.63. (A) As used in this section and sections 3701.64, 3701.66, and 3701.67 of the Revised Code:	340
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(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.	342
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(2) "Child care facility" means a child day-care center, a type A family day-care home, or a licensed type B family day-care home.	345
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(3) "Foster caregiver" has the same meaning as in section 5103.02 of the Revised Code.	348
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(4) "Freestanding birthing center" has the same meaning as in section 3702.141 of the Revised Code.	350
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(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:	352
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(a) The hospital has a maternity unit.	356
(b) The hospital receives for care infants who have been transferred to it from other facilities and who have never been	357
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discharged to their residences following birth.	359
(6) "Infant" means a child who is less than one year of age.	360 361
(7) "Maternity unit" means the distinct portion of a hospital licensed as a maternity unit under Chapter 3711. of the Revised Code.	362 363 364
(8) "Other person responsible for the infant" includes a foster caregiver.	365 366
(9) "Parent" means either parent, unless the parents are separated or divorced or their marriage has been dissolved or annulled, in which case "parent" means the parent who is the residential parent and legal custodian of the child. "Parent" also means a prospective adoptive parent with whom a child is placed.	367 368 369 370 371 372
(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.	373 374 375 376 377
(B) The director of health shall establish the shaken baby syndrome education program by doing all of the following:	378 379
(1) Developing educational materials that present readily comprehensible information on shaken baby syndrome;	380 381
(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;	382 383 384
(3) Annually assessing the effectiveness of the shaken baby syndrome education program by evaluating <u>doing all of the</u>	385 386

<u>following:</u>	387
<u>(a) Evaluating the reports received pursuant to section 5101.135 of the Revised Code;</u>	388 389
<u>(b) Reviewing the content of the educational materials to determine if updates or improvements should be made;</u>	390 391
<u>(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.</u>	392 393 394 395
(C) In meeting the requirements under division (B) of this section, the director shall develop educational materials that, to the extent possible, minimize administrative or financial burdens on any of the entities or persons listed in section 3701.64 of the Revised Code.	396 397 398 399 400
Sec. 3701.66. (A) As used in this section, "sudden unexpected infant death" means the death of an infant that occurs suddenly and unexpectedly, the cause of which is not immediately obvious prior to investigation.	401 402 403 404
(B) The department of health shall establish the safe sleep education program by doing all of the following:	405 406
(1) By not later than sixty days after the effective date of this section <u>March 19, 2015</u> , developing educational materials that present readily comprehensible information on safe sleeping practices for infants and possible causes of sudden unexpected infant death;	407 408 409 410 411
(2) Making available on the department's internet web site in an easily accessible format the educational materials developed under division (B) (1) of this section;	412 413 414

(3) Providing annual training classes at no cost to 415
individuals who provide safe sleep education to parents and 416
infant caregivers who reside in the urban and rural communities 417
specified under section 3701.142 of the Revised Code, including 418
child care providers as defined in section 2151.011 of the 419
Revised Code, hospital staff and volunteers, local health 420
department staff, social workers, individuals who provide home 421
visiting services, and community health workers; 422

(4) Beginning in 2015, annually assessing the 423
effectiveness of the safe sleep education program by evaluating 424
the reports submitted by child fatality review boards to the 425
department pursuant to section 307.626 of the Revised Code. 426

(C) In meeting the requirements under division (B) of this 427
section, the department shall develop educational materials 428
that, to the extent possible, minimize administrative or 429
financial burdens on any of the entities or persons required by 430
division (D) of this section to distribute the materials. 431

(D) A copy of the safe sleep educational materials 432
developed under this section shall be distributed by entities 433
and persons with and in the same manner as the shaken baby 434
syndrome educational materials are distributed pursuant to 435
section 3701.64 of the Revised Code. 436

An entity or person required to distribute the educational 437
materials is not liable for damages in a civil action for 438
injury, death, or loss to person or property that allegedly 439
arises from an act or omission associated with the dissemination 440
of those educational materials unless the act or omission 441
constitutes willful or wanton misconduct. 442

An entity or person required to distribute the educational 443

materials is not subject to criminal prosecution or, to the 444
extent that a person is regulated under Title XLVII of the 445
Revised Code, professional disciplinary action under that title, 446
for an act or omission associated with the dissemination of 447
those educational materials. 448

This division does not eliminate, limit, or reduce any 449
other immunity or defense that an entity or person may be 450
entitled to under Chapter 2744. of the Revised Code, or any 451
other provision of the Revised Code, or the common law of this 452
state. 453

(E) Each entity or person that is required to distribute 454
the educational materials and has infants regularly sleeping at 455
a facility or location under the entity's or person's control 456
shall adopt an internal infant safe sleep policy. The policy 457
shall specify when and to whom educational materials on infant 458
safe sleep practices are to be delivered to individuals working 459
or volunteering at the facility or location and be consistent 460
with the model internal infant safe sleep policy adopted under 461
division (F) of this section. 462

(F) The director of health shall adopt a model internal 463
infant safe sleep policy for use by entities and persons that 464
must comply with division (E) of this section. The policy shall 465
specify safe infant sleep practices, include images depicting 466
safe infant sleep practices, and specify sample content for an 467
infant safe sleep education program that entities and persons 468
may use when conducting new staff orientation programs. 469

Sec. 3701.67. (A) As used in this section: 470

(1) "Contractor" means a person who provides personal 471
services pursuant to a contract. 472

(2) "Critical access hospital" means a facility designated 473
as a critical access hospital by the director of health under 474
section 3701.073 of the Revised Code. 475

(3) "Crib" includes a portable play yard or other suitable 476
sleeping place. 477

(B) Each hospital and freestanding birthing center shall 478
implement an infant safe sleep screening procedure. The purpose 479
of the procedure is to determine whether there will be a safe 480
crib for an infant to sleep in once the infant is discharged 481
from the facility to the infant's residence following birth. The 482
procedure shall consist of questions that facility staff or 483
volunteers must ask the infant's parent, guardian, or other 484
person responsible for the infant regarding the infant's 485
intended sleeping place and environment. 486

The director of health shall develop questions that 487
facilities may use when implementing the infant safe sleep 488
screening procedure required by this division. The director may 489
consult with persons and government entities that have expertise 490
in infant safe sleep practices when developing the questions. 491

(C) If, prior to an infant's discharge from a facility to 492
the infant's residence following birth, a facility other than a 493
critical access hospital or a facility identified under division 494
(D) of this section determines through the procedure implemented 495
under division (B) of this section that the infant is unlikely 496
to have a safe crib at the infant's residence, the facility 497
shall make a good faith effort to arrange for the parent, 498
guardian, or other person responsible for the infant to obtain a 499
safe crib at no charge to that individual. In meeting this 500
requirement, the facility may do any of the following: 501

(1) Obtain a safe crib with its own resources; 502

(2) Collaborate with or obtain assistance from persons or 503
government entities that are able to procure a safe crib or 504
provide money to purchase a safe crib; 505

(3) Refer the parent, guardian, or other person 506
responsible for the infant to a person or government entity 507
described in division (C) (2) of this section to obtain a safe 508
crib free of charge from that source; 509

(4) If funds are available for the cribs for kids program 510
or a successor program administered by the department of health, 511
refer the parent, guardian, or other person responsible for the 512
infant to a site, designated by the department for purposes of 513
the program, at which a safe crib may be obtained at no charge. 514

If a safe crib is procured as described in division (C) 515
(1), (2), or (3) of this section, the facility shall ensure that 516
the crib recipient receives safe sleep education and crib 517
assembly instructions from the facility or another source. If a 518
safe crib is procured as described in division (C) (4) of this 519
section, the department of health shall ensure that the cribs 520
for kids program or a successor program administered by the 521
department provides safe sleep education and crib assembly 522
instructions to the recipient. 523

(D) The director of health shall identify the facilities 524
in this state that are not critical access hospitals and are not 525
served by a site described in division (C) (4) of this section. 526
The director shall identify not less than annually the 527
facilities that meet both criteria and notify those that do so. 528

(E) When a facility that is a hospital registers with the 529
department of health under section 3701.07 of the Revised Code 530

or a facility that is a freestanding birthing center renews its 531
license in accordance with rules adopted under section 3702.30 532
of the Revised Code, the facility shall report the following 533
information to the department in a manner the department 534
prescribes: 535

(1) The number of safe cribs that the facility obtained 536
and distributed by using its own resources as described in 537
division (C)(1) of this section since the last time the facility 538
reported this information to the department; 539

(2) The number of safe cribs that the facility obtained 540
and distributed by collaborating with or obtaining assistance 541
from another person or government entity as described in 542
division (C)(2) of this section since the last time the facility 543
reported this information to the department; 544

(3) The number of referrals that the facility made to a 545
person or government entity as described in division (C)(3) of 546
this section since the last time the facility reported this 547
information to the department; 548

(4) The number of referrals that the facility made to a 549
site designated by the department as described in division (C) 550
(4) of this section since the last time the facility reported 551
this information to the department; 552

(5) Demographic information specified by the director of 553
health regarding the individuals to whom safe cribs were 554
distributed as described in division (E)(1) or (2) of this 555
section or for whom a referral described in division (E)(3) or 556
(4) of this section was made; 557

(6) In the case of a critical access hospital or a 558
facility identified under division (D) of this section, 559

demographic information specified by the director of health 560
regarding each parent, guardian, or other person responsible for 561
the infant determined to be unlikely to have a safe crib at the 562
infant's residence pursuant to the procedure implemented under 563
division (B) of this section; 564

(7) Any other information collected by the facility 565
regarding infant sleep environments and intended infant sleep 566
environments that the director determines to be appropriate. 567

~~(F) Not later than July 1 of each year beginning in 2015,~~ 568
~~the~~ The director of health shall prepare a written report that 569
summarizes the information collected under division (E) of this 570
section for the preceding twelve months, assesses whether at- 571
risk families are sufficiently being served by the crib 572
distribution and referral system established by this section, 573
makes suggestions for system improvements, and provides any 574
other information the director considers appropriate for 575
inclusion in the report. On completion, the report shall be 576
submitted to the ~~governor and, in accordance with section 101.68~~ 577
~~of the Revised Code, the general assembly with, and in the same~~ 578
manner as, the report that the department of medicaid submits to 579
the general assembly and joint medicaid oversight committee 580
pursuant to section 5162.13 of the Revised Code. A copy of the 581
report also shall be submitted to the governor. 582

(G) A facility, and any employee, contractor, or volunteer 583
of a facility, that implements an infant safe sleep procedure in 584
accordance with division (B) of this section is not liable for 585
damages in a civil action for injury, death, or loss to person 586
or property that allegedly arises from an act or omission 587
associated with implementation of the procedure, unless the act 588
or omission constitutes willful or wanton misconduct. 589

A facility, and any employee, contractor, or volunteer of 590
a facility, that implements an infant safe sleep screening 591
procedure in accordance with division (B) of this section is not 592
subject to criminal prosecution or, to the extent that a person 593
is regulated under Title XLVII of the Revised Code, professional 594
disciplinary action under that title, for an act or omission 595
associated with implementation of the procedure. 596

This division does not eliminate, limit, or reduce any 597
other immunity or defense that a facility, or an employee, 598
contractor, or volunteer of a facility, may be entitled to under 599
Chapter 2744. of the Revised Code, or any other provision of the 600
Revised Code, or the common law of this state. 601

(H) A facility, and any employee, contractor, or volunteer 602
of a facility, is neither liable for damages in a civil action, 603
nor subject to criminal prosecution, for injury, death, or loss 604
to person or property that allegedly arises from a crib obtained 605
by a parent, guardian, or other person responsible for the 606
infant as a result of any action the facility, employee, 607
contractor, or volunteer takes to comply with division (C) of 608
this section. 609

The immunity provided by this division does not require 610
compliance with division (D) of section 2305.37 of the Revised 611
Code. 612

Sec. 3701.671. The director of health shall require each 613
recipient of a grant the department of health administers that 614
pertains to safe crib procurement to report annually to the 615
department both of the following: 616

(A) Demographic information specified by the director of 617
health regarding the individuals to whom safe cribs were 618

<u>distributed;</u>	619
<u>(B) If known, the extent to which distributed cribs are</u>	620
<u>being used.</u>	621
Sec. 3701.68. (A) As used in this section:	622
(1) "Academic medical center" means a medical school and	623
its affiliated teaching hospitals.	624
(2) "State registrar" has the same meaning as in section	625
3705.01 of the Revised Code.	626
(B) There is hereby created the commission on infant	627
mortality. The commission shall do all of the following:	628
(1) Conduct a complete inventory of services provided or	629
administered by the state that are available to address the	630
infant mortality rate in this state;	631
(2) For each service identified under division (B)(1) of	632
this section, determine both of the following:	633
(a) The sources of the funds that are used to pay for the	634
service;	635
(b) Whether the service and its funding sources have a	636
connection with programs provided or administered by local or	637
community-based public or private entities and, to the extent	638
they do not, whether they should.	639
(3) With assistance from academic medical centers, track	640
and analyze infant mortality rates by county for the purpose of	641
determining the impact of state and local initiatives to reduce	642
those rates.	643
(C) The commission shall consist of the following members:	644
(1) Two members of the senate, one from the majority party	645

and one from the minority party, each appointed by the senate president;	646 647
(2) Two members of the house of representatives, one from the majority party and one from the minority party, each appointed by the speaker of the house of representatives;	648 649 650
(3) The executive director of the office of health transformation or the executive director's designee;	651 652
(4) The medicaid director or the director's designee;	653
(5) The director of health or the director's designee;	654
(6) The executive director of the commission on minority health or the executive director's designee;	655 656
(7) The attorney general or the attorney general's designee;	657 658
(8) A health commissioner of a city or general health district, appointed by the governor;	659 660
(9) A coroner, deputy coroner, or other person who conducts death scene investigations, appointed by the governor;	661 662
(10) An individual who represents the Ohio hospital association, appointed by the association's president;	663 664
(11) An individual who represents the Ohio children's hospital association, appointed by the association's president;	665 666
(12) Two individuals who represent community-based programs that serve pregnant women or new mothers whose infants tend to be at a higher risk for infant mortality, appointed by the governor.	667 668 669 670
(D) The commission members described in divisions (C) (1), (2), (8), (9), (10), (11), and (12) of this section shall be	671 672

appointed not later than thirty days after ~~the effective date of~~ 673
~~this section~~ March 19, 2015. An appointed member shall hold 674
office until a successor is appointed. A vacancy shall be filled 675
in the same manner as the original appointment. 676

From among the members, the president of the senate and 677
speaker of the house of representatives shall appoint two to 678
serve as co-chairpersons of the commission. 679

A member shall serve without compensation except to the 680
extent that serving on the commission is considered part of the 681
member's regular duties of employment. 682

(E) The commission may request assistance from the staff 683
of the legislative service commission. 684

(F) For purposes of division (B)(3) of this section, the 685
state registrar shall ensure that the commission and academic 686
medical centers located in this state have access to any 687
electronic system of vital records the state registrar or 688
department of health maintains, including the Ohio public health 689
information warehouse. Not later than six months after ~~the~~ 690
~~effective date of this section~~ March 19, 2015, the commission on 691
infant mortality shall prepare a written report of its findings 692
and recommendations concerning the matters described in division 693
(B) of this section. On completion, the commission shall submit 694
the report to the governor and, in accordance with section 695
101.68 of the Revised Code, the general assembly. 696

(G) The president of the senate and speaker of the house 697
of representatives shall determine the responsibilities of the 698
commission following submission of the report under division (F) 699
of this section. 700

(H) The commission is not subject to sections 101.82 to 701

101.87 of the Revised Code. 702

(I) The commission shall provide information to the Ohio housing finance agency for the purposes of division (A) of section 175.15 of the Revised Code. 703
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Sec. 3701.84. (A) The department of health ~~may~~ shall 706
prepare a plan to reduce tobacco use by Ohioans, with emphasis 707
on reducing the use of tobacco by youth, minority and regional 708
populations, pregnant women, medicaid recipients, and others who 709
may be disproportionately affected by the use of tobacco. The 710
department shall make copies of the plan available to the 711
public. 712

(B) The plan shall do both of the following: 713

(1) Take into account the increasing use of electronic health records by health care providers and expanded health insurance coverage for tobacco cessation products and services; 714
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(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. 717
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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.~~ 724
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(D) The plan may ~~also~~ describe youth tobacco consumption prevention programs to be eligible for consideration for grants from the department and may set forth the criteria by which 728
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applications for grants for such programs will be considered by 731
the department. Programs eligible for consideration may include: 732

~~(A)~~ (1) Media campaigns directed to youth to prevent 733
underage tobacco consumption; 734

~~(B)~~ (2) School-based education programs to prevent youth 735
tobacco consumption; 736

~~(C)~~ (3) Community-based youth programs involving youth 737
tobacco consumption prevention through general youth 738
development; 739

~~(D)~~ (4) Retailer education and compliance efforts to 740
prevent youth tobacco consumption; 741

~~(E)~~ (5) Mentoring programs designed to prevent or reduce 742
tobacco use by students. 743

(E) Pursuant to the plan, the department may carry out, or 744
provide funding for private or public agencies to carry out, 745
research and programs related to tobacco use prevention and 746
cessation. If the department provides such funding, the 747
department shall establish an objective process to determine 748
which research and program proposals to fund. When appropriate, 749
proposals for research shall be peer-reviewed. No program shall 750
be carried out or funded by the department unless there is 751
research that indicates that the program is likely to achieve 752
the results desired. All research and programs funded by the 753
department shall be goal-oriented and independently and 754
objectively evaluated annually on whether it is meeting its 755
goals. The department shall contract for such evaluations and 756
shall adopt rules under Chapter 119. of the Revised Code 757
regarding conflicts of interest in the research and programs it 758
funds. 759

The department shall endeavor to coordinate its research 760
and programs with the efforts of other agencies of this state to 761
reduce tobacco use by Ohioans. Any state agency that conducts a 762
survey that measures tobacco use or behavior toward tobacco use 763
by Ohioans shall share the results of the survey with the 764
department. 765

(F) The department may adopt rules under Chapter 119. of 766
the Revised Code as necessary to implement this section. 767

Sec. 3701.90. The director of health, with participation 768
from the state medical board and board of nursing, shall 769
collaborate with medical, nursing, and physician assistant 770
schools or programs in this state, as well as medical residency 771
and fellowship programs in this state, to develop and implement 772
appropriate curricula in those schools and programs designed to 773
prepare primary care and women's health care physicians, 774
advanced practice registered nurses, and physician assistants to 775
provide patient counseling on efficacy-based contraceptives, 776
including long-acting reversible contraceptives. 777

Sec. 3701.928. (A) The director of health or, at the 778
director's request, the patient centered medical home education 779
advisory group ~~may work~~ shall collaborate with medical, nursing, 780
and physician assistant schools or programs in this state to 781
develop appropriate curricula designed to prepare primary care 782
physicians, advanced practice registered nurses, and physician 783
assistants to practice within the patient centered medical home 784
model of care. In developing the curricula, the director or 785
advisory group and the schools or programs shall include all of 786
the following: 787

(1) Components for use at the medical student, advanced 788
practice registered nursing student, physician assistant 789

student, and primary care resident training levels;	790
(2) Components that reflect, as appropriate, the special	791
needs of patients who are part of a medically underserved	792
population, including medicaid recipients, individuals without	793
health insurance, individuals with disabilities, individuals	794
with chronic health conditions, and individuals within racial or	795
ethnic minority groups;	796
(3) Components that include training in interdisciplinary	797
cooperation between physicians, advanced practice registered	798
nurses, and physician assistants in the patient centered medical	799
home model of care, including curricula ensuring that a common	800
conception of a patient centered medical home model of care is	801
provided to medical students, advanced practice registered	802
nurses, physician assistants, and primary care residents;	803
<u>(4) Components that include training in preconception care</u>	804
<u>and family planning.</u>	805
(B) The director or advisory group may work in association	806
with the medical, nursing, and physician assistant schools or	807
programs to identify funding sources to ensure that the	808
curricula developed under division (A) of this section are	809
accessible to medical students, advanced practice registered	810
nursing students, physician assistant students, and primary care	811
residents. The director or advisory group shall consider	812
scholarship options or incentives provided to students in	813
addition to those provided under the choose Ohio first	814
scholarship program operated under section 3333.61 of the	815
Revised Code.	816
<u>Sec. 3701.951. (A) As used in this section, "preliminary</u>	817
<u>infant mortality and preterm birth rates" means infant mortality</u>	818

and preterm birth rates that are derived from vital records as 819
defined in section 3705.01 of the Revised Code, are not 820
considered finalized by the department of health, and are 821
subject to modification as additional birth and death data are 822
received by the department and added to vital records. 823

(B) Each calendar quarter, the department of health shall 824
determine the state's preliminary infant mortality and preterm 825
birth rates, delineated by race and ethnic group. The rates 826
shall be determined using a simple rolling average. The 827
department shall publish the rates in a quarterly report, which 828
shall also include a description of the data sources and 829
methodology used to determine the rates. The department shall 830
make each report available on its internet web site not later 831
than five business days after the rates are determined. 832

Sec. 3701.952. (A) The department of health shall create a 833
population-based questionnaire designed to examine maternal 834
behaviors and experiences before, during, and after a woman's 835
pregnancy, as well as during the early infancy of the woman's 836
child. The questionnaire shall collect information that is 837
similar to the information collected by the pregnancy risk 838
assessment monitoring system (PRAMS) questionnaire that the 839
department most recently used prior to the effective date of 840
this section, as well as any additional information suggested by 841
the United States centers for disease control and prevention 842
(CDC) for PRAMS questionnaires. 843

(B) The department shall implement and use the 844
questionnaires created under division (A) of this section in a 845
manner that is consistent with the standardized data collection 846
methodology for PRAMS questionnaires prescribed by the CDC model 847
surveillance protocol. In addition, for the purpose of having 848

statistically valid data for local analyses, the department 849
shall oversample women in Cuyahoga, Franklin, and Hamilton 850
counties on an annual basis, and shall oversample women in the 851
remaining counties that constitute the Ohio equity institute 852
cohort (Butler, Stark, Mahoning, Montgomery, Summit, and Lucas 853
counties) on a biennial basis. 854

(C) The department shall report results from the 855
questionnaires not less than annually in a manner consistent 856
with guidelines established by the CDC for the reporting of 857
PRAMS questionnaire results. 858

Sec. 3701.953. (A) The department of health shall create 859
an infant mortality scorecard. The scorecard shall report all of 860
the following: 861

(1) The state's performance on population health measures, 862
including the infant mortality rate, sudden unexpected infant 863
death rate, preterm birth rate, and low-birthweight rate, 864
delineated by race, ethnic group, region of the state, and the 865
state as a whole; 866

(2) To the extent such information is available, the 867
state's performance on outcome measures identified by the 868
department that are related to preconception health, 869
reproductive health, prenatal care, labor and delivery, smoking, 870
infant safe sleep practices, breastfeeding, and behavioral 871
health, delineated by race, ethnic group, region of the state, 872
and the state as a whole; 873

(3) A comparison of the state's performance on the 874
population health measures specified in division (A)(1) of this 875
section and, to the extent such information is available, the 876
state's performance on outcome measures specified in division 877

(A) (2) of this section with the targets for the measures, or the 878
targets for the objectives similar to the measures, established 879
by the United States department of health and human services 880
through the healthy people 2020 initiative or a subsequent 881
initiative; 882

(4) Any other information on maternal and child health 883
that the department considers appropriate. 884

(B) The scorecard shall be updated each calendar quarter 885
and made available on the department's internet web site. 886

(C) The scorecard shall include a description of the data 887
sources and methodology used to complete the scorecard. 888

Sec. 3702.34. (A) Except as provided in division (B) of 889
this section, a freestanding birthing center shall modify 890
operational processes to ensure that a woman giving birth in the 891
freestanding birthing center has the option of having a long- 892
acting reversible contraceptive placed after delivery and before 893
the woman is discharged. 894

(B) A freestanding birthing center is exempt from the 895
requirement in division (A) of this section if the freestanding 896
birthing center notifies the department of health in writing 897
that it has a faith-based objection to the requirement. 898

Sec. 3705.40. (A) As used in this section: 899

(1) "Board of health" means a board of health of a city or 900
general health district or the authority having the duties of a 901
board of health under section 3709.05 of the Revised Code. 902

(2) "Geocoding" means a geographic information system 903
(GIS) operation for converting street addresses into spatial 904
data that can be displayed as features on a map, usually by 905

referencing address information from a street segment data 906
layer. 907

(B) The state registrar shall ensure that each board of 908
health has access to preliminary birth and death data maintained 909
by the department of health, as well as access to any electronic 910
system of vital records the state registrar or department of 911
health maintains, including the Ohio public health information 912
warehouse. To the extent possible, the preliminary data shall be 913
provided in a format that permits geocoding. If the state 914
registrar requires a board to enter into a data use agreement 915
before accessing such data or systems, the state registrar shall 916
provide each board with an application for this purpose and, if 917
requested, assist with the application's completion. 918

(C) The state registrar shall provide the users of the 919
preliminary data and electronic systems described in division 920
(B) of this section with a data analysis tool kit that assists 921
the users with using the data in a manner that promotes 922
consistency and accuracy among users. The tool kit shall include 923
a data dictionary and sample data analyses. 924

Sec. 3705.41. (A) As used in this section: 925

(1) "Freestanding birthing center" has the same meaning as 926
in section 3702.141 of the Revised Code. 927

(2) "Funeral services worker" means a person licensed as a 928
funeral director or embalmer under Chapter 4717. of the Revised 929
Code or an individual responsible for the direct final 930
disposition of a deceased person. 931

(3) "Hospital" means a hospital classified pursuant to 932
rules adopted under section 3701.07 of the Revised Code as a 933
general hospital or children's hospital and to which either of 934

the following applies: 935

(a) The hospital has a maternity unit. 936

(b) The hospital receives for care infants who have been 937
transferred to it from other facilities and who have never been 938
discharged to their residences following birth. 939

(4) "Maternity unit" means the distinct portion of a 940
hospital licensed as a maternity unit under Chapter 3711. of the 941
Revised Code. 942

(B) At least annually, the state registrar shall offer to 943
provide training for appropriate staff of hospitals and 944
freestanding birthing centers, as well as funeral services 945
workers, on their responsibilities under the laws of this state 946
and any rules adopted pursuant to those laws pertaining to vital 947
records. If provided, the training shall cover correct data 948
entry procedures and time limits for reporting vital statistics 949
information for the purpose of ensuring accuracy and consistency 950
of the system of vital statistics. 951

Sec. 3713.01. As used in sections 3713.01 to 3713.10 of 952
the Revised Code: 953

(A) "Person" has the same meaning as used in division (C) 954
of section 1.59 of the Revised Code and also means any limited 955
company, limited liability partnership, joint stock company, or 956
other association. 957

(B) "Bedding" means any upholstered furniture, any 958
mattress, upholstered spring, comforter, bolster, pad, cushion, 959
pillow, mattress protector, quilt, and any other upholstered 960
article, to be used for sleeping, resting, or reclining 961
purposes, and any glider, hammock, or other substantially 962
similar article that is wholly or partly upholstered. 963

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

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

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

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

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

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

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

Sec. 3713.02. Subject to section 3713.021 of the Revised
Code, all of the following apply:

(A) Except as provided in section 3713.05 of the Revised
Code, no person shall import, manufacture, renovate, wholesale,
or reupholster stuffed toys or articles of bedding in this state

without first registering to do so with the superintendent of 992
industrial compliance in accordance with section 3713.05 of the 993
Revised Code. 994

(B) No person shall manufacture, offer for sale, sell, 995
deliver, or possess for the purpose of manufacturing, selling, 996
or delivering, an article of bedding or a stuffed toy that is 997
not labeled in accordance with section 3713.08 of the Revised 998
Code. 999

(C) No person shall manufacture, offer for sale, sell, 1000
deliver, or possess for the purpose of manufacturing, selling, 1001
or delivering, an article of bedding or a stuffed toy that is 1002
falsely labeled. 1003

(D) No person shall sell or offer for sale any secondhand 1004
article of bedding or any secondhand stuffed toy that has not 1005
been sanitized in accordance with section 3713.08 of the Revised 1006
Code. 1007

(E) The possession of any article of bedding or stuffed 1008
toy in the course of business by a person required to obtain 1009
registration under this chapter, or by that person's agent or 1010
servant shall be prima-facie evidence of the person's intent to 1011
sell the article of bedding or stuffed toy. 1012

Sec. 3713.021. (A) No person shall recklessly manufacture, 1013
offer for sale, sell, deliver, or possess for the purpose of 1014
manufacturing, selling, or delivering a crib bumper pad. 1015

(B) The superintendent of industrial compliance shall 1016
issue a notice of violation to any person found to have violated 1017
division (A) of this section. 1018

Sec. 3713.99. (A) Whoever violates division (A), (B), or 1019
(D) of section 3713.02 of the Revised Code is guilty of a 1020

misdemeanor of the fourth degree. 1021

(B) Whoever violates division (C) of section 3713.02 of 1022
the Revised Code is guilty of a misdemeanor of the third degree. 1023

(C) A person who, after receiving a notice issued under 1024
division (B) of section 3713.021 of the Revised Code, continues 1025
to violate division (A) of that section is subject to a fine of 1026
not more than five hundred dollars. Each day of violation 1027
constitutes a separate offense. 1028

Sec. 3727.20. (A) Except as provided in division (B) of 1029
this section, each hospital that has a maternity unit licensed 1030
under Chapter 3711. of the Revised Code shall modify operational 1031
processes not later than three months after the effective date 1032
of this section or three months after commencing operations, as 1033
applicable, to ensure that a woman giving birth in the hospital 1034
has the option of having a long-acting reversible contraceptive 1035
placed after delivery and before the woman is discharged. 1036

(B) A hospital is exempt from the requirement in division 1037
(A) of this section if the hospital notifies the department of 1038
health in writing that it has a faith-based objection to the 1039
requirement. 1040

Sec. 4729.01. As used in this chapter: 1041

(A) "Pharmacy," except when used in a context that refers 1042
to the practice of pharmacy, means any area, room, rooms, place 1043
of business, department, or portion of any of the foregoing 1044
where the practice of pharmacy is conducted. 1045

(B) "Practice of pharmacy" means providing pharmacist care 1046
requiring specialized knowledge, judgment, and skill derived 1047
from the principles of biological, chemical, behavioral, social, 1048
pharmaceutical, and clinical sciences. As used in this division, 1049

"pharmacist care" includes the following:	1050
(1) Interpreting prescriptions;	1051
(2) Dispensing drugs and drug therapy related devices;	1052
(3) Compounding drugs;	1053
(4) Counseling individuals with regard to their drug	1054
therapy, recommending drug therapy related devices, and	1055
assisting in the selection of drugs and appliances for treatment	1056
of common diseases and injuries and providing instruction in the	1057
proper use of the drugs and appliances;	1058
(5) Performing drug regimen reviews with individuals by	1059
discussing all of the drugs that the individual is taking and	1060
explaining the interactions of the drugs;	1061
(6) Performing drug utilization reviews with licensed	1062
health professionals authorized to prescribe drugs when the	1063
pharmacist determines that an individual with a prescription has	1064
a drug regimen that warrants additional discussion with the	1065
prescriber;	1066
(7) Advising an individual and the health care	1067
professionals treating an individual with regard to the	1068
individual's drug therapy;	1069
(8) Acting pursuant to a consult agreement with one or	1070
more physicians authorized under Chapter 4731. of the Revised	1071
Code to practice medicine and surgery or osteopathic medicine	1072
and surgery, if an agreement has been established;	1073
(9) Engaging in the administration of immunizations to the	1074
extent authorized by section 4729.41 of the Revised Code;	1075
<u>(10) Engaging in the administration of drugs to the extent</u>	1076

authorized by section 4729.45 of the Revised Code. 1077

(C) "Compounding" means the preparation, mixing, 1078
assembling, packaging, and labeling of one or more drugs in any 1079
of the following circumstances: 1080

(1) Pursuant to a prescription issued by a licensed health 1081
professional authorized to prescribe drugs; 1082

(2) Pursuant to the modification of a prescription made in 1083
accordance with a consult agreement; 1084

(3) As an incident to research, teaching activities, or 1085
chemical analysis; 1086

(4) In anticipation of orders for drugs pursuant to 1087
prescriptions, based on routine, regularly observed dispensing 1088
patterns; 1089

(5) Pursuant to a request made by a licensed health 1090
professional authorized to prescribe drugs for a drug that is to 1091
be used by the professional for the purpose of direct 1092
administration to patients in the course of the professional's 1093
practice, if all of the following apply: 1094

(a) At the time the request is made, the drug is not 1095
commercially available regardless of the reason that the drug is 1096
not available, including the absence of a manufacturer for the 1097
drug or the lack of a readily available supply of the drug from 1098
a manufacturer. 1099

(b) A limited quantity of the drug is compounded and 1100
provided to the professional. 1101

(c) The drug is compounded and provided to the 1102
professional as an occasional exception to the normal practice 1103
of dispensing drugs pursuant to patient-specific prescriptions. 1104

(D) "Consult agreement" means an agreement that has been entered into under section 4729.39 of the Revised Code.	1105 1106
(E) "Drug" means:	1107
(1) Any article recognized in the United States pharmacopoeia and national formulary, or any supplement to them, intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals;	1108 1109 1110 1111
(2) Any other article intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals;	1112 1113 1114
(3) Any article, other than food, intended to affect the structure or any function of the body of humans or animals;	1115 1116
(4) Any article intended for use as a component of any article specified in division (E) (1), (2), or (3) of this section; but does not include devices or their components, parts, or accessories.	1117 1118 1119 1120
(F) "Dangerous drug" means any of the following:	1121
(1) Any drug to which either of the following applies:	1122
(a) Under the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, the drug is required to bear a label containing the legend "Caution: Federal law prohibits dispensing without prescription" or "Caution: 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;	1123 1124 1125 1126 1127 1128 1129
(b) Under Chapter 3715. or 3719. of the Revised Code, the drug may be dispensed only upon a prescription.	1130 1131

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

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

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

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

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

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

(3) For purposes of sections 4723.4810, 4729.282, 4730.432, and 4731.93 of the Revised Code, a written, electronic, or oral order for a drug to treat chlamydia, gonorrhea, or trichomoniasis issued to and in the name of a patient who is not the intended user of the drug but is the sexual partner of the intended user;

(4) For purposes of sections 3313.7110, 3313.7111, 3314.143, 3326.28, 3328.29, 4723.483, 4729.88, 4730.433, 4731.96, and 5101.76 of the Revised Code, a written, electronic, or oral order for an epinephrine autoinjector issued to and in

the name of a school, school district, or camp; 1161

(5) For purposes of Chapter 3728. and sections 4723.483, 1162
4729.88, 4730.433, and 4731.96 of the Revised Code, a written, 1163
electronic, or oral order for an epinephrine autoinjector issued 1164
to and in the name of a qualified entity, as defined in section 1165
3728.01 of the Revised Code. 1166

(I) "Licensed health professional authorized to prescribe 1167
drugs" or "prescriber" means an individual who is authorized by 1168
law to prescribe drugs or dangerous drugs or drug therapy 1169
related devices in the course of the individual's professional 1170
practice, including only the following: 1171

(1) A dentist licensed under Chapter 4715. of the Revised 1172
Code; 1173

(2) A clinical nurse specialist, certified nurse-midwife, 1174
or certified nurse practitioner who holds a certificate to 1175
prescribe issued under section 4723.48 of the Revised Code; 1176

(3) An optometrist licensed under Chapter 4725. of the 1177
Revised Code to practice optometry under a therapeutic 1178
pharmaceutical agents certificate; 1179

(4) A physician authorized under Chapter 4731. of the 1180
Revised Code to practice medicine and surgery, osteopathic 1181
medicine and surgery, or podiatric medicine and surgery; 1182

(5) A physician assistant who holds a license to practice 1183
as a physician assistant issued under Chapter 4730. of the 1184
Revised Code, holds a valid prescriber number issued by the 1185
state medical board, and has been granted physician-delegated 1186
prescriptive authority; 1187

(6) A veterinarian licensed under Chapter 4741. of the 1188

Revised Code.	1189
(J) "Sale" and "sell" include delivery, transfer, barter,	1190
exchange, or gift, or offer therefor, and each such transaction	1191
made by any person, whether as principal proprietor, agent, or	1192
employee.	1193
(K) "Wholesale sale" and "sale at wholesale" mean any sale	1194
in which the purpose of the purchaser is to resell the article	1195
purchased or received by the purchaser.	1196
(L) "Retail sale" and "sale at retail" mean any sale other	1197
than a wholesale sale or sale at wholesale.	1198
(M) "Retail seller" means any person that sells any	1199
dangerous drug to consumers without assuming control over and	1200
responsibility for its administration. Mere advice or	1201
instructions regarding administration do not constitute control	1202
or establish responsibility.	1203
(N) "Price information" means the price charged for a	1204
prescription for a particular drug product and, in an easily	1205
understandable manner, all of the following:	1206
(1) The proprietary name of the drug product;	1207
(2) The established (generic) name of the drug product;	1208
(3) The strength of the drug product if the product	1209
contains a single active ingredient or if the drug product	1210
contains more than one active ingredient and a relevant strength	1211
can be associated with the product without indicating each	1212
active ingredient. The established name and quantity of each	1213
active ingredient are required if such a relevant strength	1214
cannot be so associated with a drug product containing more than	1215
one ingredient.	1216

- (4) The dosage form; 1217
- (5) The price charged for a specific quantity of the drug 1218
product. The stated price shall include all charges to the 1219
consumer, including, but not limited to, the cost of the drug 1220
product, professional fees, handling fees, if any, and a 1221
statement identifying professional services routinely furnished 1222
by the pharmacy. Any mailing fees and delivery fees may be 1223
stated separately without repetition. The information shall not 1224
be false or misleading. 1225
- (O) "Wholesale distributor of dangerous drugs" means a 1226
person engaged in the sale of dangerous drugs at wholesale and 1227
includes any agent or employee of such a person authorized by 1228
the person to engage in the sale of dangerous drugs at 1229
wholesale. 1230
- (P) "Manufacturer of dangerous drugs" means a person, 1231
other than a pharmacist, who manufactures dangerous drugs and 1232
who is engaged in the sale of those dangerous drugs within this 1233
state. 1234
- (Q) "Terminal distributor of dangerous drugs" means a 1235
person who is engaged in the sale of dangerous drugs at retail, 1236
or any person, other than a wholesale distributor or a 1237
pharmacist, who has possession, custody, or control of dangerous 1238
drugs for any purpose other than for that person's own use and 1239
consumption, and includes pharmacies, hospitals, nursing homes, 1240
and laboratories and all other persons who procure dangerous 1241
drugs for sale or other distribution by or under the supervision 1242
of a pharmacist or licensed health professional authorized to 1243
prescribe drugs. 1244
- (R) "Promote to the public" means disseminating a 1245

representation to the public in any manner or by any means, 1246
other than by labeling, for the purpose of inducing, or that is 1247
likely to induce, directly or indirectly, the purchase of a 1248
dangerous drug at retail. 1249

(S) "Person" includes any individual, partnership, 1250
association, limited liability company, or corporation, the 1251
state, any political subdivision of the state, and any district, 1252
department, or agency of the state or its political 1253
subdivisions. 1254

(T) "Finished dosage form" has the same meaning as in 1255
section 3715.01 of the Revised Code. 1256

(U) "Generically equivalent drug" has the same meaning as 1257
in section 3715.01 of the Revised Code. 1258

(V) "Animal shelter" means a facility operated by a humane 1259
society or any society organized under Chapter 1717. of the 1260
Revised Code or a dog pound operated pursuant to Chapter 955. of 1261
the Revised Code. 1262

(W) "Food" has the same meaning as in section 3715.01 of 1263
the Revised Code. 1264

(X) "Pain management clinic" has the same meaning as in 1265
section 4731.054 of the Revised Code. 1266

Sec. 4729.45. (A) As used in this section, "physician" 1267
means an individual authorized under Chapter 4731. of the 1268
Revised Code to practice medicine and surgery or osteopathic 1269
medicine and surgery. 1270

(B)(1) Subject to division (C) of this section, a 1271
pharmacist licensed under this chapter may administer by 1272
injection any of the following drugs as long as the drug that is 1273

to be administered has been prescribed by a physician and the 1274
individual to whom the drug was prescribed has an ongoing 1275
physician-patient relationship with the physician: 1276

(a) An opioid antagonist used for treatment of drug 1277
addiction and administered in a long-acting or extended-release 1278
form; 1279

(b) An antipsychotic drug administered in a long-acting or 1280
extended-release form; 1281

(c) Hydroxyprogesterone caproate; 1282

(d) Medroxyprogesterone acetate; 1283

(e) Cobalamin. 1284

(2) As part of engaging in the administration of drugs by 1285
injection pursuant to this section, a pharmacist may administer 1286
epinephrine or diphenhydramine, or both, to an individual in an 1287
emergency situation resulting from an adverse reaction to a drug 1288
administered by the pharmacist. 1289

(C) To be authorized to administer drugs pursuant to this 1290
section, a pharmacist must do all of the following: 1291

(1) Successfully complete a course in the administration 1292
of drugs that satisfies the requirements established by the 1293
state board of pharmacy in rules adopted under division (H) (1) 1294
(a) of this section; 1295

(2) Receive and maintain certification to perform basic 1296
life-support procedures by successfully completing a basic life- 1297
support training course certified by the American red cross or 1298
American heart association; 1299

(3) Practice in accordance with a protocol that meets the 1300

requirements of division (F) of this section. 1301

(D) Each time a pharmacist administers a drug pursuant to 1302
this section, the pharmacist shall do all of the following: 1303

(1) Obtain permission in accordance with the procedures 1304
specified in rules adopted under division (H) of this section 1305
and comply with the following requirements: 1306

(a) Except as provided in division (D)(1)(c) of this 1307
section, for each drug administered by a pharmacist to an 1308
individual who is eighteen years of age or older, the pharmacist 1309
shall obtain permission from the individual. 1310

(b) For each drug administered by a pharmacist to an 1311
individual who is under eighteen years of age, the pharmacist 1312
shall obtain permission from the individual's parent or other 1313
person having care or charge of the individual. 1314

(c) For each drug administered by a pharmacist to an 1315
individual who lacks the capacity to make informed health care 1316
decisions, the pharmacist shall obtain permission from the 1317
person authorized to make such decisions on the individual's 1318
behalf. 1319

(2) In the case of an opioid antagonist described in 1320
division (B) of this section, obtain in accordance with division 1321
(E) of this section test results indicating that it is 1322
appropriate to administer the drug to the individual if either 1323
of the following is to be administered: 1324

(a) The initial dose of the drug; 1325

(b) Any subsequent dose, if the administration occurs more 1326
than thirty days after the previous dose of the drug was 1327
administered. 1328

(3) Observe the individual to whom the drug is administered to determine whether the individual has an adverse reaction to the drug; 1329
1330
1331

(4) Notify the physician who prescribed the drug that the drug has been administered to the individual. 1332
1333

(E) A pharmacist may obtain the test results described in division (D) (2) of this section in either of the following ways: 1334
1335

(1) From the physician; 1336

(2) By ordering blood and urine tests for the individual to whom the opioid antagonist is to be administered. 1337
1338

If a pharmacist orders blood and urine tests, the pharmacist shall evaluate the results of the tests to determine whether they indicate that it is appropriate to administer the opioid antagonist. A pharmacist's authority to evaluate test results under this division does not authorize the pharmacist to make a diagnosis. 1339
1340
1341
1342
1343
1344

(F) All of the following apply with respect to the protocol required by division (C) (3) of this section: 1345
1346

(1) The protocol must be established by a physician who has a scope of practice that includes treatment of the condition for which the individual has been prescribed the drug to be administered. 1347
1348
1349
1350

(2) The protocol must satisfy the requirements established in rules adopted under division (H) (1) (b) of this section. 1351
1352

(3) The protocol must do all of the following: 1353

(a) Specify a definitive set of treatment guidelines; 1354

(b) Specify the locations at which a pharmacist may engage 1355

in the administration of drugs pursuant to this section; 1356

(c) Include provisions for implementing the requirements 1357
of division (D) of this section, including for purposes of 1358
division (D)(3) of this section provisions specifying the length 1359
of time and location at which a pharmacist must observe an 1360
individual who receives a drug to determine whether the 1361
individual has an adverse reaction to the drug; 1362

(d) Specify procedures to be followed by a pharmacist when 1363
administering epinephrine, diphenhydramine, or both, to an 1364
individual who has an adverse reaction to a drug administered by 1365
the pharmacist. 1366

(G) A pharmacist shall not do either of the following: 1367

(1) Engage in the administration of drugs pursuant to this 1368
section unless the requirements of division (C) of this section 1369
have been met; 1370

(2) Delegate to any person the pharmacist's authority to 1371
engage in the administration of drugs pursuant to this section. 1372

(H)(1) The state board of pharmacy shall adopt rules to 1373
implement this section. The rules shall be adopted in accordance 1374
with Chapter 119. of the Revised Code and include all of the 1375
following: 1376

(a) Requirements for courses in administration of drugs; 1377

(b) Requirements for protocols to be followed by 1378
pharmacists in administering drugs pursuant to this section; 1379

(c) Procedures to be followed by a pharmacist in obtaining 1380
permission to administer a drug to an individual. 1381

(2) The board shall consult with the state medical board 1382

before adopting rules regarding requirements for protocols under 1383
this section. 1384

Sec. 4731.057. As used in this section, "physician" means 1385
an individual authorized under this chapter to practice medicine 1386
and surgery or osteopathic medicine and surgery. 1387

The state medical board shall adopt rules establishing 1388
standards and procedures to be followed by a physician when 1389
prescribing a drug that may be administered by a pharmacist 1390
pursuant to section 4729.45 of the Revised Code. The rules shall 1391
be adopted in accordance with Chapter 119. of the Revised Code 1392
and in consultation with the state board of pharmacy. 1393

Sec. 4743.08. (A) As used in this section, "state board" 1394
means the state dental board, the board of nursing, the state 1395
board of pharmacy, the state medical board, the state board of 1396
psychology, or the counselor, social workers, and marriage and 1397
family therapist board. 1398

(B) Not later than one hundred twenty days after the 1399
effective date of this section, each state board shall consider 1400
the problems of race and gender-based disparities in health care 1401
treatment decisions. When doing so, the boards shall consult 1402
with the commission on minority health and one or more 1403
professionally relevant and nationally recognized organizations 1404
or similar entities that review the curricula and experiential 1405
learning opportunities offered by the applicable health care 1406
professional schools, colleges, and other educational 1407
institutions. 1408

(C) Each state board shall annually provide its licensees 1409
or certificate holders with a list of continuing education 1410
courses and experiential learning opportunities addressing 1411

cultural competency in health care treatment. If a state board 1412
determines that a sufficient number of courses or experiential 1413
learning opportunities does not exist, the board shall 1414
collaborate with the organizations or similar entities described 1415
in division (B) of this section to create such courses and 1416
opportunities. 1417

Sec. 5162.01. (A) As used in the Revised Code: 1418

(1) "Medicaid" and "medicaid program" mean the program of 1419
medical assistance established by Title XIX of the "Social 1420
Security Act," 42 U.S.C. 1396 et seq., including any medical 1421
assistance provided under the medicaid state plan or a federal 1422
medicaid waiver granted by the United States secretary of health 1423
and human services. 1424

(2) "Medicare" and "medicare program" mean the federal 1425
health insurance program established by Title XVIII of the 1426
"Social Security Act," 42 U.S.C. 1395 et seq. 1427

(B) As used in this chapter: 1428

(1) "Dual eligible individual" has the same meaning as in 1429
section 5160.01 of the Revised Code. 1430

(2) "Exchange" has the same meaning as in 45 C.F.R. 1431
155.20. 1432

(3) "Federal financial participation" has the same meaning 1433
as in section 5160.01 of the Revised Code. 1434

(4) "Federal poverty line" means the official poverty line 1435
defined by the United States office of management and budget 1436
based on the most recent data available from the United States 1437
bureau of the census and revised by the United States secretary 1438
of health and human services pursuant to the "Omnibus Budget 1439

Reconciliation Act of 1981," section 673(2), 42 U.S.C. 9902(2).	1440
(5) <u>"Healthcheck" has the same meaning as in section</u>	1441
<u>5164.01 of the Revised Code.</u>	1442
(6) <u>"Healthy start component" means the component of the</u>	1443
medicaid program that covers pregnant women and children and is	1444
identified in rules adopted under section 5162.02 of the Revised	1445
Code as the healthy start component.	1446
(7) <u>(7) "Home and community-based services" means services</u>	1447
provided under a home and community-based services medicaid	1448
waiver component.	1449
(7) <u>(8) "Home and community-based services medicaid waiver</u>	1450
component" has the same meaning as in section 5166.01 of the	1451
Revised Code.	1452
(8) <u>(9) "ICF/IID" has the same meaning as in section</u>	1453
5124.01 of the Revised Code.	1454
(9) <u>(10) "Medicaid managed care organization" has the same</u>	1455
meaning as in section 5167.01 of the Revised Code.	1456
(10) <u>(11) "Medicaid provider" has the same meaning as in</u>	1457
section 5164.01 of the Revised Code.	1458
(11) <u>(12) "Medicaid services" has the same meaning as in</u>	1459
section 5164.01 of the Revised Code.	1460
(12) <u>(13) "Medicaid waiver component" has the same meaning</u>	1461
as in section 5166.01 of the Revised Code;	1462
(13) <u>(14) "Nursing facility" and "nursing facility</u>	1463
services" have the same meanings as in section 5165.01 of the	1464
Revised Code.	1465
(14) <u>(15) "Political subdivision" means a municipal</u>	1466

corporation, township, county, school district, or other body 1467
corporate and politic responsible for governmental activities 1468
only in a geographical area smaller than that of the state. 1469

~~(15)~~(16) "Prescribed drug" has the same meaning as in 1470
section 5164.01 of the Revised Code. 1471

~~(16)~~(17) "Provider agreement" has the same meaning as in 1472
section 5164.01 of the Revised Code. 1473

~~(17)~~(18) "Qualified medicaid school provider" means the 1474
board of education of a city, local, or exempted village school 1475
district, the governing authority of a community school 1476
established under Chapter 3314. of the Revised Code, the state 1477
school for the deaf, and the state school for the blind to which 1478
both of the following apply: 1479

(a) It holds a valid provider agreement. 1480

(b) It meets all other conditions for participation in the 1481
medicaid school component of the medicaid program established in 1482
rules authorized by section 5162.364 of the Revised Code. 1483

~~(18)~~(19) "State agency" means every organized body, 1484
office, or agency, other than the department of medicaid, 1485
established by the laws of the state for the exercise of any 1486
function of state government. 1487

~~(19)~~(20) "Vendor offset" means a reduction of a medicaid 1488
payment to a medicaid provider to correct a previous, incorrect 1489
medicaid payment to that provider. 1490

Sec. 5162.13. (A) On or before the first day of January of 1491
each year, the department of medicaid shall complete a report on 1492
the effectiveness of the medicaid program in meeting the health 1493
care needs of low-income pregnant women, infants, and children. 1494

The report shall include all of the following, <u>delineated by</u>	1495
<u>race and ethnic group:</u>	1496
(1) The estimated number of pregnant women, infants, and children eligible for the program;	1497
	1498
(2) The actual number of eligible persons enrolled in the program;	1499
	1500
(3) The actual number of enrolled pregnant women categorized by estimated gestational age at time of enrollment;	1501
	1502
(4) <u>The average number of days between the following events:</u>	1503
	1504
<u>(a) A pregnant woman's application for medicaid and enrollment in the fee-for-service component of medicaid;</u>	1505
	1506
<u>(b) A pregnant woman's application for enrollment in a medicaid managed care organization and enrollment in the managed care organization.</u>	1507
	1508
	1509
<u>The information described in divisions (A) (4) (a) and (b) of this section shall also be delineated by county and the urban and rural communities specified in rules adopted under section 3701.142 of the Revised Code.</u>	1510
	1511
	1512
	1513
<u>(5) The number of prenatal, postpartum, and child health visits;</u>	1514
	1515
(5) <u>(6) The estimated number of enrolled women of child-bearing age who use a tobacco product;</u>	1516
	1517
<u>(7) The estimated number of enrolled women of child-bearing age who participate in a tobacco cessation program or who use a tobacco cessation product;</u>	1518
	1519
	1520
<u>(8) The rates at which enrolled pregnant women receive</u>	1521

addiction or mental health services, progesterone therapy, and 1522
any other service specified by the department; 1523

~~(6)~~ (9) A report on birth outcomes, including a comparison 1524
of low-birthweight births and infant mortality rates of medicaid 1525
recipients with the general female child-bearing and infant 1526
population in this state; 1527

~~(7)~~ (10) A comparison of the prenatal, delivery, and child 1528
health costs of the program with such costs of similar programs 1529
in other states, where available; 1530

(11) A report on performance data generated by the 1531
component of the state innovation model (SIM) grant pertaining 1532
to episode-based payments for perinatal care that was awarded to 1533
this state by the center for medicare and medicaid innovation in 1534
the United States centers for medicare and medicaid services; 1535

(12) A report on funds allocated for infant mortality 1536
reduction initiatives in the urban and rural communities 1537
specified in rules adopted under section 3701.142 of the Revised 1538
Code; 1539

(13) A report on the results of client responses to 1540
questions related to pregnancy services and healthcheck that are 1541
asked by the personnel of county departments of job and family 1542
services; 1543

(14) A comparison of the performance of the fee-for- 1544
service component of medicaid with the performance of each 1545
medicaid managed care organization on perinatal health metrics. 1546

(B) The department shall submit the report to the general 1547
assembly in accordance with section 101.68 of the Revised Code 1548
and to the joint medicaid oversight committee. The department 1549
also shall make the report available to the public. 1550

Sec. 5162.135. (A) The department of medicaid shall create 1551
an infant mortality scorecard. The scorecard shall report all of 1552
the following: 1553

(1) The performance of the fee-for-service component of 1554
medicaid and each medicaid managed care organization on 1555
population health measures, including the infant mortality rate, 1556
preterm birth rate, and low-birthweight rate, delineated in 1557
accordance with division (B) of this section; 1558

(2) The performance of the fee-for-service component of 1559
medicaid and each medicaid managed care organization on service 1560
utilization and outcome measures using claims data and data from 1561
vital records; 1562

(3) The number and percentage of women who are at least 1563
fifteen but less than forty-four years of age who are medicaid 1564
recipients; 1565

(4) The number of medicaid recipients who delivered a 1566
newborn and the percentage of those who reported tobacco use at 1567
the time of delivery; 1568

(5) The number of prenatal, postpartum, and adolescent 1569
wellness visits made by medicaid recipients; 1570

(6) The percentage of pregnant medicaid recipients who 1571
initiated progesterone therapy during pregnancy; 1572

(7) The percentage of female medicaid recipients of 1573
childbearing age who participate in a tobacco cessation program 1574
or use a tobacco cessation product; 1575

(8) The percentage of female medicaid recipients of 1576
childbearing age who use long-acting reversible contraception; 1577

(9) A comparison of the low-birthweight rate of medicaid 1578

recipients with the low-birthweight rate of women who are not 1579
medicaid recipients; 1580

(10) Any other information on maternal and child health 1581
that the department considers appropriate. 1582

(B) To the extent possible, the performance measures 1583
described in division (A) (1) of this section shall be delineated 1584
in the scorecard as follows: 1585

(1) For each region of the state and the state as a whole, 1586
by race and ethnic group; 1587

(2) For the urban and rural communities specified in rules 1588
adopted under section 3701.142 of the Revised Code, as well as 1589
for any other communities that are the subject of targeted 1590
infant mortality reduction initiatives administered by one or 1591
more state agencies, by race, ethnic group, and census tract. 1592

The scorecard shall be updated each calendar quarter and 1593
made available on the department's internet web site. 1594

(C) The department shall make available the data sources 1595
and methodology used to complete the scorecard to any person or 1596
government entity on request. 1597

Sec. 5162.136. (A) The department of medicaid shall 1598
conduct periodic reviews to determine the barriers that medicaid 1599
recipients face in gaining full access to interventions intended 1600
to reduce tobacco use, prevent prematurity, and promote optimal 1601
birth spacing. The first review shall occur not later than sixty 1602
days after the effective date of this section. Thereafter, 1603
reviews shall be conducted every six months. The department 1604
shall prepare a report that summarizes the results of each 1605
review, which must contain the information specified in division 1606
(C) (1) or (2) of this section, as applicable. Each report shall 1607

be submitted to the commission on infant mortality, the joint 1608
medicaid oversight committee, and the general assembly. 1609
Submissions to the general assembly shall be made in accordance 1610
with section 101.68 of the Revised Code. 1611

(B) The department shall make a presentation on each 1612
report at the first meeting of the commission on infant 1613
mortality that follows the report's submission to the 1614
commission. 1615

(C) (1) All of the following shall be in the first report 1616
submitted in accordance with division (A) of this section: 1617

(a) Identification of the access barriers described in 1618
division (A) of this section, the individuals affected by the 1619
barriers, and whether the barriers result from policies 1620
implemented by the department, medicaid managed care 1621
organizations, providers, or others; 1622

(b) Recommendations for the expedient removal of the 1623
access barriers; 1624

(c) An analysis of the performance of the fee-for-service 1625
component of medicaid and the performance of each medicaid 1626
managed care organization on health metrics pertaining to 1627
tobacco cessation, prematurity prevention, and birth spacing; 1628

(d) Any other information the department considers 1629
pertinent to the report's topic. 1630

(2) All of the following shall be in each subsequent 1631
report submitted in accordance with division (A) of this 1632
section: 1633

(a) The progress that has been made on removing the access 1634
barriers described in division (A) of this section and the 1635

impact such progress has had on reducing the infant mortality 1636
rate in this state; 1637

(b) A performance analysis of the fee-for-service 1638
component of medicaid and each medicaid managed care 1639
organization on health metrics pertaining to tobacco cessation, 1640
prematurity prevention, and birth spacing; 1641

(c) Any other information the department considers 1642
pertinent. 1643

Sec. 5163.01. As used in this chapter: 1644

"Caretaker relative" has the same meaning as in 42 C.F.R. 1645
435.4 as that regulation is amended effective January 1, 2014. 1646

~~"Children's hospital" has the same meaning as in section~~ 1647
~~2151.86 of the Revised Code.~~ 1648

"Federal financial participation" has the same meaning as 1649
in section 5160.01 of the Revised Code. 1650

~~"Federally qualified health center" has the same meaning~~ 1651
~~as in the "Social Security Act," section 1905(1)(2)(B), 42-~~ 1652
~~U.S.C. 1396d(1)(2)(B).~~ 1653

~~"Federally qualified health center look alike" has the~~ 1654
~~same meaning as in section 3701.047 of the Revised Code.~~ 1655

"Federal poverty line" has the same meaning as in section 1656
5162.01 of the Revised Code. 1657

"Healthy start component" has the same meaning as in 1658
section 5162.01 of the Revised Code. 1659

"Home and community-based services medicaid waiver 1660
component" has the same meaning as in section 5166.01 of the 1661
Revised Code. 1662

"Intermediate care facility for individuals with intellectual disabilities" and "ICF/IID" have the same meanings as in section 5124.01 of the Revised Code. 1663
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"Mandatory eligibility groups" means the groups of individuals that must be covered by the medicaid state plan as a condition of the state receiving federal financial participation for the medicaid program. 1666
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"Medicaid buy-in for workers with disabilities program" means the component of the medicaid program established under sections 5163.09 to 5163.098 of the Revised Code. 1670
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"Medicaid services" has the same meaning as in section 5164.01 of the Revised Code. 1673
1674

"Medicaid waiver component" has the same meaning as in section 5166.01 of the Revised Code. 1675
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"Nursing facility" and "nursing facility services" have the same meanings as in section 5165.01 of the Revised Code. 1677
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"Optional eligibility groups" means the groups of individuals who may be covered by the medicaid state plan or a federal medicaid waiver and for whom the medicaid program receives federal financial participation. 1679
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"Other medicaid-funded long-term care services" has the meaning specified in rules adopted under section 5163.02 of the Revised Code. 1683
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"Supplemental security income program" means the program established by Title XVI of the "Social Security Act," 42 U.S.C. 1381 et seq. 1686
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Sec. 5163.10. (A) As used in this section: 1689

(1) "Presumptive eligibility for pregnant women option" 1690
means the option available under section 1920 of the "Social 1691
Security Act," ~~section 1920,~~ 42 U.S.C. 1396r-1, to make 1692
ambulatory prenatal care available to pregnant women under the 1693
medicaid program during presumptive eligibility periods. 1694

(2) "Qualified provider" has the same meaning as in 1695
section 1920(b)(2) of the "Social Security Act," ~~section 1920(b)~~ 1696
~~(2),~~ 42 U.S.C. 1396r-1(b)(2). 1697

(B) The medicaid director shall implement the presumptive 1698
eligibility for pregnant women option. ~~Children's hospitals,~~ 1699
~~federally qualified health centers, and federally qualified~~ 1700
~~health center look-alikes, if they are~~ Any entity that is 1701
eligible to be a qualified providers-provider and ~~request~~ 1702
~~requests~~ to serve as a qualified providers, provider may serve 1703
as a qualified-provider for purposes of the 1704
presumptive eligibility for pregnant women option if the 1705
department of medicaid determines the entity is capable of 1706
making determinations of presumptive eligibility for pregnant 1707
women. ~~The director may authorize other types of providers that~~ 1708
~~are eligible to be qualified providers and request to serve as~~ 1709
~~qualified providers to serve as qualified providers for purposes~~ 1710
~~of the presumptive eligibility for pregnant women option.~~ 1711

Sec. 5163.101. (A) As used in this section: 1712

(1) "Children's hospital" has the same meaning as in 1713
section 2151.86 of the Revised Code. 1714

(2) "Federally qualified health center" has the same 1715
meaning as in section 1905(1)(2)(B) of the "Social Security 1716
Act," 42 U.S.C. 1396d(1)(2)(B). 1717

(3) "Federally qualified health center look-alike" has the 1718

same meaning as in section 3701.047 of the Revised Code. 1719

(4) "Presumptive eligibility for children option" means 1720
the option available under section 1920A of the "Social Security 1721
Act," section 1920A, 42 U.S.C. 1396r-1a, to make medical 1722
assistance with respect to health care items and services 1723
available to children under the medicaid program during 1724
presumptive eligibility periods. 1725

(5) "Qualified entity" has the same meaning as in section 1726
1920A(b) (3) of the "Social Security Act," section 1920A(b) (3), 1727
42 U.S.C. 1396r-1a(b) (3). 1728

(B) The medicaid director shall implement the presumptive 1729
eligibility for children option. Children's hospitals, federally 1730
qualified health centers, and federally qualified health center 1731
look-alikes, if they are eligible to be qualified entities and 1732
request to serve as qualified entities, may serve as qualified 1733
entities for purposes of the presumptive eligibility for 1734
children option. The director may authorize other types of 1735
entities that are eligible to be qualified entities and request 1736
to serve as qualified entities to serve as qualified entities 1737
for purposes of the presumptive eligibility for children option. 1738

Sec. 5164.471. Not less than once each year and in 1739
accordance with all state and federal laws governing the 1740
confidentiality of patient-identifying information, the 1741
department of medicaid shall make summary data regarding 1742
perinatal services available on request to local organizations 1743
concerned with infant mortality reduction initiatives and 1744
recipients of grants administered by the division of family and 1745
community health services in the department of health. 1746

Sec. 5164.721. A hospital or freestanding birthing center 1747

that is a medicaid provider may submit to the department of 1748
medicaid or the department's fiscal agent a medicaid claim that 1749
is both of the following: 1750

(A) For a long-acting reversible contraceptive device that 1751
is covered by medicaid and provided to a medicaid recipient 1752
during the period after the recipient gives birth in the 1753
hospital or center and before the recipient is discharged from 1754
that location; 1755

(B) Separate from another medicaid claim for other 1756
inpatient care the hospital or center provides to the medicaid 1757
recipient. 1758

Sec. 5167.16. (A) As used in this section: 1759

(1) "Help me grow program" means the program established 1760
by the department of health pursuant to section 3701.61 of the 1761
Revised Code. 1762

(2) "Targeted case management" has the same meaning as in 1763
42 C.F.R. 440.169(b). 1764

(B) A medicaid managed care organization shall provide to 1765
a medicaid recipient who meets the criteria in division (C) of 1766
this section, or arrange for such recipient to receive, both of 1767
the following types of services: 1768

(1) Home visits, which shall include depression 1769
screenings, for which federal financial participation is 1770
available under the targeted ~~care~~case management benefit; 1771

(2) Cognitive behavioral therapy, provided by a community 1772
mental health services provider, that is determined to be 1773
medically necessary through a depression screening conducted as 1774
part of a home visit. 1775

(C) A medicaid recipient qualifies to receive the services 1776
specified in division (B) of this section if the medicaid 1777
recipient is enrolled in the help me grow program, enrolled in 1778
the medicaid managed care organization providing or arranging 1779
for the services, and is either pregnant or the birth mother of 1780
an infant or toddler under three years of age. 1781

(D) If requested by a medicaid recipient eligible for the 1782
cognitive behavioral therapy covered under division (B) (2) of 1783
this section, the therapy shall be provided in the recipient's 1784
home. The medicaid managed care organization shall inform the 1785
medicaid recipient of the right to make the request and how to 1786
make it. 1787

Sec. 5167.171. When contracting with a medicaid managed 1788
care organization that is a health insuring corporation, the 1789
department of medicaid shall require the organization, if the 1790
organization requires practitioners to obtain prior approval 1791
before administering progesterone to medicaid recipients 1792
enrolled in the organization, to use a uniform prior approval 1793
form for progesterone that is not more than one page. 1794

Sec. 5167.172. When contracting with a medicaid managed 1795
care organization that is a health insuring corporation, the 1796
department of medicaid shall require the organization to promote 1797
the use of technology-based resources, such as mobile telephone 1798
or text messaging applications, that offer tips on having a 1799
healthy pregnancy and healthy baby to medicaid recipients who 1800
are enrolled in the organization and are pregnant or have an 1801
infant who is less than one year of age. 1802

Sec. 5167.173. (A) As used in this section: 1803

(1) "Certified community health worker" has the same 1804

meaning as in section 4723.01 of the Revised Code. 1805

(2) "Community health worker services" means the services 1806
described in section 4723.81 of the Revised Code. 1807

(3) "Qualified community hub" means a community-based 1808
agency that meets both of the following criteria: 1809

(a) Demonstrates to the director of health that it uses an 1810
evidenced-based, pay-for-performance community care coordination 1811
model (endorsed by the federal agency for healthcare research 1812
and quality, the national institutes of health, and the centers 1813
for medicare and medicaid services or their successors) to 1814
connect at-risk individuals to physical health, behavioral 1815
health, and social and employment services; 1816

(b) Has a plan (approved by the medicaid director) 1817
specifying how the community hub ensures that children served by 1818
it receive appropriate developmental screenings as specified in 1819
the publication titled "Bright Futures: Guidelines for Health 1820
Supervision of Infants, Children, and Adolescents," available 1821
from the American academy of pediatrics, as well as appropriate 1822
early and periodic screening, diagnostic, and treatment 1823
services. 1824

(B) When contracting with a medicaid managed care 1825
organization that is a health insuring corporation, the 1826
department of medicaid shall require the organization to provide 1827
to a medicaid recipient who meets the criteria in division (C) 1828
of this section, or arrange for the medicaid recipient to 1829
receive, both of the following services provided by a certified 1830
community health worker who is employed by, or works under a 1831
contract with, a qualified community hub: 1832

(1) Community health worker services; 1833

(2) Other services that are not community health worker services but are performed for the purpose of ensuring that the medicaid recipient is linked to employment services, housing, educational services, social services, or medically necessary physical and behavioral health services. 1834
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(C) A medicaid recipient qualifies to receive the services specified in division (B) of this section if the medicaid recipient is pregnant or capable of becoming pregnant, resides in a community served by a qualified community hub, has been recommended to receive the services by a physician or another licensed health professional specified in rules adopted under division (D) of this section, and is enrolled in the medicaid managed care organization providing or arranging for the services. 1839
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(D) The medicaid director shall adopt rules under section 5167.02 of the Revised Code specifying the licensed health professionals, in addition to physicians, who may recommend that a medicaid recipient receive the services specified in division (B) of this section. 1848
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Sec. 5167.45. The department of medicaid shall include information about medicaid recipients' races, ethnicities, and primary languages in data the department shares with medicaid managed care organizations. Medicaid managed care organizations shall include this information in the data the organizations share with providers. 1853
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Section 2. That existing sections 3701.132, 3701.142, 3701.61, 3701.63, 3701.66, 3701.67, 3701.68, 3701.84, 3701.928, 3713.01, 3713.02, 3713.99, 4729.01, 5162.01, 5162.13, 5163.01, 5163.10, 5163.101, and 5167.16 of the Revised Code are hereby repealed. 1859
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Section 3. (A) The Department of Medicaid shall prepare a report that does both of the following:

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

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

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

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

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

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

(B) Not later than one hundred twenty days after the effective date of this section, the Commission on Minority

Health shall identify each community in this state that is not 1893
served by a qualified community hub. 1894

(C) Using funds received from the "Maternal and Child 1895
Health Block Grant," Title V of the "Social Security Act," 42 1896
U.S.C. 701, as amended, the Department of Health shall establish 1897
a qualified community hub in each community identified under 1898
division (B) of this section. In establishing the hubs, the 1899
Department shall consult with the Commission. 1900

(D) The Commission shall convene quarterly meetings with 1901
the qualified community hubs established under division (C) of 1902
this section. The meetings may be held by telephone, video 1903
conference, or other electronic means. Each meeting shall 1904
include a discussion on the community hubs' performance data, 1905
best practices for community hubs, and any other topics the 1906
Commission considers appropriate. 1907

Section 5. (A) Not later than thirty days after the 1908
effective date of this section, the Legislative Service 1909
Commission shall contract with a nonprofit organization to 1910
convene and lead a stakeholder group concerned with matters 1911
regarding the social determinants of health for infants and 1912
women of child-bearing age. The stakeholder group shall do all 1913
of the following: 1914

(1) Review state policies and programs that impact the 1915
social determinants of health for infants and women of child- 1916
bearing age, particularly programs intended to improve 1917
educational attainment, public transportation options, housing, 1918
and access to employment; 1919

(2) Identify opportunities to improve the programs and 1920
policies described in division (A)(1) of this section; 1921

(3) Study the impact of using a state-funded rental assistance program targeted at infant mortality reduction;	1922 1923
(4) Evaluate best practices other states have implemented to improve the social determinants of health for infants and women of child-bearing age.	1924 1925 1926
(B) (1) The nonprofit organization shall determine the stakeholder group's membership and who should be invited to participate in the group's discussions.	1927 1928 1929
(2) The stakeholder group shall include a representative from a metropolitan housing authority that operates at least one thousand units in this state.	1930 1931 1932
(C) Not later than December 1, 2017, the nonprofit organization shall submit a report to the Governor and General Assembly that summarizes the stakeholder group's findings and makes policy recommendations based on the findings. The report shall be submitted to the General Assembly in accordance with section 101.68 of the Revised Code.	1933 1934 1935 1936 1937 1938
Section 6. Not later than thirty days after the effective date of this section, the Department of Medicaid shall enter into an interagency agreement with the Department of Health that provides for the Department of Medicaid to pay the federal and nonfederal shares of Ohio Tobacco Quit Line services provided to Medicaid recipients. The Department of Medicaid shall make Medicaid providers aware of the Ohio Tobacco Quit Line services that are available to Medicaid recipients.	1939 1940 1941 1942 1943 1944 1945 1946
Section 7. Not later than nine months after the effective date of this section, after considering recommendations made by the Ohio home visiting consortium created under section 3701.612 of the Revised Code, the Department of Health shall do both of	1947 1948 1949 1950

the following with respect to the home visiting component of the 1951
Help Me Grow Program and other home visiting programs operating 1952
in this state: 1953

(A) Allocate funds for pilot projects that seek to provide 1954
home visiting services through innovative, promising home 1955
visiting models to families with the most challenging needs who 1956
have been unsuccessful in home visiting programs that use 1957
traditional home visiting models; 1958

(B) Transition to paying for home visiting services based 1959
on outcomes rather than processes. 1960

Section 8. (A) As used in this section, "LARC First 1961
practice" means the practice of a prescriber who promotes 1962
awareness and use of long-acting reversible contraception as the 1963
first-line contraceptive option for women, including teens. 1964

(B) During fiscal year 2017, the Director of Health shall 1965
coordinate with the Medicaid Director to do both of the 1966
following: 1967

(1) Provide technical assistance to health care 1968
facilities, including federally qualified health centers and 1969
federally qualified health center look-alikes, that seek to 1970
include a LARC First practice and that serve women residing in 1971
the urban and rural communities specified in rules adopted under 1972
section 3701.142 of the Revised Code. 1973

(2) Provide grants to health care facilities described in 1974
division (B)(1) of this section. A facility awarded a grant 1975
under this section shall use the funds to purchase long-acting 1976
reversible contraception and progesterone. 1977

(C) The Medicaid Director and the Director of Health shall 1978
use any available funds from the Children's Health Insurance 1979

Program Reauthorization Act of 2009 or any unallotted General 1980
Revenue Funds within the Department of Health's budget to fund 1981
the activities specified in division (B) of this section. 1982

Section 9. Not later than ninety days after the effective 1983
date of this section, the Commission on Infant Mortality created 1984
under section 3701.68 of the Revised Code shall work with the 1985
Ohio Housing and Homelessness Collaborative established by the 1986
Governor in 2012 to do both of the following: 1987

(A) Develop a rental housing assistance program to expand 1988
housing opportunities for extremely low-income households that 1989
include pregnant women or new mothers; 1990

(B) Submit an implementation plan regarding the rental 1991
housing assistance program developed pursuant to division (A) of 1992
this section to the Governor and the General Assembly not later 1993
than December 31, 2017. 1994