

---

---

## DEPARTMENT OF HEALTH

### **Nurse aide eligibility**

- Establishes an alternative condition that an individual may satisfy to be eligible for employment as a nurse aide in a long-term care facility – that the individual has successfully completed both a training course provided in a nursing home operated by the U.S. Department of Veterans Affairs and a competency evaluation program conducted by the Department of Health (ODH).

### **Health care facilities**

#### **Change of owner licenses – hospitals**

- Eliminates current law provisions requiring a hospital's new owner to apply to the ODH Director for a license transfer and replaces them with provisions establishing the following: (1) a process for an entering owner to apply for a change of owner license and (2) conditions that must be met before the Director issues the new license, including those requiring the disclosure of certain ownership interests in the hospital.

#### **Residential care facility license – continued operation during application period**

- Specifies that a residential facility or independent living facility that applies for a license to operate as a residential care (assisted living) facility may continue to operate as a residential facility or independent living facility while its application is pending.
- Restricts a residential facility or independent living facility from providing care to more than two residents while the application is pending.

#### **Radiation-generating equipment – inspection fee increases**

- Increases inspection fee amounts for certain radiation-generating equipment used in facilities operated by medical practitioners or medical-practitioner groups.

### **Youth homelessness funds**

- Prohibits the distribution of funds earmarked to address homelessness in youth and pregnant women to youth shelters that promote or affirm social gender transition.

### **Abortion**

#### **Reporting changes**

- Changes the annual deadline for ODH's existing report regarding abortions during the previous calendar year to March 1, rather than September 30.
- Clarifies that the existing physician abortion reporting requirement (1) applies to abortions performed by both surgical procedure and abortion-inducing drugs, and (2) must include each pregnant woman's state of residence in addition to zip code.

- Requires hospital monthly and annual abortion reports under existing law to include the total number of Ohio residents versus non-Ohio residents who have undergone a post-12-week abortion and received postabortion care.
- Changes the deadline for ODH’s annual report on abortion data from the previous year to March 1 (from October 1) and clarifies that the report must include the number performed on Ohio residents and the number performed on nonresidents.
- Requires ODH to develop a public electronic dashboard and publish monthly abortion data that includes specified information.
- Requires the annual report and monthly dashboard to be updated to include the total number of abortions performed on minors by each facility in the categories of under 16 years of age and 16 to 17 years of age.
- Requires that the annual report and monthly dashboard update and sort by age category the total number of previous abortions the woman has undergone and the total number of in-state versus out-of-state women who had abortions.

### **Genetic Services funds**

- Eliminates the exception authorizing ODH Genetics Services funds to be used to counsel or refer for abortion in the case of a medical emergency.

### **Deposit of vital statistics fees by ODH**

- Transfers from the Treasurer of State to ODH the duty to deposit vital statistics fees into the state treasury to the credit of the Children’s Trust Fund.

### **Program for Children and Youth with Special Health Care Needs**

- Extends the age limit for the Program for Children and Youth with Special Health Care Needs from 25 to 26.

### **Save Our Sight Fund – health professional licensure**

- Requires certain health professional licensing boards to ask an applicant for licensure or renewal if the applicant wishes to voluntarily contribute to the Save Our Sight Fund.
- Requires amounts collected by the boards to be deposited into the state treasury to the credit of the fund.

### **OhioSEE Program**

- Requires ODH to establish the Ohio Student Eye Exam Program, or OhioSEE, to provide students in kindergarten through third grade with vision care services, including vision screenings, eye examinations, and glasses.

## **Children’s Dental Services Program**

- Requires ODH to establish the Children’s Dental Services Program to provide children in underserved areas with dental care services, including screenings, treatment, and preventive care.

## **Medical Quality Assurance Fund**

- Modifies the Medical Quality Assurance Fund by (1) requiring all investment earnings to be credited to it and (2) permitting the Treasurer of State to invest any excess amounts.

## **Type 1 diabetes informational materials**

- Requires ODH to create informational materials on type 1 diabetes for parents, guardians, educators, and other persons having care or charge of children.
- Requires schools that serve elementary school students to provide an electronic or paper copy of those materials to each student’s parent or guardian.

## **Lead abatement tax credit**

- Increases to \$50,000 (from \$10,000) the maximum amount of the tax credit that can be issued by the Director of Health for lead abatement.

## **Scope of environmental health specialists’ practice**

- Removes the administration or enforcement of the hazardous waste law from the scope of practice of environmental health that an environmental health specialist or environmental health specialist in training may engage in.

## **Household sewage treatment system – soil and slope inspection**

- Prohibits the ODH Director from adopting rules requiring a soil evaluator or soil scientist to evaluate the soil type and slope with respect to a household sewage treatment system or a proposed household sewage treatment system.

## **Nurse aide eligibility**

(R.C. 3721.32)

The bill establishes an alternative condition that an individual may satisfy to be eligible for employment as a nurse aide in a long-term care facility – the successful completion of both of the following: (1) a training course provided by the U.S. Department of Veterans Affairs (VA) in a VA-operated community living center (a VA nursing home) that the Director of Health determines is similar to a training and competency evaluation program conducted by the Department of Health (ODH) and (2) an ODH-conducted competency evaluation program.

In general, to be listed on ODH’s nurse aide registry and therefore eligible for employment in a long-term care facility, an individual must successfully complete both an ODH-approved training and competency evaluation program and an ODH-conducted competency evaluation program. Note that the bill maintains all other existing law alternative conditions.

## Health care facilities

### Change of owner licenses – hospitals

(R.C. 3722.04 and 3722.06)

The bill eliminates current law provisions requiring a hospital's new owner to apply to the ODH Director for a license transfer and replaces them with provisions establishing the following: (1) a process by which an entering owner may apply for a license and (2) conditions that must be met before the Director issues the new license, including those requiring the disclosure of certain ownership interests in the hospital.

#### Application procedures

If a change of owner is proposed for a hospital, the entering owner must apply to the ODH Director for a license to operate the hospital. The application must be submitted not later than 45 days before the date of the proposed change of owner, but the ODH Director may waive that timeline in the event of an emergency.

As soon as practicable after receiving a completed application, the ODH Director must review it to determine if the bill's requirements and rules adopted by the ODH Director have been met. If the ODH Director makes such a determination, a notice of intent to grant a change of owner license must be issued, with the license's issuance contingent on the submission of documents evidencing completion of the change of owner transaction.

#### Eligibility

To be eligible for the license, an entering owner must submit a complete application, pay the change of owner fee specified by the ODH Director in rule, and satisfy all of the following:

- Identify the one or more individuals that own, directly or indirectly, at least 5% of the following: the entering owner, if the entering owner is an entity; the owner of the building or buildings in which the hospital is located, if the owner differs from the entering owner; or each related party that provides services to the hospital;
- With respect to any identified individual, disclose the exact percentage of the individual's ownership interest;
- Disclose whether any identified individual owned an interest in a hospital licensed by the ODH Director or by another state and whether any of the following events occurred within the five years immediately preceding the application date: the hospital closed; the hospital or its owner was the subject of receivership proceedings; the hospital's license was suspended, denied, or revoked; the hospital was the subject of injunction proceedings initiated by a regulatory agency; or a civil or criminal action was filed against the hospital by a state or federal entity;
- Provide any other information the ODH Director considers necessary.

## **Additional requirements**

### ***Evidence of a bond***

The bill requires an applicant to submit the ODH Director evidence of a bond in an amount not less than the product of the number of hospital beds multiplied by \$10,000. The requirement does not apply to an applicant identifying direct or indirect ownership of at least 50% of the entering owner.

The bond must be renewed, replaced, or maintained for five years after the effective date of a change of owner. The aggregate liability of a surety must not exceed the sum of the bond, which is not cumulative from period to period. If the bond is not renewed, replaced, or maintained, the ODH Director is required to revoke the hospital's license after providing 30 days' notice to the owner. The bond must be released five years after the effective date of the change of owner if none of the events described below have occurred.

The ODH Director may utilize the bond to pay expenses incurred by the ODH Director of another state official or agency if any of the following occurs during the five-year period for which the bond is required:

- The hospital closes;
- The hospital is the subject of bankruptcy proceedings;
- The hospital is the subject of receivership proceedings;
- The license to operate the hospital is suspended, denied, or revoked;
- The hospital undergoes a change of ownership, unless the new applicant submits a bond.

### ***Prior experience***

The applicant also must demonstrate to the ODH Director that the entering owner or person who will have operational control of the hospital has at least five years' experience with operational control of a hospital licensed by the Director or by another state.

### ***Attestations***

The applicant also must attest all of the following to the ODH Director:

- That the entering owner has developed quality assurance and risk management plans for the hospital's operation;
- That the entering owner has general and professional liability insurance coverage that provides coverage of at least \$1 million per occurrence and \$3 million aggregate;
- That sufficient numbers of qualified staff, by training or experience, will be employed to properly care for the type and number of hospital patients.

### **Denial of change of ownership**

The ODH Director is required by the bill to deny a change of owner application when the bill's requirements and any rules adopted by the Director have not been met.

### ***Additional grounds for denial***

The bill sets forth two additional grounds under which the ODH Director must deny a change of owner license. Each relates to the prior history of an entering owner or other ownership interest.

In the case of an entering owner or individual identified as owning, directly or indirectly, 25% or more of the entering owner, the ODH Director must deny the change of owner application if both of the following criteria are met:

- The entering owner or individual has or had either of the following relationships with a currently or previously licensed hospital by the Director or by another state:
  - 50% or more direct or indirect ownership in the hospital;
  - Alone or together with one or more other persons, operational control of the hospital.
- Any of the following occurred with respect to the current or previously licensed hospital within the five years immediately preceding the date of application:
  - Involuntary closure of the hospital by a regulatory agency or voluntary closure in response to licensure or certification action;
  - Voluntary or involuntary bankruptcy proceedings that are not dismissed within 60 days of filing for bankruptcy;
  - Voluntary or involuntary receivership proceedings that are not dismissed within 60 days of the proceedings' initiation;
  - License suspension, denial, or revocation for failure to comply with operating standards.

In the case of a change of 25% or more of the property ownership interest in a hospital that occurs in connection with the change of owner, the ODH Director must deny the change of owner license if the person who acquired the property ownership interest meets both of the following criteria:

- The person has or had either of the following relationships to a hospital currently or previously licensed by the Director or by another state:
  - 50% or more direct or indirect property ownership in the hospital;
  - Alone or together with one or more other persons, operational control of the hospital.
- Any of the following occurred with respect to the current or previously licensed hospital within the five years immediately preceding the date of application:
  - Involuntary closure of the hospital by a regulatory agency or voluntary closure in response to licensure or certification action;
  - Voluntary or involuntary bankruptcy proceedings that are not dismissed within 60 days of filing for bankruptcy;

- Voluntary or involuntary receivership proceedings that are not dismissed within 60 days of the proceedings' initiation;
- License suspension, denial, or revocation for failure to comply with operating standards.

### **Appealing a denial**

The bill authorizes an applicant who has been denied a change of owner license to appeal that decision. The appeal is governed by Ohio's Administrative Procedure Act (R.C. Chapter 119).

### **Entering owner duties**

An entering owner is required to perform all of the following duties:

- As soon as practicable after discovering an error, omission, or change of information in the entering owner's application, notify the ODH Director of the error, omission, or change;
- When a change in the information or documentation required by the bill occurs after the change of owner license is issued, notify the ODH Director of the change in the information or documentation within 10 days of its occurrence;
- Truthfully supply to the ODH Director any additional information or documentation that the Director requests;
- Refrain from completing the change of owner transaction until after the ODH Director issues to the entering owner notice of the Director's intent to grant a change of owner;
- Within five days of completing the change of owner transaction, submit to the ODH Director the final document evidencing its completion.

### ***Entering owner penalties***

Should an entering owner (1) fail to notify the ODH Director of (a) errors, omissions, or changes in the application or (b) changes in information or documentation occurring after the license issues or (2) fail to truthfully supply any other information or documentation that the Director requests, the Director must impose on the entering owner a civil penalty in the amount of \$2,000 for each day of noncompliance.

### **Investigations and additional penalties**

The bill requires the ODH Director to investigate an allegation that a change of owner occurred and the entering owner failed to submit an application in accordance with the bill's provisions. The Director also must investigate an allegation that an application included fraudulent information. In conducting an investigation, the Director may request the Attorney General's assistance.

If the ODH Director becomes aware – by means of an investigation or otherwise – that an entering owner failed to submit an application or that an application included fraudulent information, the bill requires the Director to impose on the entering owner a civil penalty in the amount of \$2,000 for each day of noncompliance after the date the change of owner occurred.

If an entering owner fails to submit an application or new application for a change of owner license within 60 days of the ODH Director becoming aware of the change of owner, the Director must begin the current law process for revoking the license.

### **Rulemaking**

The bill grants the ODH Director authority to adopt rules as necessary to implement the bill's provisions. It also revises existing law requiring the Director to adopt rules establishing procedures for transferring licenses to specify that those procedures instead relate to changing owners.<sup>76</sup> All rules must be adopted in accordance with Ohio's Administrative Procedure Act (R.C. Chapter 119).

### **Legislative intent**

The bill specifies that, in amending existing law, it is the intent of the General Assembly to require full and complete disclosure and transparency with respect to the ownership, operation, and management of each licensed hospital undergoing a change of owner.

### **Residential care facility license – continued operation during application period**

(R.C. 3721.074)

The bill specifies that when a residential facility or an independent living facility applies to the ODH Director for a license as a residential care facility (generally referred to as an assisted living facility), the residential facility or independent living facility may continue to operate while the application is under consideration by the Director. The bill prohibits a residential facility or independent living facility from providing care to more than two residents while such an application is pending.

### **Radiation-generating equipment – inspection fee increases**

(R.C. 3748.13)

The bill increases as follows inspection fee amounts for certain radiation-generating equipment used in facilities operated by medical practitioners or medical-practitioner groups:

- For a first dental x-ray tube, from \$155 to \$310;
- For each additional dental x-ray tube at the same location, from \$77 to \$154;
- For a first medical x-ray tube, from \$307 to \$614;
- For each additional medical x-ray tube at the same location, from \$163 to \$326;
- For each unit of ionizing radiation-generating equipment capable of operating at or above 250 kilovoltage peak, from \$610 to \$1,220;
- For a first nonionizing radiation-generating equipment of any kind, from \$307 to \$614;

---

<sup>76</sup> R.C. 3722.06.



- For each additional nonionizing radiation-generating equipment of any kind at the same location, from \$163 to \$326.

Note that the bill maintains the law establishing an inspection fee schedule for such equipment.

## Youth homelessness funds

(Section 291.20)

The bill prohibits the distribution of funds earmarked to address homelessness in youth and pregnant women to youth shelters that promote or affirm social gender transition, in which an individual goes from identifying with and living as a gender that corresponds to the individual's biological sex to identifying with and living as a gender different from the individual's biological sex.

## Abortion

### Reporting changes

(R.C. 2919.171 and 3701.79)

The bill changes to March 1, from September 30, the date by which ODH must issue a public report required under current law on statistics for all abortion reports it receives from the previous calendar year. Under continuing law unchanged by the bill, ODH must ensure that none of the information in the report could reasonably lead to the identification of any pregnant woman upon whom an abortion is performed.

Current law requires a physician who performs or induces or attempts to perform or induce an abortion to complete an individual abortion report for each abortion. The bill clarifies that the requirement applies to abortions performed by both surgical procedure and abortion-inducing drugs. Further, it specifies that the statutorily required information to be included in the report must include the pregnant woman's state of residence in addition to her zip code (as required under current law).

The monthly and annual abortion reports hospitals must file under current law for women who have undergone a post-12-week abortion and received postabortion care must, under the bill, include the total number of Ohio residents and the total number non-Ohio residents.

The bill changes the date to March 1, from October 1, by which ODH must issue its existing annual report on abortion data from the previous year. Additionally, the bill requires ODH to develop a public electronic dashboard to publish monthly the abortion data reported to it. The annual report and monthly dashboard update must include, in addition to information required under existing law, the following information:

- The number of abortions performed on Ohio *residents* and *the number performed on out-of-state residents*, which under the bill must be sorted by the age of the woman on whom the abortion was performed, as described below;
- The number of zygotes, blastocytes, embryos, or fetuses previously aborted by the woman must also, under the bill, be sorted by the woman's age;

- The total number of abortions performed on minors by each facility in the categories of under 16 years of age and 16 to 17 years of age.

The bill changes three of the age categories in current law for reporting the ages of women on whom an abortion was performed to the following:

- Under 16, rather than under 15;
- 16 to 17, rather than 15 to 19;
- 18 to 24, rather than 20 to 25.

The remaining age categories under continuing law are as follows:

- 25 to 29;
- 30 to 34;
- 35 to 39;
- 40 to 45;
- 45 and older.

### **Genetics Services funds**

(R.C. 3701.511; Section 291.20)

Current law prohibits the use of ODH Genetics Services funds to counsel or refer for abortion, except in the case of a medical emergency. The bill eliminates that exception.

### **Deposit of vital statistics fees by ODH**

(R.C. 3109.14)

The bill transfers a requirement to deposit vital statistics fees into the state treasury to the credit of the Children's Trust Fund from the Treasurer of State to ODH. Under existing law, the ODH Director, a person that the Director authorizes, a local commissioner of health, or a local registrar of vital statistics must charge and collect a \$3 fee for each certified copy of a birth record, certification of birth, and copy of a death record. The fees must be forwarded to ODH within 30 days after the end of each quarter. Under the bill, ODH must deposit the fees into the state treasury to the credit of the Children's Trust Fund within two days after receipt. Under existing law, ODH must forward the fees to the Treasurer of State, who deposits the fees accordingly.

The bill also requires ODH to deposit any penalty it receives in the state treasury to the credit of the Children's Trust Fund. Existing law imposes a penalty of 10% of the fees on any person or government entity that fails to forward the vital statistics fees in a timely manner, as determined by ODH.

### **Program for Children and Youth with Special Health Care Needs**

(R.C. 3701.021; Section 291.10)

The Program for Children and Youth with Special Health Care Needs (also referred to as the Complex Medical Help Program by ODH) is administered by ODH and serves families of

children and young adults with special health care needs, including AIDS, hearing loss, cancer, juvenile arthritis, cerebral palsy, metabolic disorders, cleft lip/palate, severe vision disorders, cystic fibrosis, sickle cell disease, diabetes, spina bifida, scoliosis, congenital heart disease, hemophilia, and chronic lung disease.

The program has three core components:

- Diagnostic – an individual under age 21 who meets medical criteria, regardless of income, may receive services from program-approved providers for up to six months to diagnose or rule out a special health care need or establish a plan of care;
- Treatment – an individual under age 25 who meets both medical and financial criteria may receive treatment from program-approved providers for an eligible condition;
- Service coordination – the family of an individual under age 25 who meets medical criteria, regardless of income, may receive assistance locating and coordinating services for the individual with the medical diagnosis.<sup>77</sup>

The bill requires the ODH Director to establish eligibility requirements that increase the maximum age of an individual who can be served by the program from 25 to 26. This increase does not apply to the diagnostic component of the program. The bill appropriates an additional \$500,000 to the program in FY 2026.

## **Save Our Sight Fund – health professional licensure**

(R.C. 3701.21 and 4743.12)

The bill requires the following licensing boards to ask an applicant for an initial license or certificate, or its renewal, if the applicant wishes to contribute, on a voluntary basis, to the Save Our Sight Fund: the Ohio Board of Nursing, State Board of Pharmacy, State Board of Education, State Board of Emergency Medical, Fire, and Transportation Services, State Medical Board, and State Vision Professionals Board.

If the applicant wishes to contribute, a board must provide a method by which the contribution may be made. All amounts collected by a board must be deposited into the state treasury to the credit of the fund.

Under continuing law, the Registrar of Motor Vehicles and deputy registrars ask individuals applying for or renewing a vehicle registration if the individual wants to contribute to the fund, which is used to provide children’s vision screening training and materials, develop and implement a registry and targeted case management system regarding children with amblyopia (sometimes referred to as “lazy eye”), provide grants to purchase and distribute protective

---

<sup>77</sup> Service coordination information published on the ODH website indicates that eligible applicants must be under the age of 21 ([Service Coordination Program](#), which may be accessed by conducting a keyword “service coordination” search on ODH’s website: [odh.ohio.gov](http://odh.ohio.gov)). However, R.C. 3701.023(D) requires ODH to authorize necessary service coordination for each eligible child, and R.C. 3701.021(D) prohibits the Director from specifying an age restriction that excludes from eligibility an individual who is less than 25 years of age.

eyewear for children, provide vision health and safety programs and materials for classrooms, and informational materials on the importance of eye care and safety to the Registrar and deputy registrars.

## **OhioSEE Program**

(Section 291.30)

The bill requires ODH to administer the Ohio Student Eye Exam Program, to be known as the OhioSEE Program, to provide vision care services, including vision screenings, eye examinations, and glasses, to Ohio students in grades K to 3 in FYs 2026 and 2027. Participating students must have failed vision screenings and lack access to follow-up care. In administering the program, ODH must focus on improving the percentage of vision care referrals completed, increasing student access to eye examinations, and providing necessary eyewear to eligible students.

## **Children’s Dental Services Program**

(Section 291.40)

The bill requires ODH to establish and administer the Children’s Dental Services Program in FYs 2026 and 2027. The program may provide dental care services, including screenings, treatment, and preventive care, to children who reside in underserved areas, as determined by ODH, and meet any other eligibility condition established by ODH.

The dental care services may be provided by deploying mobile dental units to schools and underserved areas. In administering the program, ODH must focus on increasing children’s access to dental care and helping to reduce the incidence of dental cavities among children.

## **Medical Quality Assurance Fund**

(R.C. 113.78)

The bill modifies the contents and permissible uses of the Medical Quality Assurance Fund, which exists as a “custodial fund,” meaning that money can be withdrawn without an appropriation. The fund was created to receive money that the Ohio Medical Quality Foundation was required to transfer to it by April 1, 2025.<sup>78</sup>

With the bill’s modifications, both of the following apply:

- All investment earnings of the fund must be credited to it;
- If money in the fund exceeds the amount needed to meet the General Assembly’s directed uses for it, the Treasurer of State may invest the excess according to the Treasurer’s existing authority to invest state interim funds.<sup>79</sup>

---

<sup>78</sup> See Section 14 of H.B. 238 of the 135<sup>th</sup> General Assembly.

<sup>79</sup> See R.C. 135.143, not in the bill.

## **Type 1 diabetes informational materials**

(R.C. 3313.7118, 3314.03, 3326.11, and 3707.61)

### **ODH requirements**

Under the bill, ODH must create informational materials on type 1 diabetes for parents, guardians, educators, and other persons having care or charge of children. The materials must include pertinent information to inform and educate them about type 1 diabetes in children, including the following:

- A description of type 1 diabetes;
- A description of type 1 diabetes risk factors and warning signs;
- A recommendation that the parents or guardian of a student who is displaying type 1 diabetes warning signs should immediately consult with the student's primary care provider to determine if immediate screening is appropriate;
- A description of the type 1 diabetes screening process, the significance of the three stages of type 1 diabetes, and the implications of test results identifying the presence of each stage; and
- A recommendation that, following a diagnosis of type 1 diabetes, the student's parents or guardian should consult with the student's primary care provider to develop an appropriate treatment plan, which may include consultation with and examination by a specialty care provider, including a properly qualified endocrinologist.

ODH must make the informational materials available on its website in a format suitable for easy downloading and printing.

### **School requirements**

The bill requires public schools, community schools, STEM schools, and chartered nonpublic schools that serve elementary school students to provide either an electronic or paper copy of the ODH type 1 diabetes informational materials to each student's parent or guardian upon the student's enrollment in elementary school.

## **Lead abatement tax credit**

(R.C. 3742.50)

The bill increases the maximum amount of the tax credit that can be issued by the ODH Director for lead abatement from \$10,000 to \$50,000.

## **Scope of environmental health specialists' practice**

(R.C. 3776.01)

The bill eliminates a registered environmental health specialist (EHS) or an environmental health specialist in training's (EHS in training) authority to administer or enforce the hazardous waste law, the authority of which was initially granted in H.B. 33 from the 135<sup>th</sup> General Assembly in 2023. Under continuing law, an EHS or EHS in training engages in the practice of environmental

health by administering and enforcing other various laws, including laws governing swimming pools, retail food establishments, food service operations, household sewage treatment systems, solid waste, and construction and demolition debris.

## **Household sewage treatment system – soil and slope inspection**

(R.C. 3718.02)

The bill prohibits the ODH Director from adopting rules requiring a soil evaluator or soil scientist to evaluate the soil type and slope with respect to a household sewage treatment system or a proposed household sewage treatment system. Continuing law defines a “household sewage system” as any sewage treatment system, or part of such a system, that receives sewage from a single-family, two-family, or three-family dwelling.<sup>80</sup>

Current rules adopted by the Director require a soil scientist or soil classifier certified by the Soil Science Society of America to complete a soil evaluation for a sewage treatment system.<sup>81</sup>

---

<sup>80</sup> R.C. 3718.01, not in the bill.

<sup>81</sup> O.A.C. 3701-29-07.