

AN ACT

To amend sections 2101.16, 2151.3515, 2151.3516, 2151.3517, 2151.3518, 2151.3519, 2151.3521, 2151.3523, 2151.3525, 2151.3526, 2151.3527, 2151.3529, 2151.3530, 3701.132, 3701.142, 3701.61, 3701.63, 3701.66, 3701.67, 3701.68, 3701.84, 3701.928, 3713.01, 3713.02, 3713.99, 4729.01, 5162.01, 5162.13, 5163.01, 5163.10, 5163.101, and 5167.16; to amend, for the purpose of adopting new section numbers as shown in parentheses, sections 2151.3516 (2151.3517), 2151.3517 (2151.3518), 2151.3518 (2151.3519), 2151.3519 (2151.3521), 2151.3520 (2151.3522), 2151.3521 (2151.3523), 2151.3522 (2151.3524), 2151.3523 (2151.3525), 2151.3524 (2151.3526), 2151.3525 (2151.3528), 2151.3526 (2151.3529), 2151.3527 (2151.3530), 2151.3528 (2151.3531), 2151.3529 (2151.3534), 2151.3530 (2151.3535); to enact new section 2151.3516 and sections 175.14, 175.15, 191.09, 191.10, 2151.3532, 3701.611, 3701.612, 3701.613, 3701.671, 3701.90, 3701.951, 3701.952, 3701.953, 3701.97, 3702.34, 3705.40, 3705.41, 3713.021, 3713.022, 3727.20, 4729.45, 4731.057, 4743.08, 5162.135, 5162.136, 5164.471, 5164.721, 5167.171, 5167.172, 5167.173, and 5167.45 of the Revised Code to provide for the implementation of recommendations made by the Commission on Infant Mortality, to authorize pharmacists to administer by injection certain prescribed drugs, and to make changes to the law permitting controlled desertion of a child not older than thirty days.

Be it enacted by the General Assembly of the State of Ohio:

SECTION 1. That sections 2101.16, 2151.3515, 2151.3516, 2151.3517, 2151.3518, 2151.3519, 2151.3521, 2151.3523, 2151.3524, 2151.3525, 2151.3526, 2151.3527, 2151.3529, 2151.3530, 3701.132, 3701.142, 3701.61, 3701.63, 3701.66, 3701.67, 3701.68, 3701.84, 3701.928, 3713.01, 3713.02, 3713.99, 4729.01, 5162.01, 5162.13, 5163.01, 5163.10, 5163.101, and 5167.16 be amended; sections 2151.3516 (2151.3517), 2151.3517 (2151.3518), 2151.3518 (2151.3519), 2151.3519 (2151.3521), 2151.3520 (2151.3522), 2151.3521 (2151.3523), 2151.3522 (2151.3524), 2151.3523 (2151.3525), 2151.3524 (2151.3526), 2151.3525 (2151.3528), 2151.3526 (2151.3529), 2151.3527 (2151.3530), 2151.3528 (2151.3531), 2151.3529 (2151.3534), and 2151.3530 (2151.3535) be amended for the purpose of adopting new section numbers as shown in parentheses; and new section 2151.3516 and sections 175.14, 175.15, 191.09, 191.10, 2151.3532, 3701.611, 3701.612, 3701.613, 3701.671, 3701.90, 3701.951, 3701.952, 3701.953, 3701.97, 3702.34, 3705.40, 3705.41, 3713.021, 3713.022, 3727.20, 4729.45, 4731.057, 4743.08, 5162.135, 5162.136, 5164.471,

5164.721, 5167.171, 5167.172, 5167.173, and 5167.45 of the Revised Code be enacted to read as follows:

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

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

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

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

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

Sec. 175.15. The Ohio housing finance agency and the Ohio development services agency shall include pregnancy as a priority in its housing assistance programs and local emergency shelter programs. In consultation with the Ohio development services agency, the Ohio housing finance agency may adopt rules in accordance with Chapter 119. of the Revised Code that are necessary to implement the requirements of this section.

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

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

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

- (1) Account, in addition to advertising charges
 -\$ 12.00
 - Waivers and proof of notice of hearing on account,
 - per page, minimum one dollar
 -\$ 1.00

(2)	Account of distribution, in addition to advertising charges	\$	7.00
(3)	Adoption of child, petition for	\$	50.00
(4)	Alter or cancel contract for sale or purchase of real property, complaint to	\$	20.00
(5)	Application and order not otherwise provided for in this section or by rule adopted pursuant to division (E) of this section	\$	5.00
(6)	Appropriation suit, per day, hearing in	\$	20.00
(7)	Birth, application for registration of	\$	7.00
(8)	Birth record, application to correct	\$	5.00
(9)	Bond, application for new or additional	\$	5.00
(10)	Bond, application for release of surety or reduction of	\$	5.00
(11)	Bond, receipt for securities deposited in lieu of	\$	5.00
(12)	Certified copy of journal entry, record, or proceeding, per page, minimum fee one dollar	\$	1.00
(13)	Citation and issuing citation, application for	\$	5.00
(14)	Change of name, petition for		

	.....\$	20.00
(15) Claim, application of administrator or executor for allowance of administrator's or executor's own	.....\$	10.00
(16) Claim, application to compromise or settle	.....\$	10.00
(17) Claim, authority to present	.....\$	10.00
(18) Commissioner, appointment of	.....\$	5.00
(19) Compensation for extraordinary services and attorney's fees for fiduciary, application for	.....\$	5.00
(20) Competency, application to procure adjudication of	.....\$	20.00
(21) Complete contract, application to	.....\$	10.00
(22) Concealment of assets, citation for	.....\$	10.00
(23) Construction of will, complaint for	.....\$	20.00
(24) Continue decedent's business, application to	.....\$	10.00
Monthly reports of operation	.....\$	5.00
(25) Declaratory judgment, complaint for	.....\$	20.00
(26) Deposit of will	.....\$	5.00
(27) Designation of heir	.....\$	20.00

(28)	Distribution in kind, application, assent, and order for	\$ 5.00
(29)	Distribution under section 2109.36 of the Revised Code, application for an order of	\$ 7.00
(30)	Docketing and indexing proceedings, including the filing and noting of all necessary documents, maximum fee, fifteen dollars	\$ 15.00
(31)	Exceptions to any proceeding named in this section, contest of appointment or	\$ 10.00
(32)	Election of surviving partner to purchase assets of partnership, proceedings relating to	\$ 10.00
(33)	Election of surviving spouse under will	\$ 5.00
(34)	Fiduciary, including an assignee or trustee of an insolvent debtor or any guardian or conservator accountable to the probate court, appointment of	\$ 35.00
(35)	Foreign will, application to record	\$ 10.00
	Record of foreign will, additional, per page	\$ 1.00
(36)	Forms when supplied by the probate court, not to exceed	\$ 10.00
(37)	Heirship, complaint to determine	\$ 20.00

(38)	Injunction proceedings\$	20.00
(39)	Improve real property, petition to\$	20.00
(40)	Inventory with appraisal\$	10.00
(41)	Inventory without appraisal\$	7.00
(42)	Investment or expenditure of funds, application for\$	10.00
(43)	Invest in real property, application to\$	10.00
(44)	Lease for oil, gas, coal, or other mineral, petition to\$	20.00
(45)	Lease or lease and improve real property, petition to\$	20.00
(46)	Marriage license\$	10.00
	Certified abstract of each marriage\$	2.00
(47)	Minor or incompetent person, etc., disposal of estate under twenty-five thousand dollars of\$	10.00
(48)	Mortgage or mortgage and repair or improve real property, complaint to\$	20.00
(49)	Newly discovered assets, report of\$	7.00

(50)	Nonresident executor or administrator to bar creditors' claims, proceedings by\$	20.00
(51)	Power of attorney or revocation of power, bonding company\$	10.00
(52)	Presumption of death, petition to establish\$	20.00
(53)	Probating will\$	15.00
	Proof of notice to beneficiaries\$	5.00
(54)	Purchase personal property, application of surviving spouse to\$	10.00
(55)	Purchase real property at appraised value, petition of surviving spouse to\$	20.00
(56)	Receipts in addition to advertising charges, application and order to record\$	5.00
	Record of those receipts, additional, per page\$	1.00
(57)	Record in excess of fifteen hundred words in any proceeding in the probate court, per page\$	1.00
(58)	Release of estate by mortgagee or other lienholder\$	5.00
(59)	Relieving an estate from administration under section 2113.03 of the Revised Code or granting an order for a summary release from administration	

	under section 2113.031 of the Revised Code	
	.....	\$ 60.00
(60)	Removal of fiduciary, application for	
	.....	\$ 10.00
(61)	Requalification of executor or administrator	
	.....	\$ 10.00
(62)	Resignation of fiduciary	
	.....	\$ 5.00
(63)	Sale bill, public sale of personal property	
	.....	\$ 10.00
(64)	Sale of personal property and report, application for	
	.....	\$ 10.00
(65)	Sale of real property, petition for	
	.....	\$ 25.00
(66)	Terminate guardianship, petition to	
	.....	\$ 10.00
(67)	Transfer of real property, application, entry, and certificate for	
	.....	\$ 7.00
(68)	Unclaimed money, application to invest	
	.....	\$ 7.00
(69)	Vacate approval of account or order of distribution, motion to	
	.....	\$ 10.00
(70)	Writ of execution	
	.....	\$ 5.00
(71)	Writ of possession	
	.....	\$ 5.00
(72)	Wrongful death, application and settlement of claim for	

	.....\$	20.00
(73) Year's allowance, petition to review	.....\$	7.00
(74) Guardian's report, filing and review of	.....\$	5.00
(75) Mentally ill person subject to court order, filing of affidavit and proceedings for	.....\$	25.00

(B)(1) In relation to an application for the appointment of a guardian or the review of a report of a guardian under section 2111.49 of the Revised Code, the probate court, pursuant to court order or in accordance with a court rule, may direct that the applicant or the estate pay any or all of the expenses of an investigation conducted pursuant to section 2111.041 or division (A)(2) of section 2111.49 of the Revised Code. If the investigation is conducted by a public employee or investigator who is paid by the county, the fees for the investigation shall be paid into the county treasury. If the court finds that an alleged incompetent or a ward is indigent, the court may waive the costs, fees, and expenses of an investigation.

(2) In relation to the appointment or functioning of a guardian for a minor or the guardianship of a minor, the probate court may direct that the applicant or the estate pay any or all of the expenses of an investigation conducted pursuant to section 2111.042 of the Revised Code. If the investigation is conducted by a public employee or investigator who is paid by the county, the fees for the investigation shall be paid into the county treasury. If the court finds that the guardian or applicant is indigent, the court may waive the costs, fees, and expenses of an investigation.

(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 duties related to the putative father registry, the department may use the surplus moneys in the fund as permitted in division (C) of section ~~2151.3529~~ 2151.3534, division (B) of section 2151.3530, or section 5103.155 of the Revised Code.

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

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

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

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

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

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

- (1) A physician who has been granted privileges to practice at the hospital;
- (2) A nurse, physician assistant, or nursing assistant employed by the hospital;
- (3) An authorized person employed by the hospital who is acting under the direction of a physician described in division (E)(1) of this section.

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

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

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

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

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

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

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

Sec. ~~2151.3516~~ 2151.3517. The following entities or persons, while acting in an official capacity on behalf of any of the entities, shall take possession of a child who is thirty days old or younger if that child's parent has voluntarily delivered the child to that person without the parent expressing an intent to return for the child. ~~delivered in accordance with section 2151.3516 of the~~

Revised Code:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(D) Make an investigation concerning the child;

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

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

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

(H) Prepare and keep written records of the investigation of the child, of the care and

treatment afforded the child, and any other records required by the department of job and family services.

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

Sec. ~~2151.3520~~ 2151.3522. If a juvenile court adjudicates a child a deserted child, the court shall commit the child to the temporary custody of a public children services agency or a private child placing agency. The court shall consider the order committing the child to the temporary custody of the agency to be an order of disposition issued under division (A)(2) of section 2151.353 of the Revised Code with respect to a child adjudicated a neglected child.

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

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

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

(B) A person who delivers or attempts to deliver a child who has suffered any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect of the child is not immune from civil or criminal liability for abuse or neglect.

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

(D) A person or ~~governmental~~ entity that takes possession of a child pursuant to section ~~2151.3516-2151.3517~~ of the Revised Code or takes emergency temporary custody of and provides

temporary emergency care for a child pursuant to section ~~2151.3518-2151.3519~~ of the Revised Code is immune from any criminal liability that might otherwise be incurred or imposed as a result of these actions, unless the person or entity has acted in bad faith or with malicious purpose.

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

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 2151.3532. Not later than one hundred eighty days after the effective date of this section, the director of the department of health shall adopt rules in accordance with Chapter 119. of the Revised Code governing newborn safety incubators provided by entities described in section 2151.3517 of the Revised Code. The rules shall provide for all of the following:

- (A) Sanitation standards;
- (B) Procedures to provide emergency care for a child delivered to an incubator;
- (C) Manufacturing and manufacturer standards;
- (D) Design and function requirements that include the following:
 - (1) Take into account installation at a law enforcement agency, a hospital, or an emergency medical service organization;
 - (2) Allow a child to be placed anonymously from outside the facility;
 - (3) Lock the incubator after a child is placed in it so that a person outside the facility is unable to access the child;
 - (4) Provide a controlled environment for the care and protection of the child;
 - (5) Provide notification to a centralized location in the facility within thirty seconds of a child being placed in the incubator;
 - (6) Trigger a 9-1-1 call if a facility does not respond within a reasonable amount of time after a child is placed in the facility's incubator.
- (E) Operating policies, supervision, and maintenance requirements for an incubator, including requirements that only a peace officer, emergency medical service worker, or hospital employee supervise the incubator and take custody of a child placed in it;
- (F) Qualifications for persons to install incubators;
- (G) Procedures and forms for the registration of qualified incubator installers;
- (H) Costs for registering and regulating incubators and fees to cover those costs;
- (I) Creating and posting signs to be placed near or on incubators to provide information about using them;
- (J) Enforcement of and remedies for violations for failure to comply with the requirements governing incubators;
- (K) Any other requirement the department considers necessary to ensure the safety and welfare of a child placed in an incubator.

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

(B) The director shall promulgate written materials to be ~~given~~ made available to the parents of a child delivered pursuant to section 2151.3516 of the Revised Code. The materials shall describe

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

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

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

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

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

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

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

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

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

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

Sec. 3701.142. ~~(E)~~ The director of health, in consultation with the medicaid director, shall

adopt rules specifying ~~The the urban and rural communities; that have the highest infant mortality rates in this state. The communities shall be identified by zip code or portions of zip codes that are contiguous; that have the highest infant mortality rates in this state; . The~~

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

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

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

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

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

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

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

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

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

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

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

(c) Reduction in tobacco use by pregnant women, new parents, and others living in

households with children. The-

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

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

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

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

(2) Eligibility requirements for providers of home visiting services;

(3) Standards and procedures for the provision of program services, including data collection, program monitoring, and program evaluation;

(4) Procedures for appealing the denial of an application for program services or the termination of services;

(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;

(6) Procedures for addressing complaints;

(7) The program performance indicators on which data must be reported by providers of home visiting services under division ~~(D)-(F)~~ of this section, which, to the extent possible, shall be consistent with federal reporting requirements for federally funded home visiting services;

(8) The format in which reports must be submitted under division ~~(D)-(F)~~ of this section and the time frames within which the reports must be submitted;

(9) Criteria for payment of approved providers of program services;

(10) Any other rules necessary to implement the program.

(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.

Sec. 3701.611. (A) Not later than six months after the effective date of this section, the department of health and the department of developmental disabilities shall create a central intake and referral system for the state's part C early intervention services program and all home visiting programs operating in this state. The system shall comply with all regulations governing the part C early intervention program for infants and toddlers with disabilities that are promulgated under the "Individuals with Disabilities Education Act of 1997," 20 U.S.C. 1400, as amended. Through a competitive bidding process, the department of health and department of developmental disabilities may select one or more persons or government entities to operate the system.

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

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

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

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

Sec. 3701.612. (A) The Ohio home visiting consortium is hereby created. The purpose of the consortium is to ensure that home visiting services provided by home visiting programs operating in this state, as well as home visiting services provided or arranged for by medicaid managed care organizations, are high-quality and delivered through evidence-based or innovative, promising home visiting models. It is the intent of the general assembly that all home visiting services provided in this state do both of the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(7) One individual who represents medicaid managed care organizations, recommended by

the board of trustees of the Ohio association of health plans;

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

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

(10) An individual who receives home visiting services from the help me grow program;

(11) Two members of the senate, one from the majority party and one from the minority party, each appointed by the senate president;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(4) "Freestanding birthing center" has the same meaning as in section 3702.141 of the

Revised Code.

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

(a) The hospital has a maternity unit.

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

(6) "Infant" means a child who is less than one year of age.

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

(8) "Other person responsible for the infant" includes a foster caregiver.

(9) "Parent" means either parent, unless the parents are separated or divorced or their marriage has been dissolved or annulled, in which case "parent" means the parent who is the residential parent and legal custodian of the child. "Parent" also means a prospective adoptive parent with whom a child is placed.

(10) "Shaken baby syndrome" means signs and symptoms, including, but not limited to, retinal hemorrhages in one or both eyes, subdural hematoma, or brain swelling, resulting from the violent shaking or the shaking and impacting of the head of an infant or small child.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) "Critical access hospital" means a facility designated as a critical access hospital by the

director of health under section 3701.073 of the Revised Code.

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

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

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

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

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

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

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

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

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

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

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

(1) The number of safe cribs that the facility obtained and distributed by using its own

resources as described in division (C)(1) of this section since the last time the facility reported this information to the department;

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

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

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

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

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

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

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

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

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

This division does not eliminate, limit, or reduce any other immunity or defense that a facility, or an employee, contractor, or volunteer of a facility, may be entitled to under Chapter 2744.

of the Revised Code, or any other provision of the Revised Code, or the common law of this state.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(C) The commission shall consist of the following members:

(1) Two members of the senate, one from the majority party and one from the minority party, each appointed by the senate president;

(2) Two members of the house of representatives, one from the majority party and one from the minority party, each appointed by the speaker of the house of representatives;

(3) The executive director of the office of health transformation or the executive director's designee;

(4) The medicaid director or the director's designee;

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

(6) The director of developmental disabilities or the director's designee;

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

~~(7)-(8)~~ The attorney general or the attorney general's designee;
~~(8)-(9)~~ A health commissioner of a city or general health district, appointed by the governor;
~~(9)-(10)~~ A coroner, deputy coroner, or other person who conducts death scene investigations, appointed by the governor;
~~(10)-(11)~~ An individual who represents the Ohio hospital association, appointed by the association's president;
~~(11)-(12)~~ An individual who represents the Ohio children's hospital association, appointed by the association's president;
~~(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.

(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.

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.

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~Sec. 3701.928. (A) The director of health or, at the director's request, the patient-centered~~

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

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

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

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

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

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

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

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

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

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

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

control and prevention (CDC) for PRAMS questionnaires.

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) Review the stillbirth data described in division (B)(1) of this section and identify potential trends in the incidence of stillbirth and the possible causes of, and conditions that could lead to or

indicate the possible occurrence of, stillbirth:

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) The hospital has a maternity unit.

(b) The hospital receives for care infants who have been transferred to it from other facilities

and who have never been discharged to their residences following birth.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 4729.01. As used in this chapter:

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

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

- (1) Interpreting prescriptions;
- (2) Dispensing drugs and drug therapy related devices;
- (3) Compounding drugs;
- (4) Counseling individuals with regard to their drug therapy, recommending drug therapy related devices, and assisting in the selection of drugs and appliances for treatment of common diseases and injuries and providing instruction in the proper use of the drugs and appliances;
- (5) Performing drug regimen reviews with individuals by discussing all of the drugs that the individual is taking and explaining the interactions of the drugs;
- (6) Performing drug utilization reviews with licensed health professionals authorized to prescribe drugs when the pharmacist determines that an individual with a prescription has a drug regimen that warrants additional discussion with the prescriber;
- (7) Advising an individual and the health care professionals treating an individual with regard to the individual's drug therapy;
- (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.

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

(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.

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

(E) "Drug" means:

(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;

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

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

(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.

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

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

(a) Under the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, the drug is required to bear a label containing the legend "Caution: Federal law prohibits dispensing without prescription" or "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian" or any similar restrictive statement, or the drug may be dispensed only upon a prescription;

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

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

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

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

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

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

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

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

partner of the intended user;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) The proprietary name of the drug product;

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

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

(4) The dosage form;

(5) The price charged for a specific quantity of the drug product. The stated price shall include all charges to the consumer, including, but not limited to, the cost of the drug product,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(c) Hydroxyprogesterone caproate;

(d) Medroxyprogesterone acetate;

(e) Cobalamin.

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

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

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

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

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

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

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

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

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

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

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

(a) The initial dose of the drug;

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

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

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

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

(1) From the physician;

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

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

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

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

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

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

(a) Specify a definitive set of treatment guidelines;

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

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

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

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

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

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

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

(a) Requirements for courses in administration of drugs;

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

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

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

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

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

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

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

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

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

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

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

(B) As used in this chapter:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) It holds a valid provider agreement.

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

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

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

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

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

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

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

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

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

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

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

- (5) The number of prenatal, postpartum, and child health visits;
- ~~(5)-(6)~~ The estimated number of enrolled women of child-bearing age who use a tobacco product;
- ~~(7)~~ The estimated number of enrolled women of child-bearing age who participate in a tobacco cessation program or who use a tobacco cessation product;
- (8) The rates at which enrolled pregnant women receive addiction or mental health services, progesterone therapy, and any other service specified by the department;
- ~~(6)-(9)~~ A report on birth outcomes, including a comparison of low-birthweight births and infant mortality rates of medicaid recipients with the general female child-bearing and infant population in this state;
- ~~(7)-(10)~~ A comparison of the prenatal, delivery, and child health costs of the program with such costs of similar programs in other states, where available;
- ~~(11)~~ A report on performance data generated by the component of the state innovation model (SIM) grant pertaining to episode-based payments for perinatal care that was awarded to this state by the center for medicare and medicaid innovation in the United States centers for medicare and medicaid services;
- ~~(12)~~ A report on funds allocated for infant mortality reduction initiatives in the urban and rural communities specified in rules adopted under section 3701.142 of the Revised Code;
- ~~(13)~~ A report on the results of client responses to questions related to pregnancy services and healthcheck that are asked by the personnel of county departments of job and family services;
- ~~(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.
- (B) The department shall submit the report to the general assembly in accordance with section 101.68 of the Revised Code and to the joint medicaid oversight committee. The department also shall make the report available to the public.
- Sec. 5162.135. (A) As used in this section, "stillbirth" has the same meaning as in section 3701.97 of the Revised Code.
- ~~(B)~~ The department of medicaid shall create an infant mortality scorecard. The scorecard shall report all of the following:
- ~~(1)~~ The performance of the fee-for-service component of medicaid and each medicaid managed care organization on population health measures, including the infant mortality rate, preterm birth rate, and low-birthweight rate, stillbirth rate, delineated in accordance with division (C) of this section;
- ~~(2)~~ The performance of the fee-for-service component of medicaid and each medicaid managed care organization on service utilization and outcome measures using claims data and data from vital records;
- ~~(3)~~ The number and percentage of women who are at least fifteen but less than forty-four years of age who are medicaid recipients;
- ~~(4)~~ The number of medicaid recipients who delivered a newborn and the percentage of those who reported tobacco use at the time of delivery;
- ~~(5)~~ The number of prenatal, postpartum, and adolescent wellness visits made by medicaid recipients;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(c) Any other information the department considers pertinent.

Sec. 5163.01. As used in this chapter:

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

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

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

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

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

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

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

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

"Intermediate care facility for individuals with intellectual disabilities" and "ICF/IID" have the same meanings as in section 5124.01 of the Revised Code.

"Mandatory eligibility groups" means the groups of individuals that must be covered by the medicaid state plan as a condition of the state receiving federal financial participation for the medicaid program.

"Medicaid buy-in for workers with disabilities program" means the component of the medicaid program established under sections 5163.09 to 5163.098 of the Revised Code.

"Medicaid services" has the same meaning as in section 5164.01 of the Revised Code.

"Medicaid waiver component" has the same meaning as in section 5166.01 of the Revised Code.

"Nursing facility" and "nursing facility services" have the same meanings as in section 5165.01 of the Revised Code.

"Optional eligibility groups" means the groups of individuals who may be covered by the medicaid state plan or a federal medicaid waiver and for whom the medicaid program receives federal financial participation.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) Community health worker services;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) Identify opportunities to improve the programs and policies described in division (A)(1)

of this section;

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

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

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

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

(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.

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

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

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

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

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

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

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

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

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

Speaker _____ *of the House of Representatives.*

President _____ *of the Senate.*

Passed _____, 20____

Approved _____, 20____

Governor.

Sub. S. B. No. 332

131st G.A.

The section numbering of law of a general and permanent nature is complete and in conformity with the Revised Code.

Director, Legislative Service Commission.

Filed in the office of the Secretary of State at Columbus, Ohio, on the ____ day of _____, A. D. 20 ____.

Secretary of State.

File No. _____ Effective Date _____