

**As Passed by the House**

**131st General Assembly**

**Regular Session**

**2015-2016**

**Sub. S. B. No. 332**

**Senators Jones, Tavares**

**Cosponsors: Senators Faber, Obhof, Patton, Manning, Lehner, Beagle, Seitz, Eklund, Hite, Gardner, Burke, Balderson, Peterson, Hottinger, Hackett, Uecker, Cafaro, Skindell, Yuko, LaRose, Bacon, Brown, Oelslager, Sawyer, Schiavoni, Thomas Representatives Green, Sprague, Antani, Antonio, Arndt, Baker, Bishoff, Boggs, Boose, Boyce, Boyd, Burkley, Celebrezze, Clyde, Craig, Driehaus, Duffey, Fedor, Grossman, Hagan, Henne, Howse, Huffman, Johnson, G., Kuhns, Kunze, LaTourette, Leland, Lepore-Hagan, Manning, McColley, O'Brien, M., O'Brien, S., Patterson, Pelanda, Perales, Phillips, Reece, Reineke, Rezabek, Rogers, Romanchuk, Ryan, Scherer, Sheehy, Smith, K., Smith, R., Sweeney, Sykes, Terhar, Young**

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**A BILL**

To amend sections 2101.16, 2151.3515, 2151.3516, 1  
2151.3517, 2151.3518, 2151.3519, 2151.3521, 2  
2151.3523, 2151.3525, 2151.3526, 2151.3527, 3  
2151.3529, 2151.3530, 3701.132, 3701.142, 4  
3701.61, 3701.63, 3701.66, 3701.67, 3701.68, 5  
3701.84, 3701.928, 3713.01, 3713.02, 3713.99, 6  
4729.01, 5162.01, 5162.13, 5163.01, 5163.10, 7  
5163.101, and 5167.16; to amend, for the purpose 8  
of adopting new section numbers as shown in 9  
parentheses, sections 2151.3516 (2151.3517), 10  
2151.3517 (2151.3518), 2151.3518 (2151.3519), 11  
2151.3519 (2151.3521), 2151.3520 (2151.3522), 12  
2151.3521 (2151.3523), 2151.3522 (2151.3524), 13  
2151.3523 (2151.3525), 2151.3524 (2151.3526), 14  
2151.3525 (2151.3528), 2151.3526 (2151.3529), 15  
2151.3527 (2151.3530), 2151.3528 (2151.3531), 16  
2151.3529 (2151.3534), 2151.3530 (2151.3535); to 17

enact new section 2151.3516 and sections 175.14, 18  
175.15, 191.09, 191.10, 2151.3532, 3701.611, 19  
3701.612, 3701.613, 3701.671, 3701.90, 3701.951, 20  
3701.952, 3701.953, 3701.97, 3702.34, 3705.40, 21  
3705.41, 3713.021, 3713.022, 3727.20, 4729.45, 22  
4731.057, 4743.08, 5162.135, 5162.136, 5164.471, 23  
5164.721, 5167.171, 5167.172, 5167.173, and 24  
5167.45 of the Revised Code to provide for the 25  
implementation of recommendations made by the 26  
Commission on Infant Mortality, to authorize 27  
pharmacists to administer by injection certain 28  
prescribed drugs, and to make changes to the law 29  
permitting controlled desertion of a child not 30  
older than thirty days. 31

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

**Section 1.** That sections 2101.16, 2151.3515, 2151.3516, 32  
2151.3517, 2151.3518, 2151.3519, 2151.3521, 2151.3523, 33  
2151.3524, 2151.3525, 2151.3526, 2151.3527, 2151.3529, 34  
2151.3530, 3701.132, 3701.142, 3701.61, 3701.63, 3701.66, 35  
3701.67, 3701.68, 3701.84, 3701.928, 3713.01, 3713.02, 3713.99, 36  
4729.01, 5162.01, 5162.13, 5163.01, 5163.10, 5163.101, and 37  
5167.16 be amended; sections 2151.3516 (2151.3517), 2151.3517 38  
(2151.3518), 2151.3518 (2151.3519), 2151.3519 (2151.3521), 39  
2151.3520 (2151.3522), 2151.3521 (2151.3523), 2151.3522 40  
(2151.3524), 2151.3523 (2151.3525), 2151.3524 (2151.3526), 41  
2151.3525 (2151.3528), 2151.3526 (2151.3529), 2151.3527 42  
(2151.3530), 2151.3528 (2151.3531), 2151.3529 (2151.3534), and 43  
2151.3530 (2151.3535) be amended for the purpose of adopting new 44

section numbers as shown in parentheses; and new section 45  
2151.3516 and sections 175.14, 175.15, 191.09, 191.10, 46  
2151.3532, 3701.611, 3701.612, 3701.613, 3701.671, 3701.90, 47  
3701.951, 3701.952, 3701.953, 3701.97, 3702.34, 3705.40, 48  
3705.41, 3713.021, 3713.022, 3727.20, 4729.45, 4731.057, 49  
4743.08, 5162.135, 5162.136, 5164.471, 5164.721, 5167.171, 50  
5167.172, 5167.173, and 5167.45 of the Revised Code be enacted 51  
to read as follows: 52

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

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

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

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

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

Sec. 175.15. The Ohio housing finance agency and the Ohio 73

development services agency shall include pregnancy as a 74  
priority in its housing assistance programs and local emergency 75  
shelter programs. In consultation with the Ohio development 76  
services agency, the Ohio housing finance agency may adopt rules 77  
in accordance with Chapter 119. of the Revised Code that are 78  
necessary to implement the requirements of this section. 79

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

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

Sec. 2101.16. (A) Except as provided in section 2101.164 101  
of the Revised Code, the fees enumerated in this division shall 102  
be charged and collected, if possible, by the probate judge and 103

shall be in full for all services rendered in the respective		104
proceedings:		105
(1) Account, in addition to advertising charges		106
.....\$ 12.00		107
Waivers and proof of notice of hearing on account,		108
per page, minimum one dollar		109
.....\$ 1.00		110
(2) Account of distribution, in addition to		111
advertising charges		112
.....\$ 7.00		113
(3) Adoption of child, petition for		114
.....\$ 50.00		115
(4) Alter or cancel contract for sale or purchase of		116
real property, complaint to		117
.....\$ 20.00		118
(5) Application and order not otherwise provided for		119
in this section or by rule adopted pursuant to		120
division (E) of this section		121
.....\$ 5.00		122
(6) Appropriation suit, per day, hearing in		123
.....\$ 20.00		124
(7) Birth, application for registration of		125
.....\$ 7.00		126
(8) Birth record, application to correct		127
.....\$ 5.00		128
(9) Bond, application for new or additional		129
.....\$ 5.00		130
(10) Bond, application for release of surety or		131
reduction of		132
.....\$ 5.00		133
(11) Bond, receipt for securities deposited in lieu of		134
.....\$ 5.00		135

(12) Certified copy of journal entry, record, or proceeding, per page, minimum fee one dollar		136
.....\$ 1.00		137
(13) Citation and issuing citation, application for		138
.....\$ 5.00		139
(14) Change of name, petition for		140
.....\$ 20.00		141
(15) Claim, application of administrator or executor for allowance of administrator's or executor's own		142
.....\$ 10.00		143
(16) Claim, application to compromise or settle		144
.....\$ 10.00		145
(17) Claim, authority to present		146
.....\$ 10.00		147
(18) Commissioner, appointment of		148
.....\$ 5.00		149
(19) Compensation for extraordinary services and attorney's fees for fiduciary, application for		150
.....\$ 5.00		151
(20) Competency, application to procure adjudication of		152
.....\$ 20.00		153
(21) Complete contract, application to		154
.....\$ 10.00		155
(22) Concealment of assets, citation for		156
.....\$ 10.00		157
(23) Construction of will, complaint for		158
.....\$ 20.00		159
(24) Continue decedent's business, application to		160
.....\$ 10.00		161
Monthly reports of operation		162
.....\$ 5.00		163
(25) Declaratory judgment, complaint for		164
		165
		166
		167

.....	\$ 20.00	168
(26) Deposit of will		169
.....	\$ 5.00	170
(27) Designation of heir		171
.....	\$ 20.00	172
(28) Distribution in kind, application, assent, and order for		173 174
.....	\$ 5.00	175
(29) Distribution under section 2109.36 of the Revised Code, application for an order of		176 177
.....	\$ 7.00	178
(30) Docketing and indexing proceedings, including the filing and noting of all necessary documents, maximum fee, fifteen dollars		179 180 181
.....	\$ 15.00	182
(31) Exceptions to any proceeding named in this section, contest of appointment or		183 184
.....	\$ 10.00	185
(32) Election of surviving partner to purchase assets of partnership, proceedings relating to		186 187
.....	\$ 10.00	188
(33) Election of surviving spouse under will		189
.....	\$ 5.00	190
(34) Fiduciary, including an assignee or trustee of an insolvent debtor or any guardian or conservator accountable to the probate court, appointment of		191 192 193
.....	\$ 35.00	194
(35) Foreign will, application to record		195
.....	\$ 10.00	196
Record of foreign will, additional, per page		197
.....	\$ 1.00	198
(36) Forms when supplied by the probate court, not to		199

exceed	200
.....\$ 10.00	201
(37) Heirship, complaint to determine	202
.....\$ 20.00	203
(38) Injunction proceedings	204
.....\$ 20.00	205
(39) Improve real property, petition to	206
.....\$ 20.00	207
(40) Inventory with appraisalment	208
.....\$ 10.00	209
(41) Inventory without appraisalment	210
.....\$ 7.00	211
(42) Investment or expenditure of funds, application for	212 213
.....\$ 10.00	214
(43) Invest in real property, application to	215
.....\$ 10.00	216
(44) Lease for oil, gas, coal, or other mineral, petition to	217 218
.....\$ 20.00	219
(45) Lease or lease and improve real property, petition to	220 221
.....\$ 20.00	222
(46) Marriage license	223
.....\$ 10.00	224
Certified abstract of each marriage	225
.....\$ 2.00	226
(47) Minor or incompetent person, etc., disposal of estate under twenty-five thousand dollars of	227 228
.....\$ 10.00	229
(48) Mortgage or mortgage and repair or improve real property, complaint to	230 231



.....	\$ 20.00	232
(49) Newly discovered assets, report of		233
.....	\$ 7.00	234
(50) Nonresident executor or administrator to bar		235
creditors' claims, proceedings by		236
.....	\$ 20.00	237
(51) Power of attorney or revocation of power, bonding		238
company		239
.....	\$ 10.00	240
(52) Presumption of death, petition to establish		241
.....	\$ 20.00	242
(53) Probating will		243
.....	\$ 15.00	244
Proof of notice to beneficiaries		245
.....	\$ 5.00	246
(54) Purchase personal property, application of		247
surviving spouse to		248
.....	\$ 10.00	249
(55) Purchase real property at appraised value,		250
petition of surviving spouse to		251
.....	\$ 20.00	252
(56) Receipts in addition to advertising charges,		253
application and order to record		254
.....	\$ 5.00	255
Record of those receipts, additional, per page		256
.....	\$ 1.00	257
(57) Record in excess of fifteen hundred words in any		258
proceeding in the probate court, per page		259
.....	\$ 1.00	260
(58) Release of estate by mortgagee or other lienholder		261
.....	\$ 5.00	262
(59) Relieving an estate from administration under		263

section 2113.03 of the Revised Code or granting		264
an order for a summary release from administration		265
under section 2113.031 of the Revised Code		266
.....	\$ 60.00	267
(60) Removal of fiduciary, application for		268
.....	\$ 10.00	269
(61) Requalification of executor or administrator		270
.....	\$ 10.00	271
(62) Resignation of fiduciary		272
.....	\$ 5.00	273
(63) Sale bill, public sale of personal property		274
.....	\$ 10.00	275
(64) Sale of personal property and report, application		276
for		277
.....	\$ 10.00	278
(65) Sale of real property, petition for		279
.....	\$ 25.00	280
(66) Terminate guardianship, petition to		281
.....	\$ 10.00	282
(67) Transfer of real property, application, entry,		283
and certificate for		284
.....	\$ 7.00	285
(68) Unclaimed money, application to invest		286
.....	\$ 7.00	287
(69) Vacate approval of account or order of		288
distribution, motion to		289
.....	\$ 10.00	290
(70) Writ of execution		291
.....	\$ 5.00	292
(71) Writ of possession		293
.....	\$ 5.00	294
(72) Wrongful death, application and settlement of		295

claim for	296
.....\$ 20.00	297
(73) Year's allowance, petition to review	298
.....\$ 7.00	299
(74) Guardian's report, filing and review of	300
.....\$ 5.00	301
(75) Mentally ill person subject to court order,	302
filing of affidavit and proceedings for	303
.....\$ 25.00	304
(B) (1) In relation to an application for the appointment	305
of a guardian or the review of a report of a guardian under	306
section 2111.49 of the Revised Code, the probate court, pursuant	307
to court order or in accordance with a court rule, may direct	308
that the applicant or the estate pay any or all of the expenses	309
of an investigation conducted pursuant to section 2111.041 or	310
division (A) (2) of section 2111.49 of the Revised Code. If the	311
investigation is conducted by a public employee or investigator	312
who is paid by the county, the fees for the investigation shall	313
be paid into the county treasury. If the court finds that an	314
alleged incompetent or a ward is indigent, the court may waive	315
the costs, fees, and expenses of an investigation.	316
(2) In relation to the appointment or functioning of a	317
guardian for a minor or the guardianship of a minor, the probate	318
court may direct that the applicant or the estate pay any or all	319
of the expenses of an investigation conducted pursuant to	320
section 2111.042 of the Revised Code. If the investigation is	321
conducted by a public employee or investigator who is paid by	322
the county, the fees for the investigation shall be paid into	323
the county treasury. If the court finds that the guardian or	324
applicant is indigent, the court may waive the costs, fees, and	325
expenses of an investigation.	326

(3) In relation to the filing of an affidavit of mental illness for a mentally ill person subject to court order, the court may waive the fee under division (A) (75) of this section if the court finds that the affiant is indigent or for good cause shown.

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

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

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

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

(2) If the department determines that money in the

putative father registry fund is more than is needed for its 356  
duties related to the putative father registry, the department 357  
may use the surplus moneys in the fund as permitted in division 358  
(C) of section ~~2151.3529~~ 2151.3534, division (B) of section 359  
2151.3530, or section 5103.155 of the Revised Code. 360

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

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

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

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

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

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

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

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

(3) An authorized person employed by the hospital who is 382  
acting under the direction of a physician described in division 383

(E) (1) of this section. 384

~~(F)~~ (E) "Law enforcement agency" means an organization or 385  
entity made up of peace officers. 386

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

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

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

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

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

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

**~~Sec. 2151.3516~~ 2151.3517.** The following entities or 411

persons, while acting in an official capacity on behalf of any 412  
of the entities, shall take possession of a child ~~who is thirty-~~ 413  
~~days old or younger if that child's parent has voluntarily~~ 414  
~~delivered the child to that person without the parent expressing~~ 415  
~~an intent to return for the child.~~ delivered in accordance with 416  
section 2151.3516 of the Revised Code: 417

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

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

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

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

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

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

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

parents; 441

(4) If possible, make available to the parent who 442  
delivered the child written materials developed under section 443  
~~2151.3529~~2151.3534 of the Revised Code that describe services 444  
available to assist parents and newborns; 445

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

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

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

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

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

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

(D) Make an investigation concerning the child; 468



(E) File a motion with the juvenile court of the county in 469  
which the agency is located requesting that the court grant 470  
temporary custody of the child to the agency or to a private 471  
child placing agency; 472

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

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

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

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

**Sec. ~~2151.3520~~ 2151.3522.** If a juvenile court adjudicates 497

a child a deserted child, the court shall commit the child to 498  
the temporary custody of a public children services agency or a 499  
private child placing agency. The court shall consider the order 500  
committing the child to the temporary custody of the agency to 501  
be an order of disposition issued under division (A)(2) of 502  
section 2151.353 of the Revised Code with respect to a child 503  
adjudicated a neglected child. 504

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

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

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

(B) A person who delivers or attempts to deliver a child 527

who has suffered any physical or mental wound, injury, 528  
disability, or condition of a nature that reasonably indicates 529  
abuse or neglect of the child is not immune from civil or 530  
criminal liability for abuse or neglect. 531

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

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

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

covered by this section. 558

**Sec. ~~2151.3524~~ 2151.3526.** (A) A parent who voluntarily 559  
delivers a child under section 2151.3516 of the Revised Code has 560  
the absolute right to remain anonymous. The anonymity of a 561  
parent who voluntarily delivers a child does not affect any duty 562  
imposed under ~~sections 2151.3516~~ section 2151.3517 or ~~2151.3517-~~ 563  
2151.3518 of the Revised Code. A parent who voluntarily delivers 564  
a child may leave the place at which the parent delivers the 565  
child at any time after the delivery of the child. 566

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

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

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

**Sec. ~~2151.3527~~ 2151.3530.** (A) No person described in 585  
section ~~2151.3516-2151.3517~~ of the Revised Code and no other 586

person employed by an entity described in that section shall do 587  
the following with respect to a parent who voluntarily delivers 588  
a child under that section: 589

(1) Coerce or otherwise try to force the parent into 590  
revealing the identity of the child's parents; 591

(2) Pursue or follow the parent after the parent leaves 592  
the place at which the child was delivered; 593

(3) Coerce or otherwise try to force the parent not to 594  
desert the child; 595

(4) Coerce or otherwise try to force the parent to 596  
complete all or any part of the medical information forms 597  
~~received made available~~ under division (A) (3) of section 598  
~~2151.3517-2151.3518~~ of the Revised Code; 599

(5) Coerce or otherwise try to force the parent to accept 600  
the materials made available under division (A) (4) of section 601  
~~2151.3517-2151.3518~~ of the Revised Code. 602

(B) Divisions (A) (1) and (2) of this section do not apply 603  
with respect to a person who delivers or attempts to deliver a 604  
child who has suffered any physical or mental wound, injury, 605  
disability, or condition of a nature that reasonably indicates 606  
abuse or neglect of the child. 607

**~~Sec. 2151.3528~~ 2151.3531.** If a child is adjudicated a 608  
deserted child and a person indicates to the court that the 609  
person is the parent of the child and that the person seeks to 610  
be reunited with the child, the court that adjudicated the child 611  
shall require the person, at the person's expense, to submit to 612  
a DNA test to verify that the person is a parent of the child. 613

**Sec. 2151.3532.** Not later than one hundred eighty days 614

after the effective date of this section, the director of the 615  
department of health shall adopt rules in accordance with 616  
Chapter 119. of the Revised Code governing newborn safety 617  
incubators provided by entities described in section 2151.3517 618  
of the Revised Code. The rules shall provide for all of the 619  
following: 620

(A) Sanitation standards; 621

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

(C) Manufacturing and manufacturer standards; 624

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

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

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

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

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

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

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

the facility's incubator. 642

(E) Operating policies, supervision, and maintenance 643  
requirements for an incubator, including requirements that only 644  
a peace officer, emergency medical service worker, or hospital 645  
employee supervise the incubator and take custody of a child 646  
placed in it; 647

(F) Qualifications for persons to install incubators; 648

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

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

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

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

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

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

(B) The director shall promulgate written materials to be 670  
~~given-made available~~ to the parents of a child delivered 671  
pursuant to section 2151.3516 of the Revised Code. The materials 672  
shall describe services available to assist parents and newborns 673  
and shall include information directly relevant to situations 674  
that might cause parents to desert a child and information on 675  
the procedures for a person to follow in order to reunite with a 676  
child the person delivered under section 2151.3516 of the 677  
Revised Code, including notice that the person will be required 678  
to submit to a DNA test, at that person's expense, to prove that 679  
the person is the parent of the child. 680

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

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

The department of job and family services shall develop an 697  
educational plan, in collaboration with the Ohio family and 698  
children first cabinet council, for informing at-risk 699



populations who are most likely to voluntarily deliver a child 700  
under section 2151.3516 of the Revised Code concerning the 701  
provisions of sections 2151.3516 to ~~2151.3530~~ 2151.3535 of the 702  
Revised Code. 703

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

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

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

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

(C) In determining eligibility for services provided under 727  
the WIC program, the department may use the application form 728

established under section 5163.40 of the Revised Code for the 729  
healthy start program. The department may require applicants to 730  
furnish their social security numbers. 731

(D) If the department determines that a vendor has 732  
committed an act with respect to the WIC program that federal 733  
statutes or regulations or state statutes or rules prohibit, the 734  
department shall take action against the vendor in the manner 735  
required by 7 C.F.R. part 246, including imposition of a civil 736  
money penalty in accordance with 7 C.F.R. 246.12, or rules 737  
adopted under this section. 738

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

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

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

by the Ohio home visiting consortium created under section 759  
3701.612 of the Revised Code. 760

(B) Families shall be referred to the appropriate home 761  
visiting services through the central intake and referral system 762  
created under section 3701.611 of the Revised Code. 763

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

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

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

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

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

(2) Report to the director data on the program performance 784  
indicators that are used to assess progress toward achieving the 785  
goals of the program. The report shall include data on the 786  
performance indicator of birth outcomes, including risk 787

~~indicators of low birth weight and preterm births, and data on~~ 788  
~~all other performance indicators, specified in rules adopted~~ 789  
under division (G) of this section, that are used to assess 790  
progress toward achieving all of the following: 791

(a) The benchmark domains established for the federal home 792  
visiting program, including improvement in maternal and newborn 793  
health; reduction in child injuries, abuse, and neglect; 794  
improved school readiness and achievement; reduction in crime 795  
and domestic violence; and improved family economic self- 796  
sufficiency; 797

(b) Improvement in birth outcomes and reduction in 798  
stillbirths, as that term is defined in section 3701.97 of the 799  
Revised Code; 800

(c) Reduction in tobacco use by pregnant women, new 801  
parents, and others living in households with children. The 802

The providers shall report the data in the format and 803  
within the time frames specified in the rules. 804

The director shall prepare an annual report on the data 805  
received from the providers. The director shall make the report 806  
available on the internet web site maintained by the department 807  
of health. 808

~~(E)~~ (G) Pursuant to Chapter 119. of the Revised Code, the 809  
director shall adopt rules that are necessary and proper to 810  
implement this section. The rules shall specify all of the 811  
following: 812

(1) ~~Eligibility~~ Subject to division (H) of this section, 813  
eligibility requirements for home visiting services; 814

(2) Eligibility requirements for providers of home 815

visiting services;	816
(3) Standards and procedures for the provision of program services, including data collection, program monitoring, and program evaluation;	817 818 819
(4) Procedures for appealing the denial of an application for program services or the termination of services;	820 821
(5) Procedures for appealing the denial of an application to become a provider of program services or the termination of the department's approval of a provider;	822 823 824
(6) Procedures for addressing complaints;	825
(7) The program performance indicators on which data must be reported by providers of home visiting services under division <del>(D)</del> <u>(F)</u> of this section, which, to the extent possible, shall be consistent with federal reporting requirements for federally funded home visiting services;	826 827 828 829 830
(8) The format in which reports must be submitted under division <del>(D)</del> <u>(F)</u> of this section and the time frames within which the reports must be submitted;	831 832 833
(9) Criteria for payment of approved providers of program services;	834 835
(10) Any other rules necessary to implement the program.	836
<u>(H) When adopting rules required by division (G)(1) of this section, the department shall specify that families residing in the urban and rural communities specified in rules adopted under section 3701.142 of the Revised Code are to receive priority over other families for home visiting services.</u>	837 838 839 840 841
<u>Sec. 3701.611. (A) Not later than six months after the</u>	842

effective date of this section, the department of health and the 843  
department of developmental disabilities shall create a central 844  
intake and referral system for the state's part C early 845  
intervention services program and all home visiting programs 846  
operating in this state. The system shall comply with all 847  
regulations governing the part C early intervention program for 848  
infants and toddlers with disabilities that are promulgated 849  
under the "Individuals with Disabilities Education Act of 1997," 850  
20 U.S.C. 1400, as amended. Through a competitive bidding 851  
process, the department of health and department of 852  
developmental disabilities may select one or more persons or 853  
government entities to operate the system. 854

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

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

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

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

**Sec. 3701.612.** (A) The Ohio home visiting consortium is 870  
hereby created. The purpose of the consortium is to ensure that 871

home visiting services provided by home visiting programs 872  
operating in this state, as well as home visiting services 873  
provided or arranged for by medicaid managed care organizations, 874  
are high-quality and delivered through evidence-based or 875  
innovative, promising home visiting models. It is the intent of 876  
the general assembly that all home visiting services provided in 877  
this state do both of the following: 878

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

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

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

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

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

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

(b) Make recommendations to the department of medicaid on 895  
the terms to be included in contracts the department enters into 896  
with medicaid managed care organizations under section 5167.10 897  
of the Revised Code to ensure that the organizations are 898  
providing or arranging for the medicaid recipients enrolled in 899  
their organizations to receive home visiting services that are 900

delivered as part of the home visiting program models described 901  
in divisions (B) (1) (a) (i) and (ii) of this section. 902

(2) The consortium may recommend a standardized form or 903  
other mechanism to assess family risk factors and social 904  
determinants of health for purposes of the central intake and 905  
referral system described in section 3701.611 of the Revised 906  
Code. 907

(C) The consortium shall consist of the following members: 908

(1) The director of health or the director's designee; 909

(2) The medicaid director or the director's designee; 910

(3) The director of mental health and addiction services 911  
or the director's designee; 912

(4) The director of developmental disabilities or the 913  
director's designee; 914

(5) The executive director of the commission on minority 915  
health or the executive director's designee; 916

(6) A member of the commission on infant mortality who is 917  
not a legislator or an individual specified under this division; 918

(7) One individual who represents medicaid managed care 919  
organizations, recommended by the board of trustees of the Ohio 920  
association of health plans; 921

(8) One individual who represents county boards of 922  
developmental disabilities, recommended by the Ohio association 923  
of county boards of developmental disabilities; 924

(9) A home visiting contractor who provides services 925  
within the help me grow program through a contract, grant, or 926  
other agreement with the department of health; 927



<u>(10) An individual who receives home visiting services</u>	928
<u>from the help me grow program;</u>	929
<u>(11) Two members of the senate, one from the majority</u>	930
<u>party and one from the minority party, each appointed by the</u>	931
<u>senate president;</u>	932
<u>(12) Two members of the house of representatives, one from</u>	933
<u>the majority party and one from the minority party, each</u>	934
<u>appointed by the speaker of the house of representatives.</u>	935
<u>(D) The consortium members described in divisions (C) (6)</u>	936
<u>to (11) of this section shall be appointed not later than thirty</u>	937
<u>days after the effective date of this section. An appointed</u>	938
<u>member shall hold office until a successor is appointed. A</u>	939
<u>vacancy shall be filled in the same manner as the original</u>	940
<u>appointment.</u>	941
<u>The director of health shall serve as the chairperson of</u>	942
<u>the consortium.</u>	943
<u>A member shall serve without compensation except to the</u>	944
<u>extent that serving on the consortium is considered part of the</u>	945
<u>member's regular duties of employment.</u>	946
<u>(E) The consortium shall meet at the call of the director</u>	947
<u>of health but not less than once each calendar quarter. The</u>	948
<u>consortium's first meeting shall occur not later than sixty days</u>	949
<u>after the effective date of this section.</u>	950
<u>(F) The department of health shall provide meeting space</u>	951
<u>and staff and other administrative support for the consortium.</u>	952
<u>(G) The consortium is not subject to sections 101.82 to</u>	953
<u>101.87 of the Revised Code.</u>	954
<u>Sec. 3701.613. Beginning in fiscal year 2018, the</u>	955

department of health shall facilitate and allocate funds for a 956  
biannual summit on home visiting programs. The purpose of each 957  
summit is to convene persons and government entities involved 958  
with the delivery of home visiting services in this state, as 959  
well as other interested persons, to do all of the following: 960

(A) Share the latest research on evidence-based and 961  
innovative, promising home visiting models; 962

(B) Discuss strategies to ensure that home visiting 963  
programs in this state use evidence-based or innovative, 964  
promising home visiting models; 965

(C) Discuss strategies to reduce tobacco use by families 966  
participating in home visiting programs; 967

(D) Present successes and challenges encountered by home 968  
visiting programs. 969

**Sec. 3701.63.** (A) As used in this section and sections 970  
3701.64, 3701.66, and 3701.67 of the Revised Code: 971

(1) "Child day-care center," "type A family day-care 972  
home," and "licensed type B family day-care home" have the same 973  
meanings as in section 5104.01 of the Revised Code. 974

(2) "Child care facility" means a child day-care center, a 975  
type A family day-care home, or a licensed type B family day- 976  
care home. 977

(3) "Foster caregiver" has the same meaning as in section 978  
5103.02 of the Revised Code. 979

(4) "Freestanding birthing center" has the same meaning as 980  
in section 3702.141 of the Revised Code. 981

(5) "Hospital" means a hospital classified pursuant to 982

rules adopted under section 3701.07 of the Revised Code as a	983
general hospital or children's hospital and to which either of	984
the following applies:	985
(a) The hospital has a maternity unit.	986
(b) The hospital receives for care infants who have been	987
transferred to it from other facilities and who have never been	988
discharged to their residences following birth.	989
(6) "Infant" means a child who is less than one year of	990
age.	991
(7) "Maternity unit" means the distinct portion of a	992
hospital licensed as a maternity unit under Chapter 3711. of the	993
Revised Code.	994
(8) "Other person responsible for the infant" includes a	995
foster caregiver.	996
(9) "Parent" means either parent, unless the parents are	997
separated or divorced or their marriage has been dissolved or	998
annulled, in which case "parent" means the parent who is the	999
residential parent and legal custodian of the child. "Parent"	1000
also means a prospective adoptive parent with whom a child is	1001
placed.	1002
(10) "Shaken baby syndrome" means signs and symptoms,	1003
including, but not limited to, retinal hemorrhages in one or	1004
both eyes, subdural hematoma, or brain swelling, resulting from	1005
the violent shaking or the shaking and impacting of the head of	1006
an infant or small child.	1007
(B) The director of health shall establish the shaken baby	1008
syndrome education program by doing all of the following:	1009
(1) Developing educational materials that present readily	1010

comprehensible information on shaken baby syndrome; 1011

(2) Making available on the department of health web site 1012  
in an easily accessible format the educational materials 1013  
developed under division (B) (1) of this section; 1014

(3) Annually assessing the effectiveness of the shaken 1015  
baby syndrome education program by ~~evaluating~~ doing all of the 1016  
following: 1017

(a) Evaluating the reports received pursuant to section 1018  
5101.135 of the Revised Code; 1019

(b) Reviewing the content of the educational materials to 1020  
determine if updates or improvements should be made; 1021

(c) Reviewing the manner in which the educational 1022  
materials are distributed, as described in section 3701.64 of 1023  
the Revised Code, to determine if modifications to that manner 1024  
should be made. 1025

(C) In meeting the requirements under division (B) of this 1026  
section, the director shall develop educational materials that, 1027  
to the extent possible, minimize administrative or financial 1028  
burdens on any of the entities or persons listed in section 1029  
3701.64 of the Revised Code. 1030

**Sec. 3701.66.** (A) As used in this section, "sudden 1031  
unexpected infant death" means the death of an infant that 1032  
occurs suddenly and unexpectedly, the cause of which is not 1033  
immediately obvious prior to investigation. 1034

(B) The department of health shall establish the safe 1035  
sleep education program by doing all of the following: 1036

(1) By not later than sixty days after ~~the effective date~~ 1037  
~~of this section~~ March 19, 2015, developing educational materials 1038

that present readily comprehensible information on safe sleeping 1039  
practices for infants and possible causes of sudden unexpected 1040  
infant death; 1041

(2) Making available on the department's internet web site 1042  
in an easily accessible format the educational materials 1043  
developed under division (B) (1) of this section; 1044

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

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

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

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

An entity or person required to distribute the educational 1067

materials is not liable for damages in a civil action for 1068  
injury, death, or loss to person or property that allegedly 1069  
arises from an act or omission associated with the dissemination 1070  
of those educational materials unless the act or omission 1071  
constitutes willful or wanton misconduct. 1072

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

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

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

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

infant safe sleep education program that entities and persons 1098  
may use when conducting new staff orientation programs. 1099

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

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

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

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

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

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

(C) If, prior to an infant's discharge from a facility to 1122  
the infant's residence following birth, a facility other than a 1123  
critical access hospital or a facility identified under division 1124

(D) of this section determines through the procedure implemented 1125  
under division (B) of this section that the infant is unlikely 1126

to have a safe crib at the infant's residence, the facility 1127  
shall make a good faith effort to arrange for the parent, 1128  
guardian, or other person responsible for the infant to obtain a 1129  
safe crib at no charge to that individual. In meeting this 1130  
requirement, the facility may do any of the following: 1131

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

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

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

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

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

(D) The director of health shall identify the facilities 1154  
in this state that are not critical access hospitals and are not 1155



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

(E) When a facility that is a hospital registers with the 1159  
department of health under section 3701.07 of the Revised Code 1160  
or a facility that is a freestanding birthing center renews its 1161  
license in accordance with rules adopted under section 3702.30 1162  
of the Revised Code, the facility shall report the following 1163  
information to the department in a manner the department 1164  
prescribes: 1165

(1) The number of safe cribs that the facility obtained 1166  
and distributed by using its own resources as described in 1167  
division (C) (1) of this section since the last time the facility 1168  
reported this information to the department; 1169

(2) The number of safe cribs that the facility obtained 1170  
and distributed by collaborating with or obtaining assistance 1171  
from another person or government entity as described in 1172  
division (C) (2) of this section since the last time the facility 1173  
reported this information to the department; 1174

(3) The number of referrals that the facility made to a 1175  
person or government entity as described in division (C) (3) of 1176  
this section since the last time the facility reported this 1177  
information to the department; 1178

(4) The number of referrals that the facility made to a 1179  
site designated by the department as described in division (C) 1180  
(4) of this section since the last time the facility reported 1181  
this information to the department; 1182

(5) Demographic information specified by the director of 1183  
health regarding the individuals to whom safe cribs were 1184

distributed as described in division (E) (1) or (2) of this 1185  
section or for whom a referral described in division (E) (3) or 1186  
(4) of this section was made; 1187

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

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

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

(G) A facility, and any employee, contractor, or volunteer 1213  
of a facility, that implements an infant safe sleep procedure in 1214

accordance with division (B) of this section is not liable for 1215  
damages in a civil action for injury, death, or loss to person 1216  
or property that allegedly arises from an act or omission 1217  
associated with implementation of the procedure, unless the act 1218  
or omission constitutes willful or wanton misconduct. 1219

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

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

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

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

Sec. 3701.671. The director of health shall require each 1243

recipient of a grant the department of health administers that 1244  
pertains to safe crib procurement to report annually to the 1245  
department both of the following: 1246

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

(B) If known, the extent to which distributed cribs are 1250  
being used. 1251

**Sec. 3701.68.** (A) As used in this section: 1252

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

(2) "State registrar" has the same meaning as in section 1255  
3705.01 of the Revised Code. 1256

(B) There is hereby created the commission on infant 1257  
mortality. The commission shall do all of the following: 1258

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

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

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

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

(3) With assistance from academic medical centers, track 1270

and analyze infant mortality rates by county for the purpose of	1271
determining the impact of state and local initiatives to reduce	1272
those rates.	1273
(C) The commission shall consist of the following members:	1274
(1) Two members of the senate, one from the majority party	1275
and one from the minority party, each appointed by the senate	1276
president;	1277
(2) Two members of the house of representatives, one from	1278
the majority party and one from the minority party, each	1279
appointed by the speaker of the house of representatives;	1280
(3) The executive director of the office of health	1281
transformation or the executive director's designee;	1282
(4) The medicaid director or the director's designee;	1283
(5) The director of health or the director's designee;	1284
(6) <u>The director of developmental disabilities or the</u>	1285
<u>director's designee;</u>	1286
<u>(7)</u> The executive director of the commission on minority	1287
health or the executive director's designee;	1288
<del>(7)</del> <u>(8)</u> The attorney general or the attorney general's	1289
designee;	1290
<del>(8)</del> <u>(9)</u> A health commissioner of a city or general health	1291
district, appointed by the governor;	1292
<del>(9)</del> <u>(10)</u> A coroner, deputy coroner, or other person who	1293
conducts death scene investigations, appointed by the governor;	1294
<del>(10)</del> <u>(11)</u> An individual who represents the Ohio hospital	1295
association, appointed by the association's president;	1296

~~(11)~~(12) An individual who represents the Ohio children's hospital association, appointed by the association's president; 1297  
1298

~~(12)~~(13) 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. 1299  
1300  
1301  
1302

(D) The commission members described in divisions (C) (1), (2), ~~(8)~~, ~~(9)~~, (10), (11), ~~and (12)~~, and (13) of this section shall be appointed not later than thirty days after ~~the effective date of this section~~ March 19, 2015. An appointed member shall hold office until a successor is appointed. A vacancy shall be filled in the same manner as the original appointment. 1303  
1304  
1305  
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From among the members, the president of the senate and speaker of the house of representatives shall appoint two to serve as co-chairpersons of the commission. 1310  
1311  
1312

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

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

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

and recommendations concerning the matters described in division 1326  
(B) of this section. On completion, the commission shall submit 1327  
the report to the governor and, in accordance with section 1328  
101.68 of the Revised Code, the general assembly. 1329

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

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

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

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

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

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

(2) Require the department to collaborate with community 1350  
organizations in the urban and rural communities specified in 1351  
rules adopted under section 3701.142 of the Revised Code for the 1352  
purpose of helping them succeed in securing grants from the moms 1353  
quit for two grant program created under Section 289.33 of Am. 1354

Sub. H.B. 64 of the 131st general assembly and other tobacco 1355  
cessation grant programs. 1356

(C) The plan may provide for periodic surveys to measure 1357  
tobacco use and behavior toward tobacco use by Ohioans. ~~If the~~ 1358  
~~department prepares a plan, copies of the plan shall be~~ 1359  
~~available to the public.~~ 1360

(D) The plan may ~~also~~ describe youth tobacco consumption 1361  
prevention programs to be eligible for consideration for grants 1362  
from the department and may set forth the criteria by which 1363  
applications for grants for such programs will be considered by 1364  
the department. Programs eligible for consideration may include: 1365

~~(A)~~ (1) Media campaigns directed to youth to prevent 1366  
underage tobacco consumption; 1367

~~(B)~~ (2) School-based education programs to prevent youth 1368  
tobacco consumption; 1369

~~(C)~~ (3) Community-based youth programs involving youth 1370  
tobacco consumption prevention through general youth 1371  
development; 1372

~~(D)~~ (4) Retailer education and compliance efforts to 1373  
prevent youth tobacco consumption; 1374

~~(E)~~ (5) Mentoring programs designed to prevent or reduce 1375  
tobacco use by students. 1376

(E) Pursuant to the plan, the department may carry out, or 1377  
provide funding for private or public agencies to carry out, 1378  
research and programs related to tobacco use prevention and 1379  
cessation. If the department provides such funding, the 1380  
department shall establish an objective process to determine 1381  
which research and program proposals to fund. When appropriate, 1382



proposals for research shall be peer-reviewed. No program shall 1383  
be carried out or funded by the department unless there is 1384  
research that indicates that the program is likely to achieve 1385  
the results desired. All research and programs funded by the 1386  
department shall be goal-oriented and independently and 1387  
objectively evaluated annually on whether it is meeting its 1388  
goals. The department shall contract for such evaluations and 1389  
shall adopt rules under Chapter 119. of the Revised Code 1390  
regarding conflicts of interest in the research and programs it 1391  
funds. 1392

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

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

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

Sec. 3701.928. (A) The director of health or, at the 1411  
director's request, the patient centered medical home education 1412

~~advisory group may work~~ shall collaborate with medical, nursing, 1413  
and physician assistant schools or programs in this state to 1414  
develop appropriate curricula designed to prepare primary care 1415  
physicians, advanced practice registered nurses, and physician 1416  
assistants to practice within the patient centered medical home 1417  
model of care. In developing the curricula, the director ~~or~~ 1418  
~~advisory group~~ and the schools or programs shall include all of 1419  
the following: 1420

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

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

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

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

(B) The director ~~or advisory group~~ may work in association 1439  
with the medical, nursing, and physician assistant schools or 1440  
programs to identify funding sources to ensure that the 1441

curricula developed under division (A) of this section are 1442  
accessible to medical students, advanced practice registered 1443  
nursing students, physician assistant students, and primary care 1444  
residents. The director ~~or advisory group~~ shall consider 1445  
scholarship options or incentives provided to students in 1446  
addition to those provided under the choose Ohio first 1447  
scholarship program operated under section 3333.61 of the 1448  
Revised Code. 1449

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

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

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

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

Sec. 3701.952. (A) The department of health shall create a 1469  
population-based questionnaire designed to examine maternal 1470

behaviors and experiences before, during, and after a woman's 1471  
pregnancy, as well as during the early infancy of the woman's 1472  
child. The questionnaire shall collect information that is 1473  
similar to the information collected by the pregnancy risk 1474  
assessment monitoring system (PRAMS) questionnaire that the 1475  
department most recently used prior to the effective date of 1476  
this section, as well as any additional information suggested by 1477  
the United States centers for disease control and prevention 1478  
(CDC) for PRAMS questionnaires. 1479

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

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

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

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

the state, and the state as a whole; 1501

(2) Preliminary data the department possesses on the 1502  
state's unexpected infant death rate; 1503

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

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

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

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

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

**Sec. 3701.97. (A) As used in this section, "stillbirth"** 1526  
**means death prior to the complete expulsion or extraction from** 1527  
**its mother of a product of human conception of at least twenty** 1528  
**weeks of gestation, which after such expulsion or extraction** 1529

does not breathe or show any other evidence of life such as 1530  
beating of the heart, pulsation of the umbilical cord, or 1531  
definite movement of voluntary muscles. 1532

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

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

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

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

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

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

(B) A freestanding birthing center is exempt from the 1557  
requirement in division (A) of this section if the freestanding 1558

birthing center notifies the department of health in writing 1559  
that it has a faith-based objection to the requirement. 1560

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

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

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

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

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

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

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

(2) "Funeral services worker" means a person licensed as a 1590  
funeral director or embalmer under Chapter 4717. of the Revised 1591  
Code or an individual responsible for the direct final 1592  
disposition of a deceased person. 1593

(3) "Hospital" means a hospital classified pursuant to 1594  
rules adopted under section 3701.07 of the Revised Code as a 1595  
general hospital or children's hospital and to which either of 1596  
the following applies: 1597

(a) The hospital has a maternity unit. 1598

(b) The hospital receives for care infants who have been 1599  
transferred to it from other facilities and who have never been 1600  
discharged to their residences following birth. 1601

(4) "Maternity unit" means the distinct portion of a 1602  
hospital licensed as a maternity unit under Chapter 3711. of the 1603  
Revised Code. 1604

(B) At least annually, the state registrar shall offer to 1605  
provide training for appropriate staff of hospitals and 1606  
freestanding birthing centers, as well as funeral services 1607  
workers, on their responsibilities under the laws of this state 1608  
and any rules adopted pursuant to those laws pertaining to vital 1609  
records. If provided, the training shall cover correct data 1610  
entry procedures and time limits for reporting vital statistics 1611  
information for the purpose of ensuring accuracy and consistency 1612  
of the system of vital statistics. 1613

**Sec. 3713.01.** As used in sections 3713.01 to 3713.10 of 1614  
the Revised Code: 1615



(A) "Person" has the same meaning as used in division (C) 1616  
of section 1.59 of the Revised Code and also means any limited 1617  
company, limited liability partnership, joint stock company, or 1618  
other association. 1619

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

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

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

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

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

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

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

(I) "Crib bumper pad" means any padding material, 1645  
including a roll of stuffed fabric, that is designed for 1646  
placement within a crib to cushion one or more of the crib's 1647  
inner sides adjacent to the crib mattress. "Crib bumper pad" 1648  
excludes a mesh crib liner intended for placement between a crib 1649  
mattress and one or more of the crib's inner sides, regardless 1650  
of whether consumer product safety standards promulgated by the 1651  
United States consumer product safety commission pursuant to 1652  
section 104 of the "Consumer Product Safety Improvement Act of 1653  
2008," 15 U.S.C. 2056a, as amended, include mesh crib liners in 1654  
the federal definition of "crib bumper pad." 1655

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

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

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

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

(D) No person shall sell or offer for sale any secondhand 1673

article of bedding or any secondhand stuffed toy that has not 1674  
been sanitized in accordance with section 3713.08 of the Revised 1675  
Code. 1676

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

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

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

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

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

manufacturing, selling, or delivering a mesh crib liner. 1703

(C) The superintendent of industrial compliance shall 1704  
issue a notice of violation to any person found to have violated 1705  
division (A) or (B) of this section. 1706

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

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

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

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

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

**Sec. 4729.01.** As used in this chapter: 1730

(A) "Pharmacy," except when used in a context that refers 1731  
to the practice of pharmacy, means any area, room, rooms, place 1732  
of business, department, or portion of any of the foregoing 1733  
where the practice of pharmacy is conducted. 1734

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

(1) Interpreting prescriptions; 1740

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

(3) Compounding drugs; 1742

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

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

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

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

(8) Acting pursuant to a consult agreement with one or more physicians authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery, if an agreement has been established;

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

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

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

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

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

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

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

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

(a) At the time the request is made, the drug is not commercially available regardless of the reason that the drug is not available, including the absence of a manufacturer for the

drug or the lack of a readily available supply of the drug from a manufacturer.	1787 1788
(b) A limited quantity of the drug is compounded and provided to the professional.	1789 1790
(c) The drug is compounded and provided to the professional as an occasional exception to the normal practice of dispensing drugs pursuant to patient-specific prescriptions.	1791 1792 1793
(D) "Consult agreement" means an agreement that has been entered into under section 4729.39 of the Revised Code.	1794 1795
(E) "Drug" means:	1796
(1) Any article recognized in the United States pharmacopoeia and national formulary, or any supplement to them, intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals;	1797 1798 1799 1800
(2) Any other article intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals;	1801 1802 1803
(3) Any article, other than food, intended to affect the structure or any function of the body of humans or animals;	1804 1805
(4) Any article intended for use as a component of any article specified in division (E) (1), (2), or (3) of this section; but does not include devices or their components, parts, or accessories.	1806 1807 1808 1809
(F) "Dangerous drug" means any of the following:	1810
(1) Any drug to which either of the following applies:	1811
(a) Under the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, the drug is	1812 1813

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;

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

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

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

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

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

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

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

(3) For purposes of sections 4723.4810, 4729.282,  
4730.432, and 4731.93 of the Revised Code, a written,



electronic, or oral order for a drug to treat chlamydia, 1842  
gonorrhoea, or trichomoniasis issued to and in the name of a 1843  
patient who is not the intended user of the drug but is the 1844  
sexual partner of the intended user; 1845

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

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

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

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

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

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

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

medicine and surgery, or podiatric medicine and surgery; 1871

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

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

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

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

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

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

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

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

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

(3) The strength of the drug product if the product 1898  
contains a single active ingredient or if the drug product 1899  
contains more than one active ingredient and a relevant strength 1900  
can be associated with the product without indicating each 1901  
active ingredient. The established name and quantity of each 1902  
active ingredient are required if such a relevant strength 1903  
cannot be so associated with a drug product containing more than 1904  
one ingredient. 1905

(4) The dosage form; 1906

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

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

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

(Q) "Terminal distributor of dangerous drugs" means a 1924  
person who is engaged in the sale of dangerous drugs at retail, 1925  
or any person, other than a wholesale distributor or a 1926

pharmacist, who has possession, custody, or control of dangerous 1927  
drugs for any purpose other than for that person's own use and 1928  
consumption, and includes pharmacies, hospitals, nursing homes, 1929  
and laboratories and all other persons who procure dangerous 1930  
drugs for sale or other distribution by or under the supervision 1931  
of a pharmacist or licensed health professional authorized to 1932  
prescribe drugs. 1933

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

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

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

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

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

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

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

Sec. 4729.45. (A) As used in this section, "physician" 1956  
means an individual authorized under Chapter 4731. of the 1957  
Revised Code to practice medicine and surgery or osteopathic 1958  
medicine and surgery. 1959

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

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

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

(c) Hydroxyprogesterone caproate; 1971

(d) Medroxyprogesterone acetate; 1972

(e) Cobalamin. 1973

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

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

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

<u>(a) of this section;</u>	1984
<u>(2) Receive and maintain certification to perform basic</u>	1985
<u>life-support procedures by successfully completing a basic life-</u>	1986
<u>support training course certified by the American red cross or</u>	1987
<u>American heart association;</u>	1988
<u>(3) Practice in accordance with a protocol that meets the</u>	1989
<u>requirements of division (F) of this section.</u>	1990
<u>(D) Each time a pharmacist administers a drug pursuant to</u>	1991
<u>this section, the pharmacist shall do all of the following:</u>	1992
<u>(1) Obtain permission in accordance with the procedures</u>	1993
<u>specified in rules adopted under division (H) of this section</u>	1994
<u>and comply with the following requirements:</u>	1995
<u>(a) Except as provided in division (D) (1) (c) of this</u>	1996
<u>section, for each drug administered by a pharmacist to an</u>	1997
<u>individual who is eighteen years of age or older, the pharmacist</u>	1998
<u>shall obtain permission from the individual.</u>	1999
<u>(b) For each drug administered by a pharmacist to an</u>	2000
<u>individual who is under eighteen years of age, the pharmacist</u>	2001
<u>shall obtain permission from the individual's parent or other</u>	2002
<u>person having care or charge of the individual.</u>	2003
<u>(c) For each drug administered by a pharmacist to an</u>	2004
<u>individual who lacks the capacity to make informed health care</u>	2005
<u>decisions, the pharmacist shall obtain permission from the</u>	2006
<u>person authorized to make such decisions on the individual's</u>	2007
<u>behalf.</u>	2008
<u>(2) In the case of an opioid antagonist described in</u>	2009
<u>division (B) of this section, obtain in accordance with division</u>	2010
<u>(E) of this section test results indicating that it is</u>	2011

appropriate to administer the drug to the individual if either 2012  
of the following is to be administered: 2013

(a) The initial dose of the drug; 2014

(b) Any subsequent dose, if the administration occurs more 2015  
than thirty days after the previous dose of the drug was 2016  
administered. 2017

(3) Observe the individual to whom the drug is 2018  
administered to determine whether the individual has an adverse 2019  
reaction to the drug; 2020

(4) Notify the physician who prescribed the drug that the 2021  
drug has been administered to the individual. 2022

(E) A pharmacist may obtain the test results described in 2023  
division (D) (2) of this section in either of the following ways: 2024

(1) From the physician; 2025

(2) By ordering blood and urine tests for the individual 2026  
to whom the opioid antagonist is to be administered. 2027

If a pharmacist orders blood and urine tests, the 2028  
pharmacist shall evaluate the results of the tests to determine 2029  
whether they indicate that it is appropriate to administer the 2030  
opioid antagonist. A pharmacist's authority to evaluate test 2031  
results under this division does not authorize the pharmacist to 2032  
make a diagnosis. 2033

(F) All of the following apply with respect to the 2034  
protocol required by division (C) (3) of this section: 2035

(1) The protocol must be established by a physician who 2036  
has a scope of practice that includes treatment of the condition 2037  
for which the individual has been prescribed the drug to be 2038

<u>administered.</u>	2039
<u>(2) The protocol must satisfy the requirements established</u>	2040
<u>in rules adopted under division (H)(1)(b) of this section.</u>	2041
<u>(3) The protocol must do all of the following:</u>	2042
<u>(a) Specify a definitive set of treatment guidelines;</u>	2043
<u>(b) Specify the locations at which a pharmacist may engage</u>	2044
<u>in the administration of drugs pursuant to this section;</u>	2045
<u>(c) Include provisions for implementing the requirements</u>	2046
<u>of division (D) of this section, including for purposes of</u>	2047
<u>division (D)(3) of this section provisions specifying the length</u>	2048
<u>of time and location at which a pharmacist must observe an</u>	2049
<u>individual who receives a drug to determine whether the</u>	2050
<u>individual has an adverse reaction to the drug;</u>	2051
<u>(d) Specify procedures to be followed by a pharmacist when</u>	2052
<u>administering epinephrine, diphenhydramine, or both, to an</u>	2053
<u>individual who has an adverse reaction to a drug administered by</u>	2054
<u>the pharmacist.</u>	2055
<u>(G) A pharmacist shall not do either of the following:</u>	2056
<u>(1) Engage in the administration of drugs pursuant to this</u>	2057
<u>section unless the requirements of division (C) of this section</u>	2058
<u>have been met;</u>	2059
<u>(2) Delegate to any person the pharmacist's authority to</u>	2060
<u>engage in the administration of drugs pursuant to this section.</u>	2061
<u>(H)(1) The state board of pharmacy shall adopt rules to</u>	2062
<u>implement this section. The rules shall be adopted in accordance</u>	2063
<u>with Chapter 119. of the Revised Code and include all of the</u>	2064
<u>following:</u>	2065



(a) Requirements for courses in administration of drugs; 2066

(b) Requirements for protocols to be followed by 2067  
pharmacists in administering drugs pursuant to this section; 2068

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

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

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

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

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

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

learning opportunities offered by the applicable health care 2095  
professional schools, colleges, and other educational 2096  
institutions. 2097

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

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

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

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

(B) As used in this chapter: 2117

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

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

(3) "Federal financial participation" has the same meaning 2122

as in section 5160.01 of the Revised Code. 2123

(4) "Federal poverty line" means the official poverty line 2124  
defined by the United States office of management and budget 2125  
based on the most recent data available from the United States 2126  
bureau of the census and revised by the United States secretary 2127  
of health and human services pursuant to the "Omnibus Budget 2128  
Reconciliation Act of 1981," section 673(2), 42 U.S.C. 9902(2). 2129

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

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

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

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

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

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

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

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

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

~~(13)~~(14) "Nursing facility" and "nursing facility 2152  
services" have the same meanings as in section 5165.01 of the 2153  
Revised Code. 2154

~~(14)~~(15) "Political subdivision" means a municipal 2155  
corporation, township, county, school district, or other body 2156  
corporate and politic responsible for governmental activities 2157  
only in a geographical area smaller than that of the state. 2158

~~(15)~~(16) "Prescribed drug" has the same meaning as in 2159  
section 5164.01 of the Revised Code. 2160

~~(16)~~(17) "Provider agreement" has the same meaning as in 2161  
section 5164.01 of the Revised Code. 2162

~~(17)~~(18) "Qualified medicaid school provider" means the 2163  
board of education of a city, local, or exempted village school 2164  
district, the governing authority of a community school 2165  
established under Chapter 3314. of the Revised Code, the state 2166  
school for the deaf, and the state school for the blind to which 2167  
both of the following apply: 2168

(a) It holds a valid provider agreement. 2169

(b) It meets all other conditions for participation in the 2170  
medicaid school component of the medicaid program established in 2171  
rules authorized by section 5162.364 of the Revised Code. 2172

~~(18)~~(19) "State agency" means every organized body, 2173  
office, or agency, other than the department of medicaid, 2174  
established by the laws of the state for the exercise of any 2175  
function of state government. 2176

~~(19)~~(20) "Vendor offset" means a reduction of a medicaid 2177

payment to a medicaid provider to correct a previous, incorrect 2178  
medicaid payment to that provider. 2179

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

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

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

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

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

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

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

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

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

<u>(5)–(6) The estimated number of enrolled women of child-</u>	2205
<u>bearing age who use a tobacco product;</u>	2206
<u>(7) The estimated number of enrolled women of child-</u>	2207
<u>bearing age who participate in a tobacco cessation program or</u>	2208
<u>who use a tobacco cessation product;</u>	2209
<u>(8) The rates at which enrolled pregnant women receive</u>	2210
<u>addiction or mental health services, progesterone therapy, and</u>	2211
<u>any other service specified by the department;</u>	2212
<u>(6)–(9) A report on birth outcomes, including a comparison</u>	2213
<u>of low-birthweight births and infant mortality rates of medicaid</u>	2214
<u>recipients with the general female child-bearing and infant</u>	2215
<u>population in this state;</u>	2216
<u>(7)–(10) A comparison of the prenatal, delivery, and child</u>	2217
<u>health costs of the program with such costs of similar programs</u>	2218
<u>in other states, where available;</u>	2219
<u>(11) A report on performance data generated by the</u>	2220
<u>component of the state innovation model (SIM) grant pertaining</u>	2221
<u>to episode-based payments for perinatal care that was awarded to</u>	2222
<u>this state by the center for medicare and medicaid innovation in</u>	2223
<u>the United States centers for medicare and medicaid services;</u>	2224
<u>(12) A report on funds allocated for infant mortality</u>	2225
<u>reduction initiatives in the urban and rural communities</u>	2226
<u>specified in rules adopted under section 3701.142 of the Revised</u>	2227
<u>Code;</u>	2228
<u>(13) A report on the results of client responses to</u>	2229
<u>questions related to pregnancy services and healthcheck that are</u>	2230
<u>asked by the personnel of county departments of job and family</u>	2231
<u>services;</u>	2232

(14) A comparison of the performance of the fee-for-service component of medicaid with the performance of each medicaid managed care organization on perinatal health metrics. 2233  
2234  
2235

(B) The department shall submit the report to the general assembly in accordance with section 101.68 of the Revised Code and to the joint medicaid oversight committee. The department also shall make the report available to the public. 2236  
2237  
2238  
2239

**Sec. 5162.135.** (A) As used in this section, "stillbirth" has the same meaning as in section 3701.97 of the Revised Code. 2240  
2241

(B) The department of medicaid shall create an infant mortality scorecard. The scorecard shall report all of the following: 2242  
2243  
2244

(1) The performance of the fee-for-service component of medicaid and each medicaid managed care organization on population health measures, including the infant mortality rate, preterm birth rate, and low-birthweight rate, stillbirth rate, delineated in accordance with division (C) of this section; 2245  
2246  
2247  
2248  
2249

(2) The performance of the fee-for-service component of medicaid and each medicaid managed care organization on service utilization and outcome measures using claims data and data from vital records; 2250  
2251  
2252  
2253

(3) The number and percentage of women who are at least fifteen but less than forty-four years of age who are medicaid recipients; 2254  
2255  
2256

(4) The number of medicaid recipients who delivered a newborn and the percentage of those who reported tobacco use at the time of delivery; 2257  
2258  
2259

(5) The number of prenatal, postpartum, and adolescent 2260

<u>wellness visits made by medicaid recipients;</u>	2261
<u>(6) The percentage of pregnant medicaid recipients who</u>	2262
<u>initiated progesterone therapy during pregnancy;</u>	2263
<u>(7) The percentage of female medicaid recipients of</u>	2264
<u>childbearing age who participate in a tobacco cessation program</u>	2265
<u>or use a tobacco cessation product;</u>	2266
<u>(8) The percentage of female medicaid recipients of</u>	2267
<u>childbearing age who use long-acting reversible contraception;</u>	2268
<u>(9) A comparison of the low-birthweight rate of medicaid</u>	2269
<u>recipients with the low-birthweight rate of women who are not</u>	2270
<u>medicaid recipients;</u>	2271
<u>(10) Any other information on maternal and child health</u>	2272
<u>that the department considers appropriate.</u>	2273
<u>(C) To the extent possible, the performance measures</u>	2274
<u>described in division (B) (1) of this section shall be delineated</u>	2275
<u>in the scorecard as follows:</u>	2276
<u>(1) For each region of the state and the state as a whole,</u>	2277
<u>by race and ethnic group;</u>	2278
<u>(2) For the urban and rural communities specified in rules</u>	2279
<u>adopted under section 3701.142 of the Revised Code, as well as</u>	2280
<u>for any other communities that are the subject of targeted</u>	2281
<u>infant mortality reduction initiatives administered by one or</u>	2282
<u>more state agencies, by race, ethnic group, and census tract.</u>	2283
<u>The scorecard shall be updated each calendar quarter and</u>	2284
<u>made available on the department's internet web site.</u>	2285
<u>(D) The department shall make available the data sources</u>	2286
<u>and methodology used to complete the scorecard to any person or</u>	2287



government entity on request. 2288

Sec. 5162.136. (A) The department of medicaid shall 2289  
conduct periodic reviews to determine the barriers that medicaid 2290  
recipients face in gaining full access to interventions intended 2291  
to reduce tobacco use, prevent prematurity, and promote optimal 2292  
birth spacing. The first review shall occur not later than sixty 2293  
days after the effective date of this section. Thereafter, 2294  
reviews shall be conducted every six months. The department 2295  
shall prepare a report that summarizes the results of each 2296  
review, which must contain the information specified in division 2297  
(C)(1) or (2) of this section, as applicable. Each report shall 2298  
be submitted to the commission on infant mortality, the joint 2299  
medicaid oversight committee, and the general assembly. 2300  
Submissions to the general assembly shall be made in accordance 2301  
with section 101.68 of the Revised Code. 2302

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

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

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

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

(c) An analysis of the performance of the fee-for-service 2316

component of medicaid and the performance of each medicaid 2317  
managed care organization on health metrics pertaining to 2318  
tobacco cessation, prematurity prevention, and birth spacing; 2319

(d) Any other information the department considers 2320  
pertinent to the report's topic. 2321

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

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

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

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

**Sec. 5163.01.** As used in this chapter: 2335

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

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

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

~~"Federally qualified health center" has the same meaning~~ 2342  
~~as in the "Social Security Act," section 1905(1)(2)(B), 42-~~ 2343

<del>U.S.C. 1396d(1)(2)(B).</del>	2344
<del>"Federally qualified health center look-alike" has the</del>	2345
<del>same meaning as in section 3701.047 of the Revised Code.</del>	2346
"Federal poverty line" has the same meaning as in section	2347
5162.01 of the Revised Code.	2348
"Healthy start component" has the same meaning as in	2349
section 5162.01 of the Revised Code.	2350
"Home and community-based services medicaid waiver	2351
component" has the same meaning as in section 5166.01 of the	2352
Revised Code.	2353
"Intermediate care facility for individuals with	2354
intellectual disabilities" and "ICF/IID" have the same meanings	2355
as in section 5124.01 of the Revised Code.	2356
"Mandatory eligibility groups" means the groups of	2357
individuals that must be covered by the medicaid state plan as a	2358
condition of the state receiving federal financial participation	2359
for the medicaid program.	2360
"Medicaid buy-in for workers with disabilities program"	2361
means the component of the medicaid program established under	2362
sections 5163.09 to 5163.098 of the Revised Code.	2363
"Medicaid services" has the same meaning as in section	2364
5164.01 of the Revised Code.	2365
"Medicaid waiver component" has the same meaning as in	2366
section 5166.01 of the Revised Code.	2367
"Nursing facility" and "nursing facility services" have	2368
the same meanings as in section 5165.01 of the Revised Code.	2369
"Optional eligibility groups" means the groups of	2370

individuals who may be covered by the medicaid state plan or a 2371  
federal medicaid waiver and for whom the medicaid program 2372  
receives federal financial participation. 2373

"Other medicaid-funded long-term care services" has the 2374  
meaning specified in rules adopted under section 5163.02 of the 2375  
Revised Code. 2376

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

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

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

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

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

~~are eligible to be qualified providers and request to serve as~~ 2400  
~~qualified providers to serve as qualified providers for purposes~~ 2401  
~~of the presumptive eligibility for pregnant women option.~~ 2402

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

(1) "Children's hospital" has the same meaning as in 2404  
section 2151.86 of the Revised Code. 2405

(2) "Federally qualified health center" has the same 2406  
meaning as in section 1905(1)(2)(B) of the "Social Security 2407  
Act," 42 U.S.C. 1396d(1)(2)(B). 2408

(3) "Federally qualified health center look-alike" has the 2409  
same meaning as in section 3701.047 of the Revised Code. 2410

(4) "Presumptive eligibility for children option" means 2411  
the option available under section 1920A of the "Social Security 2412  
Act," ~~section 1920A,~~ 42 U.S.C. 1396r-1a, to make medical 2413  
assistance with respect to health care items and services 2414  
available to children under the medicaid program during 2415  
presumptive eligibility periods. 2416

(5) "Qualified entity" has the same meaning as in section 2417  
1920A(b)(3) of the "Social Security Act," ~~section 1920A(b)(3),~~ 2418  
42 U.S.C. 1396r-1a(b)(3). 2419

(B) The medicaid director shall implement the presumptive 2420  
eligibility for children option. Children's hospitals, federally 2421  
qualified health centers, and federally qualified health center 2422  
look-alikes, if they are eligible to be qualified entities and 2423  
request to serve as qualified entities, may serve as qualified 2424  
entities for purposes of the presumptive eligibility for 2425  
children option. The director may authorize other types of 2426  
entities that are eligible to be qualified entities and request 2427  
to serve as qualified entities to serve as qualified entities 2428

for purposes of the presumptive eligibility for children option. 2429

Sec. 5164.471. Not less than once each year and in 2430  
accordance with all state and federal laws governing the 2431  
confidentiality of patient-identifying information, the 2432  
department of medicaid shall make summary data regarding 2433  
perinatal services available on request to local organizations 2434  
concerned with infant mortality reduction initiatives and 2435  
recipients of grants administered by the division of family and 2436  
community health services in the department of health. 2437

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

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

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

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

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

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

(B) A medicaid managed care organization shall provide to 2456

a medicaid recipient who meets the criteria in division (C) of 2457  
this section, or arrange for such recipient to receive, both of 2458  
the following types of services: 2459

(1) Home visits, which shall include depression 2460  
screenings, for which federal financial participation is 2461  
available under the targeted ~~care~~case management benefit; 2462

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

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

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

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

Sec. 5167.172. When contracting with a medicaid managed 2486  
care organization that is a health insuring corporation, the 2487  
department of medicaid shall require the organization to promote 2488  
the use of technology-based resources, such as mobile telephone 2489  
or text messaging applications, that offer tips on having a 2490  
healthy pregnancy and healthy baby to medicaid recipients who 2491  
are enrolled in the organization and are pregnant or have an 2492  
infant who is less than one year of age. 2493

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

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

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

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

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

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

(c) Has a plan, approved by the medicaid director, 2512  
specifying how the community hub ensures that children served by 2513  
it receive appropriate developmental screenings as specified in 2514



the publication titled "Bright Futures: Guidelines for Health 2515  
Supervision of Infants, Children, and Adolescents," available 2516  
from the American academy of pediatrics, as well as appropriate 2517  
early and periodic screening, diagnostic, and treatment 2518  
services. 2519

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

(1) Community health worker services; 2528

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

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

(D) The medicaid director shall adopt rules under section 2543

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

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

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

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

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

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

(b) The implementation of other initiatives that are 2572

targeted in the urban and rural communities specified in rules 2573  
adopted under section 3701.142 of the Revised Code, including 2574  
those that use community health workers. 2575

(2) Describes, in detail, the uses and amounts spent of, 2576  
and outcomes from, the \$13,400,000 appropriated in fiscal year 2577  
2016 and fiscal year 2017 for the Department initiative designed 2578  
to engage leaders in high-risk neighborhoods for the purpose of 2579  
connecting women to health care. 2580

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

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

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

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

(D) The Commission shall convene quarterly meetings with 2599  
the qualified community hubs established under division (C) of 2600  
this section. The meetings may be held by telephone, video 2601

conference, or other electronic means. Each meeting shall 2602  
include a discussion on the community hubs' performance data, 2603  
best practices for community hubs, and any other topics the 2604  
Commission considers appropriate. 2605

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

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

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

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

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

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

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

(C) Not later than December 1, 2017, the nonprofit 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.

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

**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.

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

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

(B) Transition to paying for home visiting services based

on outcomes rather than processes. 2660

**Section 8.** (A) As used in this section, "LARC First 2661  
practice" means the practice of a prescriber who promotes 2662  
awareness and use of long-acting reversible contraception as the 2663  
first-line contraceptive option for women, including teens. 2664

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

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

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

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

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

(A) Develop a rental housing assistance program to expand 2688

housing opportunities for extremely low-income households that 2689  
include pregnant women or new mothers; 2690

(B) Submit an implementation plan regarding the rental 2691  
housing assistance program developed pursuant to division (A) of 2692  
this section to the Governor and the General Assembly not later 2693  
than December 31, 2017. 2694

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