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

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.

Facility fees – hospital-owned primary care medical practices

- Beginning January 1, 2028, prohibits, with certain exceptions, a hospital-owned primary care medical practice from requiring a self-pay individual or third-party payor to pay a facility fee in connection with any primary care service provided at the practice.

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.

School-based health center funds

- Requires the funds earmarked to support school-based health centers to be used by ODH, in consultation with the Department of Education and Workforce, in high-need counties.
- Requires, prior to establishing a patient-provider relationship with a minor, a school-based health center to obtain general consent from the child's parent, guardian, or other person authorized to consent to the child's medical care.

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.

Medical certificates of death

- Revises the law governing medical certificates of death, including by (1) extending the timeline by which such a certificate must be completed and signed and (2) authorizing in some circumstances the physician who last examined or treated a decedent to certify the decedent's cause of death.

340B covered entity reporting requirements

- Imposes reporting requirements on certain nonprofit hospitals participating in the federal 340B Drug Pricing Program.

Evaluating sewage treatment system compliance

- Requires the ODH Director to adopt rules that establish statistical methods for evaluating sewage treatment system compliance for a 12-inch soil depth credit relative to bacterial parameters that are derived from a minimum of 144 consecutive data points.
- Generally prohibits the ODH Director from implementing or enforcing any special device approval or similar policy that imposes additional requirements or restrictions on a sewage treatment system or components of a system that combines the treatment of effluent with subsurface dispersal of treated effluent directly to the soil.

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

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.

Facility fees – hospital-owned primary care medical practices

(R.C. 3727.46)

Effective January 1, 2028, the bill prohibits a medical practice specializing in primary care that is owned or operated by a hospital or hospital system from requiring a self-pay individual or third-party payor to pay a facility fee in connection with any primary care service provided to a patient at the practice. The prohibition, however, applies only if both of the following are the case:

- The medical practice was owned or operated solely by a physician or group of physicians at the time of its purchase by the hospital or system;
- The hospital or system purchased the medical practice after January 1, 2010.

The bill also states that the facility fee prohibition is not to be construed to apply to a medical practice specializing in primary care that is established by a hospital or hospital system.

For purposes of the prohibition, the bill defines *facility fee* to mean the portion of a bill for health care treatment that covers all the costs of delivering patient care, except for those that are billed by one or more physicians and other professionals.

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;
- 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.

School-based health center funds

(Section 291.20)

The bill requires the funds earmarked to support school-based health centers to be used by ODH, in consultation with the Department of Education and Workforce, in high-need counties, as determined by those departments. Before establishing a patient-provider relationship with a minor, a school-based health center must obtain general consent to treat the child from the child's parent, legal guardian, grandparent acting under a caretaker authorization affidavit, or other person authorized to consent to the child's medical care. This does not apply in emergency situations, first aid, other unanticipated minor health care services, or health care services provided pursuant to a student's individualized education program (IEP) or a school district's obligation under Section 504 of the federal Rehabilitation Act.

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.[101]

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.

Medical certificates of death

(R.C. 3705.16 and 4731.22)

The bill makes several changes to the law governing medical certificates of death. First, it clarifies that the coroner or medical examiner certifies the cause of death when a decedent dies as a result of criminal or other violent means, while an attending physician certifies the cause of death in all other circumstances.

Second, it authorizes the physician who last examined or treated a decedent to certify the decedent's cause of death and complete and sign the medical certificate of death, but only in the case of a decedent who did not have an attending physician (defined under current law to mean the physician in charge of a patient's care for the illness or condition that resulted in the patient's death).

Third, the bill extends the current law timeline by which a medical certificate of death must be completed and signed, from 48 hours after death to 48 hours after ***notice*** of the death.

Fourth, it revises in the following ways existing law provisions that apply when a decedent's cause of death remains pending:

- By eliminating the authority of a coroner or medical examiner, when specifying on the medical certificate that the cause of death is pending, to sign the certificate by stamping it with a stamp of the coroner's or examiner's signature;

[101] 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). 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.

- By maintaining the authority of a coroner or medical examiner to sign a medical certificate that specifies the cause of death as pending, while also eliminating references to signing the certificate in the coroner's or examiner's own hand;
- By maintaining provisions authorizing the coroner or medical examiner to sign any other medical certificate of death or supplementary medical certification, but eliminating the requirement that the signing be done in the coroner's or examiner's own hand;
- By requiring any other medical certificate of death or supplementary medical certification to be signed by the coroner or medical examiner within 48 hours after determining the cause of death.

Fifth, the bill establishes the failure to comply with the law governing medical certificates of death as a ground upon which the Medical Board may take disciplinary action against a physician.

Finally, the bill grants a coroner, medical examiner, or physician acting in good faith and upon reasonable belief immunity from civil liability and professional discipline for any act or omission in certifying the cause of death or in completing and signing the medical certificate of death.

340B covered entity reporting requirements

(R.C. 3701.88)

The bill imposes a new reporting requirement on certain 340B covered entities, which are entities that participate in the federal 340B Drug Pricing Program. The reporting requirements apply to 340B covered entities that are nonprofit hospitals licensed in Ohio that are disproportionate share hospitals, children's hospitals, free-standing cancer hospitals, critical access hospitals, sole community hospitals, or rural referral centers (these are hospital entities eligible under federal law to participate in the federal 340B Drug Pricing Program).[102]

Report contents

By July 1, 2026, and each July 1 annually after, each nonprofit hospital that is a 340B covered entity must submit a report to ODH. The report must contain information from the previous calendar year regarding the hospital and each offsite facility associated with it as follows:

1. For the nonprofit hospital, associated facility, and each pharmacy under contract with the nonprofit hospital to provide 340B drugs to patients on behalf of the hospital pursuant to the 340B Program (contract pharmacy), the following data delineated by payor type (private insurance, Medicare, Medicaid, other coverage, uninsured, self-pay):

a. The aggregate acquisition costs for all 340B drugs dispensed or administered;

[102] 42 U.S.C. 256(b)(L) to (O).

b. The aggregate payments received from third-party payors, including insurers, for all 340B drugs dispensed or administered;

c. The total number of prescriptions dispensed or administered, and the percentage of that total that were 340B drugs;

d. The percentage of patients served on a sliding fee scale for 340B drugs.

2. The total operating cost of the nonprofit hospital, including an itemized cost report of:

a. Implementing a direct pass through of 340B profits to patients in the form of lower cost-sharing for 340B drugs;

b. Implementing a sliding fee scale for low-income patients for 340B drugs who have household incomes under 200% FPL;

c. The nonprofit hospital's charity care costs (costs for free or discounted health care items and services provided to individuals meeting the hospital's financial assistance criteria and is unable to pay, as reported in the hospital's Medicare cost report).

3. The total payments made by the nonprofit hospital to contract pharmacies, third-party administrators, or any other entity, in administering and providing services under the 340B Drug Pricing Program.

4. Information regarding the nonprofit hospital's contract pharmacies, including:

a. Its total number of contract pharmacies;

b. The number of those contract pharmacies that are located outside of Ohio and the state where those are located;

c. The total number of prescriptions that were filled at a contract pharmacy, the percentage of that number that are contract pharmacies located outside of Ohio, and the percentage of all of the nonprofit hospital's prescriptions that were filled by contract pharmacies;

d. The total reimbursement paid for any 340B drugs dispensed or administered on behalf of the nonprofit hospital, and the percentage change in that amount compared to the previous year.

5. An itemized accounting of the nonprofit hospital's expenditures from 340B Drug Pricing Program profits, including all programs, services, and equipment funded or purchased with those profits.

Form and manner of reports

These nonprofit hospital 340B covered entities must submit the report in the form and manner specified by ODH, in consultation with any other state agency ODH deems appropriate. ODH must then post the submitted reports on its public website.

Evaluating sewage treatment system compliance

(R.C. 3718.02 and 3718.04; Section 737.30)

The bill requires the ODH Director, within 90 days after the bill's effective date, to adopt rules that establish statistical methods for evaluating sewage treatment system compliance for a 12-inch soil depth credit relative to bacterial parameters that are derived from a minimum of 144 consecutive data points. Those statistical methods must include one of the following:

1. The upper confidence limit of the mean method using log-transformed data, with the upper confidence limit derived from one of the following:

a. A two-sided 95% confidence interval for the mean and the maximum number of individual data points exceeding the treatment standard being 5%; or

b. A two-sided 99% confidence interval for the mean and the maximum number of individual data points exceeding the treatment standard being 10%.

2. Any other statistical method that is equally protective of public health and welfare.

The ODH Director must ensure that the rule specifies that a soil depth credit is approved when the upper confidence limit of the mean using log-transformed data is less than the applicable fecal coliform or E. coli. treatment standard set forth in the rules.

Furthermore, the bill prohibits the ODH Director from implementing or enforcing any special device approval or similar policy that imposes additional requirements or restrictions on a sewage treatment system or components of a system that combines the treatment of effluent with subsurface dispersal of treated effluent directly to the soil, sand bed, or gravel for any approval in effect as of December 31, 2020. If the ODH Director issued an approval for such a system and the approval was in effect as of December 31, 2020, the system may be modified upon request by the manufacturer if the system meets the intent of applicable standards, guidelines, and protocols. However, the system's approval otherwise remains valid under the original terms and conditions and may not be revoked or subjected to any new application or monitoring requirements unless clear, independent statistically significant evidence demonstrates that the system design consistently underperforms relative to gravel distribution trenches. This provision does not apply to effluent discharged into waters of the state.