

## Health

### H.B. 47

**Primary Sponsors:** Reps. Brown and Bird

**Effective date:** October 24, 2024; appropriations effective July 23, 2024

#### **AEDs in schools and sports and recreation locations**

- Requires the placement of automatic external defibrillators (AEDs) in:
  - Each public and chartered nonpublic school; and
  - Each municipal sports and recreation location, except in townships and villages with populations of less than 5,000.
- Modifies training requirements related to AEDs in public and chartered nonpublic schools.
- Requires the Department of Health to develop a model emergency action plan for the use of AEDs by public and chartered nonpublic schools, youth sports organizations, and municipal sports and recreation locations.
- Requires each public and chartered nonpublic school and youth sports organization, before each athletic season, to hold an informational meeting regarding the symptoms and warning signs of sudden cardiac arrest for student and youth athletes.

#### **Hospital provider relief payments**

- Appropriates \$5,453,600 in FY 2025 and requires these funds to be distributed to certain hospitals in a county with a population between 350,000 and 380,000 (Stark County).
- Prohibits any eligible hospital from receiving more than \$2,800,000.

### H.B. 173

**Primary Sponsor:** Rep. Troy

**Effective date:** April 3, 2025

#### **Availability of hospital price information**

- Requires each hospital to publish a list of all standard charges for all hospital items or services and a consumer-friendly list of standard charges for at least 300 of the hospital's shoppable services, including the services specified as shoppable services by the U.S. Centers for Medicare and Medicaid Services.
- Permits a hospital to fulfill the requirement for a list of standard charges for shoppable services instead by providing a qualifying internet-based price estimator tool.

- Prohibits a hospital that acquires an Ohioan’s personal data from its internet-based price estimator tool or from its price lists from selling the data or using or processing it for the purposes of targeted advertising.
- Requires the Director of Health to monitor each hospital’s compliance with the act’s requirements and in cases of noncompliance, to impose penalties, including fines, which must be deposited in the Hospital Price Transparency Fund created by the act.
- Requires the Director to publish a list of hospitals not in compliance with the price transparency requirements.
- Requires the Director to submit to the General Assembly and the Governor reports regarding noncompliant hospitals, changes to the federal price transparency law, and recommendations for changing state hospital price transparency requirements.

### **Special designations**

- Designates the week that includes March 16 as “Ohio Black Media Week.”
- Designates May as “Older Ohioans Month.”
- Designates October as “Hindu Heritage Month.”

## **H.B. 236**

**Primary Sponsors:** Reps. M. Miller and Lear

**Effective date:** March 20, 2025

- Requires a congregate care setting to (1) inform a patient or resident that the patient or resident may designate an individual to serve as an advocate and (2) provide the patient or resident the opportunity to make the designation.
- Prohibits a congregate care setting – during any public health emergency or the period when a local or state public health order is in effect – from (1) denying a patient or resident access to an advocate and (2) prohibiting an advocate from being physically present with a patient or resident.
- Requires a congregate care setting, at all other times, to make every reasonable effort to allow the patient’s or resident’s advocate to be physically present with the patient or resident in the care setting.
- Prohibits an advocate from physically interfering with, delaying, or obstructing the delivery of health care and from engaging in criminal conduct against a staff member or health care practitioner.
- Grants a congregate care setting immunity from administrative or civil liability if the patient’s or resident’s advocate contracts an infectious disease, other than a foodborne disease, as a result of serving as the advocate.

- Grants an advocate the right under certain circumstances to quarantine with the patient at a congregate care setting that is a hospital or health care facility.
- Specifies that the act's provisions do not change or countermand any hospital or health care facility policy relating to the isolation of a patient during an invasive procedure.
- Specifies that the act's provisions do not prevent a congregate care setting from establishing a reasonable protocol governing the use of personal protective equipment, in the event a patient or resident has a highly infectious disease requiring special isolation procedures.
- Exempts an advocate from using personal protective equipment under the protocol if the advocate presents a practitioner's note documenting that the use conflicts with, or is not required because of, the advocate's own physical or mental health condition.
- Authorizes a patient, resident, and certain advocates to petition a court for injunctive relief for a violation or threatened violation of the act's provisions, and requires the court to grant a prevailing plaintiff court costs.
- Prohibits a political subdivision, public official, or state agency from issuing an order or rule that would require a care setting to violate the act's provisions.
- Requires the Department of Health to create a Never Alone information sheet and each congregate care setting to provide a patient or resident with a paper copy at the time of admission.
- Names the act the Never Alone Act.

## **H.B. 256**

**Primary Sponsors:** Reps. K. Miller and Creech

**Effective date:** March 20, 2025

- Adds applying for a hunting or fishing license to the ways that a person may register to become an organ donor.
- Requires the Department of Natural Resources' Division of Wildlife and its authorized agents to ask an eligible person applying in person for a hunting or fishing license if the person would like to become an organ donor.
- Requires the Division and its authorized agents to register the eligible person as an organ donor in the organ donor registry maintained by the Bureau of Motor Vehicles (BMV) if the person indicates approval for inclusion.
- Requires the Division to provide the organ donor registration form maintained by the BMV in mail applications for hunting and fishing licenses and to register those who return the application.

- Requires the Division to provide any person applying online for a hunting or fishing license who is willing to become an organ donor with an electronic hyperlink to the organ donor registry and include those who so register in the organ donor registry.
- Explicitly exempts the Division and authorized agents who issue hunting and fishing licenses from civil damages and prosecution for acting, attempting to act, or failing to act in accordance with the act's anatomical gift donor provisions.
- Delays implementation of the act's requirements until August 1, 2025.

## **S.B. 95**

**Primary Sponsor:** Sen. Reynolds

**Effective date:** April 9, 2025

### **Remote dispensing pharmacies**

- Authorizes the operation of remote dispensing pharmacies and requires the State Board of Pharmacy to regulate them.
- Requires a remote dispensing pharmacy to be staffed by two or more pharmacy interns or certified pharmacy technicians and overseen and operated by both a supervising pharmacy and pharmacist through a telepharmacy system.
- Requires the Board to adopt rules governing the operation of remote dispensing pharmacies.

### **Mailing drugs to patients**

- Prohibits health plan issuers, pharmacy benefit managers, and other administrators from prohibiting a pharmacy from mailing or delivering drugs to patients as an ancillary service.

### **Pharmacist administration of injectable drugs**

- Authorizes a pharmacist to administer by injection the following drugs if prescribed by a physician and if other conditions specified in current law are met: HIV treatment drugs in long-acting or extended-release forms and any other drug specified in Board rules.

### **Pharmacy technician trainees**

- Authorizes the Board to register as a pharmacy technician trainee an applicant who is 17 years old and possesses a high school diploma or certificate of high school equivalence.

### **Certified mental health assistants**

- Establishes licensure by the State Medical Board for certified mental health assistants (CMHAs).
- Authorizes CMHAs to provide mental health care under the supervision, control, and direction of a physician with whom the CMHA has entered into a supervision agreement.

- Authorizes CMHAs to prescribe and personally furnish drugs and therapeutic devices in the exercise of physician-delegated prescriptive authority, including certain controlled substances.
- Specifies application procedures, including education requirements, renewal procedures, and continuing education requirements for CMHAs.
- Establishes within the Medical Board an advisory committee to advise it and the Department of Higher Education regarding CMHA education programs.
- Authorizes the Medical Board to discipline CMHAs in a manner similar to that of other Board licensees.
- Prohibits an individual from claiming to be able to function as a CMHA if that individual does not hold a CMHA license, and imposes criminal penalties for violations of that and other related prohibitions.

### **Uniform Duties to Incapacitated Persons Act**

- Modifies the law governing the use of medical identifying devices, including by recognizing devices containing bar or quick response codes that may be scanned to obtain medical information in an emergency.
- Names these provisions of the act “Paige’s Law.”

## **S.B. 144**

**Primary Sponsor:** Sen. Romanchuk

**Effective date:** October 24, 2024; appropriations effective July 25, 2024; one item vetoed

### **Pharmacist administration of immunizations**

- Authorizes certified pharmacy technicians and registered pharmacy technicians to administer immunizations in the same manner that pharmacy interns are authorized to do so under continuing law.
- Reduces, from age seven to age five, the youngest age group for whom pharmacists, interns, and technicians may administer immunizations.
- Eliminates a requirement that most immunizations for children under age 13 be prescribed in order to be administered by a pharmacist or pharmacy intern.

### **Medication aides**

- Limits the Board of Nursing’s certification of medication aides to those practicing in nursing homes and residential care facilities, by eliminating the Board’s authority to certify aides practicing in intermediate care facilities for individuals with intellectual disabilities (ICFs/IID).

- Revises the law governing the Board’s approval of medication aide training programs, including by establishing a \$50 application fee and reducing, from 70 to 30, the hours of instruction that an approved program must provide.
- Specifies that medication aides are to be known as “certified medication aides” or “CMAs,” and requires the Board to maintain an online CMA registry.
- Recharacterizes the nursing oversight under which medication aides must work when administering medication as “supervision,” rather than “delegation” under former law, of a registered or licensed practical nurse.
- For as-needed medications, eliminates the requirement that a nursing assessment of the patient be completed before the medication is administered, and authorizes a medication aide to administer those medications regardless of whether the supervising nurse is present at the facility.
- Eliminates the prohibition on a medication aide administering schedule II controlled substances.
- Authorizes medication aides to administer insulin using an insulin pen device with a dosage indicator, but otherwise maintains the prohibition on their administering medications by injection.

### **Certified nurse aides**

- 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 a Board of Nursing-approved prelicensure program of nursing education and has passed the Board-accepted examination.
- Requires individuals listed on the Department of Health’s (ODH’s) nurse aide registry to be referred to as certified nurse aides, and permits only individuals in good standing on the registry to use the designation “certified nurse aide” or “CNA.”
- Eliminates the ODH Director’s authority to approve competency evaluation programs, but retains the Director’s authority to conduct the programs.
- Authorizes training and competency evaluation programs to conduct competency evaluations.
- Prohibits ODH rules from requiring a training and competency evaluation program instructor to have experience in a nursing home so long as the program coordinator supervising the program is a registered nurse with two years of nursing experience, including at least one year providing services in a nursing home or ICF/IID.

### **Nursing home quality improvement projects**

- Regarding the requirement that nursing homes participate in at least one quality improvement project every two years, requires priority to be given to projects that assist

with workforce, and makes it permissive instead of mandatory for nursing homes to consider projects on a Department of Aging-developed list.

### **Conditional employment – nursing homes and adult day-care**

- Extends from 30 days to 60 days the time that a nursing home or adult day-care program may conditionally employ an applicant while the applicant’s criminal records check results are pending.

### **Adult day-care grants**

- Reappropriates all remaining funds from item 042628, Adult Day Care, at the end of FYs 2023 and 2024 to the successive fiscal year, and requires all grants to be administered to adult day-care providers by December 31, 2024.

### **Certificates of need**

- Exempts a county with at least 60 fewer long-term care beds than the county’s bed need from a limitation that a county is considered not to need additional beds if its occupancy rate is less than 85%.
- Shortens, to every two years from every four years, the review cycle for (1) determinations of county long-term care bed supply and need and (2) certificate of need review.
- Permits the ODH Director to approve relocation of beds from a county only if the number of beds remaining in the county after the relocation will exceed the county’s bed need by at least 50 beds, as opposed to 100 beds under prior law.
- Eliminates a stipulation that permitted the Director to approve relocation of beds from a county only if the number of beds in the facility’s service area after the relocation is at least equal to the state bed need rate, and eliminates related provisions specifying a facility’s service area.
- Eliminates the requirement for comparative review if two certificate of need applications submitted during the same review period propose to relocate beds from the same service area and the number of beds left in the service area would be less than the state bed need rate.
- Eliminates the requirement that for an approved certificate of need, the long-term care facility from which beds were relocated must reduce the number of beds operated in the facility by at least 10% of the beds relocated.
- Related to the changes above, creates a one-time period of acceptance and review that begins April 24, 2025.

### **Nursing home change of operator**

- Replaces references to an “applicant” for a license to operate a nursing home following a change of operator with references to the “entering operator.”

- Removes a requirement that an application for a license to operate a nursing home following a change of operator disclose the owners with at least 5% ownership of a management firm or business employed to manage the nursing home.
- Specifies that the bond required as part of a change of operator license application may be supplied by either the entering operator or the owner of the nursing home.
- Establishes additional circumstances under which the ODH Director must deny a nursing home change of operator license application.
- Removes several actions undertaken by the owner of a nursing home as actions that constitute a change of operator of the nursing home.
- Requires the owner of a nursing home to provide written notice of specified information to the Department of Medicaid before a change of owner of a nursing facility may occur.
- Specifies that a nursing facility that undergoes a change of owner on July 1, 2023, or later is ineligible to receive a quality incentive payment for a specified period of time if, within one year of the change, there is an increase in the lease payments or other financial obligations of the operator to the owner.
- Requires, not later than October 24, 2025, that the identity of the operator holding a license to operate a nursing facility and the person holding the Medicaid provider agreement on record for the facility be the same person.

### **Medicaid payment rate for ICF/IID peer group 5**

- Eliminates the prohibition on the per Medicaid day payment rate for intermediate care facilities for individuals with intellectual disabilities (ICFs/IID) in peer group 5 exceeding the payment rate for developmental centers that was in effect on July 1, 2013.
- Eliminates law that established fixed amounts for the (1) capital component costs, (2) direct care costs, (3) indirect care costs, and (4) other protected costs components for the per Medicaid day payment rate for new ICFs/IID in peer group 5.
- Specifies that for FY 2025, the per Medicaid day payment rate for ICFs/IID in peer group 5 is to be calculated in accordance with the act and the remaining provisions of continuing law regarding payments made to ICFs/IID.
- Specifies that if an ICF/IID in peer group 5 receives a per Medicaid day payment from the Department of Developmental Disabilities between July 1, 2024, and October 24, 2024, the Department must make a supplemental payment to the ICF/IID covering the difference between the amount paid and the amount required to be paid under the act.

### **Ohio Medical Quality Foundation (VETOED)**

- Would have repealed the statute that refers to the Ohio Medical Quality Foundation, which is organized as a nonprofit corporation, and would have directed the Foundation to transfer all of its unencumbered funds to the monitoring organization under contract with the State Medical Board (VETOED).

- Would have required the monitoring organization to use transferred funds for administering the confidential monitoring program for impaired practitioners licensed by, or seeking licensure with, the Medical Board (VETOED).

## **S.B. 234**

**Primary Sponsor:** Sen. Gavarone

**Effective date:** April 9, 2025

### **Law enforcement and epinephrine autoinjectors**

- Authorizes a law enforcement agency or other entity served by peace officers to acquire and maintain epinephrine autoinjectors.
- Permits designated trained employees or agents of such an agency or entity to administer epinephrine, using an autoinjector, to an individual believed in good faith to be experiencing anaphylaxis.

### **National Suicide Lifeline telephone number**

- Requires schools and higher education institutions to include the National Suicide and Crisis Lifeline telephone number, 9-8-8, on student identification cards, student planners, and electronic portals.
- Clarifies that this requirement is limited to those the school provides or issues after the act's effective date, and that the school may continue to use identification cards and planners that were printed before the act's effective date.

### **Information on declarations for mental health treatment**

- Requires institutions of higher education to provide information about declarations for mental health treatment as part of the institution's student orientation, onboarding, or transfer materials and programs.

### **Special designations**

- Designates May as Food Allergy Awareness Month and as Lupus Awareness Month.