

As Passed by the House

135th General Assembly

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Sub. H. B. No. 7

Representatives White, Humphrey

Cosponsors: Representatives Liston, McNally, Abdullahi, Abrams, Baker, Brennan, Brent, Brewer, Brown, Callender, Dell'Aquila, Denson, Dobos, Edwards, Forhan, Grim, Isaacsohn, Jarrells, Jones, Manning, Mathews, Miller, A., Miller, J., Miller, M., Mohamed, Oelslager, Patton, Piccolantonio, Robinson, Russo, Seitz, Sims, Skindell, Thomas, C., Troy, Upchurch, Weinstein, Whitted, Williams, Young, T., Speaker Stephens

A BILL

To amend sections 3701.61, 3701.611, 5101.342, 1
5123.0421, and 5123.33, to enact sections 2
3902.63, 5101.91, 5104.291, and 5120.658 of the 3
Revised Code, and to repeal Section 105.40 of 4
H.B. 33 of the 135th General Assembly to support 5
strong foundations for Ohio mothers and babies 6
in their first one thousand days to address 7
maternal and infant mortality, to improve 8
health, developmental, and learning outcomes for 9
babies and mothers through expanded prenatal, 10
postnatal, infant, and toddler health care and 11
early intervention and wraparound services and 12
supports; to amend the versions of sections 13
5180.21, 5180.22, and 5180.32 of the Revised 14
Code that are scheduled to take effect January 15
1, 2025, to continue those changes on and after 16
that date; to designate those provisions the 17
Strong Foundations Act; to require health plan 18
issuers to cover hearing aids and related 19

services for persons age twenty-one and younger; 20
and to make appropriations. 21

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

Section 1. That sections 3701.61, 3701.611, 5101.342, 22
5123.0421, and 5123.33 be amended and sections 3902.63, 5101.91, 23
5104.291, and 5120.658 of the Revised Code be enacted to read as 24
follows: 25

Sec. 3701.61. (A) The department of health shall establish 26
the help me grow program as the state's evidence-based parent 27
support program that encourages early prenatal and well-baby 28
care, as well as provides parenting education to promote the 29
comprehensive health and development of children. The program 30
shall provide home visiting services to families with a pregnant 31
woman or child under five years of age that meet the eligibility 32
requirements established in rules adopted under this section. 33
Home visiting services shall be provided through evidence-based 34
home visiting models or innovative, promising home visiting 35
models recommended by the Ohio home visiting consortium created 36
under section 3701.612 of the Revised Code. 37

(B) Families shall be referred to the appropriate home 38
visiting services through the central intake and referral system 39
created under section 3701.611 of the Revised Code. 40

(C) To the extent possible, the goals of the help me grow 41
program shall be consistent with the goals of the federal home 42
visiting program, as specified by the maternal and child health 43
bureau of the health resources and services administration in 44
the United States department of health and human services or its 45

successor. 46

(D) The director of health ~~may~~ shall enter into an 47
interagency agreement with one or more state agencies, including 48
the department of developmental disabilities, department of job 49
and family services, department of medicaid, commission on 50
minority health, Ohio fatherhood commission, and children's 51
trust fund board, to implement the help me grow program ~~and,~~ to 52
ensure coordination of early childhood programs, and to maximize 53
reimbursement for the help me grow program from any federal 54
source. 55

In addition to creating the central intake and referral 56
system as described in section 3701.611 of the Revised Code, the 57
department of health shall establish a comprehensive screening 58
and connection program to support the coordination of home 59
visiting services across the state, including through the 60
department of health, department of developmental disabilities, 61
department of job and family services, department of medicaid, 62
commission on minority health, Ohio fatherhood commission, and 63
children's trust fund board. Following the program's 64
establishment, the department of health shall evaluate on a 65
regular basis the program's effectiveness in coordinating home 66
visiting services. 67

(E) The director may distribute help me grow program funds 68
through contracts, grants, or subsidies to entities providing 69
services under the program. 70

(F) As a condition of receiving payments for home visiting 71
services, providers shall report to the director data on the 72
program performance indicators, specified in rules adopted under 73
division (G) of this section, that are used to assess progress 74
toward achieving all of the following: 75

(1) 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;

(2) Improvement in birth outcomes and reduction in stillbirths, as that term is defined in section 3701.97 of the Revised Code;

(3) Reduction in tobacco use by pregnant women, new parents, and others living in households with children.

The providers shall report the data in the format and within the time frames specified in the rules.

The director shall prepare an annual report on the data received from the providers. Each report shall include an evaluation addressing the number of families and children served, the number and type of services provided, and health and developmental outcomes for participating families and children. The director shall submit the report to the general assembly in accordance with section 101.68 of the Revised Code and make the report available on the internet web site maintained by the department of health.

(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:

(1) Subject to division (H) of this section, eligibility requirements for home visiting services;

(2) ~~Eligibility~~ Subject to division (H) of this section,

<u>eligibility</u> requirements for providers of home visiting	105
services;	106
(3) Standards <u>Subject to division (H) of this section,</u>	107
<u>standards</u> and procedures for the provision of program services,	108
including data collection, program monitoring, and program	109
evaluation;	110
(4) Procedures for appealing the denial of an application	111
for program services or the termination of services;	112
(5) Procedures for appealing the denial of an application	113
to become a provider of program services or the termination of	114
the department's approval of a provider;	115
(6) Procedures for addressing complaints;	116
(7) The program performance indicators on which data must	117
be reported by providers of home visiting services under	118
division (F) of this section, which, to the extent possible,	119
shall be consistent with federal reporting requirements for	120
federally funded home visiting services;	121
(8) The format in which reports must be submitted under	122
division (F) of this section and the time frames within which	123
the reports must be submitted;	124
(9) Criteria for payment of approved providers of program	125
services;	126
(10) Any other rules necessary to implement the program.	127
(H) <u>(H) (1)</u> When adopting rules required by division (G) (1)	128
of this section, the department <u>director</u> shall specify that	129
families residing in the urban and rural communities specified	130
in rules adopted under section 3701.142 of the Revised Code <u>and</u>	131
<u>families at risk of being in, or engaged with, the child welfare</u>	132

system are to receive priority over other families for home 133
visiting services. 134

(2) When adopting rules required by division (G) (2) of 135
this section, the director shall specify as eligible providers 136
of home visiting services entities that demonstrate the use of 137
evidence-based home visiting models. 138

(3) When adopting rules required by division (G) (3) of 139
this section, the director may allow the provision of home 140
visiting services to be supplemented by services available 141
online or through other electronic means. 142

(I) (1) For the providers described in division (H) (2) of 143
this section and if approved, the online services described in 144
division (H) (3) of this section, the department shall evaluate 145
on a regular basis their effectiveness in serving pregnant 146
women, infants, and toddlers, especially those at risk of being 147
in, or engaged with, the child welfare system. As part of each 148
evaluation, the department shall identify the challenges to 149
participation in the help me grow program that families in rural 150
and Appalachian communities experience and recommend strategies 151
to improve their participation. 152

(2) The department shall include in the annual report 153
required by division (F) of this section an analysis of the 154
impact of the providers and online services described in 155
divisions (H) (2) and (3) of this section. 156

(J) The department, in collaboration with the departments 157
of job and family services and medicaid, shall develop 158
strategies to increase the workforce capacity of home visiting 159
service providers and parenting support professionals, including 160
efforts to incentivize and retain such providers and 161

professionals in this state. 162

Sec. 3701.611. (A) The department of health shall create a 163
central intake and referral system for all home visiting 164
programs operating in this state. Through a competitive bidding 165
process, the department of health may select one or more persons 166
or government entities to operate the system. In its oversight 167
of the one or more system operators, the department shall 168
streamline the system to ensure families and children receive 169
services from home visiting programs as described in division 170
(B) (3) of this section. 171

(B) If the department of health chooses to select one or 172
more system operators as described in division (A) of this 173
section, a contract with any system operator shall require that 174
the system do ~~both~~ all of the following: 175

(1) Serve as a single point of entry for access, 176
assessment, and referral of families and children to appropriate 177
home visiting services based on each family's location of 178
residence; 179

(2) Use a standardized form or other mechanism to assess 180
~~for each family member's risk factors and social determinants of~~ 181
~~health, as well as ensure ;~~ 182

(3) Ensure that the family is families and children are 183
referred to the appropriate and receive services from home 184
visiting program, which may include a program that uses programs 185
using evidence-based or evidence-informed models and that are 186
appropriate to their level of needs, including the following: 187

(a) Programs using home visiting contractors ~~who~~ that 188
provide services within a pathways community HUB ~~that fully or~~ 189
~~substantially complies with the pathways community HUB~~ 190

certification standards developed <u>certified</u> by the pathways	191
community HUB institute;	192
<u>(b) Programs that provide services using the early head</u>	193
<u>start home-based option;</u>	194
<u>(c) Programs that provide services using other available</u>	195
<u>evidence-based or evidence-informed home visiting models or</u>	196
<u>strategies, including those supported by the state and specified</u>	197
<u>by the department.</u>	198
(C) The standardized form or other mechanism described in	199
division (B) (2) of this section shall be agreed to by the home	200
visiting consortium created under section 3701.612 of the	201
Revised Code.	202
(D) A contract entered into under division (B) of this	203
section shall require a system operator to issue an annual	204
report to the department of health that includes data regarding	205
referrals made by the central intake and referral system, costs	206
associated with the referrals, and the quality of services	207
received by families <u>and children</u> who were referred to services	208
through the system. The report shall be distributed to the home	209
visiting consortium created under section 3701.612 of the	210
Revised Code.	211
(E) <u>After referring a family to a home visiting services</u>	212
<u>provider, the system operator shall notify the director of</u>	213
<u>health of the referral. As soon as practicable after receiving</u>	214
<u>notice of the referral, the director shall request, as described</u>	215
<u>in division (D) (2) (d) of section 3301.0714 of the Revised Code,</u>	216
<u>the independent contractor engaged to create and maintain</u>	217
<u>student data verification codes under section 3301.0723 of the</u>	218
<u>Revised Code to assign a data verification code to the referred</u>	219

family's child. The director may use the code to evaluate the 220
effectiveness of home visiting services received by the family's 221
child and any outcomes for the child. 222

(F) Nothing in this section is intended to do any of the 223
following: 224

(1) Prohibit the department of health from using 225
alternative promotional materials or names for the central 226
intake and referral system; 227

(2) Require the use of help me grow program promotional 228
materials or names; 229

(3) Prohibit providers, central coordinators, the 230
department of health, or stakeholders from using the help me 231
grow name for promotional materials for home visiting. 232

Sec. 3902.63. (A) As used in this section: 233

(1) "Hearing aid" means any wearable instrument or device 234
designed or offered for the purpose of aiding or compensating 235
for impaired human hearing, including all attachments, 236
accessories, and parts thereof, except batteries and cords, that 237
is dispensed by a licensed audiologist, a licensed hearing aid 238
dealer or fitter, or an otolaryngologist. 239

(2) "Otolaryngologist" means a licensed physician who 240
practices otolaryngology. 241

(3) "Related services" means services necessary to assess, 242
select, and appropriately adjust or fit a hearing aid to ensure 243
optimal performance. 244

(B) On and after the effective date of this section, and 245
notwithstanding section 3901.71 of the Revised Code, a health 246
benefit plan shall provide coverage for the full cost of both of 247

<u>the following:</u>	248
<u>(1) One hearing aid per hearing-impaired ear up to two</u>	249
<u>thousand five hundred dollars every forty-eight months for a</u>	250
<u>covered person twenty-one years of age or younger who is</u>	251
<u>verified as being deaf or hearing impaired by a licensed</u>	252
<u>audiologist or by an otolaryngologist or other licensed</u>	253
<u>physician;</u>	254
<u>(2) All related services prescribed by an otolaryngologist</u>	255
<u>or recommended by a licensed audiologist and dispensed by a</u>	256
<u>licensed audiologist, a licensed hearing aid dealer or fitter,</u>	257
<u>or an otolaryngologist.</u>	258
<u>(C) A covered person may choose a higher priced hearing</u>	259
<u>aid and may pay the difference in cost above the two-thousand-</u>	260
<u>five-hundred-dollar required coverage required by this section</u>	261
<u>without any financial or contractual penalty to the covered</u>	262
<u>person or to the provider of the hearing aid.</u>	263
<u>(D) A health plan issuer is not required to pay a claim</u>	264
<u>for the cost of a hearing aid as required by division (B) of</u>	265
<u>this section if, less than forty-eight months prior to the date</u>	266
<u>of the claim, the covered person received the coverage required</u>	267
<u>under division (B) of this section from any health benefit plan.</u>	268
<u>(E) (1) A health benefit plan shall only provide coverage</u>	269
<u>for hearing aids that are considered medically appropriate to</u>	270
<u>meet the needs of the covered person, according to professional</u>	271
<u>standards established by the state speech and hearing</u>	272
<u>professionals board.</u>	273
<u>(2) A health benefit plan shall not exclude coverage for</u>	274
<u>any hearing aid that would be considered medically appropriate</u>	275
<u>to meet the needs of the covered person, according to</u>	276

<u>professional standards established by the state speech and</u>	277
<u>hearing professionals board.</u>	278
<u>(3) The state speech and hearing professionals board shall</u>	279
<u>adopt professional standards concerning hearing aids as needed</u>	280
<u>to evaluate the compliance of a health benefit plan with this</u>	281
<u>section.</u>	282
Sec. 5101.342. The Ohio commission on fatherhood shall do	283
both of the following:	284
(A) Organize a state summit on fatherhood every four	285
years;	286
(B) Prepare a report each year that does the following:	287
(1) Identifies resources available to fund fatherhood-	288
related programs and explores the creation of initiatives to do	289
the following:	290
(a) Build the parenting skills of fathers;	291
(b) Provide employment-related services for low-income,	292
noncustodial fathers;	293
(c) Prevent premature fatherhood;	294
(d) Provide services to fathers who are inmates in or have	295
just been released from imprisonment in a state correctional	296
institution, as defined in section 2967.01 of the Revised Code,	297
or in any other detention facility, as defined in section	298
2921.01 of the Revised Code, so that they are able to maintain	299
or reestablish their relationships with their families;	300
(e) Reconcile fathers with their families;	301
(f) Increase public awareness of the critical role fathers	302
play.	303

(2) Describes the commission's expectations for the 304
outcomes of fatherhood-related programs and initiatives and the 305
methods the commission uses for conducting annual measures of 306
those outcomes; 307

(3) Evaluates the number of fathers and children served 308
and the number and types of additional services provided as a 309
result of the recommendations made to the director of job and 310
family services pursuant to section 5101.805 of the Revised 311
Code. 312

The commission shall submit each report to the general 313
assembly in accordance with section 101.68 of the Revised Code. 314

(C) Pursuant to section 5101.805 of the Revised Code, the 315
commission may make recommendations to the director of job and 316
family services regarding funding, approval, and implementation 317
of fatherhood programs in this state that meet at least one of 318
the four purposes of the temporary assistance for needy families 319
block grant, as specified in 42 U.S.C. 601. 320

(D) The portion of the report prepared pursuant to 321
division (B) (2) of this section shall be prepared by the 322
commission in collaboration with the director of children and 323
youth. 324

(E) The commission shall submit each report prepared 325
pursuant to division (B) of this section to the president and 326
minority leader of the senate, speaker and minority leader of 327
the house of representatives, governor, and chief justice of the 328
supreme court. The first report is due not later than one year 329
after the last of the initial appointments to the commission is 330
made under section 5101.341 of the Revised Code. 331

Sec. 5101.91. To increase participation in evidence-based 332

parenting education programs, including the "Positive Parenting 333
Program," also known as "Triple P," the department of job and 334
family services shall develop strategies for state departments, 335
agencies, and boards to use in informing parents, caregivers, 336
and child care providers about such programs and in promoting 337
their benefits, including their parenting, caregiving, and 338
educational resources. In developing the foregoing strategies, 339
the department of job and family services shall collaborate with 340
other state departments. 341

Sec. 5104.291. (A) This section establishes standards and 342
conditions for rating the following early learning and 343
development programs in the step up to quality program: 344

(1) A licensed child day-care center operating a head 345
start or early head start program; 346

(2) A licensed type A or type B family day-care home under 347
contract to provide head start or early head start services. 348

(B) (1) On a periodic basis, the department of job and 349
family services shall do both of the following: 350

(a) Review head start program performance standards 351
described in 45 C.F.R. Part 1302 and determine which step up to 352
quality program ratings tier corresponds with minimum head start 353
program performance standards; 354

(b) Review accreditation standards for the national 355
association for the education of young children, or its 356
successor organization, and determine which step up to quality 357
program ratings tier corresponds with minimum accreditation 358
standards. 359

(2) The department shall rate each program described in 360
division (A) (1) or (2) of this section in the step up to quality 361

program ratings tier that the department has determined 362
corresponds with the minimum standards. 363

(C) The department shall prescribe the manner in which a 364
program is to demonstrate to the department satisfaction of the 365
requirements of this section. 366

Sec. 5120.658. (A) As used in this section, "doula" has 367
the same meaning as in section 4723.89 of the Revised Code. 368

(B) Beginning one year after the effective date of this 369
section, the department of rehabilitation and correction shall 370
operate a program to provide to inmates participating in any 371
prison nursery program established under section 5120.65 of the 372
Revised Code doula services that are provided by a doula 373
certified under section 4723.89 of the Revised Code. 374

(C) The department may adopt rules in accordance with 375
Chapter 119. of the Revised Code to implement this section. 376

Sec. 5123.0421. The director of developmental disabilities 377
shall adopt rules in accordance with Chapter 119. of the Revised 378
Code that are necessary to implement the state's part C early 379
intervention services program, including rules that specify all 380
of the following: 381

(A) Eligibility requirements to receive program services, 382
including both of the following: 383

(1) Standards that deem an infant born before twenty-eight 384
weeks of gestational age eligible for program services, without 385
any other required conditions; 386

(2) Standards that provide to an infant born between 387
twenty-eight and thirty-eight weeks of gestational age home 388
visiting services pursuant to section 3701.61 of the Revised 389

<u>Code that include developmental screening and, if appropriate</u>	390
<u>based on the results of the screening, a referral for part C</u>	391
<u>early intervention program services;</u>	392
(B) Eligibility requirements to be a program service	393
provider;	394
(C) Operating standards and procedures for program service	395
providers, including standards and procedures governing data	396
collection, program monitoring, and program evaluation;	397
(D) Procedures to appeal the denial of an application to	398
receive program services or the termination of program services;	399
(E) Procedures to appeal a decision by the department of	400
developmental disabilities to deny an application to be a	401
program service provider or to terminate a provider's status;	402
(F) Procedures for addressing complaints by persons who	403
receive program services;	404
(G) Criteria for the payment of program service providers;	405
(H) The metrics or indicators used to measure program	406
service provider performance.	407
Sec. 5123.33. <u>(A)</u> In its annual report, the department of	408
developmental disabilities shall include a <u>both of the</u>	409
<u>following:</u>	410
<u>(1)</u> A list of the officers and agents employed, and	411
complete financial statement of the various institutions under	412
its control. The report shall describe the condition of each	413
institution, and shall state, as to each institution, whether:	414
(A) <u>(a)</u> The moneys appropriated have been economically and	415
judiciously expended;	416

(B) <u>(b)</u> The objects of the institutions have been	417
accomplished;	418
(C) <u>(c)</u> The laws in relation to such institutions have	419
been fully complied with;	420
(D) <u>(d)</u> All parts of the state are equally benefited by	421
the institutions.	422
<u>(2) The following information regarding this state's part</u>	423
<u>C early intervention services program established pursuant to</u>	424
<u>rules authorized under section 5123.0421 of the Revised Code:</u>	425
<u>(a) The number of families and infants served;</u>	426
<u>(b) The number and types of early intervention services</u>	427
<u>provided;</u>	428
<u>(c) The age of infants on the referral date and the source</u>	429
<u>of the referral, including an indication if the referral was</u>	430
<u>made by a home visiting provider;</u>	431
<u>(d) Outcome metrics for participating families and</u>	432
<u>infants.</u>	433
Such <u>(B)</u> Each annual report shall be accompanied by the	434
reports of the managing officers, such other information as the	435
department considers proper, and the department's	436
recommendations for the more effective accomplishment of the	437
general purpose of this chapter.	438
<u>(C) The department shall submit each annual report to the</u>	439
<u>general assembly in accordance with section 101.68 of the</u>	440
<u>Revised Code.</u>	441
Section 2. That existing sections 3701.61, 3701.611,	442
5101.342, 5123.0421, and 5123.33 of the Revised Code are hereby	443

repealed. 444

Section 3. That Section 105.40 of H.B. 33 of the 135th 445
General Assembly is hereby repealed. 446

Section 4. That the versions of sections 5180.21, 5180.22, 447
and 5180.32 of the Revised Code that are scheduled to take 448
effect on January 1, 2025, be amended to read as follows: 449

Sec. 5180.21. (A) The department of children and youth 450
shall establish the help me grow program as the state's 451
evidence-based parent support program that encourages early 452
prenatal and well-baby care, as well as provides parenting 453
education to promote the comprehensive health and development of 454
children. The program shall provide home visiting services to 455
families with a pregnant woman or child under five years of age 456
that meet the eligibility requirements established in rules 457
adopted under this section. Home visiting services shall be 458
provided through evidence-based home visiting models or 459
innovative, promising home visiting models recommended by the 460
Ohio home visiting consortium created under section 5180.23 of 461
the Revised Code. 462

(B) Families shall be referred to the appropriate home 463
visiting services through the central intake and referral system 464
created under section 5180.22 of the Revised Code. 465

(C) To the extent possible, the goals of the help me grow 466
program shall be consistent with the goals of the federal home 467
visiting program, as specified by the maternal and child health 468
bureau of the health resources and services administration in 469
the United States department of health and human services or its 470
successor. 471

(D) The director of children and youth ~~may~~ shall enter 472

into an interagency agreement with one or more state agencies, 473
including the department of developmental disabilities, 474
department of job and family services, department of medicaid, 475
commission on minority health, Ohio fatherhood commission, and 476
children's trust fund board, to implement the help me grow 477
program ~~and,~~ to ensure coordination of early childhood 478
programs, and to maximize reimbursement for the help me grow 479
program from any federal source. 480

In addition to creating the central intake and referral 481
system as described in section 5180.22 of the Revised Code, the 482
department of children and youth shall establish a comprehensive 483
screening and connection program to support the coordination of 484
home visiting services across the state, including through the 485
department of health, department of developmental disabilities, 486
department of job and family services, department of medicaid, 487
commission on minority health, Ohio fatherhood commission, and 488
children's trust fund board. Following the program's 489
establishment, the department of children and youth shall 490
evaluate on a regular basis the program's effectiveness in 491
coordinating home visiting services. 492

(E) The director may distribute help me grow program funds 493
through contracts, grants, or subsidies to entities providing 494
services under the program. 495

(F) As a condition of receiving payments for home visiting 496
services, providers shall report to the director data on the 497
program performance indicators, specified in rules adopted under 498
division (G) of this section, that are used to assess progress 499
toward achieving all of the following: 500

(1) The benchmark domains established for the federal home 501
visiting program, including improvement in maternal and newborn 502

health; reduction in child injuries, abuse, and neglect; 503
improved school readiness and achievement; reduction in crime 504
and domestic violence; and improved family economic self- 505
sufficiency; 506

(2) Improvement in birth outcomes and reduction in 507
stillbirths, as that term is defined in section 5180.12 of the 508
Revised Code; 509

(3) Reduction in tobacco use by pregnant women, new 510
parents, and others living in households with children. 511

The providers shall report the data in the format and 512
within the time frames specified in the rules. 513

The director shall prepare an annual report on the data 514
received from the providers. Each report shall include an 515
evaluation addressing the number of families and children 516
served, the number and type of services provided, and health and 517
developmental outcomes for participating families and children. 518
The director shall submit the report to the general assembly in 519
accordance with section 101.68 of the Revised Code and make the 520
report available on the internet web site maintained by the 521
department of children and youth. 522

(G) Pursuant to Chapter 119. of the Revised Code, the 523
director shall adopt rules that are necessary and proper to 524
implement this section. The rules shall specify all of the 525
following: 526

(1) Subject to division (H) of this section, eligibility 527
requirements for home visiting services; 528

(2) ~~Eligibility~~ Subject to division (H) of this section, 529
eligibility requirements for providers of home visiting 530
services; 531

(3) Standards <u>Subject to division (H) of this section,</u>	532
<u>standards</u> and procedures for the provision of program services,	533
including data collection, program monitoring, and program	534
evaluation;	535
(4) Procedures for appealing the denial of an application	536
for program services or the termination of services;	537
(5) Procedures for appealing the denial of an application	538
to become a provider of program services or the termination of	539
the department's approval of a provider;	540
(6) Procedures for addressing complaints;	541
(7) The program performance indicators on which data must	542
be reported by providers of home visiting services under	543
division (F) of this section, which, to the extent possible,	544
shall be consistent with federal reporting requirements for	545
federally funded home visiting services;	546
(8) The format in which reports must be submitted under	547
division (F) of this section and the time frames within which	548
the reports must be submitted;	549
(9) Criteria for payment of approved providers of program	550
services;	551
(10) Any other rules necessary to implement the program.	552
(H) <u>(H) (1)</u> When adopting rules required by division (G) (1)	553
of this section, the department <u>director</u> shall specify that	554
families residing in the urban and rural communities specified	555
in rules adopted under section 3701.142 of the Revised Code <u>and</u>	556
<u>families at risk of being in, or engaged with, the child welfare</u>	557
<u>system</u> are to receive priority over other families for home	558
visiting services.	559

(2) When adopting rules required by division (G) (2) of this section, the director shall specify as eligible providers of home visiting services entities that demonstrate the use of evidence-based home visiting models. 560
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(3) When adopting rules required by division (G) (3) of this section, the director may allow the provision of home visiting services to be supplemented by services available online or through other electronic means. 564
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(I) (1) For the providers described in division (H) (2) of this section and if approved, the online services described in division (H) (3) of this section, the department shall evaluate on a regular basis their effectiveness in serving pregnant women, infants, and toddlers, especially those at risk of being in, or engaged with, the child welfare system. As part of each evaluation, the department shall identify the challenges to participation in the help me grow program that families in rural and Appalachian communities experience and recommend strategies to improve their participation. 568
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(2) The department shall include in the annual report required by division (F) of this section an analysis of the impact of the providers and online services described in divisions (H) (2) and (3) of this section. 578
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(J) The department, in collaboration with the departments of job and family services and medicaid, shall develop strategies to increase the workforce capacity of home visiting service providers and parenting support professionals, including efforts to incentivize and retain such providers and professionals in this state. 582
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Sec. 5180.22. (A) The department of children and youth 588

shall create a central intake and referral system for all home 589
visiting programs operating in this state. Through a competitive 590
bidding process, the department of children and youth may select 591
one or more persons or government entities to operate the 592
system. In its oversight of the one or more system operators, 593
the department shall streamline the system to ensure families 594
and children receive services from home visiting programs as 595
described in division (B) (3) of this section. 596

(B) If the department of children and youth chooses to 597
select one or more system operators as described in division (A) 598
of this section, a contract with any system operator shall 599
require that the system do ~~both~~ all of the following: 600

(1) Serve as a single point of entry for access, 601
assessment, and referral of families and children to appropriate 602
home visiting services based on each family's location of 603
residence; 604

(2) Use a standardized form or other mechanism to assess 605
~~for each family member's risk factors and social determinants of~~ 606
~~health, as well as ensure;~~ 607

(3) Ensure that the family is families and children are 608
referred to the appropriate and receive services from home 609
visiting program, which may include a program that uses programs 610
using evidence-based or evidence-informed models and that are 611
appropriate to their level of needs, including the following: 612

(a) Programs using home visiting contractors who that 613
provide services within a pathways community HUB ~~that fully or~~ 614
~~substantially complies with the pathways community HUB~~ 615
~~certification standards developed~~ certified by the pathways 616
community HUB institute; 617

(b) Programs that provide services using the early head 618
start home-based option; 619

(c) Programs that provide services using other available 620
evidence-based or evidence-informed home visiting models or 621
strategies, including those supported by the state and specified 622
by the department. 623

(C) The standardized form or other mechanism described in 624
division (B) (2) of this section shall be agreed to by the home 625
visiting consortium created under section 5180.23 of the Revised 626
Code. 627

(D) A contract entered into under division (B) of this 628
section shall require a system operator to issue an annual 629
report to the department of children and youth that includes 630
data regarding referrals made by the central intake and referral 631
system, costs associated with the referrals, and the quality of 632
services received by families and children who were referred to 633
services through the system. The report shall be distributed to 634
the home visiting consortium created under section 5180.23 of 635
the Revised Code. 636

(E) After referring a family to a home visiting services 637
provider, the system operator shall notify the director of 638
health of the referral. As soon as practicable after receiving 639
notice of the referral, the director shall request, as described 640
in division (D) (2) (d) of section 3301.0714 of the Revised Code, 641
the independent contractor engaged to create and maintain 642
student data verification codes under section 3301.0723 of the 643
Revised Code to assign a data verification code to the referred 644
family's child. The director may use the code to evaluate the 645
effectiveness of home visiting services received by the family's 646
child and any outcomes for the child. 647

(F) Nothing in this section is intended to do any of the 648
following: 649

(1) Prohibit the department of children and youth from 650
using alternative promotional materials or names for the central 651
intake and referral system; 652

(2) Require the use of help me grow program promotional 653
materials or names; 654

(3) Prohibit providers, central coordinators, the 655
department of children and youth, or stakeholders from using the 656
help me grow name for promotional materials for home visiting. 657

Sec. 5180.32. The director of children and youth shall 658
adopt rules in accordance with Chapter 119. of the Revised Code 659
that are necessary to implement the state's part C early 660
intervention services program, including rules that specify all 661
of the following: 662

(A) Eligibility requirements to receive program services, 663
including both of the following: 664

(1) Standards that deem an infant born before twenty-eight 665
weeks of gestational age eligible for program services, without 666
any other required conditions; 667

(2) Standards that provide to an infant born between 668
twenty-eight and thirty-eight weeks of gestational age home 669
visiting services pursuant to section 5101.21 of the Revised 670
Code that include developmental screening and, if appropriate 671
based on the results of the screening, a referral for part C 672
early intervention program services; 673

(B) Eligibility requirements to be a program service 674
provider; 675

(C) Operating standards and procedures for program service providers, including standards and procedures governing data collection, program monitoring, and program evaluation;

(D) Procedures to appeal the denial of an application to receive program services or the termination of program services;

(E) Procedures to appeal a decision by the department of developmental disabilities to deny an application to be a program service provider or to terminate a provider's status;

(F) Procedures for addressing complaints by persons who receive program services;

(G) Criteria for the payment of program service providers;

(H) The metrics or indicators used to measure program service provider performance.

Section 5. That the existing versions of sections 5180.21, 5180.22, and 5180.32 of the Revised Code that are scheduled to take effect January 1, 2025 are hereby repealed.

Section 6. Sections 4 and 5 of this act take effect January 1, 2025.

Section 7. (A) As used in this section:

(1) "WIC" means the Special Supplemental Nutrition Program for Women, Infants, and Children established under the "Child Nutrition Act of 1966," 42 U.S.C. 1786.

(2) "SNAP" means the Supplemental Nutrition Assistance Program administered by the Department of Job and Family Services under section 5101.54 of the Revised Code in accordance with the "Food and Nutrition Act of 2008," 7 U.S.C. 2011.

(B) The Department of Health shall evaluate and invest in

strategies to create an integrated eligibility determination 703
application for both WIC and SNAP. The Department of Health 704
shall collaborate with the Department of Job and Family Services 705
as necessary to create this application. 706

(C) The Department of Health shall investigate and 707
determine the feasibility of the following: 708

(1) Incorporating all available federal waivers, including 709
a waiver permitting the use of telephone and video calls to 710
complete WIC enrollment; 711

(2) Creating pilot opportunities and modifying the WIC 712
internet web site to simplify the application process and 713
benefit distribution for WIC, including by: 714

(a) Pursuing multi-program enrollment through Ohio 715
Benefits; 716

(b) Allowing for adjunctive eligibility for WIC applicants 717
who show proof of enrollment in SNAP, Ohio Works First, or 718
Medicaid; 719

(c) Enabling automatic online loading of benefits to WIC 720
nutrition cards; 721

(d) Offering online shopping with WIC nutrition cards; (e) 722
Exploring other ways to improve access to WIC benefits and 723
remove administrative burdens. 724

(D) Six months after the effective date of this section, 725
the Department of Health shall submit a report to the General 726
Assembly in accordance with section 101.68 of the Revised Code. 727
The report shall detail the results of the investigation 728
required by division (C) of this section, including the 729
feasibility of implementing the various changes to the WIC 730

program and the anticipated impact of permanently adopting the 731
changes. 732

Section 8. (A) The Department of Health shall create an 733
Ohio-tailored, membership-based mobile application available to 734
pregnant and postpartum women who are eligible for Medicaid. The 735
Department of Health, in collaboration with the Department of 736
Medicaid, shall issue a request for proposals to onboard the 737
mobile application platform described in this section. The 738
request for proposals shall include the following deliverables: 739

(1) The selected vendor will deliver education, resources, 740
and support to pregnant women and their families. 741

(2) The selected vendor will provide Ohio-specific 742
information on its mobile application, including links to the 743
Department of Medicaid and other state agency programs and 744
resources available to pregnant and postpartum women. 745

(3) The selected vendor will demonstrate a consistent 746
workflow to increase awareness of state agency programs and 747
resources available to users of the mobile application. 748

(4) The selected vendor will enable the Department of 749
Medicaid and other state agencies to ask specific questions to 750
users of the mobile application. 751

(5) The selected vendor will enable the Department of 752
Medicaid to share specific content and resources, as determined 753
by the Department, with users of the mobile application. 754

(6) The selected vendor will include information and 755
resources in the mobile application that meet acceptable United 756
States clinical standards, including standards defined by all of 757
the following: 758

(a) The United States Centers for Disease Control and Prevention;	759 760
(b) The United States National Institutes of Health;	761
(c) The American College of Obstetricians and Gynecologists;	762 763
(d) The American Medical Association;	764
(e) The American Academy of Pediatrics.	765
(7) The selected vendor will make its mobile application available in multiple languages to provide access to as many users in the state as possible.	766 767 768
(8) The selected vendor will regularly provide the Department of Health and the Department of Medicaid with aggregate, deidentified data concerning the following:	769 770 771
(a) The number of users of the mobile application that are eligible for Medicaid;	772 773
(b) The number of users of the mobile application that are engaging with Ohio-specific content;	774 775
(c) The number of users of the mobile application seeking additional information about enrollment in the Medicaid program or other available resources;	776 777 778
(d) The number of monthly users of the mobile application;	779
(e) The number of daily users of the mobile application;	780
(f) The average length of time a user uses the mobile application;	781 782
(g) Any other information requested by the Department of Health and Department of Medicaid.	783 784

(9) The selected vendor will make its mobile application 785
accessible on both iOS and Android platforms. 786

(10) Any other deliverables determined by the Department 787
of Health and Department of Medicaid. 788

(B) On the dates one year after the effective date of this 789
section and two years after the effective date of this section, 790
the Department of Health shall submit a report to the General 791
Assembly in accordance with section 101.68 of the Revised Code 792
summarizing the data collected pursuant to division (A) (8) of 793
this section. 794

Section 9. The Department of Health shall establish a 795
program to award grants to legal assistance organizations and 796
medical providers that partner together to identify pregnant 797
women, mothers, and children in need of legal services and to 798
provide them with those services. The program's aim is to 799
resolve, through the legal system, negative social determinants 800
of health, such as unsafe housing, food or income insecurity, 801
domestic violence, and child custody disputes, in an effort to 802
increase participation in prenatal care and improve health 803
outcomes for pregnant women, mothers, and children. 804

In awarding grants, the Department shall prioritize 805
partnerships that demonstrate to the Department their ability to 806
coordinate with case management and home visitation services. As 807
a condition of receiving a grant, each legal assistance 808
organization and medical provider partnership shall monitor 809
health outcomes for the pregnant women, mothers, and children 810
receiving legal services under the partnership and shall report 811
on a regular basis those outcomes to the Department. 812

The report shall include an evaluation of the grant 813

program that addresses the number of women, mothers, and 814
children served, the number and type of services provided, and 815
any health and developmental outcomes for participating women, 816
mothers, and children. 817

Section 10. The Department of Medicaid shall study how 818
evidence-based peer-to-peer programming that supports infant 819
vitality can be reimbursed through the Medicaid program. The 820
Department shall submit a report summarizing the results of the 821
study to the General Assembly in accordance with section 101.68 822
of the Revised Code one year after the effective date of this 823
section. 824

Section 11. (A) The Department of Job and Family Services 825
shall establish a pilot program to assist in the development of 826
quality, comprehensive child care programs like Early Head Start 827
across the state. The program shall focus on communities, 828
including Appalachian, rural, and urban communities, 829
experiencing both of the following: 830

(1) High rates of infant mortality; 831

(2) Limited access to child care for infants, toddlers, 832
and families all at risk of being part of, or engaged in, the 833
child welfare system. 834

(B) Under the pilot program, the Department shall award 835
resiliency grants to entities or organizations seeking to 836
establish new, or enhance existing, center-based, home-based, 837
and child care partnership programs for the communities, 838
children, and families described in division (A) of this 839
section. To be eligible, an entity or organization shall 840
demonstrate that the entity or organization is able to offer 841
wraparound services, mental health supports, and therapeutic 842

classrooms to assist in overcoming barriers and achieving family stability. 843
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(C) In meeting the requirements of this section, the Department shall do the following: 845
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(1) Consider how to best encourage innovative partnerships and develop models to improve developmental and learning outcomes, with a focus on prenatal to age three, also while helping to meet local community workforce needs and further state literacy and education priorities; 847
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(2) Assist the programs described in division (B) of this section, including local Head Start programs, in collecting data that will better enable the programs to apply for federal grants and maintain funding over the course of grant cycles. 852
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(D) The Department shall evaluate the program on a periodic basis and shall address the number of families and children served, the number and type of services provided, and any health and developmental outcomes for participating families and children. 856
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Section 12. (A) Not later than June 30, 2025, the Medicaid Director shall evaluate, clarify, and update the Medicaid program's coverage of evidence-based and evidence-informed mental health and dyadic family therapy services for children and their caregivers, which are intended to improve outcomes for children from birth through five years of age. The Director's evaluation, clarification, and update to coverage shall address mental health and related screening for infants, toddlers, young children, pregnant women, women postpartum, and mothers and other caregivers, and shall include follow-up for those with identified risk, for parent-child dyadic therapies, and other 861
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infant and early child mental health services. 872

The Director shall develop policy and billing guidance for 873
Medicaid providers to do all of the following: 874

(1) Improve the use of mental health and dyadic family 875
therapy services for children from birth through age five and 876
their families and other caregivers; 877

(2) Improve the consistency of early childhood screenings 878
delivered in primary care settings; 879

(3) Encourage use of the Diagnostic Classification of 880
Mental Health and Developmental Disorders of Infancy and Early 881
Childhood published by ZERO TO THREE and known as the "DC:0-5" 882
for assessing and diagnosing infants, toddlers, and young 883
children, and permit use of ICD-10 diagnosis codes, published by 884
the United States Department of Health and Human Services, for 885
Medicaid billing. 886

(B) Not later than one year after the effective date of 887
this section, the Medicaid Director shall submit a report to the 888
Governor and, in accordance with section 101.68 of the Revised 889
Code, the General Assembly that includes both of the following: 890

(1) Information about how the Department of Medicaid has 891
engaged stakeholders to develop the necessary guidance, manuals, 892
training, and billing code use procedures associated with the 893
Medicaid coverage described under division (A) of this section; 894

(2) An evaluation of the Medicaid coverage described in 895
division (A) of this section, including: 896

(a) The number of families and children served; 897

(b) The number and types of services provided; 898

(c) Outcome metrics for families and children served. 899

Section 13. All items in this act are hereby appropriated 900
as designated out of any moneys in the state treasury to the 901
credit of the designated fund. For all operating appropriations 902
made in this act, those in the first column are for fiscal year 903
2024 and those in the second column are for fiscal year 2025. 904
The operating appropriations made in this act are in addition to 905
any other operating appropriations made for these fiscal years. 906

Section 14. 907

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	1	2	3	4	5
A			DOH DEPARTMENT OF HEALTH		
B			General Revenue Fund		
C	GRF	440416	Mothers and Children Safety Net Services	\$2,000,000	\$2,000,000
D	GRF	440484	Public Health Technology Innovation	\$500,000	\$500,000
E	GRF	440485	Health Program Support	\$1,000,000	\$1,000,000
F	TOTAL GRF		General Revenue Fund	\$3,500,000	\$3,500,000
G	TOTAL ALL BUDGET FUND GROUPS			\$3,500,000	\$3,500,000

MOTHERS AND CHILDREN SAFETY NET SERVICES 909

The foregoing appropriation item 440416, Mothers and 910
Children Safety Net Services, shall be used for the activities 911

specified in Section 7 of this act. 912

PUBLIC HEALTH TECHNOLOGY INNOVATION 913

The foregoing appropriation item 440484, Public Health 914
Technology Innovation, shall be used for a mobile application 915
for Medicaid-eligible pregnant and postpartum women in 916
accordance with Section 8 of this act. 917

HEALTH PROGRAM SUPPORT 918

The foregoing appropriation item 440485, Health Program 919
Support, shall be used to award grants to legal assistance 920
organizations and medical providers that partner together to 921
identify pregnant women, mothers, and children in need of legal 922
services in accordance with Section 9 of this act. 923

Section 15. 924

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	1	2	3	4	5
A	JFS DEPARTMENT OF JOB AND FAMILY SERVICES				
B	General Revenue Fund				
C	GRF	600566	Resiliency Grant Pilot Program	\$3,000,000	\$3,000,000
D	TOTAL GRF General Revenue Fund			\$3,000,000	\$3,000,000
E	TOTAL ALL BUDGET FUND GROUPS			\$3,000,000	\$3,000,000

RESILIENCY GRANT PILOT PROGRAM 926

The foregoing appropriation item 600566, Resiliency Grant 927

Pilot Program, shall be used to fund the pilot program in 928
accordance with Section 11 of this act. 929

Section 16. 930

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A			KID DEPARTMENT OF CHILDREN AND YOUTH		
B			General Revenue Fund		
C	GRF	830402	Healthy Beginnings at Home	\$5,000,000	\$3,000,000
D	GRF	830403	Help Me Grow	\$5,000,000	\$3,000,000
E	GRF	830404	Infant Vitality	\$2,000,000	\$2,000,000
F	GRF	830405	Part C Early Intervention	\$2,000,000	\$0
G			TOTAL GRF General Revenue Fund	\$14,000,000	\$8,000,000
H			TOTAL ALL BUDGET FUND GROUPS	\$14,000,000	\$8,000,000

HEALTHY BEGINNINGS AT HOME 932

The foregoing appropriation item 830402, Healthy 933
Beginnings at Home, shall be used, in coordination with the 934
Department of Health, to support stable housing initiatives for 935
pregnant mothers and to improve maternal and infant health 936
outcomes. 937

Within one year of the effective date of this section, the 938
Department shall submit a report to the General Assembly in 939
accordance with section 101.68 of the Revised Code detailing the 940

number of families served by stable housing initiatives, the 941
number and type of services provided, and outcome metrics 942
including health and developmental outcomes. 943

HELP ME GROW 944

Of the foregoing appropriation item 830403, Help Me Grow, 945
\$2,000,000 in fiscal year 2024 shall be used, in coordination 946
with the Department of Health, for home visiting services and to 947
screen infants who were born at low birth weights and between 948
the gestational ages of twenty-eight to thirty-eight weeks to 949
determine if the infant could benefit from receiving Part C 950
Early Intervention services. An amount equal to the unexpended, 951
unencumbered balance of this allocation at the end of fiscal 952
year 2024 is hereby reappropriated to the same appropriation 953
item for the same purpose in fiscal year 2025. 954

The remainder of appropriation item 830403, Help Me Grow, 955
shall be used by the Director of Children and Youth to support 956
the following: 957

(A) Establishing a comprehensive screening and connection 958
program, in consultation with the Department of Health, as 959
described in division (D) of section 3701.61 and, on and after 960
January 1, 2025, division (D) of section 5180.21 of the Revised 961
Code and evaluating Help Me Grow's effectiveness in coordinating 962
services; 963

(B) Expanding eligible providers of home visiting services 964
and allowing providers of home visiting services to supplement 965
their services with those available online or through other 966
electronic means, in consultation with the Department of Health, 967
as specified in division (H) of section 3701.61 and, on and 968
after January 1, 2025, division (H) of section 5180.21 of the 969

Revised Code;	970
(C) Evaluating the Help Me Grow Program, in consultation with the Department of Health, in accordance with division (I) of section 3701.61 and, on and after January 1, 2025, division (I) of section 5180.21 of the Revised Code;	971 972 973 974
(D) Increasing the workforce capacity of home visiting service providers and parenting support professionals, in consultation with the Department of Health, as specified in division (J) of section 3701.61 and, on and after January 1, 2025, division (J) of section 5180.21 of the Revised Code;	975 976 977 978 979
(E) Increasing participation in parenting education programs, including the Triple P Program, in accordance with section 5101.91 of the Revised Code and in consultation with the Department of Job and Family Services;	980 981 982 983
(F) Expanding access to fatherhood programming through the Ohio Fatherhood Commission in consultation with the Department of Job and Family Services.	984 985 986
INFANT VITALITY	987
Of the foregoing appropriation item 830404, Infant Vitality, \$1,000,000 in each fiscal year shall be used for Centering Pregnancy services and similar evidence-based and evidence-informed group pregnancy education programs and targeted outreach to at-risk pregnant mothers and mothers of infants in areas of the state where there are gaps in such services, as identified by the Director of Children and Youth. Funding shall be targeted first to areas with the highest levels of infant and maternal mortality.	988 989 990 991 992 993 994 995 996
Of the foregoing appropriation item 830404, Infant Vitality, \$1,000,000 in each fiscal year shall be used to	997 998

establish a community-based grant program to expand access to 999
infant vitality supports. 1000

PART C EARLY INTERVENTION 1001

The foregoing appropriation item 830405, Part C Early 1002
Intervention, shall be used by the Department of Children and 1003
Youth to provide Part C Early Intervention services to infants 1004
born before twenty-eight weeks of gestational age and infants 1005
born between twenty-eight and thirty-eight weeks of gestational 1006
age who are referred for services in accordance with section 1007
5123.0421 and, on and after January 1, 2025, section 5180.32 of 1008
the Revised Code. 1009

An amount equal to the unexpended, unencumbered balance of 1010
appropriation item 830405, Part C Early Intervention, at the end 1011
of fiscal year 2024 is hereby reappropriated to the same 1012
appropriation item for the same purpose in fiscal year 2025. 1013

Section 17. Within the limits set forth in this act, the 1014
Director of Budget and Management shall establish accounts 1015
indicating the source and amount of funds for each appropriation 1016
made in this act, and shall determine the manner in which 1017
appropriation accounts shall be maintained. Expenditures from 1018
operating appropriations contained in this act shall be 1019
accounted for as though made in, and are subject to all 1020
applicable provisions of, H.B. 33 of the 135th General Assembly. 1021

Section 18. The amendment of sections 3701.61, 3701.611, 1022
and 5123.0421 of the Revised Code by this act does not supersede 1023
the renumbering of those sections as 5180.21, 5180.22, and 1024
5180.32 of the Revised Code on January 1, 2025, as specified in 1025
H.B. 33 of the 135th General Assembly. 1026

Section 19. This act shall be known as the Strong 1027

Foundations Act.

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