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Bill Analysis

[Click here for H.B. 166's Fiscal Analysis](#)

Version: As Introduced

Primary Sponsor: Rep. Oelslager

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SUMMARY

This analysis is arranged by state agency in alphabetical order. The bill's proposed H2Ohio Fund appears as a separate section, beginning on page 91, because it will be used by multiple agencies. Items that do not directly involve an agency are located under the agency that has regulatory authority over the item, or otherwise deals with the subject matter of the item.

The analysis concludes with a Local Government category, a Miscellaneous category, and a note on effective dates, expiration, and other administrative matters.

Within each agency and category, a summary of the items appears first (in the form of dot points) followed by a discussion of their content and operation.

TABLE OF CONTENTS

DEPARTMENT OF ADMINISTRATIVE SERVICES	14
State agency efficiency review	15
Office of Information Technology funds.....	16
Coordinated vendor debarment.....	17
Surplus property	17
Surplus state vehicles.....	17
Investment Recovery Fund	18
Supplementary pay to physician department heads.....	18
Death Benefit Fund recipient participation in state health plan	18
Vision benefits for state employees	19
Qualified opportunity zone land conveyance.....	19
Invoices for state purchases	19

DEPARTMENT OF AGING	21
Background checks	21
Conditional employment	21
Procedures for conducting checks.....	21
Dementia training materials and program support.....	22
Notice of decisions regarding certification or discipline	22
Exception to required hearing regarding certification	22
DEPARTMENT OF AGRICULTURE	23
Amusement ride permit and inspection fees	23
Enforcement of Soil and Water Conservation Law.....	24
Wine tax diversion to Ohio Grape Industries Fund	24
OHIO AIR QUALITY DEVELOPMENT AUTHORITY	25
Advanced energy projects program funds	25
OFFICE OF BUDGET AND MANAGEMENT	26
OBM internal audit and confidential documents	26
Expenditure of excess revenue	26
DEPARTMENT OF COMMERCE	27
Division of Financial Institutions: multistate licensing system	28
Unclaimed funds electronic notification	30
Real estate license fees.....	30
Real Estate Recovery, Real Estate Appraiser Recovery Funds.....	31
Real Estate Recovery Fund assessments and transfers	31
Real Estate Appraiser Recovery Fund transfers.....	32
Appraisers’ removal from appraiser panels.....	32
Construction and Manufacturing Mentorship Program.....	32
Mentorship Program training	33
List of approved tools	33
Prohibitions.....	34
Penalty for violation	34
Hazardous occupations prohibited for minors	34
Interaction between federal and state minor labor laws.....	34
Building code administration and enforcement.....	35
Oil and gas land professionals – civil penalties.....	35
State Fire Marshal CDL exemption	36
COUNSELOR, SOCIAL WORKER AND MARRIAGE AND FAMILY THERAPIST BOARD	36
Licensure of counselors	37
Degree requirement	37
Clinical internship.....	37

Licensure by endorsement	37
Social work assistant continuing education.....	38
Renewal schedule	38
License display	39
DEVELOPMENT SERVICES AGENCY	40
Opportunity zone investment credit	40
Opportunity zone background.....	40
Ohio income tax credit.....	41
Qualifying Ohio opportunity zones	41
Biennial forecast of forgone revenue	41
Small business investment credit	41
DEPARTMENT OF DEVELOPMENTAL DISABILITIES.....	43
County DD boards' projections and plans	45
Five-year projection of revenues and expenditures.....	45
Additional assessments of a county DD board's fiscal condition	46
Annual plans.....	46
Annual cost report audits	47
Quality assurance reviews	47
Residential facility vacancy database	47
Criminal records checks for conditionally employed applicants	47
Ohio STABLE Account Program.....	47
Adjudication orders against supportive living certificates	48
Medicaid rates for ICF/IID services	49
Reduction of certified residential facility beds.....	50
County share of nonfederal Medicaid expenditures	50
County subsidies used for nonfederal share	51
Medicaid rates for homemaker/personal care services.....	51
Developmental center services	51
Innovative pilot projects	52
Central intake/referral system for home visiting programs.....	52
Specialized treatment units for minors	52
Citizen's advisory council membership.....	53
Employment First Task Force.....	53
Interagency Workgroup on Autism	54
Reimbursement for workgroup members' travel expenses.....	54
DEPARTMENT OF EDUCATION	55
I. School financing	58
Funding for FY 2020 and FY 2021	58

School districts	58
Community schools and STEM schools.....	58
Other payments	59
Student wellness and success funding	59
City, local, and exempted village school districts	59
Joint vocational school districts, community and STEM schools	60
Requirements for spending of student wellness and success funds.....	60
Payments prior to the bill’s effective date	60
Innovative Shared Services at Schools Program.....	61
Grant application process	61
Grant proposal	61
Grant evaluation system	61
Grant decision	61
Grant amount.....	61
Grant agreement.....	62
Annual report.....	62
Grant advisors	62
Appropriation.....	62
School Climate Grants.....	62
Grant application process	63
Grant proposal	63
Grant distribution.....	63
Grant amount.....	63
Grant agreement.....	63
Appropriation.....	63
Quality Community School Support Program.....	63
“Community school of quality” designation.....	64
Payment calculation.....	65
Appropriation.....	65
Study of e-school funding models	65
II. Interventions for low-performing school districts.....	65
Improvement actions.....	65
Substantial and intensive status	66
Transitioning out of substantial and intensive support status	66
Interventions.....	66
School treasurer.....	68
Changing interventions.....	68
Intervention postponement	68

Ending interventions	69
Advisory groups	69
List of “high-quality” organizations	69
Academic distress commissions.....	69
Establishment of a commission	70
Existing commissions	70
Academic distress commission composition	70
Commission duties.....	70
Dissolution of commissions	71
Chief Executive Officer.....	71
CEO powers and duties	71
Academic improvement plan.....	71
Education Choice scholarships.....	71
Other commission powers and duties.....	72
Background reference.....	72
III. Other provisions.....	72
Community school mergers.....	72
Procedure.....	72
Assignment or assumption of existing contract prohibited	72
Report card ratings of a surviving school.....	72
Conditions triggering ineligibility	73
Academic performance that could lead to permanent closure.....	73
Nonrenewal or termination of sponsorship contract	73
Employment of classroom teachers by a community school.....	73
Behavioral prevention initiatives.....	74
Computer coding as a foreign language	74
English learners.....	75
BOARD OF EMBALMERS AND FUNERAL DIRECTORS	76
Authorization and fees.....	76
ENVIRONMENTAL PROTECTION AGENCY.....	77
Extension of E-Check.....	79
Local air pollution control authority	79
Best available technology requirements for air contaminants	80
Asbestos abatement	80
Open dumping	81
Removal of additional wastes at scrap tire sites	81
Extension of various fees	82

OHIO FACILITIES CONSTRUCTION COMMISSION	86
Executive Director powers	86
OFFICE OF THE GOVERNOR	87
Public health emergencies	87
Executive order	87
Governor’s duties.....	87
Executive order’s operation.....	88
Elimination of the Office of Health Transformation	89
Exchange of protected health information	89
H2OHIO FUND	91
H2Ohio Fund	91
Annual report.....	92
DEPARTMENT OF HEALTH	93
Drug overdose fatality review committees	97
Purpose	97
Membership, chairperson, and meetings.....	98
Information to be collected	98
Confidentiality.....	99
Security of information collected	99
Annual reports	99
Pending investigations or prosecutions.....	99
Immunity.....	100
Fetal-infant mortality review boards	100
Operation and duties	100
No reviews during criminal investigation	100
Membership.....	100
Purpose	101
Submission of information; family member participation	101
Confidentiality.....	101
Immunity.....	102
Data reporting and annual report.....	102
Rules.....	102
Pregnancy-associated Mortality Review (PAMR) Board.....	103
Operation and duties	103
No reviews during criminal investigation	103
Membership; technical assistance.....	103
Purpose	104
Submission of information; family member participation	104

Confidentiality.....	104
Immunity.....	105
Triennial report.....	105
Rules.....	105
Standard pregnancy risk assessment form.....	106
Workgroup responsibilities.....	106
Workgroup membership.....	106
Form development.....	106
Form use.....	107
Form completion.....	107
Protected health information disclosures.....	107
Prohibition on further disclosures.....	107
Substance use disorder professionals.....	107
Dental Hygiene Resource Shortage Area Fund.....	108
Radiation technology professionals.....	108
Examination fees.....	108
Body art regulation.....	109
Body artist registration.....	109
Body art business license.....	109
Plan approval.....	110
Inspection.....	110
Suspending or revoking license.....	111
Rules relating to body art businesses.....	111
Fees.....	111
Director’s survey of board of health.....	111
Consent required to perform procedure on minor.....	112
Conforming changes.....	112
Sanitarian and sanitarian in training law.....	112
Fees.....	112
Registration.....	113
ODH Director duties.....	114
Sanitarian in training requirements.....	114
Sanitarian in training title.....	114
Examinations.....	114
Child lead poisoning advisory council.....	114
Lead abatement: order to vacate.....	115
Ambulatory surgical facility licensure.....	115
Current law.....	115

The bill.....	116
Health care facility payments	116
Process for screening newborns for Krabbe disease.....	117
Occupational disease reporting.....	117
Diabetes action plan reporting cycle	117
ODM access to Social Security numbers accompanying vital statistics records	117
Nursing home employees and area training centers.....	117
Providers under the Breast and Cervical Cancer Project.....	118
Ohio’s Public Health Priorities Fund	118
Utility Radiological Safety Board.....	118
Background	119
URSB membership and duties.....	119
Davis-Besse and Perry shutdown.....	120
Ohio Cancer Incidence Surveillance System Advisory Board	120
DEPARTMENT OF HIGHER EDUCATION	121
Restriction on instructional fee increases	122
Differential tuition program	122
Undergraduate tuition guarantee	123
Project-based learning program models	123
Community college acceleration program	123
DEPARTMENT OF INSURANCE	124
Telemedicine services	124
DEPARTMENT OF JOB AND FAMILY SERVICES	125
Child Support	130
Child support changes.....	130
Child Support Guideline Advisory Council	130
New review factors	130
Eliminated review factors	130
Reports and information.....	131
Income of incarcerated parent.....	131
Processing charge for child support orders	131
Health care changes.....	132
Definition changes	132
Health care coverage by both parents.....	132
Rule-making authority	132
Child care	133
Regulation of child care: background	133
Background checks	134

Criminal records checks	134
Checks of child welfare and sex offender registries	135
Out-of-state searches	135
Eligibility determinations and notice	135
Conditional employment	136
Attestations.....	136
Federal law background.....	136
Provider licensing.....	137
Child care definitions	137
New definitions	137
Modified definitions.....	137
Child care and exempt providers.....	138
Child care licenses and inspections	138
Summary suspensions	139
Minimum qualifications for administrators and staff.....	140
Discrimination prohibition	140
Publicly funded child care	140
Approval of child day camps.....	140
In-home aides	140
Step Up to Quality.....	141
Certificates to purchase publicly funded child care	141
Automated child care payment and tracking system	141
Eligibility period	141
Market rate surveys	142
Child Welfare	142
Criminal records checks, out-of-home care.....	142
Background check for child welfare employment	142
Officers and administrators	142
Prospective foster and adoptive parents	143
Prospective staff of institutions or associations.....	143
ODJFS rules.....	143
Foster and related caregiver training changes	143
Preplacement training	144
Continuing training	144
Foster training regarding temporary custody agreement children.....	145
PPLA caregiver training	145
Preplacement and continuing training and course content.....	145
Needs assessment and continuing training plans	145

Cost reimbursement for training foster caregivers	146
Mandatory Kinship Navigator Program	146
Regions.....	146
Services provided	146
Kinship navigator payment to PCSAs eliminated.....	147
Funding	147
No local share	147
Appropriation.....	147
Rules.....	147
Foster caregiver as mandatory reporter.....	147
Preteen placement in children’s crisis care facility	148
Juvenile court hearings	148
Adoption and foster care assistance	148
Adoption assistance eligibility	148
Adopted young adult (AYA).....	148
AYA not eligible for foster care assistance.....	149
Foster care assistance eligibility	149
Emancipated young adult (EYA).....	149
Persons ineligible	149
Other eligibility requirements for AYAs and EYAs	149
Definition of child for foster care and adoption assistance	150
Voluntary participation agreement	150
Juvenile court jurisdiction	151
Exclusive, original jurisdiction	151
Suspension of foster care payments.....	151
ODJFS and representative court appearance	151
Legal representation of EYA.....	151
Scope of practice and training for case managers.....	152
County maintenance of effort	152
Workforce Development	152
Comprehensive Case Management and Employment Program	152
Unemployment Compensation.....	152
SharedWork Ohio covered employment.....	152
Unemployment compensation debt collection	152
JUDICIARY/SUPREME COURT	154
Paying retired assigned judges	154
Judicial salary – Montgomery County.....	154

STATE LIBRARY BOARD	155
State Library; public records	155
STATE LOTTERY COMMISSION	156
Internal audit and confidential documents	156
DEPARTMENT OF MEDICAID	157
Suspension of provider agreements and payments	160
Suspensions because of disqualifying indictments.....	160
Suspensions because of credible allegations of fraud.....	164
Summary suspensions, danger of immediate and serious harm	165
Medicaid payment rates for nursing facility services	166
Low resource utilization residents.....	166
Quality payment rates	166
Market basket index and budget reduction adjustment factor	167
Medicaid prompt payment requirements waiver	167
Medicaid rates for community behavioral health services	167
Medicaid managed care.....	168
Inclusion of behavioral health services.....	168
Inclusion of prescribed drugs.....	168
Home visits and cognitive behavioral therapy	169
Community health worker and public health nurse services	169
Clarification and simplification of statutes	170
Duties of area agencies on aging	170
Integrated Care Delivery System performance payments	170
Care Innovation and Community Improvement Program	171
Hospital Care Assurance, franchise permit fee.....	172
Health information exchanges.....	173
Health Care/Medicaid Support and Recoveries Fund	174
Abolished funds	174
Integrated Care Delivery Systems Fund.....	174
Managed Care Performance Payment Fund	174
Medicaid Administrative Reimbursement Fund.....	175
Medicaid School Program Administrative Fund	175
Updated references	175
Temporary authority regarding employees.....	175
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES	177
Stabilization centers.....	178
Mental health crisis stabilization centers	178
Substance use disorder stabilization centers	178

Substance use disorder treatment in drug courts	178
Selection of participants	179
Treatment	179
Planning.....	180
Former Bureau of Recovery Services	180
Family and Children First Flexible Funding Pool	180
Clinician Recruitment Program	181
Criminal records checks for residential facility staff.....	181
Court costs for mental health adjudications	181
DEPARTMENT OF NATURAL RESOURCES	182
Hunting and fishing license fees	182
Oil and Gas Leasing Commission administrative costs	184
Transfers from the Waterways Safety and Wildlife Funds.....	184
Scenic Rivers Protection Fund.....	184
“Ohio Geology” License Plate Fund	184
Mine Safety Fund	185
STATE PUBLIC DEFENDER	186
State Public Defender powers	186
DEPARTMENT OF PUBLIC SAFETY	187
MARCS Fund.....	187
Ohio Investigative Unit Fund	187
Infrastructure Protection Fund	188
Lamination fee	188
DEPARTMENT OF REHABILITATION AND CORRECTION.....	189
Probation and parole services	191
Adult Parole Authority supervision.....	191
Definition of “caseload”	192
Field Services Section	192
Agreement for joint supervision of parolees.....	192
Supervision of offenders serving community control sanctions	193
Authority to limit probation services on county level	193
County authority to contract for services.....	193
Supervision and custody of releasees.....	194
Targeted community alternatives to prison	194
F4 and F5 presumption against a prison sentence	194
Minimum standards for jails	195
Authority regarding medical release	195
DRC authority to provide laboratory services	195

Community-based correctional facility award agreements	196
Ohio Penal Industries	196
SECRETARY OF STATE	197
Election Reform/Health and Human Services Fund	197
DEPARTMENT OF TAXATION	198
Lead abatement income tax credit	198
State administration of municipal income taxes	199
Net distribution deficiency	199
Municipal Net Profit Tax Fund	199
DEPARTMENT OF TRANSPORTATION	201
ODOT business plan	201
TURNPIKE AND INFRASTRUCTURE COMMISSION	202
Audits and reports	202
DEPARTMENT OF YOUTH SERVICES	203
Juvenile Justice and Delinquency Prevention Fund	203
LOCAL GOVERNMENT	204
Tax increment financing exemption extensions	204
County family and children first councils	205
MISCELLANEOUS	206
Legal age to purchase cigarettes and other tobacco products	206
“Vapor product” as “alternative nicotine product”	206
Vending machine notice	207
Exceptions to prohibitions; forfeiture; affirmative defenses	207
NOTES	208
Effective dates	208
Expiration	208

DEPARTMENT OF ADMINISTRATIVE SERVICES

State agency efficiency review

- Requires designees from the Department of Administrative Services (DAS) and the Office of Budget and Management (OBM) jointly to review functions and programs of state agencies with the purpose of identifying areas for consolidation.
- Not later than January 1, 2020, requires the designees to identify agency functions and programs to be consolidated.
- Allows the DAS Director to transfer employees, equipment, and assets of a consolidated program.
- Allows the OBM Director to cancel and re-establish encumbrances and make other necessary budget changes to reflect the consolidated programs.

Office of Information Technology funds

- Creates the Enterprise Applications Fund within the state treasury.
- Adds certain fees and rates charged by DAS to the list of operating appropriation items for which the Information Technology Chief Information Officer must compute the amount of revenue attributable to amortization.
- Allows the OBM Director, on request from the DAS Director, to transfer cash from the MARCS Administration Fund, the Enterprise Applications Fund, or the Professions Licensing System Fund to the Major Information Technology Purchases Fund.

Coordinated vendor debarment

- Requires state agencies to exclude from participation in state contracts, any vendors who have been debarred under any sections of the Revised Code.
- Provides for a general prohibition against vendor participation in any state contract for the duration of the debarment.
- Defines “participate” and “state contract” for purposes of the general provision.
- Specifies that eligibility for participation in state contracts is restored only when the vendor is not otherwise debarred from state contracts.

Surplus property

- Clarifies that when the DAS Director transfers, sells, or leases certain excess or surplus state vehicles, the Director may choose whether to deposit the proceeds either in the Investment Recovery Fund or in the Fleet Management Fund.
- Allows the DAS Director to transfer those proceeds from the Investment Recovery Fund to the Fleet Management Fund.
- Codifies a provision of law that allows DAS to use the Investment Recovery Fund to pay the operating expenses of the Federal Surplus Property Program in addition to the State Surplus Property Program.

Supplementary pay to physician department heads

- Allows the DAS Director to approve supplementary pay to any administrative department head appointed by the Governor, rather than only to the Director of Health, if the department head is a licensed physician.
- Eliminates the cap on the supplement amount the DAS Director may approve.

Death Benefit Fund recipient participation in state health plan

- Requires a Death Benefit Fund recipient to notify the Ohio Police and Fire Pension Fund Board of Trustees, rather than DAS, of the election to participate in a health benefit offered to state employees.
- Requires the Board to withhold the premium or cost of a health benefit that would be paid by a state employee from the recipient's death benefit payments and requires the Board, rather than DAS, to pay the premium or cost that would be paid by a state employer for a state employee who elects that coverage.
- Requires the Board to pay DAS the total costs of the benefit, including any administrative costs.
- Prohibits the Board from withholding from or charging to a recipient the amount of the administrative costs.
- Specifies that receiving a health benefit does not make the recipient a state employee, and that a recipient who is a state employee is not eligible for a health benefit through the fund.

Vision benefits for state employees

- Specifically includes vision benefits in the types of benefits DAS contracts for or otherwise provides to state employees.

Qualified opportunity zone land conveyance

- Authorizes DAS to transfer, lease, or otherwise dispose of all state owned real estate located in a federally designated "qualified opportunity zone," without the need for specific legislation, and to report transactions to the General Assembly.

Invoices for state purchases

- Removes alternate options for inclusion in a state purchasing invoice; requires, instead that all items listed be on the invoice.

State agency efficiency review

(Section 701.10)

The bill requires designees from the Department of Administrative Services (DAS) and the Office of Budget and Management (OBM) to jointly review functions and programs of state agencies to determine if any overlap or duplicative functions exist. The designees must collaborate with affected agencies in the course of their review and must determine the cost-

effectiveness of the programming in terms of administrative and operational costs, including facilities, personnel, technology, supplies, contracts, and services.

By January 1, 2020, the DAS and OBM Directors jointly must determine, in consultation with the affected agencies, the functions that may be consolidated within and across state departments. The bill places a specific emphasis on facilities utilization, laboratory testing facility consolidation, and field or regional office operation consolidation, but the determination also may include other functions, programs, and services that would reduce costs and improve services and would be suitable for operation within OBM's Shared Services Center.

If the consolidation of functions results in consolidation within the Shared Services Center or otherwise impacts an employee not subject to Ohio's Prevailing Wage Law,¹ the DAS Director may assign, reassign, classify, reclassify, transfer, reduce, promote, or demote any transferred employee. Employment records and actions, including personnel actions, disciplinary actions, performance improvement plans, and performance evaluations transfer with the employee. The employees are subject to the policies, procedures, and work rules of the agency to which they are transferred. The bill also gives the DAS Director authority to transfer equipment and assets relating to a program or function that is being consolidated to the department that is newly responsible for the functions after a consolidation.

Finally, after a consolidation occurs the OBM Director may make necessary budget changes, including cancelling and reestablishing encumbrances.

Office of Information Technology funds

(R.C. 125.18)

The bill creates the Enterprise Applications Fund within the state treasury. Additionally, the bill adds the following to the list of operating appropriation items for which the Information Technology Chief Information Officer must compute the amount of revenue attributable to amortization:

--MARCS administration, including the user fees charged by the Department of Administrative Services (DAS) and deposited into the Marcs Administration Fund;

--Enterprise applications, including the rates charged by DAS to benefiting agencies for the operation and management of information technology applications and deposited in the Enterprise Applications Fund;

--Professions licensing system, including the rates charged by DAS for the cost of ongoing maintenance of the professions licensing system and deposited into the Professions Licensing System Fund.

Under continuing law, the Chief Information Officer also must compute the amount of revenue attributable to the amortization of all equipment purchases and capitalized systems from information technology service delivery and major technology purchases operating appropriation items and major computer purchases capital appropriation items that are

¹ R.C. Chapter 4117.

recovered as part of the information technology service rates charged by DAS and deposited into the Information Technology Fund.

Additionally, the bill allows the OBM Director, on request from the DAS Director, to transfer cash from the MARCS Administration Fund, the Enterprise Applications Fund, or the Professions Licensing System Fund to the Major Information Technology Purchases Fund.

Coordinated vendor debarment

(R.C. 9.242, 125.25, 153.02, 5513.06, and 5525.03)

Specific sections of state law authorize the DAS Director, the Executive Director of the Ohio Facilities Construction Commission, and the Director of Transportation to debar vendors who have engaged in specified wrongdoing in the state contracting process. When each of those directors reasonably believes that grounds exist for debarment, they provide the vendor notice and an opportunity for a hearing, determine the length of debarment, and maintain a list of currently debarred vendors. When the debarment period ends, under each specific list, the vendor must be eligible to be awarded contracts by state agencies. The bill provides, in each section, that the vendor may be eligible if the vendor is not otherwise debarred under any list that applies to state contracts.

The bill also provides for a general provision in state law that prohibits any vendor who has been debarred on any list of debarred vendors from participating in state contracts including those specific sections and any other section of the Revised Code. The bill defines “participate” and “state contract” for purposes of the general provision. “Participate” means to respond to any solicitation or procurement issued by a state agency or be the recipient of an award of a state contract, or to provide any goods or services to any state agency. “State agency” means “every organized body, office, or agency established by the laws of [Ohio] for the exercise of any function of state government” but does not include JobsOhio.

Surplus property

(R.C. 125.14 and 125.832)

Surplus state vehicles

The bill clarifies that when the DAS Director transfers, sells, or leases excess or surplus state vehicles that were originally purchased with GRF funds as part of the State Surplus Property Program, the DAS Director may choose whether to deposit the proceeds either in the Investment Recovery Fund or in the Fleet Management Fund. And, under the bill, if the DAS Director deposits those proceeds in the Investment Recovery Fund, the DAS Director later may transfer them to the Fleet Management Fund.

Under continuing law, the proceeds generated by the State Surplus Property Program generally are deposited in the Investment Recovery Fund, except for certain supplies that were not purchased with GRF funds. The DAS Director uses the Investment Recovery Fund to pay the operating expenses of the State Surplus Property Program. The Fleet Management Fund

generally consists of fees DAS charges to other agencies for the use of the state's fleet of motor vehicles, and the DAS Director uses the Fund to administer the Fleet Management Program.²

Investment Recovery Fund

(R.C. 125.14)

The bill also codifies (makes permanent) a provision of law that allows DAS to use the Investment Recovery Fund to pay the operating expenses of the Federal Surplus Property Program in addition to the State Surplus Property Program. Currently, DAS may do so under a provision of the previous main operating budget act that expires June 30, 2019.³

Under the continuing Federal Surplus Property Program, DAS assists other state agencies, political subdivisions, and certain private entities in acquiring surplus property from the federal government. DAS deposits the fees it charges for that service in the Investment Recovery Fund.⁴

Supplementary pay to physician department heads

(R.C. 124.181)

The bill allows the DAS Director to approve supplementary pay for any administrative department head appointed by the Governor if the department head is a licensed physician. It also eliminates the cap on the supplement amount the DAS Director may approve. Under current law, the DAS Director may approve supplementary pay only for the Director of Health if the Director of Health is a licensed physician. Currently, the supplementary pay to the Director of Health cannot be more than 20% of the Director's base rate of pay.

Death Benefit Fund recipient participation in state health plan

(R.C. 124.824; Section 361.10)

The Ohio Public Safety Officers Death Benefit Fund pays benefits to the surviving spouse, children, or, in limited cases, surviving parent, of a law enforcement officer or firefighter killed in the line of duty.⁵ Under continuing law, a Death Benefit Fund recipient who is a spouse or child may elect to participate in any medical, dental, or vision benefit (a "health benefit") that DAS contracts for or otherwise provides to state employees. The bill specifies that a recipient receiving a health benefit through the fund is not a state employee. Also, under the bill, if a recipient is eligible to receive these health benefits as a state employee, the recipient cannot receive them through the fund. Continuing law also excludes a recipient eligible to enroll in the federal Medicare program from receiving these benefits through the fund.

To receive health benefits through the fund, a recipient must file a notice with the Ohio Police and Fire Pension Fund Board of Trustees (which administers the fund), rather than with DAS as under current law, of the recipient's election to participate in the benefits. The bill

² R.C. 125.83, not in the bill.

³ Sections 207.40 and 809.10 of H.B. 49 of the 132nd General Assembly, not in the bill.

⁴ R.C. 125.84 and 125.87, not in the bill.

⁵ R.C. 742.63, not in the bill.

requires the Board to withhold the percentage of the premium or cost of the benefits that would be paid by a state employee from the recipient's death benefit payments, rather than requiring the recipient to pay the premium or cost directly to DAS as under current law. Under the bill, the Board must pay DAS the total cost of the benefits – including the percentage of the premium or cost that would be paid by a state employer for a state employee who elects that coverage, as under continuing law – and any administrative costs. Administrative costs cannot exceed 2% of the total costs of the benefits and cannot be withheld or charged to a recipient by the Board. A similar provision regarding the administration of health benefits for Death Benefit Fund recipients appears in the appropriation language for the Death Benefit Fund, which has an immediate effective date, thus appearing to give that provision an immediate effective date.⁶

Under continuing law, the Board must provide DAS with any information DAS requires to provide the benefits. The bill adds that the Board must provide that information to a designated third-party administrator or to both the third-party administrator and DAS.

Vision benefits for state employees

(R.C. 124.82)

The bill specifically includes vision benefits in the types of benefits for which DAS may contract. Continuing law requires DAS to contract for the issuance of a policy or contract of health, medical, hospital, dental, or surgical benefits, or any combination of those benefits, covering state employees. DAS, under continuing law, also may offer these benefits directly.

Qualified opportunity zone land conveyance

(R.C. 123.01)

The bill authorizes DAS to transfer, lease, or otherwise dispose of all the right, title, and interest of the state in real estate located in a federally designated “qualified opportunity zone,”⁷ without the need for specific legislation. Under current law, land conveyance legislation, identifying the real estate to be conveyed, generally is used to provide DAS with clear authorization to convey specific real estate, as most agencies do not have the authority to convey real estate under the agency's jurisdiction.

Annually, DAS, not later than January 31, must submit a report to the General Assembly if there were transactions made under this provision during the previous calendar year. The report must provide detail about each transaction.

Invoices for state purchases

(R.C. 125.01)

The bill changes the current definition of “invoice” in the state purchasing law to require all of the items specified to be described in the itemized listing showing delivery of the supplies or service contracted for in the order: date of purchase or rendering of the service; an itemization of things done, material supplied, or labor furnished; and the sum due under the contract. The current definition of “invoice” provides for an option of including, in the itemized

⁶ Section 812.20.

⁷ See 26 United States Code (U.S.C.) 1400Z-1.

listing showing delivery of the supplies or performance of the service described in the order, either the date of purchasing or rendering of the service *or* an itemization of the things done, material supplied, or labor furnished, and the sum due under the contract. Among other things an “order” (contract) must include an authorization to pay for the contemplated expenditure, signed by the person instructed and authorized to pay upon receipt of a proper invoice. A proper invoice must include all of the items listed above.

DEPARTMENT OF AGING

Background checks

- Requires the Director of Aging or other hiring entity to request a criminal records check before (rather than up to five days after) conditionally employing a person in certain positions involving community-based long-term care or ombudsman services.
- Requires the Department of Aging's procedures to be used for conducting criminal records checks when considering applicants for certain direct-care positions, even if a community-based long-term care provider is also a service provider under a Department of Medicaid-administered program for home and community-based care.

Dementia training materials and program support

- Expands to include other types of dementia (rather than only Alzheimer's disease) that must be covered in Department of Aging training materials and respite care programs funded by the Department.

Notice of decisions regarding certification or discipline

- Requires the Department of Aging to notify a provider of community-based long-term care services of a decision that was reached without a hearing (1) not to certify the provider or (2) to take disciplinary action.

Exception to required hearing regarding certification

- Exempts from hearing requirements certain Department of Aging actions regarding the certification of a community-based long-term care provider if the provider's Medicaid provider agreement has been suspended.

Background checks

(R.C. 173.27 and 173.38)

Conditional employment

The bill requires the Director of Aging or other hiring entity to request a criminal records check before conditionally employing a person in (1) a community-based long-term care position involving direct-care services for consumers or (2) a state or regional long-term care ombudsman position. Under conditional employment, an applicant may begin employment even though the results of a criminal records check have not yet been received. Current law allows the criminal records check to be requested up to five business days after conditional employment begins.

Procedures for conducting checks

(R.C. 173.38 and 5164.342)

The bill eliminates the option of using the Department of Medicaid's criminal records checks procedures (in lieu of the Department of Aging's procedures) for direct-care positions under a Department of Aging-administered program, such as PASSPORT, when the hiring entity

for the program is also a provider of home and community-based services under a Department of Medicaid-administered waiver program. However, the bill retains the authority of hiring entities under a Medicaid-administered waiver program to use the Department of Aging's procedures. The Department of Aging's procedures require investigation of whether a person has been found eligible for intervention in lieu of conviction; the Department of Medicaid's procedures do not.

Dementia training materials and program support

(R.C. 173.04)

Current law requires the Department of Aging to disseminate on its website training materials for licensed health care and social service personnel who provide care for persons who have Alzheimer's disease. To the extent that funds are available, the Department also must administer respite care programs for persons with Alzheimer's disease to provide short-term, temporary care for the person in the absence of the person's regular caregiver. The bill expands these topics and programs to include dementia generally (rather than only Alzheimer's disease).

Notice of decisions regarding certification or discipline

(R.C. 173.391)

Except in certain specified circumstances, current law requires the Department of Aging to hold a hearing where there is a dispute regarding (1) a decision not to certify a provider of community-based long-term care services or (2) a disciplinary action taken against a provider. In cases where a hearing is not required, the bill requires the Department to notify the provider of the decision not to certify or the disciplinary action the Department is taking. Under current law, notifying the provider is permissive rather than mandatory.

Exception to required hearing regarding certification

(R.C. 173.391)

Under current law, the Department of Aging is not required to hold a hearing when there is a dispute between the Department and a provider of community-based long-term care services regarding the Department's decision not to certify the provider or to take disciplinary action against the provider if the provider's Medicaid provider agreement has been (1) suspended because of a disqualifying indictment or (2) denied or revoked because the provider or its owner, officer, authorized agent, associate, manager, or employee has been convicted of an offense that caused the provider agreement to be suspended because of a disqualifying indictment. The bill provides that the hearing is not required regardless of whether the provider agreement was suspended because of a disqualifying indictment or a credible allegation of fraud. (See "**Suspension of provider agreements and payments**" in the Department of Medicaid's section of this analysis below.)

DEPARTMENT OF AGRICULTURE

Amusement ride permit and inspection fees

- Increases the permit fee for an amusement ride by \$75 (from \$150 to \$225).
- Increases by \$50 the annual inspection and reinspection fee per ride for kiddie rides (from \$100 to \$150), roller coasters (from \$1,200 to \$1,250), aerial lifts or bungee jumping facilities (from \$450 to \$500), and other rides (from \$160 to \$210).
- Increases from \$105 to \$154 the maximum amount of the fee for the inspection and reinspection of inflatable rides that the Director of Agriculture may establish by rule.

Enforcement of Soil and Water Conservation Law

- Allows the Attorney General to seek civil penalties under the law governing soil and water conservation for violations of any provision of that law, rather than only rules adopted under that law.

Wine tax diversion to Ohio Grape Industries Fund

- Extends through June 30, 2021, the extra 2¢ per-gallon earmark of wine tax revenue that is credited to the Ohio Grape Industries Fund.

Amusement ride permit and inspection fees

(R.C. 1711.53)

The bill:

1. Increases the permit fee for an amusement ride by \$75 (from \$150 to \$225);
2. Increases from \$105 to \$154 the maximum amount of the fee for inspection and reinspection of inflatable rides that the Director of Agriculture may establish by rule; and
3. Increases by \$50 the annual inspection and re-inspection fee per ride as illustrated below:

Type of ride	Fee amount under current law	Fee amount under the bill
Kiddie ride	\$100	\$150
Roller coaster	\$1,200	\$1,250
Aerial lift or bungee jumping facility	\$450	\$500
Other rides	\$160	\$210

Enforcement of Soil and Water Conservation Law

(R.C. 939.07)

The bill allows the Attorney General, on request of the Director, to seek civil penalties under the law governing soil and water conservation for violations of any provision of that law. Current law only authorizes the Attorney General, at the request of the Director, to seek civil penalties against a person that has violated or is violating a rule relating to any of the following:

1. Agricultural pollution abatement;
2. Wind and water erosion of soil; and
3. Composting of dead animals at agricultural operations.

Wine tax diversion to Ohio Grape Industries Fund

(R.C. 4301.43)

The bill extends through June 30, 2021, the extra 2¢ per-gallon earmark of wine tax revenue that is credited to the Ohio Grape Industries Fund. Continuing law imposes a tax on the distribution of wine, vermouth, and sparkling and carbonated wine and champagne at rates ranging from 30¢ per gallon to \$1.48 per gallon. From the taxes paid, a portion is credited to the Fund for the encouragement of the state's grape and wine industry. The remainder is credited to the GRF.

OHIO AIR QUALITY DEVELOPMENT AUTHORITY

- Abolishes the obsolete Advanced Energy Research and Development Fund, which was used to provide grants for advanced energy projects.
- Abolishes the obsolete Advanced Energy Research and Development Taxable Fund, which was used to provide loans for the projects.

Advanced energy projects program funds

(R.C. 166.30, 3706.27, and 3706.30, all repealed, with conforming changes in R.C. 122.075, 166.01, 3706.25, 3706.29, and 4313.02)

The bill abolishes both of the following obsolete funds:

1. The Advanced Energy Research and Development Fund, which was used to provide grants for advanced energy projects. The Fund has not had a balance of more than a penny for ten years.
2. The Advanced Energy Research and Development Taxable Fund, which was used to provide loans for these projects. Nearly all of the money in the Fund, \$7.8 million, was transferred out of the Fund in FY 2018.

Because these funds are abolished, the bill also eliminates:

1. The Ohio Air Quality Development Authority's power to issue grants and provide loans for eligible advanced energy projects from the above funds; and
2. The requirement that the Authority conduct minority outreach activities for the eliminated grant and loan program for advanced energy projects.

OFFICE OF BUDGET AND MANAGEMENT

OBM internal audit and confidential documents

- Provides that records or documents received by the Office of Internal Audit in the Office of Budget and Management (OBM) for the purpose of conducting internal audits of state agencies that are otherwise exempt from disclosure under state or federal law are not public records.
- Clarifies that infrastructure records that are an internal audit report or work paper of the Office are exempt from disclosure as a public record.

Expenditure of excess revenue

- Changes terminology in the Controlling Board law governing the expenditure of excess money from certain state funds.

OBM internal audit and confidential documents

(R.C. 126.48)

The bill provides that any internal audit report produced by the Office of Internal Audit in the Office of Budget and Management (OBM), and all work papers of the internal audit, are confidential and not public records until the final report of the internal audit's findings and recommendations has been submitted. The bill adds that any record or document necessary for the performance of an internal audit received by OBM's Office of Internal Audit, that is otherwise exempt from disclosure as a public record under state or federal law, is also exempt from disclosure by the Office. Current law provides only that a preliminary or final report of an internal audit's findings and recommendations is not a public record until the final report is submitted. The bill also clarifies that any internal audit report or work paper that meets the definition of a security record or infrastructure record under current law is not a public record.

Expenditure of excess revenue

(R.C. 131.35)

The bill changes terminology in the law governing the expenditure of excess money received into certain state funds from which the Controlling Board may make transfers. Current law requires that excess "funds" received into those state "funds" be spent according to certain requirements, including when an appropriation can be increased or transferred. Because the term "fund" is defined in R.C. Chapter 131 and to clarify the terms used in the amended statute, under the bill, these requirements would apply to "revenue" received into these state funds.

DEPARTMENT OF COMMERCE

Division of Financial Institutions: multistate licensing system

- Authorizes the Superintendent of Financial Institutions to participate in a multistate licensing system for all license or registration types overseen by the Superintendent.

Unclaimed funds electronic notification

- Explicitly authorizes a notice of unclaimed funds to be published electronically.

Real estate license fees

- Increases several fees related to the licensing of real estate brokers and salespersons paid to the Superintendent of the Division of Real Estate and Professional Licensing.
- Establishes a three-year renewal fee for real estate brokers and real estate salespersons paid to the Superintendent.
- Eliminates the annual renewal fee for real estate brokers and real estate salespersons.

Real Estate Recovery and Real Estate Appraiser Recovery Funds

- Replaces the current tiered assessments to fund the Real Estate Recovery Fund that the Real Estate Commission imposes on real estate broker and salesperson license renewals with a required assessment, up to \$10, if the fund falls below \$250,000.
- Authorizes the OBM Director, upon a request from the Director of Commerce during the biennium, to transfer funds from the Real Estate Recovery Fund to the Division of Real Estate Operating Fund to reduce the former fund's balance to no less than \$250,000.
- Reduces from \$500,000 to \$200,000 the threshold balance in the Real Estate Recovery Fund that triggers the Director of Commerce's authority to request money be moved from the Real Estate Appraiser Operating Fund to the Real Estate Appraiser Recovery Fund.
- Authorizes the OBM Director, upon a request from the Director of Commerce during the biennium, to transfer funds from the Real Estate Appraiser Recovery Fund to the Real Estate Appraiser Operating Fund to reduce the former fund's balance to no less than \$200,000.

Appraisers' removal from appraiser panels

- Requires an appraisal management company that wishes to remove an appraiser from its appraiser panel to provide the appraiser with a written explanation and an opportunity to respond in all cases, instead of only when the appraiser has been on the panel for more than 30 days.

Construction and Manufacturing Mentorship Program

- Creates the Construction and Manufacturing Mentorship Program to expose minors who are 16-or 17-years old to construction and manufacturing occupations in Ohio through temporary employment with an employer.

- Requires an employer employing a minor under the Mentorship Program to provide the minor with required training, assign the minor a mentor who is liable for the minor during the minor's employment, and take other specified actions.
- Requires the Director of Commerce to specify a list of tools that a minor employed under the Mentorship Program may operate during the minor's employment.
- Prohibits an employer from either (1) permitting a minor from operating a tool described above unless the minor is employed under the Mentorship Program, or (2) permitting a minor who is employed under the Mentorship Program from operating a tool prohibited for use by minors of that age under federal and state law.
- Establishes a civil penalty for whoever violates the bill's prohibitions.

Hazardous occupations prohibited for minors

- Prohibits the Director from adopting any rule to prohibit a 16- or 17-year old minor employed by an employer under the Mentorship Program from being employed in a construction or manufacturing occupation if the minor's employment in the occupation is permitted under federal law.

Division of Industrial Compliance-building code administration

- Authorizes the Superintendent of the Division of Industrial Compliance to administer and enforce the building code on behalf of political subdivisions, pursuant to contract.

Oil and gas land professionals – civil penalties

- Expands the civil enforcement authority of the Superintendent of Real Estate and Professional Licensing relative to oil and gas land professionals.

State Fire Marshal CDL exemption

- Exempts a qualified person who operates fire equipment for the State Fire Marshal from the requirement to hold a commercial driver's license (the same exemption applies to a qualified person who operates fire equipment for a local fire department).

Division of Financial Institutions: multistate licensing system

(R.C. 1181.23, 1321.73, 1349.43, 4712.02, 4727.03, and 4728.03)

The bill authorizes the Superintendent of Financial Institutions to require persons licensed or registered by the Division of Financial Institutions⁸ to participate in a multistate licensing system. If the Superintendent chooses to use the system, the Superintendent may establish, by rule, regulation, or order, any requirements necessary to enable all statutorily required licensing and registration information to be submitted to the Superintendent through

⁸ These persons include licensees and registrants under the Check-cashing Businesses Law, Small Loan Law, Short-term Loan Law, General Loan Law, Consumer Installment Loan Act, Insurance Premium Finance Company Law, Residential Mortgage Loan Act, Credit Services Organization Law, Pawnbrokers Law, and Precious Metals Dealers Law.

the system. Persons engaged in activity that requires licensure or registration are to utilize the system to apply for, renew, amend, or surrender their license or registration, and for any other activity determined by the Superintendent. They are also required to pay any related user fees.

The requirements established by the Superintendent cannot conflict with any statutory provision, but may add to the existing requirements that relate to:

- The manner of obtaining required criminal history records, civil or administrative records, or credit history records;
- The payment of fees required for the use of the multistate licensing system;
- The amending or surrender of a license or registration;
- The setting or resetting as necessary of renewal or reporting dates.

In light of this authority, the bill expressly allows the Superintendent to set an annual renewal date that is different from the date provided in current law for licenses or registrations issued under the Insurance Premium Finance Company Law, Credit Services Organization Law, Pawnbrokers Law, and Precious Metals Dealers Law. If necessary for participation in the system, the Superintendent may also require annual license renewal for those pawnbrokers that currently renew every other year.

The Superintendent is permitted to establish relationships or contacts with the multistate licensing system or other entities designated by the system to collect and maintain records and process transaction fees or other fees related to licensees and registrants. The Superintendent may use the materials or other information made available through the system in furtherance of any action brought by the Superintendent.

Under the bill, any confidentiality or privilege arising under federal or state law relative to any information or material provided to the system continues to apply after it is provided to the system. That information or material may be released to any state or federal regulatory official with oversight authority without the loss of confidentiality or privilege protections provided by federal or state law.

Finally, the Department of Commerce is permitted to use the multistate licensing system to fulfill the Department's ongoing obligations to establish and maintain an electronic database accessible through the Internet that contains information on (1) the enforcement actions taken by the Superintendent under the Residential Mortgage Lending Act (RMLA), (2) the enforcement actions taken by the Attorney General under the Consumer Sales Practices Act (CSPA) against loan officers, mortgage brokers, and nonbank mortgage lenders, and (3) all judgments by Ohio courts finding a violation of the RMLA or finding that specific acts or practices by a loan officer, mortgage broker, or nonbank mortgage lender are unfair or deceptive trade practices under the CSPA.⁹

⁹ R.C. 1345.02, 1345.03, and 1345.031, not in the bill.

Unclaimed funds electronic notification

(R.C. 169.06)

Under continuing law, holders of unclaimed funds must file reports with the Director of Commerce when they are in possession of items that qualify as unclaimed funds. Based on these reports, the Director must then publish a notice of unclaimed funds in a local newspaper in an attempt to notify the owner of the whereabouts of the owner's unclaimed funds. The Director also may publish additional notices. The bill explicitly allows both of these notices to be published electronically.

Real estate license fees

(R.C. 4735.06, 4735.09, 4735.13, 4735.15, 4735.182, 4735.27, and 4735.28)

The bill increases by 35% (rounded to the nearest dollar) several fees related to the licensing of real estate brokers and real estate salespersons. The fee changes are as follows:

Fee	Current Law	The Bill
Real estate broker license application	\$100	\$135
Real estate salesperson license application	\$60	\$81
Transfer from broker license to salesperson license	\$25	\$34
Notice of intention by real estate broker to join a business entity	\$25	\$34
Reactivation or transfer of a broker's license into or out of business entity	\$25	\$34
Reactivation or transfer of a salesperson's license	\$25	\$34
Branch office license	\$15	\$20
Foreign real estate salesperson's license and renewal	\$50	\$68
Additional fee for an education course provider or course provider applicant whose fee was returned	\$100	\$135
Foreign real estate dealer examination	\$75	\$101

Fee	Current Law	The Bill
Foreign real estate salesperson examination	\$50	\$68
Cap of foreign real estate dealer's fee for each salesperson employed by the dealer	\$150	\$203

In addition, the bill replaces the annual renewal fee for real estate brokers and salespersons with a three-year renewal fee. The three-year fees likewise reflect a 35% increase, as follows:

Fee	Current – Annual	The Bill – 3-Year
Renewal of 3-year real estate broker's license	\$60	\$243
Renewal of 3-year real estate salesperson's license	\$45	\$182
Additional 50% penalty for late renewal of real estate broker's license	\$30	\$121.50
Additional 50% penalty for late renewal of real estate salesperson's license	\$22.50	\$91

Real Estate Recovery, Real Estate Appraiser Recovery Funds

(R.C. 4735.12 and 4763.16; Section 243.20)

Real Estate Recovery Fund assessments and transfers

Under continuing law, the Real Estate Recovery Fund is maintained to satisfy judgments against real estate brokers and salespeople who engage in professional misconduct. To support the fund, existing law requires the Real Estate Commission to impose special assessments on brokers and salespersons renewing their licenses based on the fund's balance on the July 1 preceding the renewal. If the balance is less than \$500,000, the assessment can be \$10 or less. If the balance is between \$1 million and \$2 million, the assessment can be \$5 or less. No assessments are permitted if the balance exceeds \$2 million.

The bill eliminates this tiered structure by requiring an assessment, up to \$10, if the Real Estate Appraiser Recovery Fund's balance is less than \$250,000 on the July 1 preceding the license renewal and prohibiting assessments if the balance exceeds \$250,000 on that date. The

bill also grants the Director of Commerce authority to request, during the biennium, that the OBM Director transfer funds from the Real Estate Recovery Fund to the Real Estate Operating Fund if the Recovery Fund's balance exceeds \$250,000. Such a transfer may reduce the Recovery Fund's balance to no less than \$250,000.

Real Estate Appraiser Recovery Fund transfers

Under continuing law, the Real Estate Appraiser Recovery fund is maintained to satisfy judgments against real estate appraisers who violate the Real Estate Appraiser Law. The Superintendent of Real Estate is required to ascertain the fund's balance on October 1, every year.

Under existing law, if the Real Estate Appraiser Recovery Fund's balance is less than \$500,000, the Superintendent may request that the OBM Director transfer funds from the Real Estate Appraiser Operating Fund to the Real Estate Appraiser Recovery Fund to reestablish that balance. The bill reduces the threshold at which a request may be made, and to which the balance may be restored, to \$200,000, and specifies that the request may be made if the threshold is met at any time.

The bill also grants the Director of Commerce authority, during the biennium, to request that the OBM Director transfer funds in the opposite direction, from the Real Estate Appraiser Recovery Fund to the Real Estate Appraiser Operating Fund if the Recovery Fund's balance exceeds \$200,000. Such a transfer may reduce the Recovery Fund's balance to no less than \$200,000.

Appraisers' removal from appraiser panels

(R.C. 4768.09)

If an appraisal management company wishes to remove an appraiser from its appraiser panel, the bill requires the company to provide the appraiser with written notice that explains the reasons for removal and an opportunity to respond in all cases. Existing law limits this requirement to the removal of appraisers who have been on the panel for more than 30 days.

Construction and Manufacturing Mentorship Program

(R.C. 4109.22 and 4109.99)

The bill creates the Construction and Manufacturing Mentorship Program to expose minors who are 16-or 17-years old to construction occupations and manufacturing occupations in Ohio through temporary employment with an employer (a person who employs any individual in a construction occupation or manufacturing occupation). An employer employing a minor under the Mentorship Program must:

- Determine the duration of the minor's employment;
- Assign a mentor to provide direct and close supervision to the minor while the minor is engaged in any workplace activity and who is liable for the minor while the minor is employed by the employer;
- Provide the minor with the training described under "**Mentorship Program training,**" below;

- Encourage the minor to participate in a career-technical education program after the minor's employment ends, if the minor is not participating in such a program when the minor begins employment;
- Comply with all state and federal laws and regulations relating to the employment of minors.

A minor who is employed by an employer under the Mentorship Program may work in any construction or manufacturing occupation that is not prohibited for minors of that age by Ohio's Minor Labor Law¹⁰ or rules adopted under the Law.

For purposes of the bill, a "construction occupation" is employment consisting of the construction, reconstruction, enlargement, alteration, repair, remodeling, renovation, demolition, or painting of a building or other structure, and includes preparing a site for new construction. A "manufacturing occupation" is employment consisting of the mechanical, physical, or chemical transformation of materials, substances, or components into new products for sale, and includes assembling component parts into a finished product.

Mentorship Program training

The bill requires an employer to provide a 16- or 17-year old minor employed in a construction or manufacturing occupation under the Mentorship Program with training that includes all of the following:

- A ten-hour course in construction or general industry safety and health hazard recognition and prevention approved by the U.S. Department of Labor's Occupation Safety and Health Administration (OSHA) (the minor may participate in an OSHA-approved 30-hour course if the minor has already successfully completed a ten-hour course);
- Instructions on how to operate the specific tools the minor will use during the minor's employment;
- The general safety and health hazards that the minor may be exposed to at the minor's workplace;
- The value of safety and management commitment;
- Information on the employer's drug testing policy.

The bill requires the employer to pay any costs associated with providing a minor with the training.

List of approved tools

The bill requires the Director of Commerce, in consultation with employers, to adopt rules in accordance with the Administrative Procedures Act specifying a list of the tools that a 16- or 17-year old minor who is employed under the Mentorship Program may operate during the minor's employment in a construction or manufacturing occupation. The Director must use the "Field Operations Handbook" issued by the U.S. Department of Labor's Wage and Hour

¹⁰ R.C. Chapter 4109.

Division for guidance in developing the list. Nothing in the bill requires the Director to include a tool on the list if the federal Fair Labor Standards Act¹¹ (FLSA) hazardous occupation orders and Ohio's Minor Labor Law or rules adopted under it specifically permit 16- or 17- year olds to operate the tool.

Prohibitions

The bill prohibits an employer from:

1. Permitting a 16- or 17-year old minor to operate a tool a minor of that age is permitted to operate under the rules described in "**List of approved tools**" above unless the minor is employed by the employer under the Mentorship Program;
2. Permitting a 16- or 17-year old minor who is employed by the employer under the Mentorship Program to operate a tool that a minor of that age is prohibited from using by the FLSA and Ohio's Minor Labor Law or rules adopted under it.

Penalty for violation

Under continuing law, the Director is required to designate enforcement officials to enforce Ohio's Minor Labor Law. An enforcement official who discovers a violation of the Law is required to file a complaint against an offending employer in any court of competent jurisdiction after providing notice to the employer of the violation. An employer found to have violated the Law by the court may be assessed a penalty, which is paid into the fund of the school district in which the violation was committed.¹²

Under the bill, an employer who violates the bill's prohibitions is assessed a civil penalty of up to \$1,730 for each violation.

Hazardous occupations prohibited for minors

(R.C. 4109.05)

Continuing law requires the Director, after consulting with the Director of Health, to adopt rules prohibiting the employment of minors in occupations that are hazardous or detrimental to the health and well-being of minors. The Director of Commerce must consider the hazardous occupation orders issued pursuant to the FLSA when adopting the rules. The bill prohibits the Director from adopting any rule that would prohibit a minor who is 16- or 17- years old and employed by an employer under the "**Construction and Manufacturing Mentorship Program**" above from being employed in a construction or manufacturing occupation if the hazardous occupation orders issued pursuant to the FLSA permit the minor's employment in the construction or manufacturing occupation.

Interaction between federal and state minor labor laws

An employer or employee may be subject to the FLSA or Ohio's Minor Labor Law, or both laws, depending on the employer type and size and whether the employer or employee engages in interstate commerce. In the situation where an employer or an employee is subject to both federal and Ohio law and the laws differ, the law that provides the most protection for

¹¹ 29 U.S.C. 201 *et seq.*

¹² R.C. 4109.13, not in the bill.

the minor applies.¹³ For example, federal and Ohio law prohibit a minor from using hammering machines such as a power hammer.¹⁴ If Ohio law were amended to permit the minor to use a hammering machine that is prohibited under the FLSA, the federal law would control because it is more restrictive of the minor's activity. Therefore, it appears that a minor's employment would be limited in certain occupations that are prohibited under the federal law, even if Ohio law were amended to permit the minor's employment in those occupations.

Building code administration and enforcement

(R.C. 121.083 and 3781.10)

Under continuing law, enforcement authority for the state's building codes, that is, authority to approve plans and specifications and to conduct inspections, is granted to townships, municipal corporations, and county building departments certified by the Division of Industrial Compliance, as well as certain health districts. Also under continuing law, those governmental bodies may rely on specifically listed persons and entities, who have also been certified by the Division, to administer and enforce the codes.

The bill grants the Superintendent of the Division new authority to contract with health districts and certified building departments to administer and enforce the building code on their behalf. It also adds certified officers and employees of the Division to the list of persons upon whom local governmental entities may rely upon for administration and enforcement.

Oil and gas land professionals – civil penalties

(R.C. 4735.023 and 4735.052; R.C. 4735.01(l)(1)(h) and (i), not in the bill)

An "**oil and gas land professional**" is someone who regularly engages in the preparation and negotiation of agreements for the purpose of exploring for, transporting, producing, or developing oil and gas mineral interests, including oil and gas leases and pipeline easements. Employee oil and gas land professionals are not considered real estate brokers and, as a result, are exempt from licensing under the Real Estate Brokers Law.

Oil and gas land professionals working as independent contractors (i.e., not as employees) can also be exempt from real estate broker licensing under continuing law if they meet certain requirements, including registration with the Superintendent of the Division of Real Estate and Professional Licensing and membership in a qualifying professional organization. Existing law states that independent contractor oil and gas land professionals who fail to register with the Superintendent, or to notify the Superintendent of a lapse in necessary membership, are subject to penalties for unlicensed practice. The bill maintains these provisions, but corrects two cross-references to reference the appropriate enforcement provisions – the oil and gas land professional enforcement provisions, rather than the general provisions.

The bill expands the Superintendent's civil enforcement authority to permit the Superintendent to investigate and begin disciplinary proceedings against independent oil and

¹³ 29 U.S.C. 218 and 29 Code of Federal Regulations (C.F.R.) 570.50.

¹⁴ 29 C.F.R. 570.59 and Ohio Administrative Code (O.A.C.) 4101:9-2-11.

gas land professionals who commit a violation of continuing law's requirements for them, which include the provision of certain notices to counterparties in negotiations.

State Fire Marshal CDL exemption

(R.C. 4506.03)

Under current law, generally, no person may operate a commercial motor vehicle unless the person has a valid commercial driver's license or permit. However, there are several exemptions, which include qualified persons who operate fire equipment for a fire department, volunteer or nonvolunteer fire company, fire district, or joint fire district.

The bill adds the State Fire Marshal to this exemption – that is, a qualified person who operates fire equipment for the State Fire Marshal is not required to hold a commercial driver's license or permit.

COUNSELOR, SOCIAL WORKER AND MARRIAGE AND FAMILY THERAPIST BOARD

- Permits an applicant for a professional clinical counselor's license or a professional counselor's license to have a degree from any counseling program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP), rather than from specified CACREP programs or temporarily approved programs as under current law.
- Requires an applicant for a professional clinical counselor's license or a professional counselor's license to participate in a clinical counseling internship rather than a counseling internship as required under current law.
- Allows the Counselors Professional Standards Committee of the Counselor, Social Worker, and Marriage and Family Therapist Board to issue a license by endorsement to a person who does not have a graduate degree in counseling if the person is authorized to practice in another state and meets specified requirements.
- Reduces, from 30 to 15, the number of hours of continuing education that a person holding a certificate of registration as a social work assistant must complete as a condition of renewing the certificate of registration.
- Requires the Board to establish a schedule of deadlines for biennially renewing a license or certificate of registration issued under the Counselor, Social Worker, and Marriage and Family Therapist Law.
- Eliminates a requirement that a counselor, social worker, or marriage and family therapist prominently display the person's license in a particular location and manner.

Licensure of counselors

(R.C. 4757.18, 4757.22, 4757.23, and 4757.25)

Degree requirement

The bill allows an applicant for a professional clinical counselor license or a professional counselor license to have a graduate degree from a counseling program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) instead of specific types of counseling programs as under current law. Under current law, if an applicant has a graduate degree from a mental health counseling program in Ohio, it must be either temporarily approved by the Counselor, Social Worker, and Marriage and Family Therapist Board in accordance with rules adopted by the Board or be from one of the following CACREP programs:

- A clinical mental health counseling program;
- A clinical rehabilitation counseling program;
- An addiction counseling program.

Under continuing law, an applicant also must satisfy additional requirements to receive a license, including completing specialized counselor classwork, participating in an internship, and passing an examination.

Clinical internship

Under continuing law an applicant for a professional clinical counselor license or a professional counselor license must complete specified training. The bill requires an applicant to include participation in a clinical counseling internship as part of those training requirements. Currently, an applicant must participate in a counseling internship.

Licensure by endorsement

The bill allows the Board's Counselors Professional Standards Committee to issue a license by endorsement to a person who does not have a graduate degree in counseling if the person is authorized to practice in another state and meets all of the following requirements:

- The person has a graduate degree that demonstrates an education in the diagnosis and treatment of mental and emotional disorders with coursework comparable to that which is required for a clinical mental health counseling degree from a CACREP accredited program;
- The person has continuously engaged in the practice of professional counseling in the other state and has not been disciplined by the state regulatory authority for a period of five years or more immediately preceding the application date;
- The person engaged in a scope of practice in the other state comparable to the scope of practice associated with the license the person is requesting;
- The person's authorization to practice in the other state is in good standing;
- The person achieves a passing score on the examination required by the Board for licensure as a professional clinical counselor or a professional counselor.

In the case of an out-of-state applicant seeking a professional clinical counselor's license, the bill requires the applicant to complete at least 750 hours of supervised experience approved by the Committee.

Under current law, the Board may enter into a reciprocal agreement with any state that regulates individuals practicing in the same professions that are regulated by Ohio law, provided the Board finds that the state has requirements substantially equivalent to the requirements in Ohio. Under a reciprocal agreement, the CSW Board grants a license or certificate of registration to a resident of the other state whose practice is currently authorized by that state, and that state's regulatory body agrees to authorize the appropriate practice of any Ohio resident who is authorized to practice in Ohio. The Board's professional standards committees also may, by endorsement, issue the appropriate license or certificate of registration to a resident of a state with which the Board does not have a reciprocal agreement, if the person submits satisfactory proof that the person is licensed, certified, registered, or otherwise authorized to practice by that state.

Social work assistant continuing education

(R.C. 4757.33)

The bill reduces, from 30 to 15, the number of clock hours of continuing professional education a person holding a certificate of registration as a social work assistant must complete during the two-year period the certificate of registration is in effect. Under continuing law, completing continuing education is a condition of renewing a certificate of registration unless the Board waives the requirement because a person cannot complete the hours for any of the following reasons:

- Military service;
- Illness;
- Residence abroad;
- Any other reason that is acceptable to the relevant professional standards committee created within the Board under continuing law.

Renewal schedule

(R.C. 4757.10 and 4757.32; Section 747.20)

The bill requires the Board to establish a schedule of deadlines for biennially renewing a license or certificate of registration issued under the Counselor, Social Worker, and Marriage and Family Therapist Law. Currently, a license or certificate of registration expires two years after it is issued. Under the bill, a license or certificate of registration is valid without further recommendation or examination until it is revoked or suspended or until it expires for failure to renew in accordance with the Board's schedule. Continuing law allows a license or certificate of registration to be renewed in accordance with the standard renewal procedure.

A license or certificate of registration in effect on the provision's effective date continues in effect until the first biennial renewal date established in the Board's rules. No license or certificate in effect on the provision's effective date is valid for more than three years after the effective date.

License display

(R.C. 4757.13)

The bill eliminates a requirement that a counselor, social worker, or marriage and family therapist prominently display the person's license in an easy to see and read manner and in a conspicuous place in either the person's office or the place where the person conducts a major portion of the person's practice.

DEVELOPMENT SERVICES AGENCY

Opportunity zones and business investment credits

- Authorizes a nonrefundable tax credit equal to 10% of a taxpayer's investment in an Ohio Opportunity Zone fund.
- Limits individual credits to \$1 million per fiscal biennium and total credits to \$50 million per biennium.
- Reduces the total biennial cap on the existing small business investment credit from \$100 million to \$50 million and otherwise modifies that credit.

Opportunity zone investment credit

(R.C. 107.036, 122.84, 122.86, 5747.82, and 5747.98)

The bill authorizes nonrefundable income tax credits for individuals who invest in an investment fund that, in turn, invests principally in Ohio opportunity zones. The credits enhance existing federal and Ohio tax benefits for investments in such zones.

Opportunity zone background

Beginning in 2018, federal law allows states to designate economically distressed areas that meet certain criteria as "opportunity zones."¹⁵ Once the zone is certified by the Secretary of the Treasury, certain investments made to benefit the zone are eligible for preferential federal tax treatment. Specifically, when a taxpayer reinvests capital gains (i.e., income from the sale of stock or other asset) in an "opportunity zone fund" – an investment fund that holds at least 90% of its assets in property, stock, or ownership interests that benefit opportunity zones – the tax on those capital gains is deferred until the investment is sold or exchanged from the fund.¹⁶

Moreover, if the investment is held in the opportunity zone fund for five years, the investment's basis is increased by 10% of such deferred gain (effectively a 10% decrease in tax on the original gain). If held for at least seven years, the basis is increased by 15%. If held for ten years, not only is the basis increased by 15%, but any capital gains accrued while the investment was held in the opportunity zone fund is exempt from tax.

Because Ohio law uses federal adjusted gross income as a starting point for Ohio income tax liability, the federal deferral and reduction in capital gain taxes also defers or reduces a taxpayer's Ohio income tax. These federal and Ohio tax benefits are available regardless of where the zone is located.

¹⁵ 26 U.S.C. 1400Z-1. The Opportunity Zone law was enacted in December of 2017 by the federal "Tax Cut and Jobs Act." A map of opportunity zones designated in Ohio is available at http://development.ohio.gov/bs/bs_censustracts.htm.

¹⁶ 26 U.S.C. 1400Z-2. To qualify, the capital gains must be reinvested in the fund within 180 days after the gain is realized.

Ohio income tax credit

The bill adds to these existing incentives a new Ohio income tax credit for investments that benefit Ohio-designated zones. To qualify for the credit, a taxpayer must invest in an opportunity zone fund that in turn invests at least 90% of its invested assets in opportunity zones in Ohio (referred to in the bill as an “Ohio qualified opportunity fund”). Unlike the federal tax incentives, the bill’s credit is available even for investors that do not have capital gains to reinvest.

Each individual’s credit equals 10% of the investment, is nonrefundable, and is limited to \$1 million per state fiscal biennium. The total amount of credits available for all taxpayers is limited to \$50 million per biennium. Because of this limit, investors must apply for the credit.

The taxpayer must apply to the Development Services Agency (DSA) between January 1 and February 1 following the taxpayer’s taxable year when an investment is made. The taxpayer must include in the application (1) the total investment the taxpayer made in Ohio qualified opportunity funds and (2) a statement from an officer of each fund certifying the amount the taxpayer invested in that fund and the date of the investment. DSA must consider applications in the order in which they are received.

If the taxpayer qualifies for the credit, DSA will issue the taxpayer a credit certificate that lists the amount of the credit. The taxpayer must file a copy of the certificate with the taxpayer’s return.

Qualifying Ohio opportunity zones

The bill provides details for determining whether an opportunity zone fund’s assets are invested in an Ohio-designated zone for the purposes of the credit. In the case of assets in the form of tangible property, “substantially all” of the property must be used in the zone during “substantially all” of the fund’s holding period of the property. In the case of assets in the form of stock or partnership interests in a business, “substantially all” of the business’ tangible property must be used exclusively in the Ohio zone during “substantially all” of the fund’s holding period of the stock or interest. (Under proposed Treasury regulations, “substantially all,” when used in reference to the percentage of a business’ tangible property it uses in an opportunity zone, may be as little as 70%.)

Biennial forecast of forgone revenue

(R.C. 107.036)

Continuing law requires that every main biennial budget bill include detailed estimates of the state revenue that will be forgone due to “business incentive” tax credits in the current biennium and future biennia. The bill adds the new opportunity zone investment credit to the list of tax credits that are to be included in these estimates.

Small business investment credit

(R.C. 122.86)

The bill modifies an existing income tax credit for investments in smaller businesses, principally by reducing the total biennial limit on the credit allotment. Currently, the amount of

the credits awarded each fiscal biennium is limited to \$100 million; the bill reduces the limit to \$50 million.

The bill also modifies qualifications a business must satisfy in order for a taxpayer's investment to qualify for the credit. Whereas current law requires a business to employ at least 50 full-time equivalent employees, the bill specifies that this requirement is to be satisfied throughout the two-year period leading up to a taxpayer's investment.

Current law also requires the business to incur costs for payroll or for one or more of four different categories of assets in an amount equal to, or more than, the taxpayer's investment amount for which the credit is granted, and to do so within six months of the taxpayer's investment. The categories include real property, tangible personal property, vehicles used primarily in the business, and intangible property (e.g., royalties, trademarks, licenses).

The bill modifies these qualifications as follows:

- Eliminates the requirement that the business' costs equal the amount of the investment for which the credit is claimed, requiring only that some such costs be incurred.
- Modifies the payroll qualification by permitting increased pay for owners, officers, or managers to count toward payroll, and by disallowing pay for retained employees to count toward payroll. Only the pay of employees hired after the investment would count. (Under current law, the payroll qualification refers to the pay of "new employees," but expressly allows pay for retained employees to count as pay for new employees. The bill removes reference to retained employees' pay.)
- Allows the business to count installation costs toward the cost of tangible personal property.
- Replaces the cost of intangible property with the cost of leasehold improvements or construction.

The bill also modifies the administration of the credit. As under current law, taxpayers must apply to DSA to qualify for the credit, or the business may apply on a taxpayer's behalf. The bill specifies that, in either case, the application must be made within 60 days after the investment is made and within the same fiscal biennium in which the investment is made. And, whereas under current law the right to claim a credit is represented by a "certificate," which may be used to claim the tax credit once the investment's required two-year holding period concludes, the bill refers to this right as an "allocation," which may be converted to a certification once the holding period is over, allowing the credit to be claimed thereafter. Credit allocations are made only once an applicant provides DSA with all documentation needed to demonstrate that a business satisfies the qualifications.

Under both current law and the bill, the credit is available for investments in businesses having assets of \$50 million or less, or annual sales of \$10 million or less, and employing no more than 50 full-time-equivalent employees or employing more than 50% of their U.S. employees in Ohio.

The bill's changes apply to investments made on or after July 1, 2019.

DEPARTMENT OF DEVELOPMENTAL DISABILITIES

County DD board projections and plans

- Requires each county board of developmental disabilities (county DD board) to annually submit to the Department of Developmental Disabilities a five-year projection of revenues and expenditures.
- Authorizes the Department to conduct additional reviews to assess a county DD board's fiscal condition.
- Requires each county DD board to develop an annual plan, instead of a three-calendar year plan, and generally limits the information in the annual plan to information regarding waiting lists and home and community-based services.

Annual cost report audits

- Eliminates the requirement that the Department audit the annual cost reports of all county DD boards and regional councils, and instead gives it discretion to conduct an audit.

Quality assurance reviews

- Eliminates a requirement that county DD board service and support administrators perform quality assurance reviews as a distinct function of service and support administration.

Residential facility vacancy database

- Requires the Director of Developmental Disabilities (DD Director) to establish and maintain on the Department's website a searchable database of vacancies in licensed residential facilities.

Criminal records checks for conditionally employed applicants

- Requires the Department, or other hiring entity, to request a criminal records check before conditionally employing an applicant.

Ohio STABLE Account Program

- Changes the name of Ohio's ABLE Account Program to the STABLE Account Program.

Adjudication orders against supportive living certificates

- Permits the DD Director, for good cause, to suspend a supported living certificate holder's authority to expand or add supported living services.
- Expands the DD Director's authority to issue a summary suspension of a supported living certificate holder's authority to continue to provide supported living if there is a danger of immediate and serious harm.

Medicaid rates for ICF/IID services

- Provides that the mean FY 2020 and FY 2021 Medicaid rates for all intermediate care facilities for individuals with intellectual disabilities (ICFs/IID) in peer groups 1-B and 2-B

as determined under an older formula after certain modifications are made cannot exceed \$290.10.

- Requires the Department to reduce the FY 2020 and FY 2021 Medicaid rates for ICFs/IID in peer groups 1-B and 2-B as determined under an older formula if the federal government requires that the ICF/IID franchise permit fee be reduced or eliminated.

Reduction of certified residential facility beds

- Permits the DD Director to purchase residential facility beds for the purpose of reducing the number of ICF/IID beds in this state.

County share of nonfederal Medicaid expenditures

- Requires the DD Director to establish a methodology to estimate in FY 2020 and FY 2021 the quarterly amount each county DD board is to pay of the nonfederal share of the Medicaid expenditures for which the board is responsible.

County subsidies used for nonfederal share

- Requires, under certain circumstances, that the DD Director pay the nonfederal share of a claim for ICF/IID services using subsidies otherwise allocated to county boards.

Medicaid rates for homemaker/personal care services

- Provides for the Medicaid rate for each 15 minutes of routine homemaker/personal care services provided to a qualifying enrollee of the Individual Options waiver program to be, for 12 months, 52¢ higher than the rate for services to an enrollee who is not a qualifying enrollee.

Developmental center services

- Permits a developmental center to provide services to persons with developmental disabilities living in the community or to providers of services to those persons.

Innovative pilot projects

- Permits the DD Director to authorize, in FY 2020 and FY 2021, innovative pilot projects that are likely to assist in promoting the objectives of state law governing the Department and county DD boards.

Central intake/referral system for home visiting programs

- Excludes services provided under Part C of the federal Individuals with Disabilities Education Act from the central intake and referral system used to refer families to those services as well as home visiting programs.

Specialized treatment units for minors

- Permits the managing officer of an institution, with the concurrence of the chief program director, to admit into a specialized treatment unit children ages 10-17 who are in behavior crisis and have serious behavioral challenges.

- Requires a child's parent or legal guardian to enter into a memorandum of understanding with the county DD board and the Department specifying each party's responsibilities and the duration of admission.
- Limits the initial duration of admission to 180 days, but permits the child's parent or guardian to petition the Department to extend admission to a maximum of one year.

Citizen's advisory council

- Reduces the membership of a citizen's advisory council appointed for an institution under the Department's control to seven members (from 13).
- Increases the term of advisory council officers and permits a member to serve as an officer until no longer a council member.
- Designates an institution's managing director as the individual responsible for nominating persons to fill council vacancies.

Employment first task force

- Requires, rather than permits, the DD Director to establish an employment first task force.
- Removes the sunset provisions that would, on January 1, 2020, eliminate the task force.

Interagency Workgroup on Autism

- Requires, rather than permits, the DD Director to establish an interagency workgroup on autism.

Reimbursement for workgroup members' travel expenses

- Permits the DD Director to provide for reimbursement for travel expenses for a workgroup's official members who represent families or are advocates of individuals with developmental disabilities if certain conditions are met.
- Provides that the amount of reimbursement cannot exceed the rates the Director of Budget and Management establishes in rules for the travel expenses of officers, members, employees, and consultants of state agencies.

County DD boards' projections and plans

(R.C. 5126.053 and 5126.054 with conforming changes in 5123.046, 5126.056, and 5166.22)

Five-year projection of revenues and expenditures

Beginning April 1, 2020, the bill requires each county board of developmental disabilities (county DD board) to annually submit to the Department of Developmental Disabilities a five-year projection of revenues and expenditures. Each projection must be both in the format established by the Department (in consultation with the Ohio Association of County Boards of Developmental Disabilities) and approved by the superintendent of the county DD board. Projections must be submitted by April 1 each year.

The Department must review each five-year projection and may require a county DD board to do any of the following:

1. Submit additional information or a revised projection;
2. Permit the Department to visit the county DD board to review documents and other relevant records;
3. Complete other actions as the Director considers necessary.

If a county DD board fails to submit a five-year projection as required, the Department may withhold funds, conduct further reviews to complete the projection at full cost to the county DD board, and revoke the certification of the superintendent or accreditation of the county DD board. If a county DD board willfully provides erroneous, inaccurate, or incomplete data as part of its five-year projection, the Department may complete the projection at full cost to the county DD board and may revoke the certification of the superintendent or accreditation of the board.

Additional assessments of a county DD board's fiscal condition

The bill permits the Department, or another entity designated by or under contract with it, to conduct additional reviews as necessary to assess any county DD board's fiscal condition. Prior notice of an additional review must be provided to the county DD board.

The Department may issue recommendations to discontinue or correct fiscal practices or budgetary conditions that prompted, or were discovered by, an additional review. The superintendent of a county DD board must respond in writing to any recommendations within the timeframe specified by the Department.

Annual plans

The bill requires county DD boards to develop and submit to the Department annual plans, instead of three-year plans. Under current law, a county DD board must develop a three-calendar year plan that must include three components: (1) an assessment related to wait-listed individuals who need care provided by an intermediate care facilities for individuals with intellectual disabilities (ICF/IID) and may seek home and community-based services, and the sources of funds available to pay the nonfederal share of certain Medicaid expenditures, (2) a preliminary implementation for the first year the plan is in effect, and (3) an implementation of Medicaid case management services and home and community-based services after the plan is approved. The bill replaces the three-calendar year plan with an annual plan requirement and largely eliminates the components that were required in the three-calendar year plan.

Annual plans required under the bill must be submitted by December 31 and specify: (1) the number of individuals with developmental disabilities in the county who are placed on the board's waiting list, the service needs of those individuals, and the projected annualized cost for services, (2) the projected number of individuals to whom the county DD board intends to provide home and community-based services based on available funding as projected in the five-year projection discussed above, and (3) how the services are to be phased in over the period the plan covers.

The bill generally applies other provisions of existing law pertaining to the three-year plans to the annual plans, such as permitting the Department to take action against a county DD board if the plan is not submitted, is disapproved, or is not implemented.

Annual cost report audits

(R.C. 5126.131)

The bill gives the Department discretion whether to audit annual cost reports submitted by county DD boards and regional councils. County DD boards and regional councils are required to submit an annual cost report to the Department, which, under current law, is required to audit every cost report received.

Quality assurance reviews

(R.C. 5126.15, primary; R.C. 5126.055)

The bill eliminates a requirement that a service and support administrator perform quality assurance reviews as a distinct function of service and support administration. It also eliminates a requirement that a service and support administrator incorporate the results of those reviews into amendments of an individual's service plan.

County DD boards employ or contract for the services of service and support administrators. Continuing law requires a service and support administrator to perform only those duties that are specified in the law.

Residential facility vacancy database

(R.C. 5123.193)

The bill requires the Director of Developmental Disabilities (DD Director) to establish a searchable database of vacancies in licensed residential facilities and maintain it on the Department's website. Every person or governmental entity that operates a licensed residential facility is required to provide the Department with current and accurate vacancy information in accordance with procedures that the Director is required to establish.

Criminal records checks for conditionally employed applicants

(R.C. 5123.081)

The bill requires the Department, a county DD board, providers, and subcontractors to request a criminal records check on an applicant before conditionally employing the applicant to a position with the Department or a county DD board. Current law requires a criminal records check, but does not require the hiring entity to request it before the conditional employment begins.

Ohio STABLE Account Program

(R.C. 113.50, 113.51, 113.53, 113.55, and 113.56)

The bill changes the name of Ohio's ABLE Account Program to the STABLE Account Program. Under federal law, eligible individuals with disabilities may be designated as a beneficiary of an ABLE account. Amounts in the account can be used by a beneficiary for qualified disability expenses and are excluded from consideration in determining eligibility for

means-tested public assistance programs, such as SSI, Medicaid, and food assistance. The Department already refers to these accounts as STABLE accounts, and the bill makes conforming changes to the Revised Code.

Adjudication orders against supportive living certificates

(R.C. 5123.166 and 5123.0414)

Current law requires a person to have a certificate issued by the DD Director in order to provide supported living services to an individual with a developmental disability.¹⁷ The Director may, for good cause, take action against a certificate, including refusing to issue or renew a certificate, revoking a certificate, or suspending the certificate holder's authority to continue to provide supported living or begin to provide supported living. The bill adds that the DD Director also may suspend a certificate holder's authority to expand or add supported living.

Generally, action against a certificate must be taken in accordance with the Administrative Procedure Act (R.C. Chapter 119); however, current law specifies limited circumstances under which the DD Director may summarily suspend (i.e., take action without affording notice and opportunity for a hearing) an existing certificate holder's authority to provide supported living. As described in the table below, the existing summary suspension authority applies only if the provider has failed to continue to meet certification standards and if several additional conditions are met. The bill expands the summary suspension for other misconduct, not just a failure to continue to meet certification standards, so long as there is clear and convincing evidence of the misconduct and a danger of immediate and serious harm.

Summary suspension of authority to continue providing supported living		
	Existing law	The bill
Authority to summarily suspend an existing provider's authority to continue to provide supported living	The DD Director may issue the order if (1) the Director determines that the provider has failed to continue to meet certification standards, (2) the Director determines the failure represents a pattern of serious noncompliance or creates a substantial risk to the health or safety of an individual who receives supported living from the provider, (3) the Director makes the individual or the individual's guardian aware of the Director's determination, (4) the individual or guardian does not select another provider, and (5) a county DD board has filed a complaint with the probate court describing related abuse or neglect of the individual and the	Same, but adds that the DD Director also may issue the order if (1) there is clear and convincing evidence that the provider has engaged in conduct described below and (2) allowing the provider to continue to provide supported living would present a danger of immediate and serious harm. The Director must find clear and convincing evidence of one of the following: (1) failure to meet or continue to meet certification standards, (2) the provider also provides the individual a residence in violation of existing law, (3) noncompliance with existing criminal records check provisions or abuse and

¹⁷ R.C. 5123.16, not in the bill.

Summary suspension of authority to continue providing supported living		
	Existing law	The bill
	probate court does not issue an order authorizing the board to arrange services for the individual pursuant to an individualized service plan.	neglect registry provisions, (4) misfeasance, malfeasance, or nonfeasance, (5) confirmed abuse or neglect, (6) financial irresponsibility, (7) other conduct the Director determines would be injurious to individuals receiving supported living from the provider.

Current law specifies procedures under the Administrative Procedure Act that apply to summary suspensions. The bill generally maintains those provisions and applies them to a summary suspension issued under the bill's expanded authority to issue summary suspensions, except as follows:

--The bill requires the DD Director to send the provider notice of the order by certified mail, instead of registered mail as under current law;

--The bill requires the DD Director to approve, modify, or disapprove a referee or examiner's report and recommendation not later than ten days after it is sent to the provider, instead of not later than 15 days, as under current law;

--The bill provides for a more expeditious hearing in the case of a summary suspension issued under the bill's expanded authority. Under the existing authority, the hearing must be set within 30 days. For a summary suspension issued under the bill's expanded authority, the hearing must be set within 15 days, but not earlier than seven days, after the provider timely requests a hearing, unless both parties agree to another time.

The bill specifies that a summary suspension issued under the expanded authority in the bill is generally effective until a final adjudication order issued pursuant to the Administrative Procedure Act becomes effective. The final adjudication order must be issued within ten days of completion of the hearing. If the order is not issued in that time, the summary suspension is dissolved, but it does not invalidate any subsequently issued final adjudication order. A final adjudication order cannot be suspended by a court during pendency of an appeal filed under the Administrative Procedure Act.

Medicaid rates for ICF/IID services

(Section 261.168 of H.B. 49 of the 132nd G.A.)

The bill makes two revisions to the law that requires the Department to make certain modifications to the older of the two formulas used to determine the FY 2020 and FY 2021 Medicaid payment rates for ICFs/IID in peer groups 1-B and 2-B.¹⁸ Under current law, an

¹⁸ Peer group 1-B consists of ICFs/IID with a Medicaid-certified capacity exceeding eight. Peer group 2-B consists of ICFs/IID with a Medicaid-certified capacity not exceeding eight, other than ICFs/IID in peer

ICF/IID's Medicaid rate for services provided during those fiscal years is the higher of the rates determined under the two formulas. The older formula predates H.B. 24 of the 132nd General Assembly, which enacted the newer one. The older formula expires beginning with FY 2022.¹⁹

The first revision concerns the target amount. The Department must adjust the total per Medicaid day rate for all ICFs/IID in peer groups 1-B and 2-B if the mean total rate for those facilities is other than a target amount. The target amount is \$290.10 or, at the Department's sole discretion, a larger amount. If an adjustment is to be made, it must equal the percentage by which the mean total per Medicaid day rate is greater or less than the target amount. The bill sets the target amount at \$290.10, thereby eliminating the Department's authority to use a larger target amount and requiring it to make the adjustment if the mean total rate as determined under the older formula after the modifications are made is greater than that amount.

The second revision concerns the franchise permit fee that continuing law requires ICFs/IID to pay. The bill provides that if the U.S. Centers for Medicare and Medicaid Services requires that the franchise permit fee be reduced or eliminated, the Department must reduce the Medicaid payment rate for ICFs/IID in peer groups 1-B and 2-B as determined under the older formula after the modifications are made. The reduction in the rate is to reflect the loss to the state of the revenue and federal Medicaid funds generated from the franchise permit fee.

Reduction of certified residential facility beds

(Section 261.111)

The bill permits the DD Director to purchase one or more residential facility beds for the purpose of reducing the number of beds that are certified for participation in Medicaid as ICF/IID beds in this state. The Director must establish priorities for the purchase of beds. The priorities may include beds located in a building in which a nursing facility is also located and beds located in a residential facility that has a licensed capacity of 16 or more beds. The purchase price is to be the price the Director determines is reasonable based on the priorities. The purchase is not required to be made by competitive selection.

County share of nonfederal Medicaid expenditures

(Section 261.130)

The bill requires the DD Director to establish a methodology to estimate in FY 2020 and FY 2021 the quarterly amount each county DD board is to pay of the nonfederal share of the Medicaid expenditures for which the board is responsible. With certain exceptions, continuing

group 3-B. Peer group 3-B consists of each ICF/IID (1) that was certified as an ICF/IID after July 1, 2014, (2) that has a Medicaid-certified capacity not exceeding six, (3) that has a contract with the Department that is for 15 years and includes a provision for DD to approve all admissions to, and discharges from, it, and (4) whose residents are admitted directly from a developmental center or have been determined by the Department to be at risk of admission to a developmental center. (R.C. 5124.01(OO)(2).) The modifications to the older formula do not apply when determining the Medicaid payment rate of an ICF/IID in peer group 3-B.

¹⁹ R.C. 5124.15.

law requires the county DD board to pay this share for waiver services provided to an individual who the board determines is eligible for its services. Each quarter, the DD Director must submit to the county DD board written notice of the amount for which the board is responsible. The notice must specify when the payment is due.

County subsidies used for nonfederal share

(Section 261.200)

The bill requires the DD Director to pay the nonfederal share of a claim for ICF/IID services using funds otherwise appropriated for subsidies to county DD boards if (1) Medicaid covers the services, (2) the services are provided to a Medicaid recipient who is eligible for them and the recipient does not occupy a bed that used to be included in the Medicaid-certified capacity of another ICF/IID certified before June 1, 2003, (3) the services are provided by an ICF/IID whose Medicaid certification was initiated or supported by a county DD board, and (4) the provider of the services has a valid Medicaid provider agreement for the services for the time that they are provided.

Medicaid rates for homemaker/personal care services

(Section 261.210)

The bill requires that the total Medicaid payment rate for each 15 minutes of routine homemaker/personal care services that a Medicaid provider provides to a qualifying enrollee of the Individual Options Medicaid waiver program be 52¢ higher than the rate for services that are provided to an enrollee who is not a qualifying enrollee. The higher rate is to be paid only for the first 12 months, consecutive or otherwise, that the services are provided during the period beginning July 1, 2019, and ending July 1, 2021.

An Individual Options enrollee is a qualified enrollee if all of the following apply:

1. The enrollee resided in a developmental center, converted ICF/IID,²⁰ or public hospital immediately before enrolling in the Individual Options Medicaid waiver program.
2. The enrollee did not receive before July 1, 2011, routine homemaker/personal care services from the Medicaid provider that is to receive the higher Medicaid rate.
3. The DD Director has determined that the enrollee's special circumstances (including diagnosis, service needs, or length of stay at the developmental center, converted ICF/IID, or public hospital) warrant paying the higher Medicaid rate.

Developmental center services

(Section 261.150)

The bill permits a residential center for persons with developmental disabilities operated by the Department (i.e., a developmental center) to provide services to persons with developmental disabilities living in the community or to providers of services to these persons.

²⁰ A converted ICF/IID is an ICF/IID, or former ICF/IID, that converted some or all of its beds to providing services under the Individual Options Medicaid waiver program.

The Department may develop a method for recovery of all costs associated with the provision of the services.

Innovative pilot projects

(Section 261.160)

For FY 2020 and FY 2021, the bill permits the DD Director to authorize the continuation or implementation of innovative pilot projects that are likely to assist in promoting the objectives of state law governing the Department and county DD boards. Under the bill, a pilot project may be implemented in a manner inconsistent with the laws or rules governing the Department and county DD boards; however, the Director cannot authorize a pilot project to be implemented in a manner that would cause Ohio to be out of compliance with any requirements for a program funded in whole or in part with federal funds. Before authorizing a pilot project, the Director must consult with entities interested in the issue of developmental disabilities, including the Ohio Provider Resource Association, Ohio Association of County Boards of Developmental Disabilities, Ohio Health Care Association/Ohio Centers for Intellectual Disabilities, the Values and Faith Alliance, and ARC of Ohio.

Central intake/referral system for home visiting programs

(R.C. 3701.611)

Under law enacted in 2016 by S.B. 332 of the 131st General Assembly, which enacted recommendations of the Commission on Infant Mortality, the Departments of Health and Developmental Disabilities were required to create a central intake and referral system to serve as a single point of entry for access, assessment, and referral of families to appropriate home visiting services and services provided under Part C of the federal Individuals with Disabilities Education Act (IDEA). Part C of IDEA is also known as the “Program for Infants and Toddlers with Disabilities” and is a federal grant program that assists states in operating a comprehensive statewide program of early intervention services for infants and toddlers (ages birth through age 2) with disabilities and their families.²¹ The Department of Developmental Disabilities is the lead agency that administers this federal grant program in Ohio.²²

The bill excludes early intervention services from the central intake and referral system. Associated with this change, it eliminates the requirement that the two departments share any funding available to each for local outreach and child find efforts.

Specialized treatment units for minors

(R.C. 5123.691)

The bill permits the managing officer of an institution, with the concurrence of the chief program director, to admit children ages 10-17 into a specialized treatment unit within an institution. To be admitted, a child must be in behavior crisis, have serious behavioral

²¹ Early Childhood Technical Assistance Center, *Part C of IDEA*, available at <http://ectacenter.org/partc/partc.asp>.

²² Ohio Department of Developmental Disabilities, *About Ohio Early Intervention*, available at <https://ohioearlyintervention.org/about>.

challenges, and have either an intellectual disability or autism spectrum disorder. Admission is based on the availability of beds and the clinical treatment needs of the child.

Before a child may be admitted into a specialized treatment unit, the child's parent or legal guardian is required to enter into a memorandum of understanding with the county DD board and the Department. The memorandum must specify each party's responsibilities regarding the care and treatment of the child and the duration of admission.

The bill limits the initial duration of a child's admission into a specialized treatment unit to 180 days, but permits the child's parent or legal guardian to petition the Department to extend the child's length of stay. The Department may grant or deny a petition for extension, but the total duration of admission cannot exceed one year.

The managing officer of an institution has the power to discharge a child from a specialized treatment unit if the chief program director conducts a comprehensive examination of the child and concludes that institutionalization is no longer advisable or that a discharge would be the most effective use of the institution.

Citizen's advisory council membership

(R.C. 5123.092; Section 751.10)

The bill reduces the number of members serving on a citizen's advisory council to seven (from 13). Current law requires that a citizen's advisory council exist for every institution under the Department's control. The bill's reduction in membership is achieved by not filling vacancies on advisory councils as those vacancies arise.

Terms for advisory council officers are increased to three years under the bill and members are permitted to serve as an officer for as long as they are on the council. Currently, officers serve one-year terms and are limited to serving no more than two consecutive one-year terms.

The bill designates an institution's managing director as the individual responsible for nominating persons to fill vacancies on a council. Under current law, nominations are made by the remaining council members.

The bill eliminates a current law provision that permits a member's removal from the council based on several successive, unexcused absences from council meetings.

Employment First Task Force

(R.C. 5123.023)

The bill requires the DD Director to establish an Employment First Task Force for the purpose of improving the coordination of the state's efforts to address the needs of individuals with developmental disabilities who seek community employment. Under current law, the DD Director is permitted but not required to establish this Task Force.

The bill also removes sunset provisions from current law that would, on January 1, 2020, eliminate the Task Force.

Interagency Workgroup on Autism

(R.C. 5123.0419)

The bill requires the DD Director to establish an Interagency Workgroup on Autism for the purpose of improving the state's efforts to address the service needs of individuals with autism spectrum disorders and their families. Under current law, the DD Director is permitted but not required to establish this Workgroup.

Reimbursement for workgroup members' travel expenses

(R.C. 5123.0424)

The bill permits the DD Director to provide for an official member of an official workgroup to be reimbursed for actual and necessary travel expenses the member incurs in the performance of the member's duties on the workgroup, including attending the workgroup's meetings, if certain conditions exist. The following are the conditions:

1. The official member must serve on the official workgroup as a representative of the families of, or advocates for, individuals with developmental disabilities.
2. The official member cannot receive reimbursement for the travel expenses from any other source.
3. The official member cannot receive wages or other compensation from any other source for performing the member's duties on the workgroup.
4. No statute prohibits the workgroup's official members from being reimbursed for travel expenses.

The amount the DD Director provides for an official member to be reimbursed cannot exceed the rates the Director of Budget and Management, under continuing law, establishes in rules for the travel expenses of officers, members, employees, and consultants of state agencies.

To be an official member of an official workgroup, a member must have been appointed by the DD Director. An official workgroup is a workgroup, task force, council, committee, or similar entity that has been established by the Director under the Director's express or implied statutory authority.

DEPARTMENT OF EDUCATION

I. School financing

Funding for FY 2020 and FY 2021

- Requires the Department of Education to pay each city, local, exempted village, and joint vocational school district an amount equal to the district's aggregate annualized payments for FY 2019, as of the second payment in June 2019.
- Requires the Department, for each student enrolled in a community school or STEM school, to deduct from the amount computed for the student's resident district and pay to the school the amount prescribed by current law.
- Specifies that, for purposes of computing other payments for FY 2020 and FY 2021 for which a district's "state share index" or "state share percentage" is a factor, the Department must use the state share index or state share percentage computed for the district for FY 2019.
- Specifies that, for purposes of open enrollment, College Credit Plus, and any other payments for which the "formula amount" is used, the formula amount for FY 2020 and FY 2021 equals the formula amount for FY 2019 (\$6,020).

Student wellness and success funding

- Provides student wellness and success funding on a per pupil basis to city, local, and exempted village school districts based on quintiles of the percentages of children residing in the districts with family incomes below 185% of the Federal Poverty Guidelines.
- Provides student wellness and success funding, on a full-time equivalency basis, to joint vocational school districts, community schools that are not Internet- or computer-based community schools (e-schools), and STEM schools based on the per-pupil amount of this funding that is paid to each student's district of residence.
- Specifies that each school district, community school that is not an e-school, and STEM school must receive a minimum payment of \$25,000 for FY 2020, and \$30,000 for FY 2021.
- Provides student wellness and success funding to each e-school in an amount equal to \$25,000 for FY 2020, and \$30,000 for FY 2021.
- Requires each district and school to spend wellness and success funds for specified purposes and to develop a plan for utilizing the funding in coordination with one or more specified organizations.
- Requires each district and school to submit a report to the Department at the end of each fiscal year describing the initiatives on which the district's or school's student wellness and success funds were spent.

Innovative Shared Services at Schools Program

- Creates the Innovative Shared Services at Schools Program to provide grants to school districts, community schools, STEM schools, education consortia, and partnering private and government entities for projects that aim to achieve significant advancement in student achievement in the use of a shared services delivery model.

School Climate Grants

- Creates School Climate Grants for FY 2020 and FY 2021 to provide grants to school districts, community schools, or STEM schools to implement positive behavior intervention and support frameworks or social and emotional learning initiatives.

Quality Community School Support Program

- Establishes the Quality Community School Support Program, under which “community schools of quality” receive an additional \$1,750 or \$1,000 per year for each full-time student.

Study of e-school funding models

- Requires the Department to study and make recommendations on the feasibility of new funding models for e-schools by December 31, 2019.

II. Interventions for low-performing school districts

Improvement actions

- Creates a tiered system of additional support for low-performing school districts including:
 - For a district that receives an overall state report card grade of “F,” designation of “substantial and intensive support” status which includes various improvement actions.
 - For a district in the above status for at least two consecutive years, a variety of interventions.
- Requires the Department to publish a list of approved, high-quality organizations that specialize in supporting academic achievement and performance improvement for use in school district improvement interventions.
- Requires the Department to conduct an academic performance review and resource utilization analysis of a district designated as in substantial and intensive support status.
- Requires the state Superintendent to establish and appoint members to several advisory groups for each district in substantial and intensive support status and subject to improvement intervention.
- Permits a school district to appeal the implementation of an intervention.

Academic distress commissions

- Eliminates the requirement that the Superintendent establish academic distress commissions for state districts with “F” grades for three consecutive years and, instead, authorizes it as an option for a school district improvement intervention.
- Changes the composition of an academic distress commission.
- Requires the district board of education to submit a candidate for Chief Executive Officer to the commission for its approval.
- Eliminates the requirement to establish a new board of education for a district that has remained under the supervision of a commission for four years.
- Permits an academic distress commission to suspend or override any decision of a district board or administration that is inconsistent with a district’s improvement plan.
- Makes other changes to academic distress commission law.

III. Other provisions

Community school mergers

- Establishes a procedure by which two or more community schools may merge that includes adopting a resolution, notifying the Department, and entering into a new contract with the surviving community school’s sponsor.
- Clarifies that participating in a merger does not exempt a community school from the issuance of report card ratings or the laws regarding permanent closure.
- Makes ineligible to participate in a merger a community school that (1) has received certain failing grades on one of two most recent report cards or (2) has been notified of the for-cause termination or nonrenewal of the school’s sponsorship contract.

Employment of classroom teachers by a community school

- Exempts community schools from the prohibition against employing teachers of a core subject area unless they are “properly certified or licensed teachers,” or hiring paraprofessionals to provide support in a core subject area unless they are “properly certified paraprofessionals.”

Behavioral prevention initiatives

- Requires public schools to annually report to the Department on the types of behavioral prevention initiatives being used to promote healthy behavior and decision-making by students.
- Permits the Department to use these reports as a factor in distribution of funding for prevention-focused behavioral initiatives.

Computer coding as a foreign language

- Requires a public school or chartered nonpublic school that requires a foreign language for high school graduation to accept one unit of computer coding instruction toward satisfying that requirement.
- Specifies that, if a student applies more than one course of computer coding toward the requirement, they must be sequential and progressively more difficult.

English learners

- Changes references of “limited English proficient student” to “English learner” to align with federal law.

I. School financing

(R.C. 3314.088, 3317.0219, 3317.163, 3317.26, 3326.42; Sections 265.210, 265.215, 265.220, 265.225, 265.230, and 265.235)

The current school funding system specifies a per-pupil formula amount and then uses that amount, along with a district’s “state share index” (which depends on valuation and, for some districts, on median income), to calculate a district’s base payment (called the “opportunity grant”). The system also includes payments for targeted assistance (based on a district’s property value and income) and supplemental targeted assistance (based on a district’s percentage of agricultural property), categorical payments, a capacity aid payment, and payments for a graduation bonus, a third-grade reading bonus, and student transportation.

The bill retains the current school financing system, but it suspends use of that formula for school districts for FY 2020 and FY 2021 and, instead, provides for payments to be made based on FY 2019 funding. The bill also provides for deductions and transfers for community school and STEM school students as prescribed under current law. For a more detailed description of the bill’s school financing system, see the LBO Redbook for the Department of Education and the LSC Comparison Document for the bill. From the LSC home page, www.lsc.ohio.gov, click on “Budget Central,” then on “Main Operating – H.B. 166,” and then on “EDU” under “Redbooks” or on “Comparison Document.”

Funding for FY 2020 and FY 2021

(Sections 265.210, 265.215, 265.220, 265.225, 265.230, and 265.235)

School districts

For FY 2020 and FY 2021, the bill requires the Department of Education to pay each city, local, exempted village, and joint vocational school district an amount equal to the district’s aggregate annualized payments for FY 2019, as of the second payment in June 2019.

Community schools and STEM schools

For FY 2020 and FY 2021, the bill requires the Department, for each student enrolled in a community school or STEM school, to deduct from the amount computed for the student’s resident district under the bill’s provisions and pay to the school an amount for the student in the manner prescribed by current law. For this purpose, the bill specifies that (1) the “formula

amount,” which is used to calculate the “opportunity grant” for each school, equals the formula amount for FY 2019 (\$6,020) and (2) the amounts deducted and paid for targeted assistance and economically disadvantaged funds, which are computed based on an amount calculated for a student’s resident district, must be the same per-pupil amounts deducted and paid for FY 2019.

Additionally, for FY 2020 and FY 2021, the bill requires the Department to pay each community school and STEM school graduation and third-grade reading bonuses equal to the school’s payments for those bonuses for FY 2019.

Other payments

The bill specifies that, for purposes of computing other payments for FY 2020 and FY 2021 for which a district’s “state share index” or “state share percentage” is a factor, the Department must use the state share index or state share percentage computed for the district for FY 2019.

Additionally, the bill specifies that, for purposes of open enrollment, College Credit Plus, and any other payments for which the “formula amount” is used, the formula amount for FY 2020 and FY 2021 equals the formula amount for FY 2019 (as with payments for community schools and STEM schools under the bill).

Student wellness and success funding

(R.C. 3314.088, 3317.0219, 3317.163, 3317.26, and 3326.42; Section 265.210)

The bill requires the Department to make a new payment for student wellness and success to all school districts, community schools, and STEM schools. These funds must be spent for specified purposes that are outlined below. The Department must pay half of these funds by October 31 of the fiscal year for which the payment is calculated and the other half of these funds by February 28 of that fiscal year. The Department is prohibited from later reconciling or adjusting the payment.

City, local, and exempted village school districts

The bill requires the Department to pay student wellness and success funding to city, local, and exempted village school districts on a per pupil basis. For purposes of this payment, a district’s total student count is the total number of students who were enrolled in the district at the time of the second school funding payment in June of the preceding fiscal year.

The per-pupil amounts for this payment range from \$20 to \$250 for FY 2020, and \$25 to \$300 for FY 2021. To determine each district’s per pupil amount, the Department must group the districts into quintiles each fiscal year based on the percentages of children residing in the districts with family incomes below 185% of the Federal Poverty Guidelines, using the most recent five-year estimates published by the U.S. Census Bureau in the American Community Survey as the resource. Districts in the highest quintile are paid the highest per-pupil amount, and districts in the other four quintiles are paid a smaller per pupil amount based on a sliding scale calculation. Each district must, however, receive a minimum aggregate payment of \$25,000 for FY 2020, and \$30,000 for FY 2021 (unless the district has fewer than five enrolled students).

Joint vocational school districts, community and STEM schools

The bill requires the Department to pay student wellness and success funding, on a full-time equivalency basis, to joint vocational school districts, community schools that are not Internet- or computer-based community schools (e-schools), and STEM schools. This funding is calculated by determining, for each student enrolled in the district or school at the time of the school funding payment in June of the preceding fiscal year, the per-pupil amount of student wellness and success funding paid to the student's district of residence and multiplying that amount by the student's full-time equivalency. Each district or school must receive a total minimum aggregate payment of \$25,000 for FY 2020, and \$30,000 for FY 2021.

The bill does not provide a per-pupil payment for e-schools. Instead, it requires the Department to pay each e-school \$25,000 for FY 2020, and \$30,000 for FY 2021.

Requirements for spending of student wellness and success funds

The bill requires districts and schools to spend student wellness and success funds for any of the following initiatives or a combination of any of the following initiatives:

1. Mental health services;
2. Services for homeless youth;
3. Services for child welfare involved youth;
4. Community liaisons;
5. Physical health care services;
6. Mentoring programs;
7. Family engagement and support services;
8. City Connect programming;
9. Professional development regarding the provision of trauma informed care; and
10. Professional development regarding cultural competence.

The bill also specifies that they must develop plans for utilizing student wellness and success funding in coordination with at least one of the following community partners: a board of alcohol, drug, and mental health services; an educational service center; a county board of developmental disabilities; a community-based mental health treatment provider; a board of health of a city or general health district; a county board of job and family services; or a nonprofit organization with experience serving children.

Finally, the bill requires each district and school, at the end of each fiscal year, to submit a report to the Department describing the initiative or initiatives on which the district's or school's student wellness and success funds were spent.

Payments prior to the bill's effective date

(Section 265.210)

As with the past three biennial budget acts, the bill requires the Superintendent of Public Instruction, prior to the bill's effective date, to make operating payments in amounts

“substantially equal” to those made in the prior year, “or otherwise,” at the Superintendent’s discretion.

Innovative Shared Services at Schools Program

(Section 265.270)

The bill creates, for FY 2020 and FY 2021, the Innovative Shared Services at Schools Program to provide grants to school districts, community schools, STEM schools, education consortia, and private or governmental entities partnering with one or more of those educational entities. The grants are to fund projects that aim to achieve significant advancement in the use of a shared services delivery model that demonstrates increased efficiency and effectiveness, long-term sustainability, and scalability.

Grant application process

Grant proposal

The bill requires each grant applicant to submit a proposal that includes all of the following:

1. A description of the project, including a description of how it will have substantial value and lasting impact;
2. A description of quantifiable results of the project that can be benchmarked;
3. A description of administrative efficiencies created by the project.

If an education consortium applies for a grant, the lead applicant must be the school district, school building, community school, or STEM school that is a member of the consortium. The lead applicant must indicate on the application which entity is the lead applicant.

Grant evaluation system

The bill requires the Department to establish, with the approval of the governing board (see “**Grant decision**” below), an evaluation and scoring system for awarding grant applications.

Grant decision

The bill requires grant decisions to be made by a “governing board” consisting of five members: the state Superintendent, or the Superintendent’s designee, two members appointed by the Governor, one member appointed by the Speaker of the House, and one member appointed by the President of the Senate. The board must create a grant application and publish on the Department’s website the application and a timeline for the submission, review, notification, and awarding of grant proposals.

The governing board must issue a “timely” decision on the application of “yes,” “no,” “hold,” or “edit.” If the board issues a “hold” or “edit” decision for an application, it must, upon returning the application to the applicant, specify the process for reconsideration of the application. An applicant may work with the grant advisors and staff to modify or improve a grant application (see “**Grant advisors**” below).

Grant amount

The bill specifies that a grant may not exceed \$100,000 in each fiscal year.

The state Superintendent may make recommendations to the Controlling Board that these maximum amounts be exceeded.

Grant agreement

Upon deciding to award a grant to an applicant, the board must enter into a grant agreement with the applicant that includes all of the following:

1. The content of the applicant's proposal;
2. The project's deliverables and a timetable for their completion;
3. Conditions for receiving grant funding;
4. Conditions for receiving funding in future years if the contract is a multi-year contract;
5. A provision specifying that funding will be returned to the governing board if the applicant fails to implement the agreement; and
6. A provision specifying that the agreement may be amended by mutual agreement between the board and the applicant.

Each grant awarded to an applicant must be subject to approval by the Controlling Board prior to execution of this agreement.

Recipients may use grant awards for grant-related expenses incurred for a period no longer than two years from the date of the award.

Annual report

The bill requires the governing board to issue an annual report to the Governor, the Speaker of the House, the Senate President, and the chairpersons of the House and Senate Education committees regarding the types of grants awarded, the grant recipients, and the effectiveness of the program.

Grant advisors

The bill requires the governing board to select grant advisors with fiscal expertise and education expertise. These advisors must evaluate proposals from grant applicants and advise the staff administering the program.²³

Appropriation

The bill appropriates \$1 million in each of FY 2020 and FY 2021 for the program.

School Climate Grants

(Section 265.325)

For FY 2020 and FY 2021, the bill creates a School Climate Grants program to provide grants to school districts, community schools, and STEM schools to implement positive behavior intervention and support frameworks, social and emotional learning initiatives, or both, in school buildings that serve any of grades K-3.

²³ As in the case of the governing board, grant advisors may not be compensated for their services.

Grant application process

Grant proposal

The bill requires the state Superintendent to prescribe an application form, establish procedures for the consideration and approval of grant applications, and determine the amount of the grant awards.

Grant distribution

The bill requires the state Superintendent to award grants based on the following order of priority:

First, to eligible applicants whose proposal serves one or more eligible school buildings whose percentage of economically disadvantaged students, as determined by the state Superintendent, is greater than the statewide average percentage of economically disadvantaged students;

Second, to eligible applicants whose grant proposal serves one or more eligible school buildings with high suspension rates, as determined by the state Superintendent; and

Third, to eligible applicants who have yet to receive a School Climate Grant in the order in which the application was received.

If the amount appropriated in a fiscal year for School Climate Grants is insufficient to provide grants to eligible applicants with the top priority level, the state Superintendent must first award grants within that priority level to eligible applicants whose proposal serves one or more eligible schools that previously have not been served through a School Climate Grant.

Grant amount

The bill specifies a maximum grant amount of \$5,000 may be awarded in each fiscal year for each eligible school building in an applicant's grant proposal for up to ten schools per proposal.

Grant agreement

Upon deciding to award a grant to an applicant, the state Superintendent may enter into a grant agreement with the applicant that includes the terms and conditions governing the use of the funds. The state Superintendent may monitor a recipient's use of the funds to ensure the award is used in accordance with the agreement.

Grant recipients may use grant awards for grant-related expenses incurred for a period no longer than two years from the date of the award.

Appropriation

The bill appropriates \$2 million in each of FY 2020 and FY 2021 from the Lottery Profits Education Fund for grants under the program.

Quality Community School Support Program

(Section 265.335)

The bill creates for FY 2020 and FY 2021 the Quality Community School Support Program. Under the program, the Department must pay each "community school of quality"

\$1,750 in each fiscal year for each student identified as economically disadvantaged and \$1,000 in each fiscal year for each student that is not identified as economically disadvantaged.

“Community school of quality” designation

The bill designates four separate types of “community school of quality,” each with its own indicators. A school designated as a “community school of quality” maintains that designation for two fiscal years. The indicators for type of community school of quality are described in the table below.

Indicators of quality	Type 1	Type 2	Type 3	Type 4
School’s sponsor is rated “exemplary” or “effective” on sponsor’s most recent evaluation.	✓	✓	✓	✓
School’s two most recent performance index scores are higher than the school district in which school is located.	✓			
School’s most recent overall grade for value added is “A” or “B” or school is in its first or second year of operation and did not receive a value-added grade.	✓			
At least 50% of enrolled students are economically disadvantaged.	✓			✓
The school is in its first year of operation.		✓		
The school replicating the operational and instructional model used by a Type 1 school of quality.		✓		
School contracts with an operator that operates schools in separate states.			✓	✓
One of the operator’s schools received funding through the Federal Charter School Program or the Charter School Growth Fund.			✓	
One of the operator’s out-of-state schools performed better than the school district in which the in-state school is located, as determined by the Department.				✓
Operator is in good standing in all states.				✓
Operator does not have financial viability issues preventing it from effectively operating a community school in Ohio.				✓

Payment calculation

With one exception, the payment must be calculated using the final adjusted full-time equivalent number of students enrolled in a community school for the previous fiscal year. For a school in its first year of operation, the payment must be calculated using the adjusted full-time equivalent number of students enrolled in the school as of the date the payment is made.

The Department must make the payment to each community school of quality by January 31 each year.

Appropriation

The bill appropriates \$30 million from the Lottery Profits Education Fund for each of FY 2020 and FY 2021 for the program.

Study of e-school funding models

(Section 265.470)

The bill requires the Department to study and make recommendations on the feasibility of new funding models for Internet- or computer-based community schools (e-schools). In doing so, the Department must consider (1) models based on student subject matter competency and course completion and (2) models of other states, including Florida and New Hampshire. The Department must complete and submit copies of the study to the General Assembly by December 31, 2019. Currently, an e-school's per-pupil funding is calculated by comparing the total number of hours of learning opportunities offered to a student with the number of documented hours the student actually spent participating in learning activities.²⁴

Law enacted in August of 2018, created a legislative committee to study and make recommendations regarding a payment system for e-schools based on student subject matter competency by November 15, 2018. That committee also was required to examine the funding models of other states when compiling its results.²⁵

II. Interventions for low-performing school districts

Improvement actions

(R.C. 3301.28, 3302.11, and 3302.111; conforming changes in R.C. 3302.042, 3302.12, and 3302.17)

The bill revises the law regarding interventions for persistently low-performing school districts. Under current law, a district that has received an overall grade of "F" for three consecutive years becomes subject to an academic distress commission. The bill, however, creates a tiered system of additional support.

First, when a school district receives an overall grade of "F" on the state report card, the Superintendent of Public Instruction must designate that district as in "substantial and intensive support" status. Such a district must enter into an expectation and support agreement with the

²⁴ See R.C. 3314.08 and 3314.27, not in the bill; Page 11 of the Community School Full Time Equivalency (FTE) Review Manual, Office of School Finance.

²⁵ Section 10 of S.B. 216 of the 132nd General Assembly.

Department. If a district fails to improve and receives overall grades of “F” on the state report card for at least two consecutive years, then the district becomes subject to an improvement intervention selected by the state Superintendent based on the district’s needs and situation.

Included among the menu of improvement interventions is the option of creating an academic distress commission. (The bill also makes extensive changes to the academic distress commissions law (see below).) School districts that are subject to an academic distress commission on the bill’s effective date are subject to an improvement intervention, including but not limited to, remaining in the academic distress commission status.

Substantial and intensive status

(R.C. 3302.11(A) and (B))

The bill requires the state Superintendent to designate any school district that receives an overall grade of “F” on the state report card as in “substantial and intensive support status.” Within six months of the designation, the Department of Education must conduct an academic performance review and a resource utilization analysis of the district. Upon receiving such a designation, a district must negotiate an expectation and support agreement with the Department, and annually thereafter as long as the district remains in that status. The agreement must specify actions that the district and Department must take and areas of support to be provided to the district.

The state Superintendent also must form advisory committees for districts in substantial and intensive support status (see below).

Transitioning out of substantial and intensive support status

(R.C. 3302.11(D) and (I))

A district shall not be considered in substantial and intensive support status if:

1. It receives an overall grade of “C” or above on the state report card; or
2. Upon the determination of the state Superintendent based on the academic performance of the district and individual school buildings operated by the district and evidence of a district’s capacity for sustainable improvement.

However, if a district remains in substantial and intensive support status for two consecutive years and the state Superintendent determines that the district has not complied with its expectation and support agreement or has not made sufficient progress in making academic improvement, it becomes subject to school district improvement intervention.

Interventions

(R.C. 3302.11(F))

The bill creates a variety of interventions from which the state Superintendent may choose based on the needs of the district. Those interventions include:

1. An assistive option which may include the appointment by the state Superintendent of any of the following individuals who are Department employees:

- a. A district facilitator who must have sufficient expertise and experience to support improvement activities. The district facilitator will offer specific supports to district leaders.
 - b. A district monitor who must have access to district information and personnel in order to monitor the alignment of district actions with the district's improvement plan. The district monitor must offer updates to the district board.
 - c. A school-level coach who must provide intensive coaching and support to staff and administrators at specific buildings in the district. The coach may be an approved, "high-quality" organization on the Department's list of such organizations that specialize in supporting school and school district academic achievement and performance achievement under the bill (see below).²⁶
2. An improvement supervisor. The bill requires the school district board of education to select, with the approval of the state Superintendent, an improvement supervisor. The improvement supervisor is a Department employee, but must submit progress reports on the district's improvement to both the district board and the state Superintendent. The improvement supervisor is an advisory role that assists the district board and state Superintendent to create an improvement plan using turnaround strategies. The bill permits the supervisor to suspend any action of the district board or administration if the supervisor determines that action is inconsistent with the district's improvement plan or expectation and support agreement.
 3. A local superintendent supervisor. The state Superintendent must appoint the district's current administrator as supervisor. The local superintendent supervisor may suspend any action of the district board when the supervisor determines that the action is inconsistent with the district's improvement plan or expectation and support agreement. The supervisor serves at the pleasure of the state Superintendent and may not be fired or removed from office by the district board while in the position of supervisor.
 4. A new seven-member district board appointed by the mayor of the municipality in which a majority of the territory of a school district subject to improvement intervention is located. Or, if no such municipality exists, the board is appointed by the mayor of any municipality in which the district has territory selected by the state Superintendent. Appointees must reside in the district and cannot hold any other elected public office. The mayor must designate one member as the chairperson of the board who has all the rights, authority, and duties conferred upon the president of a board of education under law. The mayor must appoint members so that their terms of office are staggered, but terms of office are limited to two years.

The bill includes a process by which voters approve, by referendum, such mayoral appointment. Article VI, Section 3 of the Ohio Constitution requires that each "city" school district has the right of a referendum vote on the number of members and organization of the district board. Accordingly, the act requires that a referendum election be held to approve

²⁶ R.C. 3301.28.

mayoral appointment of the district board at the general election in the first even-numbered year occurring at least three years after the date on which the appointed board assumed control of the district. If the majority of voters approve mayoral appointment of the district board, the mayor must appoint a new board on the immediately following July 1 in the same manner as the initial board was appointed. If a majority of the voters disapprove mayoral appointment, a new board must be elected at the next general election of an odd-numbered year.

5. School directors. The bill directs the state Superintendent to appoint directors to manage one or more buildings in the district. Directors are Department employees and have authority over the operational, managerial, and instructional functions of the buildings assigned as designated in a contract with the Department.
6. Contracted school management. The state Superintendent may place one or more buildings in the district under independent management by a nonprofit company. The state superintendent must develop specifications for the operation of the building or buildings and issue a bidding process for management companies. The building will remain as part of the district but be managed by the nonprofit company.
7. Academic distress commission, pursuant to that provision of law as amended by the bill. (See below.)
8. A chief executive officer (CEO) appointed by the state Superintendent. The CEO will assume the management and control of a district subject to an improvement intervention. The CEO is employed by the Department and have the same authority as a CEO for an academic distress commission.

School treasurer

(R.C. 3302.11(G))

Under the bill, the treasurer of a district must report to the new governing entity created for any intervention that replaces the authority of the school district board.

Changing interventions

(R.C. 3302.11(H))

If the state Superintendent determines that a selected school district improvement intervention is failing to produce “meaningful improvement,” the state Superintendent may assign a different intervention to that district. The bill does not define meaningful improvement.

Intervention postponement

(R.C. 3302.11(E))

The bill permits the state Superintendent to grant a school district subject to improvement intervention an additional year before implementing interventions based on a review of the Department’s academic performance review and resource utilization analysis and other evidence presented to the state Superintendent.

Ending interventions

(R.C. 3302.11(I))

The bill states that a school district is no longer subject to an improvement intervention if it receives an overall grade of “C” or above on the state report card or upon the determination of the state Superintendent based on the academic performance of the district and individual school buildings and evidence of the district’s capacity for sustainable improvement. This includes the decision to cease operation of an academic distress commission and its CEO.

Advisory groups

(R.C. 3302.11(C))

The bill also requires the state Superintendent to establish and appoint members to various advisory groups for districts subject to an improvement intervention. The advisory groups include:

1. A quality education advisory group. This group supports the work of the district’s administrators administration and must consist of current and former school district superintendents, as recommended by the Buckeye Association of School Administrators.
2. A board support advisory group. This group supports the work of the district’s board of education and must consist of current and former members of school district boards of education, as recommended by the Ohio School Boards Association.
3. A resource utilization advisory group. This group supports the work of district treasurers or business officers and must consist of current and former district treasurers and business officials, as recommended by the Ohio Association of School Business Officials.
4. A community support coordinating group to organize and coordinate community support and provide community perspective on a district’s improvement plan.

List of “high-quality” organizations

(R.C. 3301.28)

The bill requires the Department to publish a list of approved, “high-quality” organizations that specialize in supporting school and school district academic achievement and performance achievement for purposes of school district improvement interventions. The Department must publish the list not later than 120 days after the bill’s effective date.

Academic distress commissions

(R.C. 3302.10)

The bill substantially revises the law regarding school district academic distress commissions. It removes the requirement that the state Superintendent establish a commission for a consistently poor performing district and, instead, permits the state Superintendent to choose from a variety of interventions, one of which is the establishment of a commission. It also changes the composition of a commission. Additionally, the bill changes the nomination process for the Chief Executive Officer (CEO) of a commission and modifies the CEO’s powers.

Establishment of a commission

The bill removes the requirement that the state Superintendent establish an academic distress commission for a district that has received an overall grade of “F” on the state report card for three consecutive years. Instead, the state Superintendent may choose from a variety of intervention options for district improvement (see “**Interventions**” above), one of which is the establishment of a commission.

If the state Superintendent establishes a commission, the bill requires that members be appointed within 60 days instead of 30 days, as prescribed by current law. Furthermore, the state Superintendent may designate any member of the commission as the chairperson. Under current law, only members appointed by the state Superintendent can be considered for the chairpersonship.

Existing commissions

If, on the bill’s effective date, a school district already has a commission established, the state Superintendent may choose to continue with the commission already in place for the district or select a different improvement intervention plan.

Academic distress commission composition

(R.C. 3302.10(B))

The bill changes the composition of an academic distress commission to the state Superintendent, or the state Superintendent’s designee, and the following four members appointed by the state Superintendent:

1. A school district superintendent currently employed by another district selected from a list of at least three candidates submitted by the Buckeye Association of School Administrators;
2. A current member of a school district board of education of another district selected from a list of at least three candidates submitted by the Ohio School Boards Association;
3. A school district treasurer currently employed by another district selected from a list of at least three candidates submitted by the Ohio Association of School Business Officials;
4. A building principal currently employed by another district selected from a list of at least three candidates submitted jointly by the Ohio Association of Secondary School Administrators and the Ohio Association of Elementary School Administrators.

Current law requires that an academic distress commission be composed of (1) three members appointed by the state Superintendent, one of whom is a resident in the county in which a majority of the district’s territory is located, (2) one teacher appointed by the president of the district board, and (3) one member appointed by the mayor.

Commission duties

The bill eliminates the responsibility of commissions to expand high quality school choice options for the district. It also eliminates the ability of the commission to create an entity to act as a high quality school accelerator.

Dissolution of commissions

The bill removes the qualifications that allow a district to begin its transition out of being subject to a commission. Instead, it permits the state Superintendent to determine when a district may transition out from under the supervision of the commission in accordance with the bill's provisions on ending interventions as described above.

Chief Executive Officer

The bill revises the appointment process for the CEO to require the district board of education to submit a candidate for CEO to the commission for its approval. Upon approval by the commission, the district board then appoints the candidate as CEO. Under current law, a commission selects and appoints the CEO without the input of the district board.

CEO powers and duties

The bill changes or eliminates certain powers of the CEO. These changes include the following:

1. Requires any personnel changes made by the CEO to be approved by the commission;
2. Removes the progressive addition of new powers for the CEO if a district continues to be subject to an academic distress commission;
3. Removes the ability of the CEO to implement innovative education programs; and
4. Removes the ability of the CEO to reconstitute any school operated by the districts.

The bill maintains current law granting the CEO the power to limit, suspend, or alter an administrator's contract.

Academic improvement plan

When developing the academic improvement plan for the district, the CEO must meet not only with community stakeholders, as prescribed by current law, but also several advisory groups appointed by the state Superintendent for districts subject to an improvement intervention.

The bill requires the CEO to submit the academic improvement plan to the district board within 150 days after the CEO is appointed. The board then must suggest modifications and approve the plan. Under current law, the CEO, within 90 days of appointment, must submit the plan to the commission instead of the district board.

The bill maintains current law requiring the CEO to implement the plan and make modifications to it, subject to the commission's approval. The bill adds a requirement that the plan include implementation strategies and specific actions for each school in the district.

Education Choice scholarships

The bill maintains current law qualifying students residing in a district for which a commission has been established for the Education Choice Scholarship program.

Other commission powers and duties

The bill permits an academic distress commission to suspend or override any decision of the district board or district administration that the commission determines is inconsistent with the district's improvement plan.

The bill specifies that an academic distress commission is a body both corporate and politic, constituting an agency and instrumentality of the state and performing essential governmental functions of the state. It also expressly subjects a commission to the Open Meetings Law, the Public Records Law, and Ethics Law.

Background reference

For a detailed background on the current law on academic distress commissions, see pp. 10-23 of the LSC Final Analysis for H.B. 70 of the 131st General Assembly at <https://www.legislature.ohio.gov/download?key=2653&format=pdf>.

III. Other provisions

Community school mergers

(R.C. 3314.0211)

The bill establishes a procedure by which two or more community schools may merge that includes adopting a resolution, notifying the Department of Education, and entering into a new contract with the surviving community school's sponsor. However, the bill prohibits use of the procedure by a community school that has (1) met the performance criteria specified for automatic closure for at least one of the two most recent school years or (2) been notified of the sponsor's intent to terminate or not renew the school's contract.

Procedure

The governing authorities of the merging community schools must adopt a resolution and, within 60 days prior to its effective date, provide a copy of the resolution to the school's sponsor and inform the Department of the merger. Notice to the Department must include the effective date of the merger, the name of the surviving school, and the name of the surviving school's sponsor. The merger must take effect on July 1 of the year specified in the resolution.

The bill specifies the governing authority of the surviving community school must enter into a new contract with the school's sponsor. The school must comply with this requirement regardless of any law, rule, or contractual right that might waive the need to enter into a new contract.

Assignment or assumption of existing contract prohibited

Except in the case of the Department's Office of Ohio School Sponsorship, the bill prohibits a sponsor from (1) assigning its existing contract with a merging community school to the sponsor of the surviving school or (2) assuming an existing contract from the sponsor of a school involved in a merger.

Report card ratings of a surviving school

The bill clarifies that participating in a merger does not exempt a community school from automatic closure and requires the Department to issue report cards for the surviving

school in accordance with continuing law. To that end, the Department must use all report card ratings associated with the surviving school, including those issued before the merger, when determining any matter that is based on report card ratings or measures, including whether the school has met the criteria for automatic closure.²⁷

Conditions triggering ineligibility

Academic performance that could lead to permanent closure

A community school that has met the performance criteria for permanent closure for at least one of the two most recent school years is ineligible to participate in a merger. This would apply to the following categories of schools under continuing law:

1. A school that does not offer a grade level higher than three and receives a grade of “F” in improving literacy;
2. A school that does not offer a grade level higher than three and receives an overall grade of “F”;
3. A school that offers any of grade levels four to eight but not higher than nine and receives grades of “F” in both performance index and value added;
4. A school that offers any of grade levels ten to twelve and receives a grade of “F” for the performance index and has not met annual measurable objectives;
5. A school that offers any of grade levels four to twelve and receives an overall grade of “F” and a grade of “F” in value-added;
6. A school that operates a dropout prevention and recovery program and receives a designation of “does not meet standards.”²⁸

Nonrenewal or termination of sponsorship contract

The bill also makes ineligible to participate in a merger any community school that has been notified of the sponsor’s intent to terminate or not renew the sponsorship contract for cause. Under continuing law, that includes:

1. Failure to meet student performance requirements stated in the contract;
2. Failure to meet generally accepted standards of fiscal management;
3. Violation of any provision of the contract or applicable state or federal law.²⁹

Employment of classroom teachers by a community school

(R.C. 3314.03(A)(11)(d))

The bill exempts community schools from the prohibition against employing teachers of a core subject area unless they are “properly certified or licensed teachers,” or hiring paraprofessionals to provide support in a core subject area unless they are “properly certified

²⁷ R.C. 3314.0211(F) and (G).

²⁸ R.C. 3314.35(A)(3) and 3314.351(A), not in the bill.

²⁹ R.C. 3314.07, not in the bill.

paraprofessionals.” The bill retains the prohibition, enacted in 2018 by S.B. 216 of the 132nd General Assembly, with respect to the hiring of teachers and paraprofessionals by school districts or STEM schools. S.B. 216 repealed the requirement that teachers of core subject areas be “highly qualified” (as under former federal law) and replaced it with the new state designation “properly certified or licensed.”³⁰

Under continuing law, community school teachers and paraprofessionals must have a license, permit, or certification to provide instruction or academic support,³¹ but under the bill they will not be required to be “properly certified” in any specific subject areas or grade levels.

Behavioral prevention initiatives

(R.C. 3313.6024, 3314.03, 3326.11, and 3328.24)

The bill requires each public school to annually report to the Department on the types of prevention-focused programs, services, and supports it uses to promote healthy behavior and decision-making by students and their understanding of the consequences of risky behaviors, such as substance abuse and bullying. The report must include the following:

1. Curriculum and instruction provided during the school day;
2. Programs and supports provided outside of the classroom or outside of the school day;
3. Professional development for teachers, administrators, and other staff;
4. Partnerships with community coalitions and organizations to provide prevention services and resources to students and their families;
5. School efforts to engage parents and the community; and
6. Activities designed to communicate with and learn from other schools or professionals with expertise in prevention education.

The bill also permits the Department to use these reports as a factor to determine the distribution of any funding for prevention-focused behavioral initiatives.

Computer coding as a foreign language

(R.C. 3313.603(E))

Under current law, a minimum of 20 specified units of academic credit is required for high school graduation. (One unit is 120 hours of instruction.) However, school districts and chartered nonpublic schools have the authority to require more challenging minimum requirements for graduation. The bill stipulates that if a school district or chartered nonpublic school requires a foreign language as an additional requirement for high school graduation, the district or school must accept one unit of computer coding instruction toward satisfying that requirement.

The bill also specifies that, if a student applies more than one course of computer coding toward the requirement, they must be sequential and progressively more difficult.

³⁰ See R.C. 3319.074(A) and (B) and 3326.13, not in the bill.

³¹ R.C. 3314.03(A)(10).

The provision also applies to STEM schools.³² However, it may or may not apply to community schools even though they generally must comply with the minimum high school curriculum.³³

English learners

(R.C. 3301.07, 3301.0710, 3301.0711, 3301.0714, 3302.01, 3302.03, 3302.061, 3302.18, 3313.608, 3313.61, 3313.611, 3313.612, 3314.08, 3317.016, 3317.02, 3317.022, 3317.03, 3317.06, 3317.16, 3317.40, 3326.31, 3326.32, and 3326.33)

The bill changes all references of “limited English proficient student” in the Revised Code to “English learner” to align with recent amendments to federal law.³⁴

³² See R.C. 3326.15, not in the bill.

³³ R.C. 3314.03(A)(11)(f) regarding community school curriculum requirements does not specifically reference division (E) of R.C. 3313.603.

³⁴ See 20 U.S.C. 7801(20).

BOARD OF EMBALMERS AND FUNERAL DIRECTORS

- Increases all license and permit fees by \$50.
- Replaces embalmer and funeral director registration with certification of apprenticeship subject to a \$35 fee.

Authorization and fees

(R.C. 4717.03, 4717.05, 4717.07, and 4717.41)

The bill increases fees for the following licenses and permits by \$50: embalmer's license, funeral director's license, license to operate an embalming facility, license to operate a funeral home, license to operate a crematory facility, and crematory operator permit.

The bill also amends the process of obtaining an embalmer's or funeral director's license. Under current law, a person who wishes to obtain an embalmer's or funeral director's license must first register with the State of Ohio Board of Embalmers and Funeral Directors and subsequently complete an apprenticeship program. The registration fee is \$25 and the fee for filing a certificate of apprenticeship is \$10. The bill removes the registration requirement and specifies that an applicant need only obtain a certificate of apprenticeship subject to a \$35 fee.

ENVIRONMENTAL PROTECTION AGENCY

Extension of E-Check

- Authorizes the extension of the motor vehicle inspection and maintenance program (E-Check) through June 30, 2025, in counties for which a program is federally mandated.
- Retains all statutory requirements governing the program, including the following:
 - The new contract must ensure that the program achieves at least the same emissions reductions as achieved by the program under the contract that was extended;
 - The Director of Administrative Services must use a competitive selection process when entering into a new contract with a vendor;
 - E-Check must be a decentralized program and include a new car exemption for motor vehicles up to four years old.

Local air pollution control authority

- Modifies the list of agencies that qualify as a local air pollution control authority under the law governing air pollution by eliminating the Mahoning-Trumbull Air Pollution Control Authority, City of Youngstown.

Best available technology requirements for air contaminants

- Eliminates the requirement that the Director establish methods of complying with best available technology (BAT) standards for air contaminant sources in rules and instead requires BAT methods for an air contaminant source to be established in the permit to install issued for the source.
- Alters the methods of complying with BAT requirements and applies BAT requirements only to air contaminants or precursors of air contaminants for which a National Ambient Air Quality Standard has been established under the federal Clean Air Act.
- Clarifies that certain air contaminant sources having the potential to emit ten tons or more of nitrogen oxide per year must meet any applicable reasonably available technology rule in effect as of December 22, 2007.

Asbestos abatement

- Makes changes to the law governing asbestos abatement, including doing the following:
 - Expanding the scope of activities that are subject to regulation by applying the law to activities involving more than three linear or square feet of asbestos-containing material, rather than more than 50 linear or square feet as in current law;
 - Authorizing OEPA to take certain enforcement actions against a contractor licensee or certificate holder if either is violating or threatening to violate specified federal regulations adopted under the Federal Toxic Substances Control Act; and

- Eliminating the Director’s authority to approve, on a case-by-case basis, alternatives to the existing worker protection requirements for a project conducted by a public entity.

Open dumping

- Specifies that “open dumping” under the law governing solid and infectious waste includes both of the following:
 - Depositing solid wastes or treated infectious wastes into an abandoned building or structure at a site that is not licensed as a solid waste facility;
 - Depositing untreated infectious wastes into any abandoned building or structure.

Removal of additional wastes at scrap tire sites

- Specifically authorizes the Director to include in a scrap tire removal order a requirement to also remove any additional solid waste or construction and demolition debris (C&DD) unlawfully disposed of at the scrap tire site.
- Authorizes the Director to remove, transport, and dispose of any additional solid wastes or C&DD unlawfully disposed of at a scrap tire site when the Director performs a removal action for scrap tires.
- Specifies that a person to whom a removal order is issued is liable to the Director for the removal, disposal, or transportation costs associated with the additional solid waste or C&DD.
- Specifies that the Director may record such costs in the office of the county recorder where the additional wastes are located as a lien against the relevant property.
- Clarifies that a landowner may recover costs from a responsible party in an amount equal to the costs attributable to the responsible party.

Extension of various fees

- Extends all of the following for two years:
 - The sunset of the annual emissions fees for synthetic minor facilities;
 - The levying of higher fees, and the decrease of those fees at the end of the two years, for applications for plan approvals for wastewater treatment works;
 - The sunset of the annual discharge fees for holders of NPDES permits under the Water Pollution Control Law;
 - The sunset of license fees for public water system licenses;
 - A higher cap on the total fee due for plan approval for a public water supply system and the decrease of that cap at the end of the two years;
 - The levying of higher fees, and the decrease of those fees at the end of the two years, for state certification of laboratories and laboratory personnel for purposes of the Safe Drinking Water Law;

- The levying of higher fees, and the decrease of those fees at the end of the two years, for applications to take examinations for certification as operators of water supply systems or wastewater systems;
- The levying of higher fees, and the decrease of those fees at the end of the two years, for applications for permits, variances, and plan approvals under the Water Pollution Control and Safe Drinking Water Laws;
- The sunset of the fees levied on the transfer or disposal of solid wastes; and
- The sunset of the fees levied on the sale of tires.

Extension of E-Check

(R.C. 3704.14)

The act authorizes the extension of the motor vehicle inspection and maintenance program (E-Check) in Ohio counties where this program is federally mandated by doing the following:

1. Authorizing the Director of Environmental Protection to request the Director of Administrative Services to extend the existing contract (with the contractor that conducts the program) beginning on June 30, 2019, for a period of up to 24 months through June 30, 2021;
2. Requiring the EPA Director, prior to the expiration of the contract extension above, to request the DAS Director to enter into a contract (with a vendor to operate a decentralized program) through June 30, 2023, with an option to renew the contract for a period of up to 24 months through June 30, 2025.

The bill retains the requirement that the new contract ensure that the program achieves at least the same emissions reductions achieved under the contract that was extended. It also retains the requirement that the DAS Director must use a competitive selection process when entering into a new contract with a vendor. Last, the bill retains all statutory requirements governing the program, including requirements that E-Check be a decentralized program and include a new car exemption for motor vehicles up to four years old.

Local air pollution control authority

(R.C. 3704.01 and 3704.111)

The bill modifies the list of agencies that qualify as a local air pollution control authority under the law governing air pollution by eliminating the Mahoning-Trumbull Air Pollution Control Authority, City of Youngstown. Current law requires the Director of Environmental Protection to enter into delegation agreements with local air pollution control authorities listed in current law. As part of the agreement, the local air pollution control authority agrees to perform on behalf of Ohio Environmental Protection Agency (OEPA) air pollution control regulatory services within the political subdivision represented by the local air pollution control authority.

Best available technology requirements for air contaminants

(R.C. 3704.03)

Current law requires new or modified air contaminant sources to install best available technology (BAT) to control air contaminants. It also specifies that BAT requirements must be established in rules adopted by the Director and must be expressed only in one of the following methods that is most appropriate for the air contaminant source or source categories:

1. Work practices;
2. Source design characteristics or design efficiency of applicable air contaminant control devices;
3. Raw material specifications or throughput limitations averaged over a 12-month rolling period; or
4. Monthly allowable emissions averaged over a 12-month rolling period.

The bill eliminates the requirement that the Director establish the BAT methods in rules and instead requires the BAT method for an air contaminant source to be established in the permit to install (PTI) issued for the source. It further specifies that the methods apply only to air contaminants or precursors of air contaminants for which a National Ambient Air Quality Standard has been established under the federal Clean Air Act. Additionally, it alters the fourth BAT method specified above by allowing BAT requirements in a permit issued for an air contaminant source to be expressed as a rolling 12-month summation of the allowable emissions.

The bill also revises BAT methods for PTIs issued on or after August 3, 2009. Under current law, for PTIs issued on or after that date, any new or modified air contaminant source that has the potential to emit, taking into account air pollution controls installed on the source, ten or more tons per year of volatile organic compounds or nitrogen oxides must meet, at a minimum, the requirements of any applicable reasonably available control technology rule in effect as of January 1, 2006, regardless of the location. The bill instead clarifies that this requirement, as it applies to nitrogen oxides, must meet those requirements established in rule as of December 22, 2007.

Asbestos abatement

(R.C. 3710.01, 3710.04, 3710.05, 3710.051, 3710.06, 3710.07, 3710.08, and 3710.12)

The bill makes the following changes to the law governing asbestos abatement, which is administered by OEPA:

1. Expands the scope of activities that are subject to regulation by applying the law to activities involving more than 3 linear or square feet of asbestos-containing material, rather than more than 50 linear or square feet as in current law. (For example, if an activity involves four linear feet, a person will now need to meet certain certification and training requirements that previously would not have applied.)
2. Adds the maintenance of asbestos-containing materials as one of the activities subject to regulation;

3. Adds the operation of asbestos-containing materials as one of the activities subject to regulation;
4. Authorizes OEPA to take certain enforcement actions against a contractor licensee or certificate holder if either is violating or threatening to violate specified federal regulations adopted under the Federal Toxic Substances Control Act;
5. Requires OEPA to deny a contractor license application if the applicant or any of the applicant's officers or employees has been found liable in a civil proceeding under any state or federal environmental law. (Currently, denial is limited to felony convictions.)
6. Eliminates the Director's authority to approve, on a case-by-case basis, alternatives to the existing worker protection requirements for a project conducted by a public entity;
7. Adds both of the following to the list of activities that require a person to be certified as an asbestos hazard evaluation specialist:
 - Inspections; and
 - Assessments of suspect asbestos-containing materials.
8. Adds the oversight of an asbestos hazard abatement activity to the list of activities that require certification as an asbestos hazard abatement project designer;
9. With regard to the certification of an asbestos hazard abatement air-monitoring technician (responsible for environmental monitoring or work area clearance air sampling), eliminates the exemption from certification that applies to industrial hygienists-in-training since the American Board of Industrial Hygiene no longer certifies those hygienists; and
10. Requires a contractor to notify the Director at least ten working days, rather than at least ten days as under current law, before beginning an asbestos hazard abatement project (the change makes Ohio law consistent with federal law).

Open dumping

(R.C. 3734.01)

The bill specifies that "open dumping" under the law governing solid and infectious waste includes depositing solid wastes or treated infectious wastes into an abandoned building or structure at a site not licensed as a solid waste facility. The bill also specifies that "open dumping" includes depositing untreated infectious waste in any abandoned building or structure. Under current law, "open dumping" generally includes depositing solid wastes or treated infectious wastes into a water body or onto the surface of the ground at a site that is not licensed as a solid waste facility; or depositing untreated infectious waste into a water body or onto the ground. Open dumping is generally prohibited and is subject to criminal and civil penalties.

Removal of additional wastes at scrap tire sites

(R.C. 3734.85)

The bill specifically authorizes the Director, when issuing a scrap tire removal order to a property owner, to also require the owner to remove any additional solid waste or construction

and demolition debris (C&DD) unlawfully disposed of at the property. Under current law, the Director may issue a scrap tire removal order when the Director determines that a scrap tire accumulation constitutes a danger to the public health or safety or to the environment.

The bill also generally authorizes the Director, when performing a removal action, to remove, transport, and dispose of any additional solid wastes or C&DD unlawfully disposed of at a scrap tire site if one or more of the following apply:

1. The property owner consents to the removal in writing;
2. The Director, in the removal order, required the removal of the additional wastes.

The bill specifies that a person who receives a removal order is liable to the Director for the removal, storage, processing, disposal, or transportation costs associated with additional solid waste or C&DD. The Director may record these costs, in the office of the county recorder where the property is located, as a lien against the property. Under current law, the costs associated only with the removal of scrap tires may be so recorded.

The bill clarifies that in a civil action for removal (and only removal) costs associated with scrap tires, a landowner may recover the portion, rather than the whole amount as in current law of costs from a responsible party in an amount equal to the portion of costs that the court determines is attributable to the responsible party.

Extension of various fees

(R.C. 3745.11, 3734.57, and 3745.901)

The bill extends the time period for charging various OEPA fees under the laws governing air pollution control, water pollution control, and safe drinking water. The following table sets forth each fee, its purposes, and the time period OEPA is authorized to charge the fee under current law and the bill:

Type of fee	Description	Sunset under current law	Sunset under the bill
Synthetic minor facility: emission fee	Each person who owns or operates a synthetic minor facility must pay an annual fee in accordance with a fee schedule that is based on the sum of the actual annual emissions from the facility of particulate matter, sulfur dioxide, nitrogen dioxide, organic compounds, and lead. A synthetic minor facility is a facility for which one or more permits to install or permits to operate have been issued for the air contaminant source at the facility that include terms and conditions that lower the facility's potential to emit air contaminants below the major source	The fee is required to be paid through June 30, 2020.	The bill extends the fee through June 30, 2022.

Type of fee	Description	Sunset under current law	Sunset under the bill
	thresholds established in rules adopted under continuing law.		
Wastewater treatment works: plan approval application fee	<p>A person applying for a plan approval for a wastewater treatment works is required to pay one of the following fees depending on the date:</p> <p>--A tier one fee of \$100 plus 0.65% of the estimated project cost, up to a maximum of \$15,000; or</p> <p>--A tier two fee of \$100 plus 0.2% of the estimated project cost, up to a maximum of \$5,000.</p>	An applicant is required to pay the tier one fee through June 30, 2020, and the tier two fee on and after July 1, 2020.	The bill extends the tier one fee through June 30, 2022; the tier two fee begins on or after July 1, 2022.
Discharge fees for holders of NPDES permits	Each NPDES permit holder that is a public discharger or an industrial discharger with an average daily discharge flow of 5,000 or more gallons per day must pay an annual discharge fee based on the average daily discharge flow. There is a separate fee schedule for public and industrial dischargers.	The fees were due by January 30, 2018, and January 30, 2019.	The bill extends the fees and the fee schedules to January 30, 2020, and January 30, 2021.
Surcharge for major industrial dischargers	A holder of an NPDES permit that is a major industrial discharger must pay an annual surcharge of \$7,500.	The surcharge was required to be paid by January 30, 2018, and January 30, 2019.	The bill extends the fee to January 30, 2020, and January 30, 2021.
Discharge fee for specified exempt dischargers	One category of public discharger and eight categories of industrial dischargers that are NPDES permit holders are exempt from the annual discharge fees that are based on average daily discharge flow. Instead, they are required to pay an annual discharge fee of \$180.	The fee was due by January 30, 2018, and January 30, 2019.	The bill extends the fee to January 30, 2020, and January 30, 2021.

Type of fee	Description	Sunset under current law	Sunset under the bill
License fee for public water system license	A person is prohibited from operating or maintaining a public water system without an annual license from OEPA. Applications for initial licenses or license renewals must be accompanied by a fee, which is calculated using schedules for the three basic categories of public water systems.	The fee for an initial license or a license renewal applies through June 30, 2020, and is required to be paid annually in January.	The bill extends the initial license and license renewal fee through June 30, 2022.
Fee for plan approval to construct, install, or modify a public water system	Anyone who intends to construct, install, or modify a public water supply system must obtain approval of the plans from OEPA. The fee for the plan approval is \$150 plus .35% of the estimated project cost. However, current law sets a cap on the fee.	The cap on the fee is \$20,000 through June 30, 2020, and \$15,000 on and after July 1, 2020.	The bill extends the cap of \$20,000 through June 30, 2022; the cap of \$15,000 applies on and after July 1, 2022.
Fee on state certification of laboratories and laboratory personnel	<p>In accordance with two schedules, OEPA charges a fee for evaluating certain laboratories and laboratory personnel.</p> <p>An additional provision states that an individual laboratory cannot be assessed a fee more than once in a three-year period unless the person requests the addition of analytical methods or analysts, in which case the person must pay \$1,800 for each additional survey requested.</p>	<p>The schedule with higher fees applies through June 30, 2020, and the schedule with lower fees applies on and after July 1, 2020.</p> <p>The \$1,800 additional fee applies through June 30, 2020.</p>	<p>The bill extends the higher fee schedule through June 30, 2022; the lower fee schedule applies on and after July 1, 2022.</p> <p>The bill extends the additional fee through June 30, 2022.</p>
Fee for examination for certification as an operator of a water supply system or wastewater system	A person applying to OEPA to take an examination for certification as an operator of a water supply system or a wastewater system (class A and classes I-IV) must pay a fee, at the time an application is submitted, in accordance with a statutory schedule.	A schedule with higher fees applies through November 30, 2020, and a schedule with lower fees applies on and after December 1, 2020.	The bill extends the higher fee schedule through November 30, 2022; the lower fee schedule applies on and after December 1, 2022.

Type of fee	Description	Sunset under current law	Sunset under the bill
Application fee for a permit (other than an NPDES permit), variance, or plan approval	A person applying for a permit (other than an NPDES permit), a variance, or plan approval under the Safe Drinking Water Law or the Water Pollution Control Law must pay a nonrefundable fee.	If the application is submitted through June 30, 2020, the fee is \$100. If the application is submitted on or after July 1, 2020, the fee is \$15.	The bill extends the \$100 fee through June 30, 2022; the \$15 fee applies on and after July 1, 2022.
Application fee for an NPDES permit	A person applying for an NPDES permit must pay a nonrefundable application fee.	If the application is submitted through June 30, 2020, the fee is \$200. If the fee is submitted on or after July 1, 2020, the fee is \$15.	The bill extends the \$200 fee through June 30, 2022; the \$15 fee applies on and after July 1, 2022.
Fees on the transfer or disposal of solid wastes	A total of \$4.75 in state fees is levied on each ton of solid waste disposed of or transferred in Ohio. The fees are used for administering the hazardous waste (90¢), solid waste (75¢), and other OEPA programs (\$2.85), and for soil and water conservation districts (25¢).	The fees apply through June 30, 2020.	The bill extends the fees through June 30, 2022.
Fees on the sale of tires	A base fee of 50¢ per tire is levied on the sale of tires to assist in the cleanup of scrap tires. An additional fee of 50¢ per tire is levied to assist soil and water conservation districts.	Both fees are scheduled to sunset on June 30, 2020.	The bill extends the fees through June 30, 2022.

OHIO FACILITIES CONSTRUCTION COMMISSION

- Eliminates a provision of law stating that the Executive Director of the Ohio Facilities Construction Commission must exercise all powers that the Commission possesses.

Executive Director powers

(R.C. 123.21)

The bill eliminates the law stating that the Executive Director of the Ohio Facilities Construction Commission exercises all powers that the Commission possesses. Under continuing law, the Executive Director supervises the Commission's operations, employs and fixes the compensation of its employees, and performs other duties delegated by the Commission.

OFFICE OF THE GOVERNOR

- Requires the Governor to declare an emergency affecting the public health if specified conditions are present, requires or authorizes the Governor to take certain actions after declaring a public health emergency, and provides for the General Assembly to suspend the operation of the executive order.
- Repeals state laws that establish duties for the Office of Health Transformation.
- Repeals state law regarding the exchange of protected health information between certain state agencies.

Public health emergencies

(R.C. 107.20)

The bill requires the Governor to declare an emergency affecting the public health if the Governor determines that either of the following is the case and that one or more local governments lack the resources or capabilities necessary to protect public health and safety:

- An event occurred or is occurring in any part of the state resulting in substantial injury or harm to the public health;
- An imminent threat of substantial injury or harm to the public health exists in any part of this state.

Executive order

The Governor must declare the public health emergency by executive order. The order must include:

- A description of the emergency affecting the public health, including the substantial injury or harm or threat of substantial injury or harm;
- A list of the areas of the state affected or threatened; and
- A summary of the conditions that necessitated the declaration of an emergency.

As soon as practicable after issuing the executive order, the Governor's office must make a copy of it available on its website, submit a copy to the General Assembly, and transmit copies to the news media.

Governor's duties

After declaring a public health emergency, the Governor must:

- Take such action and give such direction to state and local law enforcement agencies and offices as may be reasonable and necessary to secure compliance with the executive order;
- Establish offices within state agencies and appoint personnel as necessary;
- Direct state agency personnel to take actions as necessary to address the emergency.

The bill also authorizes the Governor to perform the following actions on declaring an emergency:

- Issue executive orders and direct state agencies to adopt and amend rules in accordance with the Administrative Procedure Act that relate to the emergency;
- Assume control of emergency management operations;
- Delegate duties as necessary to implement the executive order;
- Authorize health care practitioners licensed in other jurisdictions to provide health care during the emergency in accordance with any directions specified in the executive order;
- Use any available resources of state and local governments as necessary to address the emergency;
- Order the Director of Budget and Management to transfer cash from any fund that is not otherwise restricted to the Controlling Board Emergency Purposes/Contingencies Fund;
- Alter, limit, or suspend any provision of a collective bargaining agreement or transfer state agency personnel, including those subject to collective bargaining agreements, or state agency functions for the purpose of facilitating emergency services, but only to the extent permitted under federal law.

The bill also specifies that its provisions do not limit the Governor's existing authority to apply for grants or administer funds awarded to the state to prevent or mitigate public health emergencies, to direct the state's Emergency Management Agency, or to call to service Ohio's militia, which includes the Ohio National Guard.

Executive order's operation

Any executive order issued in accordance with the bill's provisions remains in effect until the earliest of the following:

- The Governor determines that the conditions giving rise to the declaration of a public health emergency no longer exist;
- The General Assembly suspends the order's operation by adopting a concurrent resolution;
- 30 days have elapsed since the Governor issued the order.

If 30 days have elapsed and the General Assembly has not suspended the order's operation, but the conditions giving rise to the declaration of a public health emergency are still present, the Governor may issue another executive order declaring a public health emergency. If the General Assembly does adopt a concurrent resolution suspending an executive order, the Governor must rescind the order as soon as practicable.

Elimination of the Office of Health Transformation

(R.C. 191.01, 191.02, 191.04, 191.06, 191.08, 191.09, and 109.10, all repealed; R.C. 103.41, 3701.36, 3701.68, 3701.95, 3798.01, 3798.10, 3798.14, 3798.15, 3798.16, 5101.061, 5162.12, and 5164.01)

The bill eliminates all of the statutory duties of the Office of Health Transformation and all other references to the Office in the Revised Code. Governor Kasich created the Office pursuant to an executive order issued in 2011.³⁵

Specifically, the bill repeals state laws that require the Executive Director of the Office to:

1. Identify each government program providing public benefits for the purpose of state law that permits state agencies to exchange protected health information with other state agencies for certain purposes;
2. Adopt strategies that prioritize employment as a goal for individuals participating in government programs providing public benefits;
3. Establish goals for continuous quality improvement pertaining to episode-based payments for prenatal care;
4. Identify best practices pertaining to family planning options, strategies for reducing poor pregnancy outcomes, and health professional instruction on cultural competency.

Eliminating all other references to the Office from the Revised Code has the following effects:

1. Eliminates the Joint Medicaid Oversight Committee's authority to investigate the Office;
2. Removes the Office's Executive Director from the officials who are to receive a copy of the Palliative Care and Quality of Life Interdisciplinary Council's annual report regarding recommendations for improving palliative care;
3. Removes the Executive Director from the Commission on Infant Mortality;
4. Eliminates a requirement that the Medicaid Director consult with the Executive Director when adopting rules regarding the exchange of protected health information;
5. Eliminates a requirement that the Executive Director assist the Director of Job and Family Services with leadership and organizational support for the Office of Human Services Innovation.

Exchange of protected health information

(R.C. 191.01, 191.02, and 191.04, all repealed)

The bill repeals state laws that permit certain state agencies to exchange protected health information relating to eligibility for or enrollment in a health plan or participation in a government program providing public benefits, if the exchange is necessary for (1) operation of a health plan or (2) coordination, or improvement of the administration or management, of the

³⁵ Executive Order No. 2011-02K.

health care-related functions of at least one government program providing public benefits. An exchange of protected health information must be done in accordance with federal law governing the confidentiality of individually identifiable health information. This authority applies to the following state agencies:

1. The Department of Administrative Services;
2. The Department of Aging;
3. The Development Services Agency;
4. The Department of Developmental Disabilities;
5. The Department of Education;
6. The Department of Health;
7. The Department of Insurance;
8. The Department of Job and Family Services;
9. The Department of Medicaid;
10. The Department of Mental Health and Addiction Services;
11. The Department of Rehabilitation and Correction;
12. The Department of Taxation;
13. The Department of Veterans Services;
14. The Department of Youth Services;
15. The Opportunities for Ohioans with Disabilities Agency.

H2OHIO FUND

- Creates the H2Ohio Fund in the state treasury.
- Directs a portion of FY 2019 GRF surplus revenue – and the entire balance of FY 2020 and FY 2021 GRF surplus revenue, if any – to the fund.
- Requires fund money to be used for water quality purposes, including awarding grants, issuing loans, funding cooperative research, and encouraging cooperation with governmental and private entities.
- Requires the Ohio Lake Erie Commission, in coordination with state agencies or boards responsible for water protection and water management, to submit an annual report to the General Assembly and the Governor, beginning August 31, 2020.

H2Ohio Fund

(R.C. 126.60; Sections 513.10 and 513.20)

The bill creates the H2Ohio Fund in the state treasury and directs a portion of FY 2019 GRF surplus revenue – and the entire balance of FY 2020 and FY 2021 GRF surplus revenue, if any – to the fund. It appropriates a total of \$85 million from the fund for FY 2020 among the Departments of Agriculture and Natural Resources and the Environmental Protection Agency, and reappropriates for FY 2021 any unencumbered money remaining from FY 2020. It also authorizes the Controlling Board, in FY 2021, to increase or establish appropriations from the fund to state agencies as “necessary to support the statewide strategic and vision and comprehensive periodic water protection strategy.”

The fund also may include money from donations, bequests, and other sources.

For a more detailed description of the H2Ohio Fund’s financing, see the LBO budget support documents. From the LSC home page, www.lsc.ohio.gov, click on “Budget Central,” then on “Main Operating – H.B. 166.”

The fund is to be used for any of the following purposes:

1. Awarding or allocating grants or money, issuing loans, or making purchases for the development and implementation of projects and programs, including remediation projects, that are designed to address water quality priorities;
2. Funding cooperative research, data gathering and monitoring, and demonstration projects related to water quality priorities;
3. Encouraging cooperation with and among leaders from state legislatures, state agencies, political subdivisions, business and industry, labor, agriculture, environmental organizations, and water conservation districts; and
4. Other purposes, policies, programs, and priorities identified by the Ohio Lake Erie Commission in coordination with state agencies or boards responsible for water protection and water management, provided they align with a statewide strategic vision and comprehensive periodic water protection and restoration strategy.

Annual report

The Ohio Lake Erie Commission, in coordination with state agencies or boards responsible for water protection and water management, must submit a report to the General Assembly and the Governor annually, beginning August 31, 2020. The report must address activities undertaken with respect to the fund during the preceding fiscal year, and revenues and expenses for that year.

DEPARTMENT OF HEALTH

Drug overdose fatality review committees

- Authorizes the establishment of county or regional drug overdose fatality review committees.
- Requires each committee to submit to the Ohio Department of Health (ODH) an annual report containing specified information related to the drug overdose or opioid-involved deaths reviewed by the committee.

Fetal-infant mortality review boards

- Authorizes local boards of health to establish fetal-infant mortality review boards to review fetal and infant deaths within the board's jurisdiction.
- Specifies a review board's membership, purposes, and responsibilities.
- Specifies that investigatory materials that a review board possesses are confidential and not public records, and that review board meetings are not subject to Ohio's Open Meetings Law.
- Specifies that entities that submit investigatory materials to a review board, as well as board members, are immune from civil liability in connection with their responsibilities.
- Requires the ODH Director to adopt rules for the establishment and operation of fetal-infant mortality review boards.

Pregnancy-associated Mortality Review (PAMR) Board

- Authorizes the ODH to establish a Pregnancy-associated Mortality Review (PAMR) Board to identify and review all pregnancy-associated deaths for the purposes of reducing the incidence of those deaths.
- Prohibits the Board from reviewing deaths under investigation or prosecution unless the prosecuting attorney agrees.
- Describes Board membership and operations, and authorizes the ODH Director to adopt rules concerning how the Board conducts pregnancy-associated death reviews.
- Specifies that information the Board possesses is confidential and not a public record and that Board meetings are exempt from the Open Meetings Law.
- Specifies that those who submit information to the Board, as well as Board members, are immune from civil liability in connection with their responsibilities.

Standard pregnancy risk assessment form

- Requires the Director of the Governor's Children's Initiative to convene a workgroup, by January 1, 2020, to develop a standard, electronic pregnancy risk assessment form and to identify the processes and technology systems necessary for obstetric care providers, other persons, and government entities to comply with the required use of the form.

- Requires an obstetric care provider, beginning January 1, 2021, to complete a pregnancy risk assessment form for each obstetric patient at the patient's first visit designated for prenatal care and to submit the form through the designated state interface.
- Requires a person or government entity that has or has had a relationship with a patient to accept a completed pregnancy risk assessment form as valid authorization for the disclosure of that patient's protected health information to specified persons and government entities.
- Prohibits information in the form from being used for discriminatory or unauthorized purposes and from being further disclosed by the authorized recipients.

Substance use disorder professionals

- Authorizes ODH to establish a loan repayment program for professionals who provide treatment and other related services to individuals with substance use disorders.
- Authorizes ODH to establish a program in which a physician who provides medication-assisted treatment in a health resource shortage area may be eligible for financial assistance.

Dental Hygiene Resource Shortage Area Fund

- Eliminates the Dental Hygiene Resource Shortage Area Fund and specifies that donations for the benefit of the Dental Hygienist Loan Repayment Program instead be paid to the Dental Hygienist Loan Repayment Fund.

Radiation technology professionals

- Authorizes nuclear medicine technologists and radiation therapy technologists who are certified in computed tomography (CT) to perform CT procedures.
- Makes other changes to the law governing the regulation of radiation technology professionals.

Examination fees

- Requires ODH to post on its website the fee amounts for examinations administered by other entities on the Department's behalf.

Body art regulation

- Defines "body artist" as an individual, including an operator of a body art business, who performs tattooing or body piercing and is registered with the ODH Director.
- Establishes that beginning June 30, 2020, a body artist who wishes to perform body art services for compensation must obtain registration from the Director.
- Requires a business offering body art services to obtain a license from a licensor (see following dot point), replacing the approval required from the board of health.
- Establishes the licensor as (1) the board of health of a city or general health district, (2) the authority having the duties of a board of health in any city, (3) the Director, or (4) any authorized representative of any of these entities or of the Director.

- Prohibits a person from constructing, installing, renovating, or otherwise substantially altering a body art business without first obtaining approval from the licensor.
- Requires that prior to issuing an initial license and annually thereafter, the licensor inspect each body art business in their jurisdiction to determine whether the business is in compliance with the Body Art Laws and regulations.
- Permits the board of health to suspend or revoke a body art business license at any time if the board determines the business is being operated in violation of the Body Art Law.
- Requires the Director to adopt rules for body art businesses and body artists and the regulation of these persons, including safety and sanitation procedures.
- Establishes the administration of the fees associated with the licensing, registration, and enforcement of the Body Art Law.
- Permits the Director to survey each board of health that licenses body art businesses to determine if the board of health is in substantial compliance with the Body Art Law.
- Requires the Director, if the Director determines that the board of health is not in compliance with the Body Art Law, to perform the duties of the licensor in that jurisdiction.
- Requires that a parent, guardian, or custodian of a minor who desires to authorize a business to perform body art on the minor to provide documentation that they are the minor's parent, guardian, or custodian.

Sanitarian and sanitarian in training law

- Recodifies and reorganizes the law governing sanitarians and sanitarians in training.
- Makes the following substantive changes to the law:
 - Removes all statutorily imposed registration, registration renewal, and examination fees for sanitarians and sanitarians in training, and instead requires the ODH Director to adopt rules that establish the fees;
 - Removes certain government employees from the requirement to register as a sanitarian or sanitarian in training, but also requires certain other government employees to register as a sanitarian or sanitarian in training;
 - Decreases, from one year to 60 days, the amount of time a sanitarian or sanitarian in training may renew a certificate to practice prior to the date the certificate expires;
 - Eliminates certain duties that the Director is required to perform, such as preparing a registration examination for sanitarians and sanitarians in training;
 - Requires a sanitarian in training applicant to take an examination before registering and, once registered, to complete an annual continuing education program;
 - Revises provisions related to sanitarian and sanitarian in training examinations.

Child lead poisoning advisory council

- Revises the membership of the advisory council appointed by the ODH that assists in development and implementation of the child lead poisoning prevention program by adding four new members and updating two member association names.

Lead abatement: order to vacate

- Requires the ODH Director or a board of health to issue an order to vacate, prohibiting the owner or manager of a residential unit, child-care facility, or school from using that property for any purpose if the owner or manager is out of compliance with a lead hazard control order.
- Authorizes the Director or a board of health to request a prosecuting attorney, city director of law, village solicitor, or similar chief legal officer to commence a civil action for injunctive and other equitable relief against any person who violates an order to vacate.

Ambulatory surgical facility licensure

- Modifies the criteria used in determining whether a facility must be licensed as an ambulatory surgical facility, and extends the licensing requirement to any facility located within an inpatient care building if the facility is operated by a separate entity.

Health care facility payments

- Expresses the General Assembly's intent to not have licensure requirements or exemptions affect any third-party payments that may be available for certain health care facilities.

Newborn screening for Krabbe disease

- Repeals the law that limits newborn screening for Krabbe disease to a process known as "first tier testing."

Occupational disease reporting

- Eliminates the requirement that physicians report suspected occupational diseases and ailments to the ODH Director.

Diabetes action plan reporting cycle

- Lengthens to three years (from two) the reporting cycle for the ODH Director to submit to the General Assembly a report detailing the prevalence of diabetes.

ODM access to Social Security numbers accompanying vital statistics records

- Requires ODH's Office of Vital Statistics to make available to the Department of Medicaid, for the purpose of medical assistance eligibility determinations, Social Security numbers that accompany birth certificates or death certificates.

Area training centers for nursing home employees

- Repeals the law requiring the ODH Director to establish and supervise centers for the training of nursing home employees and to contract with other entities to operate the centers.

Breast and Cervical Cancer Project

- Adds certain providers to those eligible to receive payments for services from the Breast and Cervical Cancer Project Income Tax Contribution Fund.

Public Health Priorities Fund

- Changes the name of Ohio's Public Health Priorities Trust Fund to Ohio's Public Health Priorities Fund, eliminates the purposes for which money credited to the fund must be used, and instead requires the ODH Director to use the money to address pressing public health needs and implement innovative programs and prevention strategies.
- Eliminates the prohibition on transferring money from GRF to the fund.

Utility Radiological Safety Board

- Specifies that the Utility Radiological Safety Board (URSB), based on the utilities' decommissioning budgets, may make assessments for URSB operations against Ohio nuclear electric utilities that have stopped producing electricity.
- Expands the definition of "nuclear electric utility" under URSB law to include persons within Ohio engaged in the storage of spent nuclear fuel arising from the production of electricity using nuclear energy.

Cancer Incidence Surveillance Advisory Board

- Abolishes the Ohio Cancer Incidence Surveillance System Advisory Board.

Drug overdose fatality review committees

(R.C. 121.22, 307.631, 307.632, 307.633, 307.634, 307.635, 307.636, 307.637, 307.638, 307.639, 3701.049, and 4731.22)

The bill authorizes the board of county of commissioners of a single county or the boards of two or more counties jointly to establish a county or regional committee to review drug overdose and opioid-involved deaths occurring in that county or region. To formally establish a drug overdose fatality review committee, the board or boards must appoint a health commissioner of a board of health located in the county or counties to do so.

Purpose

The purpose of a drug overdose fatality review committee is to decrease the incidence of preventable overdose deaths by doing all of the following:

- Promoting cooperation, collaboration, and communication between all groups, professions, agencies, or entities engaged in drug abuse prevention, education, or treatment efforts;

- Maintaining a comprehensive database of all overdose deaths occurring in the county or region to develop an understanding of the causes and incidence of those deaths;
- Recommending and developing plans for implementing local service and program changes that might prevent overdose deaths; and
- Providing the Ohio Department of Health (ODH) with aggregate data, trends, and patterns concerning overdose deaths.

Membership, chairperson, and meetings

If established, a review committee must consist of the health commissioner and the following five members:

1. The county coroner or designee;
2. The chief of police or sheriff or designee of the chief or sheriff;
3. A public health official or designee;
4. The executive director of the county's ADAMHS board or designee; and
5. An Ohio-licensed physician.

In the case of a review committee serving two or more counties, the members must be representatives from the most populous county.

The health commissioner convenes committee meetings and serves as the committee's chairperson. Committee meetings are not subject to Ohio's Open Meetings Law. Any vacancy on the committee must be filled in the same manner as original appointments. Members are neither compensated for serving on the committee nor reimbursed for expenses incurred, unless compensation or reimbursement is received as part of the member's regular employment. A majority of the members may invite additional members to serve on the committee. Each additional member serves for the period of time determined by the majority and has the same authority, duties, and responsibilities as an original member.

Information to be collected

For each drug overdose or opioid-involved death reviewed by a committee, the committee must collect all of the following:

1. Demographic information of the deceased, including age, sex, race, and ethnicity;
2. The year in which the death occurred;
3. The geographic location of the death;
4. The cause of death;
5. Any factors contributing to the death; and
6. Any other information the committee considers relevant.

On the request of a review committee, any individual, law enforcement agency, or other public or private entity that provided services to a person whose death is reviewed by the committee must submit to the committee a summary sheet of information. In the case of a request made to a health care entity, the summary sheet must contain only information

available and reasonably drawn from a medical record created by the entity. With respect to a request made to any other individual or entity, the sheet must contain only information available and reasonably drawn from any record involving the person to which the individual or entity has access.

Confidentiality

Any information, document, or report presented to a review committee, all statements made by committee members during meetings, all work products of the committee, and data submitted to ODH, other than the annual report, are confidential and may be used by the review committee, its members, and ODH only in the exercise of proper committee or departmental functions.

Security of information collected

Each review committee must establish a system for collecting and maintaining information necessary for the review of drug overdose or opioid-involved deaths in the county or region. In an effort to ensure confidentiality, each committee must maintain all records in a secure location; develop security measures to prevent unauthorized access to records containing information that could reasonably identify any person; and develop a system for storing, processing, indexing, retrieving, and destroying information obtained in the course of reviewing a drug overdose or opioid-involved death.

Annual reports

By April 1 of each year, a committee must prepare and submit to ODH a report that includes the following information for the previous calendar year:

1. The total number of drug overdose or opioid-involved deaths in the county or region;
2. The total number of drug overdose or opioid-involved deaths reviewed by the committee along with the total number not reviewed by the committee;
3. A summary of demographic information for the deaths reviewed, including age, sex, race, and ethnicity; and
4. A summary of any trends or patterns identified by the committee.

The report also must include recommendations for actions that might prevent other deaths and may include any other information the review committee determines should be included. The report is a public record for the purposes of Ohio's Public Records Law.

Pending investigations or prosecutions

A review committee may not conduct a review of a death while an investigation of the death or prosecution of a person for causing the death is pending, unless the prosecuting attorney agrees to allow the review. On the conclusion of an investigation or prosecution, the law enforcement agency conducting the criminal investigation or prosecuting attorney prosecuting the case must notify the committee's chairperson of the conclusion.

In addition, an individual, law enforcement agency, prosecuting attorney, or entity cannot provide to a review committee any information regarding the death of a person while an investigation or prosecution is pending, unless the prosecuting attorney has agreed to allow the review.

Immunity

Any individual or entity providing information to a review committee is immune from civil liability for injury, death, or loss to person or property that otherwise might be incurred or imposed as a result of providing the information. Each member of a review committee is also immune from civil liability as a result of the member's participation on the committee.

Fetal-infant mortality review boards

(R.C. 121.22, 3701.049, 3707.70, 3707.71, 3707.72, 3707.73, 3707.74, 3707.75, 3707.76, and 3707.77)

Operation and duties

The bill authorizes a local board of health to establish and operate a fetal-infant mortality review board, in accordance with rules the ODH Director must adopt under the bill, to review both of the following:

--Each fetal death experienced by a woman who was, at the time of the fetal death, a resident of the health district in which the board exercises authority; and

--Each death of an infant who was, at the time of death, a resident of the health district in which the local board exercises authority.

No reviews during criminal investigation

The bill prohibits a fetal-infant mortality review board from conducting a review of a death while an investigation of the death or prosecution of a person for causing the death is pending, unless the prosecuting attorney agrees to allow it. The law enforcement agency conducting the criminal investigation, on the investigation's conclusion, and the prosecuting attorney prosecuting the case, on the prosecution's conclusion, must notify the review board chairperson of the conclusion.

Membership

If a local board of health establishes a fetal-infant mortality review board, the local board, by a majority vote of a quorum of its members, must select the review board's members. Members may include the following professionals or individuals representing the following constituencies:

- Fetal-infant mortality review coordinators;
- Board-certified obstetricians and gynecologists;
- Key community leaders from the board of health's jurisdiction;
- Health care providers;
- Human services providers;
- Consumer and advocacy groups; and
- Community action teams.

A majority of the review board members may invite additional individuals to serve on the board. The additional members must serve for a period of time determined by a majority of

the members and have the same authority, duties, and responsibilities of the members. In addition, the review board, by a majority vote of a quorum of its members, must designate a chairperson.

A vacancy on the review board is to be filled in the same manner as the original appointment. A board member is prohibited from receiving any compensation or reimbursement for expenses associated with membership. A review board may work in conjunction with, or be a component of, a child fatality review board or regional child fatality review board.

A review board must convene at least once a year at the call of its chairperson.

Purpose

The bill specifies that a review board's purpose is to decrease the incidence of preventable fetal and infant deaths by doing all of the following:

--Assessing, planning, improving, and monitoring the service systems and broad community resources that support and promote the health and well-being of women, infants, and families;

--Recommending and developing plans for implementing local service and program changes, as well as changes to the groups, professions, agencies, and entities that serve families, children, and pregnant women; and

--Providing ODH with aggregate data, trends, and patterns regarding fetal and infant deaths.

Submission of information; family member participation

Notwithstanding state confidentiality laws, the bill requires an individual, public children services agency, private child placing agency, agency that provides services specifically to individuals or families, a law enforcement agency, or another public or private entity that provided services to a pregnant woman whose fetus died or an infant who died to submit to the review board copies of any record it possesses that the board requests. These records may include maternal health records. In addition, the individual or entity may make available to the board additional information, documents, or reports that could be useful to the board's investigation. An exception to this requirement exists when a person is under investigation, or being prosecuted, for causing the death (unless the prosecuting attorney agrees to allow the death review).

The bill permits a family member of the deceased to decline to participate in an interview as part of the review process. In that case, the review must continue without that individual's participation.

Confidentiality

Except for information from a public children services agency about a child who is the subject of a child abuse, neglect, or other criminal conduct investigation, the bill specifies that any record, document, report, or other information presented to a fetal-infant mortality review board or a person abstracting such materials on the board's behalf, statements made by board members during board meetings, all board work products, and data submitted by the board to

ODH or a national infant death review database (other than the annual report required by the bill, discussed below), are confidential. These materials must be used by the review board and ODH only in the exercise of their proper functions. In addition, board meetings are not public meetings subject to Ohio's Open Meetings Law.³⁶

If the materials are presented to the review board or a person abstracting the materials on the board's behalf in paper form, the materials must be stored in a locked file cabinet. If a database is used to store the materials electronically, the database must be stored in a secure manner. All information accessible to each board member and used during a review, including information provided by the deceased's mother, must be de-identified. The bill prohibits the unauthorized dissemination of this confidential information. A violation of this prohibition is a misdemeanor of the second degree.

Immunity

The bill grants civil immunity to both:

--An individual or public or private entity providing records, documents, reports, or other information to a fetal-infant mortality review board for injury, death, or loss to person or property that otherwise might be incurred or imposed as a result of providing these materials to a board; and

--Each review board member for injury, death, or loss to person or property that otherwise might be incurred or imposed as a result of the member's participation on the board.

Data reporting and annual report

The bill requires a fetal-infant mortality review board, not later than April 1 each year, to both:

--Submit to the fetal-infant mortality database maintained by ODH or a national infant death review database individual data pertaining to each fetal or infant death reviewed in that board's jurisdiction within the 12 months immediately before the submission; and

--Submit to ODH a report that summarizes any trends or patterns the review board identifies.

The specific data that must be submitted, and other information the board considers relevant to a review, must be specified by the ODH Director in rules required by the bill. The report, a public record, may include recommendations on how to decrease the incidence of preventable fetal and infant deaths in the board's jurisdiction and Ohio, as well as any other information the board determines should be included.

Rules

The bill requires the ODH Director to adopt rules to establish a procedure for fetal-infant mortality review boards to follow in conducting a review of a fetal or infant death. The rules

³⁶ R.C. 121.22.

must be adopted in accordance with the Administrative Procedure Act³⁷ and do all of the following:

--Specify the procedures that a local board of health must use to establish and operate a review board;

--Specify the data and other relevant information a review board must use when conducting a review of a fetal or infant death;

--Establish guidelines for a review board to follow so that information presented to the board does not include anything that would permit any person's identity from being ascertained; and

--Specify the standards and procedures a review board must use when reporting fetal-infant mortality data to ODH's fetal-infant mortality database or a national infant death review database.

Pregnancy-associated Mortality Review (PAMR) Board

(R.C. 121.22, 3738.01, 3738.02, 3738.03, 3738.04, 3738.05, 3738.06, 3738.07, 3738.08, and 3738.09)

Operation and duties

The bill authorizes the ODH to establish a Pregnancy-associated Mortality Review (PAMR) Board to identify and review all pregnancy-associated deaths statewide for the purpose of reducing the incidence of those deaths.

No reviews during criminal investigation

If the PAMR Board is established, the bill prohibits it from conducting a review of a pregnancy-associated death while an investigation of a death or prosecution of a person for causing the death is pending, unless the prosecuting attorney agrees to allow the review. The law enforcement agency conducting the criminal investigation, on the investigation's conclusion, and the prosecuting attorney prosecuting the case, on the prosecution's conclusion, must notify the Board's chairperson of the conclusion.

Membership; technical assistance

If ODH establishes the PAMR Board, all of the following apply:

Members: The ODH Director must appoint the Board's members and make a good faith effort to select members who represent all regions of Ohio and multiple areas of expertise and constituencies concerned with the care of pregnant and postpartum women.

Chairperson: The Board, by a majority vote of a quorum of its members, must select a chairperson. The Board may replace a chairperson in the same manner.

Terms: An appointed member holds office until a successor is appointed, and the ODH Director must fill a vacancy as soon as practicable.

³⁷ R.C. Chapter 119.

Compensation: Board members are to receive no compensation or reimbursement for any expenses associated with their service.

Meeting times: The Board must meet at the call of its chairperson as often as that individual considers necessary for timely completion of pregnancy-associated death reviews. The reviews must be conducted in accordance with rules the bill requires the ODH Director to adopt.

Technical assistance: ODH must provide meeting space, staff services, and other technical assistance required by the Board.

Purpose

If established, the PAMR Board must seek to reduce the incidence of pregnancy-associated deaths in Ohio by doing all of the following:

--Promoting cooperation, collaboration, and communication between all groups, professions, agencies, and entities that serve pregnant and postpartum women and families;

--Recommending and developing plans for implementing service and program changes, as well as changes to the groups, professions, agencies, and entities that serve pregnant and postpartum women and families;

--Providing ODH with aggregate data, trends, and patterns regarding pregnancy-associated deaths using data and other relevant information specified in rules; and

--Developing effective interventions to reduce the mortality of pregnant and postpartum women.

Submission of information; family member participation

Notwithstanding state confidentiality laws, the bill requires an individual, government entity, agency that provides services specifically to individuals or families, law enforcement agency, health care provider, or other public or private entity that provided services to a woman whose death is being reviewed by the PAMR Board to submit to the Board a copy of any record it possesses that the Board requests. In addition, the individual or entity may make available to the Board additional information, documents, or reports that could be useful to the Board's investigation. An exception to this requirement exists when a person is under investigation or being prosecuted for causing the death (unless the prosecuting attorney agrees to allow the death review).

The bill permits a family member of the deceased to decline to participate in an interview as part of the review process. In that case, the review must continue without that individual's participation.

Confidentiality

The bill specifies that any record, document, report, or other information presented to the PAMR Board, as well as all statements made by Board members during Board meetings, all Board work products, and data submitted to ODH by the Board (other than the triennial reports described below), are confidential. These materials must be used by the Board and ODH only in

the exercise of their proper functions. In addition, Board meetings are not public meetings subject to Ohio's Open Meetings Law.³⁸

The bill prohibits the unauthorized dissemination of this confidential information. A violation of this prohibition is a misdemeanor of the second degree.

Immunity

The bill grants civil immunity to both of the following:

--An individual or public or private entity providing records, documents, reports, or other information to the PAMR Board for injury, death, or loss to person or property that might otherwise be incurred or imposed as a result of providing these materials to the Board; and

--Each Board member for injury, death, or loss to person or property that otherwise might be incurred or imposed as a result of the member's participation on the Board.

Triennial report

The bill requires the PAMR Board to prepare and submit to the Governor, General Assembly, and ODH Director a triennial report that:

--Summarizes the Board's findings from the reviews completed in the preceding three calendar years, including any trends or patterns identified by the Board;

--Makes recommendations on how pregnancy-associated deaths may be prevented, including changes that should be made to policies and laws; and

--Includes any other information related to pregnancy-associated mortality the Board considers useful.

The initial report must be submitted by March 1, 2020, and subsequent reports must be submitted by March 1 every three years. The reports are public records, and the ODH Director must make a copy of each report available on ODH's website.

Rules

If the PAMR Board is established, the ODH Director must adopt rules in accordance with the Administrative Procedure Act³⁹ that are necessary for the PAMR Board's operations, including rules that do all of the following:

--Establish a procedure for the Board to follow in conducting pregnancy-associated death reviews;

--Specify the data and other relevant information the Board must use when conducting pregnancy-associated death reviews; and

--Establish guidelines for the Board to follow to prevent an unauthorized dissemination of confidential information.

³⁸ R.C. 121.22.

³⁹ R.C. Chapter 119.

Standard pregnancy risk assessment form

(R.C. 3701.953)

Workgroup responsibilities

The bill requires the Director of the Governor's Children's Initiative⁴⁰ to convene a workgroup, by January 1, 2020, to:

--Develop a standard, electronic pregnancy risk assessment form to use in accordance with the bill's provisions for the following purposes: (1) to identify pregnancy risks, (2) to ensure care coordination, and (3) to facilitate referrals of pregnant women to additional services intended to achieve healthy pregnancies and optimal birth outcomes; and

--Identify the processes and technology systems that are necessary for obstetric care providers to comply with the bill's form completion and submission requirements, and persons and government entities to comply with bill's protected health information disclosure requirements (discussed below).

Workgroup membership

The workgroup must consist of at least one representative from each of the following:

- Department of Medicaid;
- Department of Health;
- Department of Insurance;
- Department of Job and Family Services;
- Department of Administrative Services;
- Department of Mental Health and Addiction Services;
- InnovateOhio;
- Ohio Association of Health Plans;
- Ohio Children's Hospital Association;
- Ohio Hospital Association;
- Ohio Association of Community Health Centers;
- Ohio chapter of the American College of Obstetrics and Gynecology; and
- Ohio State Medical Association.

Form development

In developing the pregnancy risk assessment form, the workgroup must ensure that both of the following requirements are met:

--The form must have components that address the purposes discussed in (1) through (3), above;

⁴⁰ Executive Order No. 2019-02D.

--The form must be designed in a manner that facilitates an administrative agency's ability to fulfill responsibilities to inform Medicaid-eligible women about the benefits and importance of pregnancy-related services, to make requested or needed referrals to support services, and to provide nonmedical services promoting healthy birth outcomes.

Form use

The bill requires that the pregnancy risk assessment form be used solely for the purposes discussed in (1) through (3), above. In no circumstance is the form to be used to penalize women for increased use of services or other discriminatory purposes.

Form completion

Beginning January 1, 2021, the bill requires an obstetric care provider to complete the pregnancy risk assessment form for each obstetric patient at the patient's first visit designated for prenatal care. Not later than seven days after completing the form, the provider must submit the form through the state electronic interface designated by the workgroup for submissions as part of its responsibility to identify processes and technology systems for using the form.

Protected health information disclosures

Beginning January 1, 2021, the bill requires any health insuring corporation, any other person, and any government entity that has or has had a relationship with a patient, or a designee of the foregoing, to accept a completed pregnancy risk assessment form as valid authorization for the disclosure of that patient's protected health information to each person or government entity specified on the form. As soon as practicable after receiving a completed form, the person or government entity must disclose the relevant protected health information in accordance with the form.

Prohibition on further disclosures

The bill restricts use of protected health information that is disclosed through completed pregnancy risk assessment forms to the purposes discussed in (1) through (3), above. The recipient of the protected health information is prohibited from making further disclosures of the information.

Substance use disorder professionals

(Sections 737.10 and 737.11)

The bill authorizes ODH to establish a loan repayment program for professionals who provide treatment and other related services to individuals with substance use disorders. Under the program, ODH may agree to repay all or part of the principal or interest of an educational loan taken by a substance use disorder professional. In return, the participating professional must commit to serving in an area of the state with limited access to addiction treatment and related services.

The bill also authorizes the Department to establish a program in which a physician who provides medication-assisted treatment to patients with substance use disorders in a health resource shortage area may be eligible for financial assistance. Eligible physicians are those participating in the Department's existing Physician Loan Repayment Program.

Dental Hygiene Resource Shortage Area Fund

(R.C. 3702.967)

The ODH operates a Dental Hygienist Loan Repayment Program in cooperation with the Dentist Loan Repayment Advisory Board. The purpose of the program is to provide student loan repayment for dental hygienists who agree to provide dental hygiene services in areas designated as dental health resource shortage areas.

Law unchanged by the bill authorizes the ODH Director to accept donations for the program's operations. Currently, the Director must deposit those donations into the State Treasury to the credit of the Dental Hygiene Resource Shortage Area Fund. According to ODH staff, no donations have been received in nearly four years. The bill therefore eliminates this fund and instead requires that any donations be deposited to the credit of the Dental Hygienist Loan Repayment Fund. Currently, this latter fund holds money that dental hygienists who fail to fulfill their obligations under the program must pay back to ODH. The bill continues to require that money in this fund be used for program operations.

Radiation technology professionals

(R.C. 4773.01, 4773.011, 4773.061, and 4773.08)

The bill revises the law governing ODH's regulation of radiation technology professionals. First, it authorizes nuclear medicine technologists and radiation therapy technologists who are certified in computed tomography, or CT, to perform CT procedures. The bill also requires the ODH Director to adopt rules establishing standards for the performance of CT procedures and for the approval of national organizations that certify nuclear medicine and radiation therapy technologists in CT.

Second, the bill modifies the definitions of radiation technology professionals in the following ways:

- By adding to the definitions of general x-ray machine operator, radiation therapy technologist, and radiographer references to radiation-generating equipment;
- By specifying that radiation therapy technologists include radiation therapists;
- By removing from the definitions of general x-ray machine operator and radiographer references to determining the site of radiation and replacing them with references to determining procedure positioning.

The bill also clarifies that a general x-ray machine operator does not determine procedure positioning, while a radiographer does.

Examination fees

(R.C. 3701.044)

When an entity other than ODH administers an examination or evaluation on behalf of the Department for the purpose of issuing a license, certificate, or registration or determining competency and the entity collects and retains an examination or evaluation fee, the bill requires ODH to post on its website the dollar amount of the fee. If the entity changes the fee

amount, then ODH must post the change to its website at least 30 days before the change becomes effective.

Body art regulation

(R.C. 3730.01, 3730.04, and 3730.99)

The bill creates the term “body artist” and establishes oversight of body artists by requiring body artists who perform a body art procedure, for compensation, to be registered by the ODH Director beginning June 30, 2020. A “body artist” is an individual, including an operator of a body art business, who performs tattooing or body piercing and who is registered with the Director. Under existing law, there is no state-level registration or licensing requirement for individuals who perform tattooing or body piercing procedures. The bill replaces the current requirement that a business performing tattooing or body piercing services obtain *approval* from the local board of health before offering these services with a requirement that instead a person operating a business offering body art services obtain a *license* from the local board of health, the authority having the duties of the local board, or the Director (a licenser). “Body art” is the practice of physical body adornment, including tattooing and body piercing, but does not include ear piercing performed with an ear piercing gun. A violation of the bill’s licensing and registration requirement is a fourth degree misdemeanor.

Body artist registration

(R.C. 3730.01, 3730.02, 3730.021, and 3730.99; Section 737.20)

Beginning June 30, 2020, each person who intends to perform a body art procedure or act as a body artist must be registered by the ODH Director. If a person wishes to be registered by this deadline, the person must submit all required application materials by June 1, 2020; the Director must then issue the registration by June 30, 2020, if the applicant meets the minimum requirements for registration. An initial registration issued on or before April 1 is effective from the date of issuance until June 30 of that year. An initial registration issued after April 1 is effective from the date of issuance until June 30 of the following year. Thereafter, a registration is effective for one year and may be renewed.

The registration fee is \$250. However, the ODH Director may increase the fee by rule and adopt a rule prorating the fee for initial registrations. The fees must be administered by the Director and used solely for the administration and enforcement of body art regulation.

The ODH Director must adopt rules specifying registration and renewal procedures and fees. The rules may also include standards and procedures to be followed by a business that offers body art services to ensure that individuals are registered and adequately trained to properly perform the procedures. The Director must investigate all complaints of an unregistered person providing body art services. A person who recklessly violates a rule adopted by the Director is guilty of a fourth degree misdemeanor.

Body art business license

(R.C. 3730.01, 3730.02, 3730.05, and 3730.11)

The bill requires every person who intends to operate or maintain a body art business to apply for a license to operate the business from the board of health of a city or general health district, the authority having the duties of the board of health, or the ODH Director (licenser).

Thus, the bill is broader than existing law, which requires a person seeking approval (instead of a license) to operate a business that offers tattooing or body piercing (arguably narrower than “body art”) to apply to the board of health of the city or general health district in which the business is located (narrower than “licensor”).

An applicant must apply at least 30 days prior to the intended start of business operation. The standard to receive a license remains largely the same as the standard to receive approval under existing law. But instead of being required to demonstrate the training of the individuals who perform the procedures, an applicant must demonstrate the registration of those individuals.

Generally, each initial license is effective until December 31 of the year in which it was issued, but if the initial license was issued after October 1, it is effective until December 31 of the following year. A licensed business may apply for license renewal in December. The license may be transferred to a new owner of the existing business address.

Finally, each business operator that offers body art services must ensure that the individuals who perform the body art procedures are registered with the ODH Director beginning June 30, 2020, and thereafter.

Plan approval

(R.C. 3730.03)

The bill prohibits a person from constructing, installing, renovating, or otherwise substantially altering a body art business until the plans for the business have been submitted and approved by the licensor. The licensor must approve or disapprove the plans within 30 days of receiving them. Any person aggrieved by the licensor’s disapproval of plans may, within 30 days following the receipt of the licensor’s notice of disapproval, request a hearing. The hearing must be provided if requested.

For newly constructed or altered body art business, the applicant must notify the licensor when the body art business is ready for inspection. Within five days of receiving the notice, the licensor must verify that the construction or alternations are consistent with the plans submitted and approved. If the construction or alternations are consistent with the plans, then the licensor must issue the license. If not, then the licensor must reject the application or defer the issuance of the license pending a subsequent inspection. If the plans are rejected, the applicant may request a hearing on the matter and it must be provided. The ODH Director must adopt rules specifying who must provide the hearing and when it must be held.

Inspection

(R.C. 3730.06)

Under the existing approval process, the board of health is required to inspect the tattooing and body piercing business at least once before approving the business and may inspect the business as necessary after approval. Under the bill, prior to the issuance of an initial license and annually thereafter, the licensor is required to inspect each body art business in their jurisdiction to determine whether the business is in compliance with the Body Art Law. In addition, the licensor may inspect a business at any time. The licensor must make the initial

inspection within five days from the date of receipt of the notification that the business is ready for operation and must maintain a record of each inspection for at least five years.

Suspending or revoking license

(R.C. 3730.07)

The bill permits a board of health to suspend or revoke the license of a body art business at any time the board determines that the business is being operated in violation of the Body Art Law. Note – it is unclear whether this provision applies to a legislative authority having the duties of a board of health.

Rules relating to body art businesses

(R.C. 3730.02)

The bill requires the ODH Director to adopt rules governing the issuance of licenses, approval of plans, layout, construction, sanitation, safety, and operation of body art businesses. However, these rules do not apply to buildings to which the Ohio Building Code applies. The rules must include safety and sanitation standards and procedures to prevent the transmission of infectious diseases during the performance of body art procedures. The rules must also indicate the standards and procedures to be followed for appropriate disinfection and sterilization of all invasive equipment or parts of equipment used in body art and ear piercing gun procedures. The Director must also adopt rules relating to the universal blood and body fluid precautions to be used by any individual who performs body art procedures. The precautions must include (1) the appropriate use of hand washing, (2) the handling and disposal of all needles and other sharp instruments used in body art procedures, and (3) the wearing and disposal of gloves and other protective garment and devices.

Fees

(R.C. 3701.83, 3709.09, 3709.092, 3730.05, and 3730.13)

The bill permits each licensor to establish plan review, licensing, and inspection fees, but the fees cannot exceed the cost of the plan review, licensing, and inspection of the body art business. The annual license fee for a body art business is collected by the board of health and transmitted to the ODH Director, which must be used for the administration and enforcement by the Director. In addition, if the Director acts as the licensor in a particular jurisdiction, the Director retains the fees associated with acting as the licensor. Otherwise, the bill requires that all license fees collected by the licensor must be deposited into a body art fund. The body art fund must be used for the expenses of the licensor for the administration and enforcement of the body art program.

Under existing law, revised by the bill, boards of health must deposit all fees collected for the approval of businesses that offer tattooing and body piercing into the health fund of the district that the board serves for enforcement purposes.

Director's survey of board of health

(R.C. 3701.83 and 3730.13)

The bill permits the ODH Director to annually survey each board of health that wishes to license body art businesses to determine whether the board of health is in substantial

compliance with the Body Art Law (note – it is unclear whether this duty applies to a licensor that is an authority having the duties of a board of health). If the ODH Director determines that a board of health is in substantial compliance, the Director must approve the board of health for issuance of licenses. The Director may make additional surveys of a board of health as the Director considers appropriate. If the board of health is not in substantial compliance, the Director must register the same to the president of the board of health and must perform the duties of the licensor in that area until the Director approves the board of health.

All fees payable to the board of health during the time the Director performs the duties of the licensor and all other fees that have not been expended or otherwise encumbered must be deposited by the Director in the state treasury to the credit of the General Operations Fund to be used by the Director as the licensor. The Director must keep record of the fees deposited and when the board of health is approved, the Director must transfer any remaining balance of the fees to the board of health's body fund.

Consent required to perform procedure on minor

(R.C. 3730.08 and 3730.99)

Under existing law, largely unchanged by the bill, a person is prohibited from performing tattooing, body piercing, or ear piercing on a minor unless the minor's parent, guardian, or custodian (parent) has consented. A violation of this prohibition is a fourth degree misdemeanor. The parent must appear in person at the business at the time the procedure is performed and sign a document explaining the procedure and proper post-procedure care of the affected area. The bill expands the prohibition to also apply to body art procedures and additionally requires the parent to provide documentation that they are the minor's parent.

Conforming changes

(R.C. 3730.09, 3730.10, 3730.11, and 3730.12)

The bill makes conforming changes to the law where tattooing and body piercing is stated or implicated and replaces these references with the "body art" or "body artist."

Sanitarian and sanitarian in training law

(R.C. 3722.01, 3722.02, 3722.03, 3722.04, 3722.05, 3722.06, 3722.07, 3722.08, 3722.09, 3722.10, 3722.11, 3722.12; repealed R.C. 4736.05, 4736.06, 4736.10, 4736.12; conforming changes in R.C. 2925.01, 3701.33, 3701.83, 3717.27, 3717.47, 3718.011, 3718.03, 3742.03, 4743.05, 4776.20, and 5903.12)

The bill recodifies R.C. Chapter 4736, the law governing sanitarians and sanitarians in training, in Chapter 3722, reorganizes that law, and makes a number of substantive changes, described below.

Fees

The bill removes all statutorily imposed registration, registration renewal, and examination fees for sanitarians and sanitarians in training, and instead requires the Director to adopt rules that establish the fees. Currently, the fees are as follows:

Type of applicant	Fee to register
Sanitarian in training applicant	\$80
Sanitarian registration applicant who is already a sanitarian in training	\$80
Sanitarian registration applicant	\$160
Sanitarian in training – renewal	\$90
Sanitarian – renewal	\$90
Late application for renewal	\$75

Current law authorizes the ODH Director to establish fees exceeding the amounts listed above with Controlling Board approval; however, the fees cannot exceed those amounts by more than 50%.

Registration

The bill removes the following from the list of laws requiring enforcement and regulation by a sanitarian or sanitarian in training:

- Garbage scavengers;
- Sanitary plants;
- Youth sports organizations and concussion protocols;
- Naloxone protocols; and
- Bloodborne infectious disease prevention programs.

However, the bill requires all of the following to register as a sanitarian or as a sanitarian in training:

1. An employee of the Department of Agriculture who administers and enforces the laws governing food processing establishments;
2. An employee of a board of health who administers and enforces the laws governing tattooing and body piercing; and
3. An employee of the Environmental Protection Agency or board of health who regulates the laws governing hazardous waste.

The bill requires the ODH Director to issue certificates of registration to practice in January and July every year. Additionally, a sanitarian or sanitarian in training must renew their registration 60 days prior to their certification's expiration date instead of one year before expiration, as required under current law.

ODH Director duties

The bill authorizes the ODH Director to appoint members to the Sanitarian Advisory Board without the advice and consent of the Senate, as is currently required. In addition, the Director no longer must do any of the following as required in current law:

1. Annually prepare a list of the names and address of every person registered as a sanitarian and sanitarian in training and a list of every person whose registration has been suspended or revoked within the previous year;
2. Prepare the sanitarian and sanitarian in training registration examination;
3. Provide annually, and when requested by a registered sanitarian, a list of courses approved by the Director that satisfy the continuing education program; and
4. Designate a serial number for each certificate of registration.

Sanitarian in training requirements

The bill requires, instead of authorizes, the ODH Director to administer an examination for a sanitarian in training applicant and requires registered sanitarians in training to complete an annual continuing education program. Current law only requires a registered sanitarian to complete a continuing education program.

Sanitarian in training title

The bill prohibits a person who is not a registered sanitarian in training from:

1. Making a representation that the person is a registered sanitarian in training;
2. Using the title “sanitarian in training”; or
3. Using the abbreviation “S.I.T.” after the person’s name.

If a person violates this prohibition by misrepresenting oneself as a registered sanitarian in training, the person is guilty of a fourth degree misdemeanor. Current law prohibits a person from misrepresenting oneself as a registered sanitarian only, a violation of which is a fourth degree misdemeanor.

Examinations

The bill removes the law that prohibits the sanitarian examination from disclosing the applicant’s name. Currently, an applicant’s name cannot appear on examination papers. Instead, the applicant is identified by a number assigned by the ODH Director. By removing this provision, the bill authorizes the Director to use the applicant’s name, or any other identification method, on the sanitarian or sanitarian in training examination papers. The bill authorizes the Director to use materials prepared by recognized examination *entities*, rather than recognized examination *agencies*.

Child lead poisoning advisory council

(R.C. 3742.32)

The bill adds the following four members to the advisory council appointed by the ODH Director to assist in developing and implementing the child lead poisoning prevention program:

- A representative from Ohio Realtors;
- A representative of the Ohio Housing Finance Agency;
- A physician knowledgeable in lead poisoning prevention; and
- A representative of the public.

It also updates the names of two associations represented on the advisory council, as follows:

1. The reference to Ohio Help end Lead Poisoning Coalition is changed to the Ohio Healthy Homes Network; and
2. The reference to the National Paint and Coatings Association is changed to the American Coatings Association.

Lead abatement: order to vacate

(R.C. 3742.18 and 3742.40)

The bill requires the ODH Director or a board of health to issue an order to vacate that prohibits the owner or manager of a residential unit, child-care facility, or school from using the property for *any purpose*, under the following circumstances:

1. The owner or manager has failed to comply with a lead hazard control order; and
2. The residential unit, child-care facility, or school has not passed a lead hazard clearance examination.

Under current law, the Director or the board may only issue an order to vacate that prohibits the owner or manager from using the property as a residential unit, child-care facility, or school.

The bill authorizes the Director or a board of health to request a prosecuting attorney, city director of law, village solicitor, or similar chief legal officer to commence a civil action for injunctive and other equitable relief against any person who violates the order to vacate or is about to violate that order. It specifies that the court must grant injunctive relief on a showing that the person has violated or is about to violate the order. Under current law, the Director may only request the Attorney General bring a civil action for civil penalties and injunctive and other equitable relief against any person who violates any provision of the Lead Abatement Law and rules adopted under it. Current law does not specifically provide for injunctive relief for violations of a lead hazard control order.

Ambulatory surgical facility licensure

(R.C. 3702.30 with conforming changes in R.C. 111.15, 2317.54, 3702.12, 3702.13, and 3711.12)

The bill modifies the criteria to determine whether a facility must be licensed as an ambulatory surgical facility.

Current law

Under existing law, the licensing requirement applies to a facility located in a building that is distinct from another in which inpatient care is provided, if any of the following is the case:

--Outpatient surgery is routinely performed and the facility functions separately from a hospital's inpatient surgical services and offices of private physicians, podiatrists, and dentists;

--Anesthesia is administered in the facility by an anesthesiologist or certified registered nurse anesthetist, and the facility functions separately from a hospital's inpatient surgical service and from the offices of private physicians, podiatrists, and dentists;

--The facility applies to be Medicare-certified as an ambulatory surgical center;

--The facility applies to be certified as an ambulatory surgical center by a national accrediting body approved by Medicare;

--The facility bills or receives from any third-party payer, government health care program, or other person or government entity any ambulatory surgical facility fee that is billed or paid in addition to any fee for professional services.

The bill

The bill eliminates the licensure criteria, above, pertaining to anesthesia services, Medicare certification, and receipt of facility fees. Instead, the bill bases the licensing requirement on the provision of surgical services to patients who do not require hospitalization for inpatient care and who do not receive services for more than 24 hours after admission.

With respect to the location of a facility subject to licensure, the bill retains provisions that require licensure when the facility is separate from an inpatient care facility. In addition, the bill extends the licensure requirement to any facility operated by a separate entity within an inpatient care facility. Specifically, the licensing requirement applies under the bill as follows:

1. To a facility that is separate from an inpatient care building, regardless of whether the separate building is part of the same organization as the inpatient care building;
2. To a facility located within an inpatient care building, if the facility is not operated by the entity that operates the remainder of the building.

The bill maintains a provision of current law specifying that the licensing requirement applies to any facility that is held out to any person or government entity as an ambulatory surgical facility or similar facility by signage, advertising, or other promotional efforts. In a manner similar to current law, the bill also specifies that the licensing requirement does not extend to the offices of physicians, podiatrists, or dentists.

Health care facility payments

(R.C. 3702.30(E))

Under law unchanged by the bill, ODH licenses ambulatory surgical facilities, freestanding dialysis centers, freestanding inpatient rehabilitation facilities, freestanding birthing centers, freestanding radiation therapy centers, and freestanding or mobile diagnostic imaging centers. The bill expresses the General Assembly's intent to not have licensure requirements or exemptions from such requirements affect any third-party payments that may be available for these facilities.

Process for screening newborns for Krabbe disease

(R.C. 3701.501)

Existing statutory law requires newborns to be screened for Krabbe disease. The bill repeals the law that limits the screening process to “first tier testing,” or testing accomplished by measuring galactocerebrosidase activity using mass spectrometry. The bill neither requires nor specifies a particular screening process for Krabbe disease.

Occupational disease reporting

(R.C. 3701.25, 3701.26, and 3701.27, repealed, with conforming changes in R.C. 3701.571, 3701.99, 3742.03, and 3742.04)

The bill eliminates the requirement that a physician who suspects that a patient is suffering from poisoning from lead, cadmium, phosphorus, arsenic, brass, wood alcohol, mercury, or another occupational disease or ailment submit a report to ODH. ODH no longer manages data related to occupational diseases or ailments.

Diabetes action plan reporting cycle

(R.C. 3701.139)

The bill modifies the reporting cycle for the ODH Director to submit to the General Assembly a report detailing the prevalence of diabetes in the state. Under current law, the Director is required to submit the report by January 31 of each even numbered year. The bill instead requires that this report be submitted to the General Assembly every third year beginning in 2021.

ODM access to Social Security numbers accompanying vital statistics records

(R.C. 3705.07, 3705.09, and 3705.10; R.C. 3705.16, not in the bill)

The bill requires ODH’s Office of Vital Statistics to make Social Security numbers accompanying birth and death certificates available to the Department of Medicaid for medical assistance eligibility determinations.

Under existing law, every birth certificate filed in Ohio generally must be accompanied by the Social Security numbers of the child’s parents. (The numbers are not, however, recorded on the birth certificate.) Similarly, every death certificate filed in Ohio must contain the decedent’s Social Security number. Under current law, Office of Vital Statistics must make these Social Security numbers in its possession available to the Department of Job and Family Services’ Division of Child Support for child support enforcement.

Nursing home employees and area training centers

(R.C. 3721.41 and 3721.42)

The bill repeals the law requiring the ODH Director to establish and supervise centers in appropriate locations throughout the state for the training of nursing home employees. It also repeals the law requiring the Director to enter into contracts with local public or nonprofit entities for the operation of the training centers.

Providers under the Breast and Cervical Cancer Project

(R.C. 3701.601)

The bill adds the following providers to those eligible to receive payments for services from the Breast and Cervical Cancer Project Income Tax Contribution Fund: free clinics, mammography services providers, radiology services providers, and rural health centers. Under current law, the ODH Director must distribute money from the fund to pay for breast and cervical cancer screening, diagnostic, and outreach services provided to uninsured and under-insured women as part of the Ohio Breast and Cervical Cancer Project. Existing law limits the providers eligible for payments to federally qualified health centers, other community health centers, and health departments operated by local boards of health.

Ohio's Public Health Priorities Fund

(R.C. 183.18 and 183.33)

The bill changes the name of Ohio's Public Health Priorities Trust Fund to Ohio's Public Health Priorities Fund. It also eliminates the purposes for which money credited to the fund must be used. The bill instead requires the ODH Director to use the money to:

- Conduct public health awareness and educational campaigns;
- Address any pressing public health issue identified by the Director or described in the State Health Improvement Plan or a successor document prepared for ODH;
- Implement and administer innovative public health programs and prevention strategies;
- Improve the population health of Ohio.

It also authorizes the Director to collaborate with one or more nonprofit entities, including a public health foundation, in order to meet the bill's requirements.

At present, all investment earnings of the fund must be credited to the fund. The bill authorizes the Director of Budget and Management to credit to the fund any money received by the state, ODH Director, or ODH as part of a settlement agreement relating to a pressing public health issue. The bill also eliminates the prohibition on transferring or appropriating money from GRF to the fund.

Utility Radiological Safety Board

(R.C. 4937.01 and 4937.05)

For purposes of funding Utility Radiological Safety Board (URSB) operations after the only nuclear facilities in Ohio (Davis-Besse Nuclear Power Station and Perry Nuclear Power Plant⁴¹) cease operation, the bill does the following regarding the current URSB operating assessment on those facilities:

⁴¹ U.S. NRC, "Facilities (by NRC Region or State)," available at: <https://www.nrc.gov/info-finder/region-state/>, <https://www.nrc.gov/info-finder/reactors/davi.html>, and <https://www.nrc.gov/info-finder/reactors/perr1.html>.

- Expands the definition of “nuclear electric utility” to include every person, their agents, assignees, or trustees, within Ohio engaged in the storage of spent nuclear fuel arising from the production of electricity using nuclear energy, instead of just including those persons engaged in the business of producing electricity using nuclear energy.
- Provides that the assessment may be made based on the nuclear electric utility’s decommissioning budget for the year of the assessment, if the utility is not engaged in the business of producing electricity using nuclear energy. This is in addition to the continuing law requirement that the URSB assessment be made in proportion to the intrastate gross receipts of the utility, excluding receipts from sales to other public utilities for resale, for the calendar year next preceding the year in which the assessments are made.

The bill’s changes do not, however, alter the limitation in continuing law that the URSB assessment may only be made against nuclear electric utilities that are subject to the Public Utilities Commission (PUCO) operating assessment law. Under that law, the public utilities that may be assessed include electric utilities and electric services companies (such as a nuclear electric utility), electric cooperatives, and governmental aggregators to the extent that they are certified and supply or arrange to supply retail electric service.⁴² If a nuclear electric utility is only in the business of the *storage of spent nuclear fuel* arising from nuclear electricity production and no longer in the business of *producing electricity using nuclear energy*, it is not clear that the utility would continue to be an electric services company against which assessments may be made for URSB.

The bill is unclear as to how the assessment is to be paid if the nuclear electric utility is no longer producing electricity. It provides that the assessment is to be made *based on* the decommissioning budget. Under Nuclear Regulatory Commission (NRC) regulations, a nuclear plant decommissioning trust fund may not be used for, or diverted to, any purpose other than to fund the costs of decommissioning the nuclear power plant to which the fund relates, and to pay administrative costs and other incidental expenses, including taxes, of the fund.⁴³

Background

URSB membership and duties

The URSB is composed of the Chairperson of PUCO, the Director of Environmental Protection, the Directors of the Departments of Agriculture, Commerce, and Health, and the Executive Director of the Emergency Management Agency. The purpose of URSB is to develop a comprehensive state policy regarding nuclear power safety. Its objectives include to promote safe, reliable, and economical power and to establish agreements with state agencies, the NRC, and the federal Emergency Management Agency.⁴⁴ Assessments against nuclear electric utilities must be used by URSB member agencies to fulfill their duties related to URSB, nuclear safety, or agreements with NRC.

⁴² See R.C. 4905.10, not in the bill.

⁴³ 18 C.F.R. 35.32(a)(6) and 35.33(b), not in the bill.

⁴⁴ R.C. 4937.02, not in the bill.

Davis-Besse and Perry shutdown

The Davis-Besse Nuclear Power Station and the Perry Nuclear Power Plant are operated by FirstEnergy Nuclear Operating Company (FENOC). FENOC and First Energy Solutions and its subsidiaries are subject to bankruptcy proceedings, and the plan is to shut the facilities down (Davis-Besse, 5/31/2020; Perry, 5/31/2021).⁴⁵ Upon the facilities' shut down, spent nuclear fuel may remain in storage at the facility for some time.⁴⁶

Ohio Cancer Incidence Surveillance System Advisory Board

(R.C. 3701.264, repealed)

The bill abolishes the Ohio Cancer Incidence Surveillance System Advisory Board, but maintains the Ohio Cancer Incidence Surveillance System in ODH. Under existing law, the Board oversees the collection and analysis of data by the Surveillance System and advises the ODH Director and The Ohio State University in the System's implementation.

⁴⁵ *In re: First Energy Solutions Corp., et al.*, Case No. 18-50757 (U.S. Bankruptcy Court, Northern Dist. Ohio, Eastern Division); *Generation Deactivation Notification Update*, <https://www.pjm.com/-/media/committees-groups/committees/teac/20180503/20180503-teac-generation-deactivation-notification.ashx>.

⁴⁶ Storage of Spent Nuclear Fuel, U.S. Nuclear Regulatory Commission, <https://www.nrc.gov/waste/spent-fuel-storage.html>.

DEPARTMENT OF HIGHER EDUCATION

Restriction on instructional fee increases

- For the 2019-2020 and 2020-2021 academic years, permits state institutions of higher education to increase instructional and general fees by not more than 2% over what was charged in the previous academic year.
- Requires the Chancellor of Higher Education to approve any increase of all other special fees, including new created ones.
- Exclude from the fee restrictions: room and board, student health insurance, auxiliary goods or services fees provided to students at cost, pass-through fees for licensure and certification exams, study abroad fees, elective service charges, fines, voluntary sales transactions, and fees to offset the cost of providing textbooks to students.
- Permits the Chancellor to establish a differential tuition program, including the development of participation criteria that may require generated revenues to support student services and needs-based financial aid, in which eligible institutions may offer the program to eligible undergraduate students.

Tuition guarantee program

- Requires each state university to establish a tuition guarantee program.
- Stipulates that a state university must use a three-year average rate of inflation in calculating an increase in the rate of instructional and general fees for cohorts subsequent to the first one, rather than a five-year average rate of inflation as under current law.

Project-based learning program models

- Specifies the Chancellor must work with state institutions of higher education, Ohio Technical Centers, and industry partners in developing program models that include project-based learning.

Community college acceleration program

- Requires the Department of Higher Education, with the assistance of the Department of Job and Family Services, to establish the Community Acceleration Program.
- Provides that the program must enhance support services to students in need of support from local social service agencies and identify the services and resources available to assist eligible students in an institution of higher education.

As used in this chapter of the analysis:

A **state institution of higher education** means any of the 13 state universities, the Northeast Ohio Medical University, and each community college, state community college, technical college, and university branch campus. The state universities are the University of Akron, Bowling Green State University, Central State University, University of Cincinnati,

Cleveland State University, Kent State University, Miami University, Ohio University, Ohio State University, Shawnee State University, University of Toledo, Wright State University, and Youngstown State University.

Ohio technical centers are career-technical centers and schools that provide adult education and are recognized as such by the Chancellor of Higher Education.

Restriction on instructional fee increases

(Section 381.160)

For FYs 2020 and 2021 (the 2019-2020 and 2020-2021 academic years), the bill limits each state institution of higher education to not more than a 2% increase in its in-state undergraduate instructional and general fees over what the institution charged in the prior academic year. Increases for all other special fees, including newly created ones, are subject to the approval of the Chancellor of Higher Education.

The bill's limits on fee increases explicitly *exclude* the following:

1. Room and board;
2. Student health insurance;
3. Fees for auxiliary goods or services provided to students at the cost incurred to the institution;
4. Fees assessed to students as a pass-through for licensure and certification exams;
5. Fees in elective courses associated with travel experiences;
6. Elective service charges;
7. Fines;
8. Voluntary sales transactions; and
9. Fees to offset the cost of providing textbooks to students, which may appear directly on a student's tuition bill as assessed by the institution's bursar.

As in previous biennia when the General Assembly capped tuition increases, the bill's provisions do not apply to increases required to comply with institutional covenants related to the institution's obligations or to meet unfunded legal mandates or legally binding prior obligations or commitments. Further, the Chancellor, with Controlling Board approval, may approve an increase to respond to exceptional circumstances as the Chancellor identifies.

Additionally, the bill specifies that institutions that participate in an undergraduate tuition guarantee program may increase fees in accordance with that separate provision (see below).

Differential tuition program

Finally, the bill permits the Chancellor to establish a differential tuition program for undergraduate students. If the Chancellor establishes the program, eligible institutions are permitted to offer it to eligible students. The Chancellor must develop criteria for participation in the program, which may include requiring that revenues generated by the program support student services and needs-based financial aid.

Undergraduate tuition guarantee

(R.C. 3345.48)

The bill requires each state university to establish an undergraduate tuition guarantee program whereby each entering cohort of undergraduate students pays an immediate increased rate for instructional and general fees, but that rate is guaranteed not to increase again for that particular cohort for the next four years. Under continuing law, a university may increase the rates by up to 6% for the first cohort under a university's program. For all subsequent cohorts, the bill permits a university to increase the rates one time by the sum of the three-year average rate of inflation and the amount the General Assembly permits increases on in-state undergraduate instructional and general fees for the fiscal year. As noted above, that permitted increase under the bill is 2%.

Under current law, a state university is permitted, not required, to establish an undergraduate tuition guarantee program and for subsequent cohorts the university is required to calculate the one time rate increase for each subsequent cohort using the five-year average rate of inflation, rather than a three-year average rate of inflation.

Project-based learning program models

(Section 381.590)

The Chancellor must work with state institutions of higher education, Ohio Technical Centers, and industry partners to develop program models that include project-based learning. The models are intended to increase continuing education and noncredit program offerings that lead to a credential in order to help meet the Ohio's in-demand job needs.

Community college acceleration program

(Section 381.600)

The Department of Higher Education, with the assistance of the Department of Job and Family Services, must establish the Community College Acceleration Program to enhance financial, academic, and personal support services to students in need of support from local social service agencies. The types of services may include the following:

1. Comprehensive and personalized advisement;
2. Career counseling;
3. Tutoring;
4. Tuition waivers;
5. Financial assistance to defray transportation and textbook costs.

The program must identify the services and resources available to assist eligible students enrolled in an institution of higher education.

DEPARTMENT OF INSURANCE

- Requires a health benefit plan to provide coverage for telemedicine services on the same basis and to the same extent as in-person services.
- Prohibits a health benefit plan from excluding telemedicine services from coverage solely because they are telemedicine services.
- Applies to all health benefit plans issued, offered, or renewed on or after January 1, 2020.

Telemedicine services

(R.C. 3902.30)

The bill requires a health benefit plan to provide coverage for telemedicine services on the same basis and to the same extent that the plan provides coverage for in-person health care services. “Telemedicine service” is defined as a health care service provided through synchronous or asynchronous information and communication technology by a health care professional, within the professional’s scope of practice, who is located at a site other than the site where the recipient is located.

The bill prohibits a health benefit plan from excluding coverage for a service solely because it is provided as a telemedicine service. It also prohibits a health benefit plan from imposing any annual or lifetime benefit maximum in relation to telemedicine services other than a benefit maximum imposed on all benefits offered under the plan.

Under the bill, a health benefit plan may assess cost-sharing requirements to a covered individual for telemedicine services as long as these requirements are not greater than those for comparable in-person health care services. Also, the bill does not require a health plan issuer to reimburse a physician for any costs or fees associated with the provision of telemedicine services that would be in addition to or greater than the standard reimbursement for comparable in-person health care services.

The bill applies to all health benefit plans issued, offered, or renewed on or after January 1, 2020.

DEPARTMENT OF JOB AND FAMILY SERVICES

Child Support

Child support changes

- Modifies the quadrennial review of the basic child support schedule by the Child Support Guideline Advisory Council, including enacting new economic factors that must be considered, requiring online publication of Council reports and information, and permitting public input.
- Prohibits a court or child support enforcement agency (CSEA) from determining voluntary unemployment or underemployment of, or imputing income to, an incarcerated parent.
- Increases the amount the Ohio Department of Job and Family Services (ODJFS) must claim from the processing charge imposed for Title IV-D child support cases to \$35 (from \$25), if it collects at least \$550 (up from \$500) of child support for an obligee who never received Title IV-A assistance.
- Makes various changes to the provisions of law on health care coverage for a child who is the subject of a child support order.
- Requires ODJFS to adopt rules to align support order establishment and modification requirements with federal law and to establish criteria for CSEAs to initiate contempt of court actions in Title IV-D cases.

Child Care

Background checks

- Revises existing child care background check requirements by requiring the ODJFS Director (rather than other persons) to request criminal records checks before licensure, certification, approval or employment and every five years thereafter for various providers.
- Requires the ODJFS Director to search the uniform statewide automated child welfare information system for reports of abuse or neglect regarding those providers.
- Requires the ODJFS Director to inspect the state and national registries of sex offenders for those providers.
- Repeals the authority of a licensed child care provider to conditionally employ an individual while awaiting the results of a criminal records check.

Provider licensing

- Separates homeless child care from protective child care.
- Authorizes the provision of special needs child care until age 18.
- Specifies that a license may be suspended without prior hearing if ODJFS determines that the owner or licensee does not meet criminal records check requirements.

- Authorizes a child day-care center or family day care home whose license was suspended without prior hearing to request an adjudicatory hearing before ODJFS, rather than appeal the suspension to a county court of common pleas as under current law.
- Eliminates the requirement that, when ODJFS initiates the revocation of a license suspended without prior hearing, the suspension must continue until the revocation process is complete.
- Adds family day-care homes, approved day camps, and employees to the law prohibiting discrimination in the enrollment of children in child care on the basis of race, color, religion, sex, or national origin and prohibits discrimination on the basis of disability.

Publicly funded child care

- Requires that a child day camp **both** meet ODJFS standards and be certified by the American Camp Association to be approved to provide publicly funded child care.
- Increases to two years (from one year) the length of time that a certificate to provide publicly funded child care as an in-home aide remains valid.
- Prohibits the following from certification as an in-home aide: (1) the owner of child day-care center or family day care home whose ODJFS-issued license was revoked within the five years prior to seeking certification and (2) an in-home aide whose certificate was revoked within the five years prior to seeking certification.
- Eliminates the requirement that the ODJFS Director establish hourly reimbursement ceilings for certified in-home aides.
- Removes the requirement that ODJFS contract with a third party to conduct a market rate survey for use in establishing child care provider reimbursement ceilings and payments.
- Eliminates from statute eligibility requirements for child care administrators and staff members and instead requires the ODJFS Director to establish those qualifications in rule.
- Exempts certain providers, including certified in-home aides and approved child day camps, from the requirement that, beginning July 1, 2020, publicly funded child care be provided only by a provider rated through the Step Up to Quality Program.
- Specifies that the percentages of early learning and development programs that must be rated at the third highest tier or above in the Step Up to Quality Program do not apply to specified licensed child care programs, including those operating only during summer breaks or evening and weekend hours.

Child Welfare

Criminal records checks, out-of-home care

- Requires that criminal records checks for entities that employ persons responsible for a child's care in out-of-home care include FBI fingerprint checks.

- Removes such an entity's authority to employ an applicant conditionally while the criminal records check is pending.

Background check expansion for child welfare employment

- Requires a search or report, or request for a search, of prospective specified officers and administrators in the following databases: the Uniform Statewide Automated Child Welfare Information System (SACWIS), the System for Award Management, the Findings for Recovery, and the U.S. Department of Justice National Sex Offender (NSO) website.
- Requires a search of prospective foster and adoptive parents, and all persons 18 years old or older residing with the prospective foster and adoptive parents, to be conducted in the NSO website.
- Requires a search of prospective staff to be conducted in the NSO website and SACWIS.
- Grants the ODJFS Director authority to adopt rules to implement and execute the background check expansion.

Foster and related caregiver trainings

- Eliminates the statutory minimum preplacement training hours for family foster homes and specialized foster homes in favor of rules adopted by ODJFS.
- Permits up to 20% of preplacement training to be provided online.
- Eliminates the statutory minimum continuing training hours for family foster homes and specialized foster homes in favor of rules adopted by ODJFS.
- Removes the statutory hour and training requirements for foster caregivers of a child under a temporary custody agreement in favor of requirements adopted by ODJFS rules.
- Requires planned permanent living arrangement caregivers to complete training as developed and implemented by ODJFS rules adopted under the bill that apply foster caregiver's written needs assessment and continuing training plan.
- Repeals statutory coursework and training requirements in favor of requirements adopted by ODJFS rules.
- Repeals statutory needs assessment and continuing training plan requirements in favor of requirements adopted by ODJFS rules.
- Requires compensation in the form of an allowance for the cost of training pursuant to the rules adopted by ODJFS.
- Prohibits ODJFS from compensating a recommending agency for a foster caregiver's foster home certification training that the private child placing agency or a private noncustodial agency requires, if it is in addition to the minimum continuing training required by ODJFS rules under the bill.

Statewide Kinship Navigator Program

- Modifies the Statewide Program of Kinship Care Navigators that ODJFS is permitted to establish, as follows:

- Changes its name to the Statewide Kinship Care Navigator Program and requires ODJFS to establish it through rules adopted no later than one year after this provision takes effect;
- Requires ODJFS to create 5 to 12 Program regions to help kinship caregivers by providing information and referral services and assistance obtaining support services;
- Expands the list of individuals who may be kinship caregivers to include any nonrelative adult having a familiar and long-standing relationship or bond with the child or family, which will ensure the child's social ties;
- Requires the Program to be funded to the extent of GRF appropriations and requires the ODJFS Director to seek Title IV-E funds for the Program;
- Requires ODJFS to pay the Program's nonfederal share and provides that county departments of job and family services and public children services agencies are not responsible for the Program's cost.

Foster caregiver as mandatory reporter

- Makes foster caregivers mandatory reporters of child abuse or neglect.

Preteen placement in children's crisis care facility

- Eliminates the 72-hour placement limit and 14-consecutive-day waiver in favor of a 14-consecutive-day limit for a public children services agency or private child placing agency to place a preteen in a children's crisis care facility.

Juvenile court hearings

- Applies the law governing juvenile court hearings and reviews to a kinship caregiver with custody or with whom a child has been placed, instead of a nonparent relative with custody.
- Specifies that foster caregivers, kinship caregivers, and prospective adoptive parents have the right to be heard, instead of the right to present evidence, at juvenile court hearings and reviews.

Adoption and foster care assistance

- Makes various changes to the eligibility requirements for Title IV-E adoption assistance for a child who is adopted and then turns 18, including the following:
 - Requires the agreement to be effective/entered into after the child's 16th birthday;
 - Designates a child who meets the changed eligibility requirements as "adopted young adult" (AYA);
 - Prohibits AYAs from being eligible for Title IV-E foster care payments.
- Makes various changes to the eligibility requirements for Title IV-E foster care assistance regarding a child who reaches 18 while in custody or care, including the following:

- Permits the child to be in either a planned permanent living arrangement (PPLA) or in the Title-IV-E-eligible care and placement responsibility of a juvenile court or other governmental agency providing Title IV-E reimbursable placement services;
- Provides that the PPLA or care and placement by the juvenile court terminate on or after the child's 18th birthday;
- Designates a child who meets the changed eligibility requirements and "emancipated young adult" (EYA).
- Provides that a person eligible for a dispositional order for temporary or permanent custody until age 21 is not eligible for foster care assistance as an EYA or adoption assistance as an AYA.
- Makes changes to the terminating events and juvenile court oversight of the voluntary participation agreement an EYA must sign to be eligible for Title IV-E foster care assistance.
- Establishes juvenile court jurisdiction and procedures determining an EYA's best interests regarding his or her care and placement and whether reasonable efforts are being made regarding preparation for independence.
- Applies scope of practice and training requirements under adoption and foster care assistance established by ODJFS rules under the Ohio Child Welfare Training Program to case managers and supervisors (instead of foster care workers and their supervisors as under current law).

County maintenance of effort

- Requires each county to contribute local funds, in an amount to be determined under rules adopted by the ODJFS Director, to the county's Children Services Fund.

Workforce Development

Comprehensive Case Management and Employment Program

- Prohibits an assistance group from participating in the Comprehensive Case Management and Employment Program until fraudulent assistance is repaid.

Unemployment Compensation

SharedWork Ohio covered employment

- Limits the "normal weekly hours of work" considered for purposes of the SharedWork Ohio program to those hours of work in employment covered under Ohio's Unemployment Compensation Law.

Unemployment compensation debt collection

- Exempts unemployment compensation debts resulting from benefit overpayments collected by the Attorney General from a requirement that collected overpayments first be proportionately credited to improperly charged employers' accounts and then to the mutualized account within the Unemployment Compensation Fund.

Child Support

Child support changes

(R.C. 3119.023, 3119.05, 3119.27, 3119.29, 3119.30, and 3125.25 with conforming changes in R.C. 3119.23, 3119.302, 3119.31, and 3119.32; Section 815.20)

Child Support Guideline Advisory Council

The bill makes changes to the existing quadrennial review of the basic child support schedule. Under continuing law, the Ohio Department of Job and Family Services (ODJFS), with the assistance of a Child Support Guideline Advisory Council (Council) that ODJFS establishes, must conduct a review every four years of the basic child support schedule and issue a report on any recommendations for statutory changes to the General Assembly.

The bill repeals certain factors that ODJFS and the Council may consider, and enacts new factors that each review must include.

New review factors

Under the bill, each review must include all of the following:

- Consideration of:
 - Economic data on the cost of raising children;
 - Labor market data, such as unemployment rates, hours worked, and earnings, by occupation and skill level for the state and local job markets;
 - The impact of guidelines, policies, and amounts on custodial and noncustodial parents who have family incomes below 200% of the federal poverty level;
 - Factors that influence employment rates among noncustodial parents and compliance with child support orders.
- Analysis of all of the following, to be used to ensure that deviations from the basic child support schedule are limited and that support amounts are appropriate based on current law criteria:
 - Case data on the application of and deviations from the basic child support schedule, as gathered through sampling or other methods;
 - Rates of default, child support orders with imputed income, and orders determined using low-income adjustments, such as a self-sufficiency reserve or another method as determined by the state;
 - A comparison of payments on child support orders by case characteristics, including whether the order was entered by default, based on imputed income, or determined using the low-income adjustment.
- Meaningful opportunity for public input, including input from low-income custodial and noncustodial parents and their representatives.

Eliminated review factors

The following are the optional factors that the bill repeals:

- The adequacy and appropriateness of the current schedule;
- Whether there are substantial and permanent changes in household consumption and savings patterns, particularly those resulting in substantial and permanent changes in the percent of total household expenditures on children;
- Whether there have been substantial and permanent changes to the federal and state income tax code other than inflationary adjustments to such things as the exemption amount and income tax brackets;
- Other factors when conducting review.

Reports and information

Additionally, ODJFS must publish on the Internet and make accessible to the public, all of the following:

- All reports of the Council;
- The membership of the Council;
- The effective date of new or modified guidelines adopted after the review;
- The date of the next review.

Income of incarcerated parent

The bill requires that when a court or agency calculates the income of a parent, it must not determine a parent to be voluntarily unemployed or underemployed and must therefore not impute income to that parent, if the parent is incarcerated. The bill defines a parent as “incarcerated” if that parent is confined under a sentence imposed for an offense or serving a term of imprisonment, jail, or local incarceration, or other term under a sentence imposed by an authorized government entity.

The bill, in adopting the above requirement, repeals the current law requirement for calculating income of an incarcerated parent. The current law provides, unless it would be unjust or inappropriate and therefore not in the best interests of the child, an incarcerated parent with no other available assets could not be considered voluntarily unemployed or underemployed or have imputed income. But, this current law exception is not available if the incarceration is for an offense: (1) related to the abuse or neglect of the child who is the subject of the order, or (2) under Ohio’s Criminal Code against the obligee or the child that is the subject of the order.

Processing charge for child support orders

The bill increases the amount that ODJFS must claim annually from the processing charge imposed for Title IV-D child support cases to \$35 for federal reporting purposes, if it collects at least \$550 of child support for an obligee who never received Title IV-A assistance. Under current law, the amounts are \$25 and \$500, respectively.

Under continuing law, a court or a child support enforcement agency (CSEA) that issues or modifies an order must impose on the obligor a processing charge that is 2% of the support payment to be collected under the order.

Health care changes

Definition changes

“Family coverage”

The bill makes definitional changes with regard to the provisions of law on health care coverage for a child who is the subject of an order. First, it repeals the definition of “family coverage.”

“Health care coverage”

Second, it replaces the term, “health care,” with “health care coverage.” Under current law “health care” is defined as medical support that includes coverage under a health insurance plan, payment of costs of premiums, copayments, and deductibles, or payment for medical expenses incurred on behalf of a child. The bill changes the term to “health care coverage,” changes “coverage under a health insurance plan” to “health insurance coverage” (which is currently a defined term in the law), and adds that a public health care plan may also be considered medical support coverage under the newly altered definition. Under continuing law, “health insurance coverage” means accessible private health insurance that provides primary care services within 30 miles of the child’s residence.

“Reasonable cost”

Third, it removes the following elements from being a part of the definition of “reasonable cost”:

- That for purposes of reasonable cost, the cost of health insurance is an amount equal to the difference in cost between self-only and family coverage;
- Requires U.S. Department of Health and Human Services (HHS) term for “reasonable cost” to prevail if HHS issues a regulation redefining that term or clarifies the elements of cost, and if those changes are substantively different from the definitions and terms under the definition section that applies to the health care.

The bill makes changes to various other sections of the Child Support Enforcement Law addressing health care by replacing existing terms of “private health insurance,” “private health care insurance,” “health care,” and “health insurance” with the new terms “health care coverage” and “health insurance coverage.”

Health care coverage by both parents

The bill also states that both parents may be ordered to provide health care coverage and pay cash medical support if the obligee is a nonparent individual or agency that has no duty to provide medical support.

Rule-making authority

The bill requires ODJFS to adopt rules requiring the investigation and documentation of the factual basis for establishment and modification of support obligations in accordance with Title IV-D law. ODJFS must also adopt rules establishing criteria for CSEAs to initiate contempt of court proceedings in any Title IV-D child support case.

Child care

Regulation of child care: background

(R.C. 3301.51 to 3301.59; R.C. Chapter 5104)

ODJFS and county departments of child and family services (CDJFSs) are responsible for the regulation of child care providers, other than preschool programs and school child programs, which are regulated by the Ohio Department of Education (ODE). Child care can be provided in a facility, the home of the provider, or the child's home. Not all child care providers are subject to regulation, but a provider must be licensed or certified to be eligible to provide publicly funded child care. The distinctions among the types of providers are described in the table below.

Child Care Providers		
Type	Description/Number of children served	Regulatory system
Child day-care center	Any place that is not the permanent residence of the provider in which child care is provided for 7 or more children at one time.	A child day-care center must be licensed by ODJFS, regardless of whether it provides publicly funded child care.
Family day-care home	<p>Type A home – a permanent residence of an administrator in which child care is provided as follows:</p> <p>--For 7-12 children at one time; or</p> <p>--For 4-12 children at one time if 4 or more are under age 2.</p> <p>Type B home – a permanent residence of the provider in which child care is provided as follows:</p> <p>--For 1-6 children at one time; and</p> <p>--No more than 3 children at one time under age 2.</p>	<p>A type A home must be licensed by ODJFS, regardless of whether it provides publicly funded child care.</p> <p>To be eligible to provide publicly funded child care, a type B home must be licensed by ODJFS.</p>
In-home aide	A person who provides child care in a child's home but does not reside with the child.	To be eligible to provide publicly funded child care, an in-home aide must be certified by a CDJFS.

Background checks

Criminal records checks

(R.C. 5104.013, primary; R.C. 2950.08, 5104.01, 5104.211, and 5104.99; R.C. 2151.861, repealed; Section 815.10)

Under current law, the ODJFS Director must request the Superintendent of BCII to conduct a criminal records check for each of the following individuals: an owner, licensee, and administrator of a child day-care center, type A family day-care home, and licensed type B family day-care home and any person 18 or older residing in a type A or licensed type B home. In the case of an applicant for employment with a center or home, the center's or home's administrator must request BCII to conduct the check. With respect to an in-home aide, a CDJFS must request BCII to conduct the check. And in the case of a child day camp, the appointing or hiring entity of the camp must request the check.

The bill makes numerous changes to existing criminal records checks to conform Ohio law to federal requirements (see "**Federal law background**," below). The following table compares who is required to request criminal records checks under current law and the bill.

Person subject to criminal records check	Current law	The bill
Owner or licensee of a child day-care center, type A home, or licensed type B home, or an adult residing in a type A or licensed type B home	ODJFS Director	Same
In-home aide	CDJFS director	ODJFS Director
Applicant or employee of a child day-care center, type A home, or licensed type B home	Administrator	ODJFS Director
Director, applicant, or employee of a licensed preschool or licensed school child program that provides publicly funded child care	N/A ⁴⁷	ODJFS Director
Owner, applicant, or employee of an approved child day camp (one that provides publicly funded child care)	Appointing or hiring officer of the camp	ODJFS Director
Applicant or employee (including an administrator) of a child day camp	Appointing or hiring officer of the camp	Administrator of the camp

The ODJFS Director is required to request the criminal records checks at the time of initial application for licensure, certification, approval, or employment and every five years

⁴⁷ These persons are not currently subject to background checks under the Child Care Law, but are subject to a different background check under R.C. 3319.39.

thereafter. As a part of a check, BCII must obtain information from the FBI for the person, including fingerprint-based checks of certain national crime information databases.

Technically, the bill restructures the background check section for child care and, since child day camps are now subject to background checks as child care providers rather than as persons responsible for a child's care in out-of-home care, relocates to the Child Care Law a section regarding the ODJFS Director's authority to conduct a random sampling of day camps to determine compliance with criminal records check requirements.

Checks of child welfare and sex offender registries

With respect to licensed type B family day-care homes, current law requires that the ODJFS Director search, as part of the licensure process, the uniform statewide automated child welfare information system (SACWIS) for reports of abuse or neglect pertaining to the applicant, any other adult residing in the home, and any adult designated by the applicant as an emergency or substitute caregiver. Additionally, when a PCSA has determined that child abuse or neglect occurred and that abuse or neglect involves a person who has applied for licensure as a type A family day-care home or type B family day-care home, the agency must give ODJFS any information it determines to be relevant for the purpose of evaluating the fitness of the person. If the JFS Director determines that the information received from SACWIS or a PCSA, when viewed within the totality of the circumstances, reasonably leads to the conclusion that the applicant may endanger the health, safety, or welfare of children, the ODJFS Director must deny the application for licensure. The bill repeals those provisions and instead requires the ODJFS Director to search SACWIS for reports of abuse or neglect pertaining to all of the following individuals before licensure, certification, approval, or employment and every five years thereafter: child day-care center owners or licensees, family day-care home owners or licensees, approved child day camp owners, directors of licensed preschool programs and school child programs providing publicly funded child care, in-home aides, and applicants for employment with and employees of those entities.

The bill also requires the ODJFS Director to inspect the state registry of sex offenders (SORN) and the national sex offender registry for the same individuals described above before licensure, certification, approval, or employment and every five years thereafter. It does not, however, require that SACWIS and SORN be searched with respect to employees of day camps that do not provide publicly funded child care.

Out-of-state searches

Under the bill, whenever the ODJFS Director, as part of a criminal records check, SACWIS search, or SORN inspection, determines that a person has resided in another state during the previous five years, the ODJFS Director must request the following about the person from the other state: a criminal records check and information from its SACWIS and sex offender registry. The bill also requires the ODJFS Director to provide that information when requested by another state for the purposes of child care regulation and the provision of publicly funded child care.

Eligibility determinations and notice

If the results of a records check, SACWIS search, and SORN inspection demonstrate that a person has been convicted of or pleaded guilty to a specified criminal offense; endangers the

health, safety, or welfare of a child; or is registered or required to be registered as a sex offender, then the bill requires the ODJFS Director to determine the person ineligible for licensure, certification, approval, or employment. In the case of a child day camp other than an approved camp, the camp's administrator must determine a person ineligible for employment if the person has been convicted of or pleaded guilty to a specified criminal offense. Any person who refuses to submit to a criminal records check also must be determined ineligible.

In the case of an applicant or employee, the bill requires the ODJFS Director to notify the employer as soon as practicable of that determination. With the exception of child day camps other than approved child day camps, licensees and administrators will no longer review the results of criminal records checks.

Conditional employment

The bill eliminates the law authorizing a licensed child care provider to conditionally employ an individual while awaiting the results of a criminal records check. A child day camp that does not provide publicly funded child care, however, remains authorized to conditionally employ applicants until the check is completed.

Attestations

Current law requires owners, licensees, and administrators of child day-care centers, type A homes, and licensed type B homes; an adult residing in a type A home or licensed type B home; or an individual seeking certification as an in-home aide or employment with a child care licensee to sign a statement that the person has not been convicted of or pleaded guilty to a disqualifying offense and that no child has been removed from the person's home pursuant to a child welfare adjudication. Type A home and type B home licensees also had to attest that no child in the home has been adjudicated a delinquent child for committing one of those offenses. The bill repeals these requirements.

Federal law background

Enacted under the federal Omnibus Budget Reconciliation Act of 1990, the Child Care and Development Block Grant Act (CCDBG Act) authorized the Child Care and Development Fund (CCDF), which serves as a significant source of Ohio's child care funding.⁴⁸ The CCDBG Act of 2014 reauthorized the CCDF for the first time since 1996, and made several changes to the law governing the fund, including changes regarding background checks. Ohio must comply with these federal requirements to continue to receive federal funds.

Background checks must now include Federal Bureau of Investigation (FBI) fingerprint checks and searches of state criminal registries, state and national sex offender registries, and state-based child abuse and neglect registries or databases. Checks must be performed on most staff members, including those who do not directly care for children.

⁴⁸ 42 U.S.C. § 9857 *et seq.*

Provider licensing

Child care definitions

(R.C. 3301.52, 3301.53, 5104.01, 5104.34, 5104.38, and 5104.41)

The bill modifies existing definitions and creates new definitions related to child care. It removes from the law governing the regulation of child care definitions that are no longer used (school-age child care center, school-age type A home, and state median income).

New definitions

“Authorized representative” is an individual authorized by the owner of a child day-care center, type A family day-care home, or approved child day camp to do all of the following on the owner’s behalf: communicate, submit applications for licensure or approval, and enter into provider agreements for publicly funded child care.

“Homeless child care” is defined as child care provided to a child who is homeless under federal law, resides temporarily in a facility providing emergency shelter for homeless families, or is determined by a CDJFS to be homeless. Current law includes child care provided to families determined to be homeless within the category referred to as protective child care. The bill separates homeless child care from protective child care.

“Special needs child care” is child care provided to a child who is less than 18 years of age and either has a chronic health condition or does not meet age appropriate expectations in certain areas of development and that may include on a regular basis services and adaptations needed to assist in the child’s development (see **“Eligibility period,”** below).

Modified definitions

Under current law, an **“administrator”** is the person responsible for the daily operation of a child day-care center, type A home, or type B home. The bill removes the reference to a type B home and instead refers to an approved child day camp. The bill clarifies that a **“child day camp”** operates for no more than 12 hours a day and no more than 15 weeks during the summer. Under current law, a child day camp operates for no more than seven hours a day during regular school vacation periods or for no more than 15 weeks in the summer and provides for outdoor activities.

The bill removes from the definition of **“child day-care center”** a requirement that children under age six who are related a licensee, administrator, or employee and who are on the premises of the center be counted.

The bill includes staff members, employees, and employers of licensed type B homes and approved child day camps in the definitions of **“child-care staff member,” “employee,”** and **“employer.”** It also clarifies that an owner or authorized representative may be a child-care staff member when not involved in other duties. The bill adds a reference to licensed type B homes to the definition of **“license capacity.”**

The bill removes from the definition of **“protective child care”** references to a child or child’s caretaker parent residing in a homeless shelter or being determined homeless.

The bill adds children ages 15 to 18 receiving special needs child care to the definition of a **“school-age child.”**

Child care and exempt providers

(R.C. 5104.01 and 5104.02)

The bill clarifies that “child care” refers to care by a provider required to be licensed or approved by ODJFS or under contract to provide publicly funded child care. It makes conforming changes to references to exempt providers by referring to “care” rather than “child care.”

The bill also makes numerous changes to existing descriptions and requirements for programs that provide care for children but are exempt from child care licensure, including the following:

- Exempts a program that operates for two consecutive weeks or less and not more than six weeks total each year rather than two or less consecutive weeks;
- Exempts supervised training, instruction, or activities of children in specified areas (such as the arts or sports) that a child does not attend for more than eight hours per week rather than that a child attends no more than one day a week for no more than six hours;
- Clarifies that a program in which a parent is on the premises is exempt only if the parent is not an employee engaged in employment duties while care is provided;
- Removes requirements that programs that provide care and are regulated by a department other than ODJFS or ODE submit to the ODJFS Director a copy of the rules governing the program and an annual report;
- Removes an exemption for child care programs conducted by boards of education or chartered nonpublic schools for school-age children;
- Removes certain restrictions for programs operated by youth development programs outside of school hours, including that the program be operated by a community-based center and be eligible for participation in the Child and Adult Care Food Program (a federally funded program administered by ODE).

Child care licenses and inspections

(R.C. 5104.015, 5104.03, and 5104.04)

Under current law, the initial license issued to a child day-care center or family day-care home is designated as provisional. Following an investigation and inspection, if the JFS Director determines that a provisional license holder meets statutory requirements, the Director will issue to the center or home a new license. The bill refers to this new license as a continuous license. It also specifies that a provisional license is valid for at least 12 months and until the continuous license is issued or the provisional license is revoked or suspended. It removes the requirement that the ODJFS Director adopt rules requiring the ODJFS toll free telephone number to be included on each provisional license issued to a child day-care center.

Existing law requires a child day-care center or type A or licensed type B family day-care home that holds a license to notify the ODJFS Director when the center’s or home’s administrator changes. Under the bill, the center or home also must notify the ODJFS Director

of any changes to the center's or home's address or license capacity. The bill further requires all of these notifications to be made in writing.

Under current law, when the ODJFS Director revokes a child care license, the Director is prohibited from issuing another license to the center's or home's owner until five years have elapsed from the date of revocation. The bill removes from law provisions specifying that if, during the application process, the Director determines that the owner's license had been earlier revoked, then the Director's investigation must cease and that action is not subject to appeal under the Administrative Procedure Act.

Existing law provides that, in general, when the ODJFS Director takes action with respect to a child care license, the Director must do so in accordance with the Administrative Procedure Act. Certain actions, however, are exempt from the Administrative Procedure Act. The bill adds to this list of exemptions, by specifying that the Director's closing of a child care license when the licensee is no longer operating is not subject to the Administrative Procedure Act.

The bill eliminates the law requiring ODJFS to inspect a part-time center or part-time type A home at least once during every 12-month period of operation. It also removes the requirement that a licensee display its most recent inspection report in a conspicuous place.

Summary suspensions

(R.C. 5104.042)

The bill makes several changes to the law authorizing the ODJFS Director to suspend without prior hearing a child care license under certain conditions (referred to as a summary suspension). These changes include the following:

- Specifying that a license issued to a child day-care center or family day care home may be suspended without prior hearing if ODJFS determines that the owner or licensee does not meet criminal records check requirements, rather than if the owner, licensee, or administrator is charged with fraud as under current law;
- Requiring ODJFS to issue a written order of summary suspension by certified mail or in person;
- Permitting a child day-care center or family day care home whose license was suspended without prior hearing to request an adjudicatory hearing before ODJFS, rather than appeal the suspension to a county court of common pleas as under current law;
- Eliminating the requirement that, when ODJFS initiates the revocation of a license suspended without prior hearing, the suspension must continue until the revocation process is complete;
- Clarifying that ODJFS's authority to suspend a license without prior hearing does not limit its authority to revoke a license generally.

Minimum qualifications for administrators and staff

(R.C. 5104.015 and 5104.016; R.C. 5104.35 and 5104.36, repealed)

Current statutory law establishes eligibility requirements for child care administrators and staff members, including age, experience, and educational requirements. The bill eliminates these requirements from statute and instead requires the ODJFS Director to establish in rule the minimum qualifications for these individuals.

Discrimination prohibition

(R.C. 5104.09)

The bill adds family day-care homes, approved child day camps, and employees to current law that prohibits child care licensees, administrators, and staff members from discriminating in the enrollment of children in a child day-care center on the basis of race, color, religion, sex, or national origin. It also prohibits all of these individuals and entities from discriminating on the basis of disability.

Publicly funded child care

(R.C. 5104.04, 5104.29, 5104.30, 5104.31, 5104.32, and 5104.34 with conforming changes in 3119.05 and 3119.23)

By providing publicly funded child care, ODJFS assists parents who are working or in school in paying for child care. ODJFS also administers the Step Up to Quality Program, a five-star quality rating and improvement system for early learning and development programs.

Approval of child day camps

(R.C. 5104.22)

Under current law, in order to provide publicly funded child care, a child day camp must be approved by the ODJFS Director. To be eligible for approval, a child day camp must either be approved by ODJFS or accredited by the American Camp Association (ACA) or a nationally accredited organization that uses standards substantially similar to the ACA. A camp can be approved for up to two years. Under the bill, before an approval will be granted, (1) ODJFS must inspect the day camp and determine if it meets standards for day camps established in ODJFS rules and (2) the camp must be accredited by the ACA or a nationally recognized organization with comparable standards. The approval period is shortened to a one-year period.

In-home aides

(R.C. 5104.12 and 5104.30)

As described above, in-home aides provide publicly funded child care in a child's own home. Under existing law, an in-home aide must be certified by a CDJFS, and the certificate is valid for 12 months. The bill increases that period to two years.

The bill prohibits the following from certification as an in-home aide: (1) the owner of child day-care center or family day care home whose ODJFS-issued license was revoked within the previous five years and (2) an in-home aide whose certificate was revoked within the previous five years. The bill also eliminates the requirement that the JFS Director establish in rule hourly reimbursement ceilings for certified in-home aides.

Step Up to Quality

Under current law, beginning July 1, 2020, publicly funded child care may be provided only by a child care provider that is rated through Step Up to Quality. Existing law also requires ODJFS to ensure that the following percentages of early learning and development programs that are not type B family day-care homes and that provide publicly funded child care are rated in the third highest tier or above in the Step Up to Quality Program:

- By June 30, 2019, 40%;
- By June 30, 2021, 60%;
- By June 30, 2023, 80%;
- By June 30, 2025, 100%.

The bill makes several changes to the foregoing provisions. First, it exempts certain providers from the requirement to be rated through Step Up to Quality by July 1, 2020. These include the following: programs operating only during the summer and for not more than 15 consecutive weeks, only during school breaks, or only on weekday evenings, weekends, or both; programs holding provisional licenses; programs whose Step Up to Quality ratings were removed by ODJFS within the previous 12 months; and programs that are the subjects of revocation actions but whose licenses have not yet been revoked by ODJFS. Second, the bill also provides that these programs are exempt from the percentages of early learning and development programs that must be rated in the third-highest tier or above for Step Up to Quality.

Certificates to purchase publicly funded child care

The bill eliminates the law requiring CDJFSs to offer individuals eligible for publicly funded child care the option of obtaining certificates that may be used to purchase child care services from eligible child care providers.

Automated child care payment and tracking system

Current law requires ODJFS to establish the Ohio electronic child care system to track attendance and calculate payments for publicly funded child care. The bill renames the system the automated child care system. It also removes a reference to an electronic child care card and instead refers to a personal identification number or password. The bill prohibits a child care provider from knowingly seeking or accepting payment for child care provided to a child who resides in the provider's own home.

Eligibility period

At present, publicly funded child care may be provided only to children under age 13. The bill permits a child to receive special needs child care until age 18. Additionally, if a child turns 13 or a child receiving special needs child care turns 18 during the child's 12-month eligibility period, the caretaker parent may continue to receive publicly funded child care until the end of that 12-month period.

Market rate surveys

The bill removes from statute a requirement that ODJFS contract with a third party every October 1 of even-numbered years to conduct a child care market rate survey for use in establishing child care provider reimbursement ceilings and payments.⁴⁹ The third party is required to compile the information and report it to ODJFS by December 1 of each even-numbered year. Although this requirement is repealed, ODJFS remains required under federal law to develop and conduct either a statistically valid and reliable survey of market rates for child care services or an alternative methodology (such as a cost estimation model).⁵⁰

Child Welfare

Criminal records checks, out-of-home care

(R.C. 2151.86 with conforming changes in R.C. 3107.14 and 5103.0328)

With respect to existing criminal records checks that apply to an entity that employs a person responsible for a child's care in out-of-home care (such as foster caregivers, child care providers, residential facilities, overnight and day camps, and schools), when the entity's appointing or hiring officer requests BCI to conduct a criminal records check, the request **must** (rather than **may**) include an FBI fingerprint check. The bill requires that the request be made at the time of initial application for appointment or employment and every four years thereafter. It also removes an entity's authority to conditionally employ a person while awaiting the results of a criminal records check.

The bill also provides that, in addition to prospective adoptive parents and foster caregivers and adults who reside in the same household, current adoptive parents and foster caregivers and adults who reside in the same household are persons subject to a criminal records check under this provision. It does not, however, specify who is to request criminal records checks for these persons.

Background check for child welfare employment

(R.C. 3107.035, 5103.037, 5103.0310, 5103.02, and 5103.181)

Officers and administrators

The bill requires an institution or association, prior to employing or appointing a person as board president, or as an administrator or officer, to do the following regarding the person:

- Request a summary report of a search of the Uniform Statewide Automated Child Welfare Information System (SACWIS);
- Request a certified search of the Findings for Recovery database;
- Conduct a database review at the federal website known as the System for Award Management;

⁴⁹ The information is also used in establishing the child support guidelines.

⁵⁰ 45 C.F.R. 98.45.

- Conduct a search of the U.S. Department of Justice National Sex Offender (NSO) public website.

The bill permits an institution or association to refuse to hire or appoint the person based solely on the results of the findings of the SACWIS summary report or the results of the NSO website search. Additionally, an institution or association may refuse to hire or appoint the person based on the results of the certified search of Findings for Recovery or database review of the System for Award Management.

Prospective foster and adoptive parents

The bill requires, prior to certification or recertification of a foster home, a recommending agency to conduct a search of the NSO website regarding the prospective or current foster caregiver and all persons 18 years of age or older who reside with the caregiver. Certification or recertification may be denied based solely on the results of the search.

Under the bill, the agency or attorney that arranges an adoption for a prospective adoptive parent must conduct a search of the NSO website regarding the prospective adoptive parent, and all persons 18 years old or older who reside with the prospective adoptive parent, as follows: (1) at the time of the initial home study, and (2) every two years after the initial home study, if the home study is updated, and until it becomes part of the final decree of adoption or an interlocutory order of adoption.

The bill permits a petition for adoption to be denied based solely on the results of the search of the NSO website.

Prospective staff of institutions or associations

Under the bill, prior to employing a person, an institution or association must do the following regarding the person:

- Request a summary report of a search of SACWIS;
- Conduct a search of the NSO website.

The bill permits an institution or association to refuse to hire or appoint the person based solely on the results of the findings of the SACWIS summary report or the results of the NSO website search.

For the purpose of this requirement, the bill limits an “institution” or “association” to any incorporated or unincorporated organization, society, association, or agency, public or private, that receives or cares for children for two or more consecutive weeks.

ODJFS rules

The bill requires the ODJFS Director to adopt rules, in accordance with the Administrative Procedure Act, necessary for the implementation and execution of the background check expansion requirements for child welfare employment described above.

Foster and related caregiver training changes

The bill makes several changes to the foster and planned permanent living arrangement (PPLA) caregiver training requirements. The bill generally removes the training requirements from statute and requires ODJFS to adopt rules to establish those requirements. The bill also

makes other changes regarding the training reimbursement to a private child placing agency (PCPA) or a private noncustodial agency (PNA).

Under current law, a “foster home” is a private residence in which children are received apart from their parents, guardian, or legal custodian, by an individual reimbursed for providing the children nonsecure care, supervision, or training twenty-four hours a day. A “family foster home” is simply a foster home that is not a specialized foster home (a specialized foster home is either a treatment foster home or a medically fragile foster home). “Treatment foster home” means a foster home that incorporates special rehabilitative services designed to treat the specific needs of the children received in the foster home and that receives and cares for children who are emotionally or behaviorally disturbed, chemically dependent, developmentally disabled, or otherwise have exceptional needs. “Medically fragile foster home,” is a foster home that provides specialized medical services designed to meet the needs of children with intensive health care needs.⁵¹ A “planned permanent living arrangement” is an order of a juvenile court pursuant to which both of the following apply:

- The court gives legal custody of a child to a public children services agency (PCSA) or a PCPA without the termination of parental rights;
- The order permits the agency to make an appropriate placement of the child and to enter into a written agreement with a foster care provider or with another person or agency with whom the child is placed.⁵²

Preplacement training

(R.C. 5103.031 and 5103.0316(D))

The bill eliminates the statutory hourly requirement for preplacement training that prospective foster caregivers must complete in order to receive a certificate for either a family foster home or a specialized foster home. Instead, the bill requires ODJFS to establish the amount of training hours by rule. The bill also adds that 20% of the required preplacement training may be provided online. Under current law, the requirement for both a family foster home and a specialized foster home is 36 hours.

Preplacement training, under current ODJFS rules, consists of specified courses that focus on the foster caregiver’s role as part of the care and treatment of a foster child. Specialized foster home preplacement training includes additional training specific to the types of children to be placed in the home.⁵³

Continuing training

(R.C. 5103.032 and 5103.0316(D))

The bill eliminates the statutory hourly requirements for continuing training that foster caregivers must complete in the preceding two-year period in order to renew a certificate for

⁵¹ R.C. 5103.02.

⁵² R.C. 2151.011(A)(38), not in the bill.

⁵³ O.A.C. 5101:2-5-33(C)(2) and (3), not in the bill.

both a family foster home and a specialized foster home. Instead, the bill requires ODJFS to establish the amount of training hours by rule. Under current law, for a family foster home, the requirement is 40 hours. For a specialized foster home, the requirement is 60 hours. Additionally, the bill eliminates all of the following:

1. Ability to fulfill 20% of the continuing training requirement by teaching one or more training classes;
2. Ability of a PCSA, PCPA, or PNA to waive up to 8 hours of continuing training if certain requirements are met;
3. Good cause policies for a caregiver's failure to complete continuing training.

Continuing training required under ODJFS rules for family foster home or specialized foster home certification generally must be in accordance with the foster caregiver's written needs assessment and continuing training plan.⁵⁴

Foster training regarding temporary custody agreement children

(R.C. 5103.033 and 5103.0316)

The bill eliminates the statutory hourly requirement for preplacement training that certain prospective foster caregivers (those who care for children in the temporary custody of a PCSA or PCPA under an agreement entered into when the child was under six months old) must complete in order to receive a certificate. Instead, the bill requires ODJFS to establish the amount of training hours by rule. Additionally, the bill requires continuing training to be in accordance with the foster caregiver's needs assessment and continuing training plan which is developed and implemented by ODJFS rules adopted under the bill.

PPLA caregiver training

(R.C. 2151.353, 5103.035, and 5103.0316)

The bill requires PPLA caregivers to complete training as developed and implemented by ODJFS rules adopted under the bill that apply to the foster caregiver's written needs assessment and continuing training plan.

Preplacement and continuing training and course content

(R.C. 5103.038, 5103.039, 5103.0311, and 5103.0316(E))

The bill repeals the statutory coursework requirements for preplacement and continuing training in favor of requirements adopted by ODJFS rules.

Needs assessment and continuing training plans

(R.C. 5103.035 and 5103.0316(F))

The bill repeals the needs assessment and continuing training plan requirements for foster and PPLA caregivers. In its place, the bill requires a PCSA, PCPA, or PNA to develop and implement a written needs assessment and continuing training plan for each caregiver in accordance with the rules adopted by ODJFS.

⁵⁴O.A.C. 5101:2-5-33(C)(2) and (3), not in the bill.

Cost reimbursement for training foster caregivers

(R.C. 5103.0313, 5103.0314, and 5103.0316(B))

The bill provides that compensation paid to a PCPA or a PNA must be paid in the form of an allowance to reimburse the cost of preplacement and continuing training pursuant to ODJFS rules adopted under the bill. The bill, however, prohibits ODJFS from compensating a recommending agency for a foster caregiver's foster home certification training that the PCPA or PNA requires if it is in addition to the minimum continuing training required under the rules adopted by ODJFS under the bill.

Mandatory Kinship Navigator Program

(R.C. 5101.851 and 5101.85)

The bill requires ODJFS to establish a Statewide Kinship Care Navigator Program. Currently, ODJFS may establish a Statewide Program of Kinship Care Navigators but is not required to do so. Under continuing law, the purpose is to assist kinship caregivers who are seeking information regarding, or assistance obtaining, services and benefits available at the state and local level that address the needs of those caregivers residing in each county.

A "kinship caregiver" is defined under continuing law as any of the following adults caring for a child in place of the parents: grandparents (up to "great-great-great"), siblings, aunts, uncles, nephews, and nieces (up to "great-grand"), first cousins and first cousins once removed, stepparents and stepsiblings, spouses and former spouses of the above individuals, or a legal guardian or legal custodian of the child. The bill expands the definition to include any nonrelative adult having a familiar and long-standing relationship or bond with the child or the family, which relationship or bond will ensure the child's social ties.

Regions

(R.C. 5101.853)

The bill requires the ODJFS Director to divide the state into regions for the Program. There may be as few as five, but not more than 12, regions. In establishing the regions, the Director must take the following into consideration:

- The population size;
- The estimated number of kinship caregivers;
- The expertise of kinship navigators;
- Any other factor the Director considers relevant.

Services provided

(R.C. 5101.851)

The bill requires each region to provide information and referral services and assistance in obtaining support services for kinship caregivers within its region. Under continuing law, the information and referral services and assistance obtaining support services includes:

- Publicly funded child care;

- Respite care;
- Training related to caring for special needs children;
- A toll-free telephone number that may be called to obtain basic information about the rights of, and services available to, kinship caregivers;
- Legal services.

Kinship navigator payment to PCSAs eliminated

(R.C. 5101.852, repealed)

The bill repeals ODJFS's responsibility to make payments to PCSAs to permit the agencies to provide kinship navigator information and referral services and assistance obtaining support services to kinship caregivers the existing program of kinship care navigators.

Funding

(R.C. 5101.856(A))

The bill requires the ODJFS Director to take any action necessary to obtain federal funds available for the Program under Title IV-E of the Social Security Act. Title IV-E funds provide for payments to states for kinship guardian assistance, among other things.⁵⁵ The bill also specifies that the program is to be funded by the General Assembly through GRF appropriations.

No local share

(R.C. 5101.856(B))

The bill requires ODJFS to pay the full nonfederal share for the Program. No county department of job and family services or PCSA is responsible for the Program's cost.

Appropriation

The bill earmarks \$3.5 million for FY 2020 and FY 2021 for the Program.

Rules

(R.C. 5101.855)

The bill requires ODJFS to adopt rules to implement the Program not later than one year after the effective date of the Program provisions.

Foster caregiver as mandatory reporter

(R.C. 2151.421)

The bill adds foster caregivers to the list of persons who, acting in a professional or official capacity, must report known or suspected child abuse or neglect. Under continuing law, a mandatory reporter must make the report to the PCSA or a peace officer in the county where the child resides or where the abuse or neglect is occurring or has occurred. Individuals who are not listed as mandatory reporters may, but are not required to, make a report. The PCSA must investigate each report of child abuse or neglect that it receives within 24 hours.

⁵⁵ 42 U.S.C. 670, not in the bill.

Preteen placement in children's crisis care facility

(R.C. 5103.13)

The bill eliminates the 72-hour placement limit and 14-consecutive-day waiver in favor of a 14-consecutive-day limit for a PCSA or PCPA to place a preteen in a children's crisis care facility. Under current law, the ODJFS Director or the Director's designee can grant the waiver from the 72-hour limit.

Juvenile court hearings

(R.C. 2151.424)

The bill modifies the law governing juvenile court hearings and reviews by doing both of the following:

- Applying the law to a kinship caregiver with custody or with whom a child has been placed, instead of a nonparent relative with custody;
- Specifying that foster caregivers, kinship caregivers, and prospective adoptive parents have the right to be heard, instead of the right to present evidence.

Under continuing law, a kinship caregiver is any of the following who is at least 18 years old and is caring for a child in place of the child's parents:⁵⁶

- If related by blood or adoption: grandparents, siblings, aunts, uncles, nephews, nieces, first cousins, and first cousins once removed;
- Stepparents and stepsiblings;
- Spouses and former spouses of the above individuals;
- Legal guardians and legal custodians.

These changes apply to a variety of juvenile court hearings and reviews governing child placement, case plans, treatment, and care.

Adoption and foster care assistance

(R.C. 2151.23, 2151.353, 2151.45, 2151.451, 2151.452, 2151.453, 2151.454, 2151.455, 5101.141, 5101.1411, 5101.1412, 5101.1414, 5101.1415, and 5103.30)

Adoption assistance eligibility

Adopted young adult (AYA)

Under the bill, Title IV-E adoption assistance is available to a parent who adopted a person who is an "adopted young adult" (AYA) and (1) the parent entered into an adoption assistance agreement while the AYA was 16 or 17, and (2) the AYA meets other eligibility requirements (see "**Other eligibility requirements for AYAs and EYAs,**" below). The bill defines an AYA as a person:

- Who was in the temporary or permanent custody of a PCSA;

⁵⁶ R.C. 5101.85.

- Who was adopted at the age of 16 or 17 and attained the age of 16 before a Title IV-E adoption assistance agreement became effective;
- Who has attained the age of 18; and
- Who has not yet attained the age of 21.

Under continuing law, adoption assistance eligibility also requires that the parent maintain parental responsibility for the AYA.

Under current law, an adopted person had to meet the same requirements as listed above, except that the adoption assistance agreement did not have to be effective/entered into while the person was 16 or 17.

AYA not eligible for foster care assistance

The bill states that an AYA who is eligible to receive adoption assistance payments is not considered an emancipated young adult (EYA) and is therefore not eligible to receive Title IV-E foster care payments.

Foster care assistance eligibility

Emancipated young adult (EYA)

Under the bill, Title IV-E foster care payments are available to, or on behalf of, any EYA who signs a voluntary participation agreement and who meets other eligibility requirements (see “**Other eligibility requirements for AYAs and EYAs,**” below). The bill defines an EYA as a person:

- Who was in the temporary or permanent custody of a PCSA, a PPLA, or in the Title-IV-E-eligible care and placement responsibility of a juvenile court or other governmental agency that provides Title IV-E reimbursable placement services (instead of just in the temporary or permanent custody of a PCSA, as under current law);
- Whose custody, arrangement, or care and placement was terminated on or after the person’s 18th birthday; and
- Who has not yet attained the age of 21.

Under current law, a person who signed a voluntary participation agreement and met the other eligibility requirements would be eligible for foster care assistance if the person (1) had reached age 18 but not 21, and (2) was in PCSA custody on reaching age 18.

Persons ineligible

The bill provides that a person eligible for a dispositional order for temporary or permanent custody until age 21 is not eligible for foster care assistance as an EYA or adoption assistance as an AYA.

Other eligibility requirements for AYAs and EYAs

Under continuing law, an AYA or EYA must meet certain other eligibility requirements to receive adoption assistance or foster care assistance, respectively. Those requirements consist of educational or work related criteria. Under the bill, an AYA or EYA is not required to meet those requirements if he or she is incapable due to a physical or mental incapacity supported by

regularly update information in his or her case record or plan. Under current law, this exception is limited only to medical conditions.

Definition of child for foster care and adoption assistance

The bill defines “child” for purposes of Ohio’s law governing foster care and adoption assistance to mean any of the following:

- Any person under eighteen years of age or a mentally or physically handicapped person, as defined by ODJFS rule, under twenty-one years of age;
- An AYA;
- An EYA.

Current law defines a child to include the persons who were between 18 and 21 who met the requirements under current law to receive foster care and adoption assistance.

Voluntary participation agreement

The bill permits an EYA who receives foster care assistance payments, or on whose behalf such payments are received, to enter into a voluntary participation agreement, without court approval, with ODJFS, or its representative, for the EYA’s care and placement. The agreement must stay in effect until one of the following occurs:

- The EYA enrolled in the program notifies ODJFS, or its representative, that they want to terminate the agreement;
- The EYA becomes ineligible for the program.

The bill requires that, during the 180-day period after the agreement becomes effective (rather than prior to the agreement’s expiration, which was 180 days after the agreement was entered into, as under current law), ODJFS or its representative must seek approval from the juvenile court that the EYA’s best interest is served by continuing care and placement with ODJFS or its representative.

Under the bill, in order to maintain Title IV-E eligibility for the EYA, ODJFS or its representative must petition the court for, and obtain, a judicial determination that ODJFS or its representative has made reasonable efforts to finalize a permanency plan that addresses ODJFS’ or its representative’s efforts to prepare the EYA for independence. The petition and determination must occur not later than 12 months after the effective date of the voluntary participation agreement and at least every 12 months thereafter.

Under the bill, a “representative,” (which replaces the term “designee” under current law) means a person with whom ODJFS has entered into a contract to carry out the duties required under a state plan to administer federal payments of foster care and adoption assistance.

Juvenile court jurisdiction

Exclusive, original jurisdiction

The bill requires the juvenile court of the county in which an EYA resides to have exclusive original jurisdiction over the EYA for the purpose of determining the following regarding the EYA:

- Not later than 180 days after the voluntary participation agreement becomes effective, make a determination as to whether the EYA's best interest is served by continuing the care and placement with ODJFS or its representative. The bill prohibits an EYA from being eligible for continued care and placement if it is not in the EYA's best interest;
- Not later than 12 months after the date that the voluntary participation agreement is signed, and annually thereafter, make a determination as to whether reasonable efforts have been made to prepare the EYA for independence.

The bill permits the juvenile court, on its own motion, or the motion of any party, to transfer a proceeding described above to another juvenile court because the EYA resides in the county served by the other juvenile court.

Suspension of foster care payments

If the initial and subsequent 12-month determinations are not timely made, the bill requires the EYA's federal foster care payments to be suspended. The payments resume on a subsequent determination that reasonable efforts have been made to prepare the EYA for independence, but only if both of the following apply:

- The EYA continues to meet requirements described in the bill for eligibility for federal foster care payments;
- There has been a timely determination of best interest of the child under the voluntary participation agreement.

ODJFS and representative court appearance

The bill permits, for purposes of making the 180-day and the 12-month determinations regarding an EYA, ODJFS or its representative to file any documents and appear before the court in relation to such filings.

Legal representation of EYA

Under the bill, an EYA is entitled to representation by legal counsel at all stages of proceedings regarding the 180-day and 12-month determinations, and nothing in the bill governing those determinations prohibits an EYA from obtaining legal representation for such purposes. If, as an indigent person, the EYA is unable to employ counsel, the EYA is entitled to have a public defender provided under Ohio's Public Defender Law. If an EYA appears without counsel, the court must determine whether the EYA knows of the right to counsel, and to be provided with counsel, if indigent. The court may continue the case to enable an EYA to obtain counsel, to be represented by the county public defender or the joint county public defender, or to be appointed counsel on request. On written request, prior to any hearing involving the EYA, any report concerning an EYA that is used in, or is pertinent to, a hearing, must for good

cause shown be made available to any attorney representing the EYA and to any attorney representing any other party to the case.

Scope of practice and training for case managers

The bill requires ODJFS rules governing adoption and foster care assistance to establish the scope of practice and training necessary for case managers and supervisors caring for EYAs for purposes of the Ohio Child Welfare Training Program. Under current law those practice and training requirements applied to foster care workers and their supervisors.

County maintenance of effort

(R.C. 5101.14)

The bill requires each county to contribute local funds to the county's Children Services Fund. The ODJFS Director must adopt rules, in accordance with R.C. 111.15, determining the amount of local funds to be contributed by each county.

Workforce Development

Comprehensive Case Management and Employment Program

(R.C. 5101.83)

The Comprehensive Case Management and Employment Program (CCMEP) is an existing program administered by ODJFS through which employment and training services are made available to certain individuals in accordance with an assessment of their needs.⁵⁷ The bill provides that if a CDJFS director determines that an assistance group has received fraudulent assistance, the group is ineligible to participate in CCMEP until that assistance is repaid. Existing law contains a similar provision regarding fraudulent assistance provided under Ohio Works First (cash assistance) and the Prevention, Retention, and Contingency Program (short-term help with employment barriers or crises).

Unemployment Compensation

SharedWork Ohio covered employment

(R.C. 4141.50)

The bill limits the "normal weekly hours of work" considered for purposes of the SharedWork Ohio program to those hours of work in employment covered under Ohio's Unemployment Compensation Law. SharedWork Ohio is a voluntary layoff aversion program that provides prorated unemployment benefits to eligible employees who have their normal weekly hours of work reduced under an approved shared work plan.

Unemployment compensation debt collection

(R.C. 4141.35)

Under continuing law, if an individual receives unemployment benefits to which the individual was not entitled, the ODJFS Director must issue an order demanding repayment and take additional actions to recover the overpayment. If an overpayment is not repaid within

⁵⁷ R.C. 5116.01 *et seq.*, not in the bill.

45 days after repayment is due, the ODJFS Director must certify the amount owed to the Attorney General and notify the Director of Budget and Management of the amount. The Attorney General must collect the amount or sue the individual for the amount and issue an execution for its collection.⁵⁸ The bill exempts any overpayment collected by the Attorney General from a continuing law requirement that the amount first be proportionately credited to improperly charged employers' accounts and then to the mutualized account created within the Unemployment Compensation Fund.

Under continuing law, the following sources of recovered overpayments are not subject to that requirement:

- Federal and state tax refund offsets;
- Lottery award offsets;
- Recoveries from unclaimed funds.

⁵⁸ R.C. 131.02, not in the bill.

JUDICIARY/SUPREME COURT

- Requires the Ohio Supreme Court to pay any compensation that is owed as specified under Ohio law to a retired assigned judge in a municipal or county court and provides for the procedure to pay that compensation.
- Removes the requirement that Montgomery County pay the salaries of the part-time county court judges in excess of a specified amount during the transition from a part-time county court to a municipal court.

Paying retired assigned judges

(R.C. 141.16, 1901.123, and 1907.143)

The bill requires the Ohio Supreme Court, instead of a county treasurer under existing law, to pay any compensation to which an assigned retired municipal court or county court judge is entitled. Annually on August 1, the Administrative Director of the Supreme Court must issue a billing to the county treasurer of any county to which a retired judge was assigned to a municipal court or county court for reimbursement of the county or local portion of the compensation previously paid by the state for the 12-month period preceding June 30. The county or local portion of the compensation is that part of each per diem paid by the state that is proportional to the county or local shares of the total compensation of a resident judge of that municipal or county court. The county treasurer must forward the payment within 30 days and then seek reimbursement from the local municipalities as appropriate.

Judicial salary – Montgomery County

(R.C. 141.04)

The bill removes the requirement that the Chief Administrator of the Ohio Supreme Court, on or before December 1 of each year, notify the administrative judge of the Montgomery County Municipal Court, the Montgomery County Board of County Commissioners, and the state treasurer of the yearly salary cost of five part-time county court judges as of that date. The bill also removes the requirement that, if the total yearly salary costs of all of the Montgomery County Municipal Court judges as of December 1 of that same year exceeds the amount described above, the Administrative Judge cause payment of the excess between those two amounts less any reduced amount paid for the health care costs of the Montgomery County Municipal Court Judges in comparison to the health care costs of the five part-time county court judges.

STATE LIBRARY BOARD

- Reduces from 100 to 50 the number of copies of printed state government publications that must be delivered to the State Library.
- Requires a state government body to notify the State Library of documents or other publications that are made available electronically on its website and requires the State Library to retain those publications and provide permanent access and records to each depository library.
- Clarifies that certain print and electronic publications provided to the State Library must be considered already prepared and available for inspection and reproduction at the State Library and each depository library.

State Library; public records

(R.C. 149.11)

The bill reduces from 100 to 50 the number of copies of printed state government publications that must be delivered to the State Library. Under continuing law, each department, division, bureau, board, or commission of the state government must deliver copies of any report, pamphlet, document, or other publication intended for general public use and distribution, and which is reproduced by duplicating processes.

The bill also requires those state government bodies to notify the State Library of the availability of documents or other publications, intended for general public use and distribution, which are made available electronically on its website. And, the State Library must retain those electronic publications in the State Library digital archive and provide permanent access and records to each public or college library in the state designated by the State Library Board to be a depository for state publications.

The bill clarifies that the print and electronic publications described above must be considered already prepared and available for inspection and reproduction by any person at all reasonable times during regular business hours at the State Library and each depository library.

STATE LOTTERY COMMISSION

- Exempts internal audit reports and work papers produced by the State Lottery Commission from disclosure as public records until a final report is submitted.
- Provides that any internal audit report or work papers produced by Commission staff that is a security record or infrastructure record under the Public Records Law exemption regarding such records, is not a public record.

Internal audit and confidential documents

(R.C. 3770.06)

Under the bill, any internal audit reports and all work papers produced by State Lottery Commission staff are confidential and not public records until the final internal audit report is submitted to the Commission Director or chairperson. Additionally, the bill clarifies that any internal audit report or work paper that meets the definition of a security record or infrastructure record under current Public Records Law is not a public record.

DEPARTMENT OF MEDICAID

Suspension of provider agreements and payments

- Generally conforms the terms and procedures for suspending a Medicaid provider agreement because of a disqualifying indictment to those for suspending a provider agreement because of a credible allegation of fraud.
- Requires, with certain exceptions, that the provider agreement of a hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities (ICF/IID) be suspended when a disqualifying indictment is issued against the provider or the provider's officer, authorized agent, associate, manager, or employee.
- Requires, with certain exceptions, that the provider agreement of an independent provider be suspended when an indictment charges the provider with a felony or misdemeanor regarding furnishing or billing for Medicaid services or performing related management or administrative services.
- Requires that all Medicaid payments for services rendered be suspended, regardless of the date of service, when the provider agreement is suspended because of a credible allegation of fraud or disqualifying indictment.
- Permits the Department of Medicaid to suspend, without prior notice, a provider agreement and all Medicaid payments to the provider if there is evidence that the provider presents a danger of immediate and serious harm to the health, safety, or welfare of Medicaid recipients.

Medicaid payment rates for nursing facility services

- Provides for a nursing facility's Medicaid payment rate to be \$115 per day for services provided to low resource utilization residents regardless of whether the nursing facility cooperates with the Long-Term Care Ombudsman Program in efforts to help those residents receive the services that are most appropriate for their level of care needs.
- Revises the law governing the quality payments that nursing facilities earn under the Medicaid program for satisfying quality indicators.

Market basket index and budget reduction adjustment factor

- Repeals a provision that would have adjusted nursing facilities' rates, beginning in FY 2020, by an amount equal to the difference between the Medicare skilled nursing facility market basket index and a budget reduction adjustment factor.
- Repeals a statement of the General Assembly's intent to enact laws that specify the budget reduction adjustment factor for each state fiscal year.
- Repeals a provision setting the budget reduction adjustment factor at zero for a state fiscal year if the General Assembly fails to enact a law for that year.

Medicaid prompt payment requirements waiver

- Repeals the requirement that the Medicaid Director apply for a waiver from the federal Medicaid prompt payment requirements that would instead require health insuring

corporations to submit claims in accordance with requirements established by the Department of Insurance.

Medicaid rates for community behavioral health services

- Permits the Department of Medicaid to establish Medicaid rates for community behavioral health services provided during FYs 2020 and 2021 that exceed the Medicare rates paid for the services.

Medicaid managed care

Behavioral health services

- Permits, instead of requiring, the Department of Medicaid to include behavioral health services in the Medicaid managed care system.
- Provides that the Joint Medicaid Oversight Committee is required to periodically monitor the Department's inclusion of behavioral health services in the Medicaid managed care system only if the Department includes the services in the system and eliminates the monitoring requirement altogether on July 1, 2020.

Prescribed drugs

- Permits, instead of requiring, the Department of Medicaid to include prescribed drugs in the Medicaid managed care system.
- Eliminates the express authority of Medicaid managed care organizations (MCOs), in covering the prescribed drug benefit, to use strategies for drug utilization management.
- Eliminates a restriction against Medicaid MCOs requiring prior authorization for certain antidepressant and antipsychotic drugs.
- Eliminates a requirement that Medicaid MCOs comply with certain statutes governing coverage of prescribed drugs under the fee-for-service system, including prior authorization and utilization review measures concerning opioids, medication synchronization, and step therapy protocols and exemptions.

Help Me Grow and qualified community hubs

- Eliminates a requirement that Medicaid MCOs cover certain home visits and cognitive behavioral therapy for Medicaid recipients who are enrolled in the Help Me Grow program and either pregnant or the birth mother of a child under three years of age.
- Eliminates a requirement that Medicaid MCOs cover certain services provided by certified community health workers or public health nurses working for a qualified community hub.

Duties of area agencies on aging

- Requires the Department, if it adds to the Medicaid managed care system during FYs 2020 and 2021 more Medicaid recipients who are aged, blind, disabled, or also enrolled in Medicare, to take certain actions regarding the duties of area agencies on aging relative to home and community-based waiver services.

Integrated Care Delivery System performance payments

- For FYs 2020 and 2021, requires the Department to continue to (1) make performance payments to Medicaid MCOs that provide care to participants of the Integrated Care Delivery System and (2) withhold a percentage of their premium payments for the purpose of providing the performance payments.

Care Innovation and Community Improvement Program

- Requires the Medicaid Director to continue the Care Innovation and Community Improvement Program for the FY 2020-2021 biennium.

Hospital Care Assurance, franchise permit fee

- Continues, for two additional years, the Hospital Care Assurance Program and the franchise permit fee imposed on hospitals under the Medicaid program.

Health information exchanges

- Eliminates all provisions regarding approved health information exchanges in statutes governing protected health information, including provisions that require the Medicaid Director to adopt rules regarding such exchanges.

Health Care/Medicaid Support and Recoveries Fund

- Requires that money credited to the Health Care/Medicaid Support and Recoveries Fund additionally be used for (1) programs that serve youth involved with multiple government agencies and (2) innovative programs that promote access to health care or help achieve long-term cost savings.

Abolished funds

- Abolishes the Integrated Care Delivery Systems Fund.
- Abolishes the Managed Care Performance Payment Fund.
- Abolishes the Medicaid Administrative Reimbursement Fund.
- Abolishes the Medicaid School Program Administrative Fund in the state treasury.

Updating references

- Replaces references to the former U.S. Health Care Financing Administration with references to the U.S. Centers for Medicare and Medicaid Services.

Extended authority regarding employees

- Extends through July 1, 2021, the Medicaid Director's authority to establish, change, and abolish positions for the Department and to assign, reassign, classify, reclassify, transfer, reduce, promote, or demote employees who are not subject to collective bargaining.

Suspension of provider agreements and payments

(R.C. 5164.36, primary; R.C. 173.391 and 5164.37, repealed)

Suspensions because of disqualifying indictments

The bill makes the terms and procedures for suspending a Medicaid provider agreement because of certain types of indictments, which the bill refers to as disqualifying indictments, generally the same as those for suspending a provider agreement because of a credible allegation of fraud. The bill also makes the following revisions to the law governing the suspension of provider agreements because of a disqualifying indictment:

1. Under current law, the Department of Medicaid is required to suspend a provider agreement of a noninstitutional provider, other than an independent provider, if the provider or its owner, officer, authorized agent, associate, manager, or employee is indicted for an act that would be a felony or misdemeanor under Ohio law and the act relates to or results from furnishing or billing for Medicaid services or participating in the performance of management or administrative services relating to furnishing Medicaid services. The bill is generally the same except that (a) the provider agreement of an independent provider or an institutional provider also is to be suspended in this situation (unless, in the case of an institutional provider, the owner is indicted) and (b) the indictment may be for an act that would be a felony or misdemeanor under the laws of the jurisdiction within which the act occurred rather than only under Ohio law. An independent provider is a person who has a provider agreement to provide home and community-based services as an independent provider in a Medicaid waiver program that the Department administers. Hospitals, nursing facilities, and ICF/IIDs are institutional providers.
2. Current law requires the Department of Medicaid to terminate Medicaid payments to a provider when the provider agreement is suspended because of a disqualifying indictment. The termination applies only to payments for Medicaid services rendered after the date the Department sends notice of the suspension. Claims for payment for Medicaid services rendered before that date may be subject to prepayment review procedures under which the Department reviews claims to determine whether they are supported by sufficient documentation, in compliance with state and federal law, and otherwise complete. Under the bill, the Department must suspend, rather than terminate, the Medicaid payments, and the suspension applies to payments for all services regardless of the date the services are rendered.

The following table compares the provisions of current law and the bill regarding the suspension of Medicaid provider agreements because of disqualifying indictments.

Current law	The bill
Medicaid providers subject to suspension	
<p>Noninstitutional providers when the Department receives notice and a copy of an indictment that charges any of the following with committing certain acts:</p> <ol style="list-style-type: none"> 1. The provider; 2. The provider’s owner, officer, authorized agent, associate, manager, or employee. <i>(R.C. 5164.37(C).)</i> 	<p>Any provider, when the Department determines that an indictment has been issued that charges any of the following with committing certain acts:</p> <ol style="list-style-type: none"> 1. The provider; 2. The provider’s officer, authorized agent, associate, manager, or employee; 3. If the provider is a noninstitutional provider, the provider’s owner. <i>(R.C. 5164.36(A)(5) and (6) and (B)(1).)</i>
Indictments that require suspension	
<ol style="list-style-type: none"> 1. Except for an independent provider, an act that would be a felony or misdemeanor under Ohio law that relates to or results from furnishing or billing for Medicaid services or participating in management or administrative services related to furnishing Medicaid services; 2. For an independent provider, an offense that continuing law specifies is cause to deny or terminate a provider agreement. <i>(R.C. 5164.37(E).)</i> 	<ol style="list-style-type: none"> 1. Regardless of whether the provider is an independent provider, an act that would be a felony or misdemeanor under Ohio law or the law where the act occurred and that relates to or results from the furnishing or billing for Medicaid services or management or administrative services relating to furnishing Medicaid services; 2. Same. <i>(R.C. 5164.36(A)(2), (3), and (4).)</i>
Stopping Medicaid payments	
<p>The Department must terminate Medicaid payments to a suspended provider for Medicaid services rendered after the date when the Department sends the provider notice of the suspension. Claims for services rendered before the notice is sent may be subject to prepayment review procedures. <i>(R.C. 5164.37(C) and (D)(2).)</i></p>	<p>The Department must suspend all Medicaid payments to a suspended provider for services rendered, regardless of the date of service. <i>(R.C. 5164.37(B)(2).)</i></p>

Current law	The bill
Exceptions	
<p>No suspension or payment termination if:</p> <ol style="list-style-type: none"> 1. The provider or owner submits written evidence that the provider or owner did not directly or indirectly sanction the act that resulted in the indictment; 2. Circumstances that may be specified in rules apply. <i>(R.C. 5164.37(D)(1) and (H).)</i> 	<p>Same. <i>(R.C. 5164.36(C) and (I).)</i></p>
When suspension is lifted	
<ol style="list-style-type: none"> 1. The proceedings in <i>the criminal case</i> are completed through dismissal of the indictment, conviction, entry of a guilty plea, or finding of not guilty; 2. If the Department commences a process to terminate the suspended provider agreement, the termination process is concluded. <i>(R.C. 5164.37(C).)</i> 	<ol style="list-style-type: none"> 1. The proceedings in <i>any related case</i> are completed through dismissal of the indictment, conviction, entry of a guilty plea, or finding of not guilty; 2. Same. <i>(R.C. 5164.36(B)(3).)</i>
Restricted Medicaid activities	
<p>A provider, owner, officer, authorized agent, associate, manager, or employee cannot do any of the following during the suspension:</p> <ol style="list-style-type: none"> 1. Own or provide Medicaid services to any other Medicaid provider or risk contractor; 2. Arrange for, render, or order Medicaid services; 3. Receive direct payments under the Medicaid program or indirect payments of Medicaid funds in the form of a salary, shared 	<p>A provider; officer, authorized agent, associate, manager, or employee (if suspension results from an action taken by that person); or owner (if the provider is a noninstitutional provider and the suspension results from an action of the owner) cannot do any of the following during the suspension:</p> <ol style="list-style-type: none"> 1. Own services provided, or provide services, to any other Medicaid provider or risk contractor; 2. Arrange for, render to, or order services (a) to any other Medicaid provider or risk contractor or (b) for Medicaid recipients; 3. Same. <i>(R.C. 5164.36(B)(4).)</i>

Current law	The bill
<p>fees, contracts, kickbacks, or rebates from or through any other Medicaid provider or risk contractor. <i>(R.C. 5164.37(C).)</i></p>	
Notice of suspension	
<p>The Department must send notice of a provider agreement suspension to the provider or owner not later than five days after suspending the provider agreement. <i>(R.C. 5164.37(F).)</i></p>	<p>The Department must send notice of a provider agreement suspension to the provider or, if the provider is a noninstitutional provider, the owner:</p> <ol style="list-style-type: none"> 1. Not later than five days after the suspension unless a law enforcement agency makes a written request to temporarily delay the notice; 2. If such a request is made, not later than 30 days after the suspension. A law enforcement agency may request up to two renewed delays, but the notice must be issued not more than 90 days after the suspension. <i>(R.C. 5164.36(D) and (E).)</i>
Content of suspension notice	
<p>A notice of a provider agreement suspension must:</p> <ol style="list-style-type: none"> 1. Describe the indictment that was the cause of the suspension, without necessarily disclosing specific information concerning any ongoing civil or criminal investigation; 2. State how long the suspension will continue; 3. Inform the provider or owner of the opportunity to request a reconsideration. <i>(R.C. 5164.37(F).)</i> 	<p>A notice of a provider agreement suspension must:</p> <ol style="list-style-type: none"> 1. Describe the conduct leading to the suspension (without disclosing information concerning an ongoing investigation), the type of Medicaid claims or business units affected by the suspension, and that payments are being suspended; 2. Same; 3. Same. <i>(R.C. 5164.36(F).)</i>

Current law	The bill
Reconsideration	
<p>A suspended provider or owner may request a reconsideration within 30 days of receiving the suspension notice. The reconsideration is not subject to an adjudication hearing under the Administrative Procedure Act. The provider or owner must submit to the Department written information about whether (1) the suspension determination was based on a mistake of fact, (2) the indictment resulted from an offense for which the Department is authorized to suspend provider agreements, or (3) the provider or owner can demonstrate that they did not directly or indirectly sanction the action of its authorized agent, associate, manager, or employee that resulted in the indictment. The Department must review the information and documents. After the reviews, the information, the suspension may be affirmed, reversed, or modified, in whole or in part. The review and notification of its results must be completed not later than 45 days after the information and documents are received. (R.C. 5164.37(G).)</p>	<p>Same, except an owner may request a reconsideration only if the provider is a noninstitutional provider. (R.C. 5164.36(G) and (H).)</p>

Suspensions because of credible allegations of fraud

(R.C. 5164.36)

Current law requires the Department of Medicaid to terminate Medicaid payments to a provider when the provider agreement is suspended because of a credible allegation of fraud for which an investigation is pending under the Medicaid program. The termination applies only to payments for Medicaid services rendered after the date the Department sends the provider notice of the suspension. Claims for payment for Medicaid services rendered before that date may be subject to prepayment review procedures under which the Department reviews claims to determine whether they are supported by sufficient documentation, are in compliance with state and federal statutes and rules, and are otherwise complete. Under the bill, the Department must suspend, rather than terminate, the Medicaid payments, and the suspension applies to payments for all services regardless of the date the services are rendered.

Summary suspensions, danger of immediate and serious harm

(R.C. 5164.37 and 5164.38)

The bill permits the Department of Medicaid to suspend, without prior notice, a Medicaid provider agreement if there is evidence that the provider presents a danger of immediate and serious harm to the health, safety, or welfare of Medicaid recipients. When the Department suspends a provider agreement for this reason, it must:

1. Suspend all Medicaid payments to the provider for services rendered, regardless of the date that the services were rendered;
2. Not later than five days after suspending the provider agreement, notify the provider of the suspension; and
3. Not later than ten business days after suspending the provider agreement, notify the provider that the Department intends to terminate the provider agreement.

The notice that the Department sends regarding the intention to terminate a provider agreement must include the allegation that the provider presents a danger of immediate and serious harm to the health, safety, or welfare of Medicaid recipients. It may also include other grounds for terminating the provider agreement. When terminating the provider agreement, continuing law that requires the Department to issue an order pursuant to adjudication conducted in accordance with the Administrative Procedure Act (R.C. Chapter 119) applies.

The suspension of a provider agreement and Medicaid payments is to cease at the earliest of:

1. The Department's failure to provide within the required time a notice regarding the suspension or intent to terminate the provider agreement;
2. The Department rescinds its notice to terminate the provider agreement;
3. The Department issues an order regarding the termination of the provider agreement pursuant to an adjudication.

The bill states that this provision does not limit the Department's authority to suspend or terminate a provider agreement or Medicaid payments under any other provision of the Revised Code.

Current law provides that the Department is not required to issue an order pursuant to an adjudication when it refuses to enter into or revalidate a Medicaid provider agreement or suspends or terminates a provider agreement if the provider agreement and Medicaid payments are suspended because of a credible allegation of fraud or disqualifying indictment. The bill provides that an adjudication order also is not required if the provider agreement and Medicaid payments are suspended because the provider presents a danger of immediate and serious harm to the health, safety, or welfare of Medicaid recipients.

Medicaid payment rates for nursing facility services

Low resource utilization residents

(R.C. 5165.152)

The bill revises the Medicaid payment rate for nursing facility services provided to low resource utilization residents. A low resource utilization resident is a Medicaid recipient residing in a nursing facility who, for purposes of calculating the nursing facility's Medicaid payment rate, is placed in either of the two lowest resource utilization groups, excluding any resource utilization group that is a default group used for residents with incomplete assessment data.

Under current law, the rate is the following:

1. \$115 per day if the Department of Medicaid is satisfied that the nursing facility is cooperating with the Long-Term Care Ombudsman Program in efforts to help its low resource utilization residents receive the services that are most appropriate for their level of care needs;
2. \$91.70 per day if the Department is not satisfied.

The bill provides for the rate to be \$115 per day regardless of whether the nursing facility cooperates with the Long-Term Care Ombudsman Program.

Quality payment rates

(R.C. 5165.25)

The bill revises the law governing the quality payments that nursing facilities earn under the Medicaid program for satisfying quality indicators as follows:

1. Eliminates as a quality indicator a nursing facility's use of the nursing home version of the Preferences for Everyday Living Inventory for all of its residents;
2. Establishes as a quality indicator a nursing facility's obtaining at least a target score on the Department of Aging's resident satisfaction survey (for even-numbered state fiscal years) or the family satisfaction survey (for odd-numbered state fiscal years);
3. Requires the Department of Medicaid to specify the target score for the satisfaction surveys;
4. Eliminates a requirement that the Department, when determining the percentages of a nursing facility's short-stay residents who newly received an antipsychotic medication and long-stay residents who newly or otherwise received an antipsychotic medication, exclude residents who received the medication in conjunction with hospice care;
5. Provides for a nursing facility that undergoes a change of operator to receive, for the state fiscal year following the one during which the change of operator occurs, the mean quality payment regardless of whether the change of operator occurred before or during the last quarter of a calendar year.

Market basket index and budget reduction adjustment factor

(R.C. 5165.01, 5165.15, 5165.16, 5165.17, 5165.19, and 5165.21; R.C. 5165.361, repealed)

The bill revises the formula used to determine Medicaid payment rates for nursing facility services by removing an adjustment to the rates that was set to take effect beginning in FY 2020. The formula has several components and includes specific dollar amounts that are added and subtracted to the sum of the amounts determined for the different components.

For FYs 2018 and 2019, the formula contains a \$16.44 add-on, which became part of the formula on July 1, 2016. The bill extends this add-on amount to fiscal years beginning in FY 2020 and removes a requirement that, beginning with FY 2020 (other than the first fiscal year in a rebasing cycle), the add-on instead be the sum of the following:

1. The amount of the add-on for the preceding fiscal year;
2. The difference between (a) the Medicare skilled nursing facility market basket index determined for the federal fiscal year that began during the state fiscal year preceding the one for which the rate is being determined and (b) the budget reduction adjustment factor for the fiscal year for which the rate is being determined.

Beginning with FY 2020 (other than the first fiscal year in a rebasing cycle), the formula includes the difference between the Medicare skilled nursing facility market basket index and the budget reduction adjustment factor as part of the manner in which the rates for the four cost centers (ancillary and support costs, capital costs, direct care costs, and tax costs) are determined. The bill removes that amount as part of the rate calculation.

The bill also repeals a provision of law stating the General Assembly's intent to specify in statute the factor to be used for a fiscal year as the budget reduction adjustment factor. That factor cannot exceed the Medicare skilled nursing facility market basket index determined for the federal fiscal year that begins during the state fiscal year preceding the fiscal year for which the factor is being determined. If the General Assembly fails to specify the factor in statute, the budget reduction adjustment factor is zero.

Medicaid prompt payment requirements waiver

(R.C. 5167.25, repealed, with conforming changes in R.C. 3901.3814)

The bill repeals the requirement that the Medicaid Director apply to CMS for a waiver from the federal Medicaid prompt payment requirements that would instead require health insuring corporations to submit claims in accordance with requirements established by the Department of Insurance.

Medicaid rates for community behavioral health services

(Section 333.180)

The bill permits the Department of Medicaid to establish Medicaid payment rates for community behavioral health services provided during FY 2020 and FY 2021 that exceed the authorized rates paid for the services under the Medicare program. This does not apply, however, to such services provided by hospitals on an inpatient basis, nursing facilities, or ICF/IIDs.

Medicaid managed care

Inclusion of behavioral health services

(R.C. 5167.03, primary; R.C. 103.416)

The bill provides that the Department of Medicaid is permitted instead of required to include alcohol, drug addiction, and mental health services in the Medicaid managed care system. Under current law, the Department is required to include the services in the system. The services have been included in the system since July 1, 2018.

Current law requires the Joint Medicaid Oversight Committee to periodically monitor the Department's inclusion of the services in the system. The bill provides that this requirement applies only if the Department includes them in the system and eliminates the monitoring requirement altogether on July 1, 2020.

Inclusion of prescribed drugs

(R.C. 5167.05, primary; R.C. 4729.20 and 5167.051)

The bill provides that the Department of Medicaid is permitted instead of required to include prescribed drugs in the Medicaid managed care system. Under current law, the Department must require Medicaid managed care organization (MCOs) to cover prescribed drugs.

The bill eliminates all of the following from the law governing the inclusion of prescribed drugs in the Medicaid managed care system:

1. A Medicaid MCO's permissive authority to use strategies for the management of drug utilization that are consistent with statutory limitations and requirements and the Department's approval;
2. A prohibition against the Department permitting a Medicaid MCO to impose a prior authorization requirement in the case of a drug that is (a) an antidepressant or antipsychotic, (b) administered or dispensed in a standard tablet or capsule form or, in the case of an antipsychotic, a long acting injectable form, (c) prescribed by certain types of healthcare professionals, and (d) prescribed for a use that is indicated on the drug's labeling, as approved by the U.S. Food and Drug Administration;
3. A requirement that the Department authorize a Medicaid MCO to develop and implement a pharmacy utilization management program under which prior authorization is established as a condition of obtaining a controlled substance pursuant to a prescription.

The bill also eliminates a requirement that the Department make Medicaid MCOs comply, as if they were the Department, with the following requirements concerning the Medicaid fee-for-service system's coverage of prescribed drugs:

1. A requirement that, except under certain circumstances, prior authorization requirements or other utilization review measures be applied as conditions of coverage of opioid analgesics prescribed for the treatment of chronic pain;

2. A requirement that medication synchronization be instituted under certain circumstances;
3. A requirement that, if a step therapy protocol is utilized under which it is recommended that prescribed drugs be taken in a specific sequence, the protocol be implemented in accordance with certain requirements.

Home visits and cognitive behavioral therapy

(R.C. 5167.16, repealed; R.C. 5167.03)

The bill repeals a requirement that Medicaid MCOs provide or arrange the following services to certain Medicaid recipients:

1. Home visits, including depression screenings, for which federal Medicaid funds are available under the targeted case management benefit;
2. Cognitive behavioral health therapy that is provided by a community mental health services provider and determined to be medically necessary through a depression screening conducted as part of a home visit.

The cognitive behavioral health therapy must be provided in a Medicaid recipient's home if requested by the recipient. Medicaid MCOs are required to inform Medicaid recipients of this right and how to request that the therapy be provided at home.

To qualify for the services, a Medicaid recipient must be (1) enrolled in the Department of Health's Help Me Grow program, (2) either pregnant or the birth mother of an infant or toddler under three, and (3) enrolled in the Medicaid MCO providing or arranging the services.

Community health worker and public health nurse services

(R.C. 5167.173, repealed, with conforming change in Sections 603.10 and 603.11)

The bill repeals a requirement that the Department of Medicaid make Medicaid MCOs provide or arrange the following services to certain Medicaid recipients:

1. Services provided by a certified community health worker or public health nurse employed by, or under contract with, a qualified community hub;
2. Other services performed for the purpose of ensuring the recipients are linked to employment services, housing, educational services, social services, or medically necessary physical and behavioral health services.

To qualify for the services, a Medicaid recipient must (1) be pregnant or capable of becoming pregnant, (2) reside in a community served by a qualified community hub, (3) have been recommended to receive the services by a physician, public health nurse, or another licensed health professional specified in the Medicaid Director's rules, and (4) be enrolled in the Medicaid MCO providing or arranging the services.

Clarification and simplification of statutes

(R.C. 5167.01, primary; R.C. 3701.612, 4729.80, 5166.01, 5167.03, 5167.04, 5167.05, 5167.051, 5167.10, 5167.101, 5167.102, 5167.11, 5167.13, 5167.14, 5167.17, 5167.171, 5167.172, 5167.18, 5167.20, 5167.201, 5167.26, 5167.41, and 5168.75)

The bill clarifies and simplifies statutes governing the Medicaid managed care system. For the sake of clarity, the bill provides for Medicaid recipients to enroll in Medicaid MCO plans rather than, as under current law, enrolling in Medicaid managed care organizations. “Medicaid MCO plan” is defined as a plan that a Medicaid MCO, pursuant to its contract with the Department of Medicaid, makes available to Medicaid recipients participating in the Medicaid managed care system. For the sake of simplicity, the bill requires Medicaid MCOs to comply with various requirements rather than, as under current law, requiring the contracts that the Department enters into with Medicaid MCOs to include the requirements.

Duties of area agencies on aging

(Section 333.190)

The bill requires the Department of Medicaid, if it expands the inclusion of the aged, blind, and disabled Medicaid eligibility group or Medicaid recipients who are also eligible for Medicare in the Medicaid managed care system during the FY 2020-2021 biennium, to do both of the following for the remainder of the biennium:

1. Require area agencies on aging to be the coordinators of home and community-based waiver services that the recipients receive and permit Medicaid MCOs to delegate to the agencies full-care coordination functions for those and other health care services;
2. In selecting Medicaid MCOs, give preference to organizations that will enter into subcapitation arrangements with area agencies on aging under which the agencies perform, in addition to other functions, network management and payment functions for services that those recipients receive.

Integrated Care Delivery System performance payments

(Section 333.60)

The Department of Medicaid is authorized under continuing law to implement a demonstration project to test and evaluate the integration of care received by individuals dually eligible for Medicaid and Medicare. In statute the project is called the Integrated Care Delivery System. It may be better known as MyCare Ohio.

The bill continues for FYs 2020 and 2021, a requirement that the Department provide performance payments to Medicaid MCOs that provide care under the Integrated Care Delivery System. The Department has been required to provide such performance payments since FY 2014.⁵⁹

If participants receive care through Medicaid MCOs under the system, the Department must both:

⁵⁹ Section 323.300 of H.B. 59 of the 130th General Assembly.

1. Develop quality measures designed specifically to determine the effectiveness of the health care and other services provided to participants by Medicaid MCOs; and
2. Determine an amount to be withheld from the Medicaid premium payments paid to Medicaid MCOs for participants.

For purposes of the amount to be withheld from premium payments, the Department must establish a percentage amount and apply the same percentage to all Medicaid MCOs providing care to participants of the Integrated Care Delivery System. Each organization must agree to the withholding as a condition of receiving or maintaining its Medicaid provider agreement. The bill provides that a Medicaid managed care organization providing care under the system is not subject to withholdings under the Medicaid Managed Care Performance Payment Program for premium payments attributed to participants of the system during FYs 2020 and 2021.

Care Innovation and Community Improvement Program

(Section 333.220)

The bill requires the Medicaid Director to continue the Care Innovation and Community Improvement Program for the FY 2020-2021 biennium. The Director was originally required to establish the program for the FY 2018-2019 biennium.⁶⁰

Any nonprofit hospital agency affiliated with a state university and any public hospital agency may volunteer to participate if it operates a hospital that has a Medicaid provider agreement. The nonprofit and public hospital agencies that participate in the program are responsible for the state share of the program's costs and must make or request the appropriate government entity to make intergovernmental transfers to pay for the costs. The Director must establish a schedule for making the transfers.

Each participating hospital agency must undertake at least one of the following tasks in accordance with strategies, and for the purpose of meeting goals designed to benefit Medicaid recipients, the Director is to establish:

1. Sustain and expand community-based patient centered medical home models;
2. Expand access to community-based dental services;
3. Improve the quality of community care by creating and sharing best practice models for emergency department diversions, care coordination at discharge and during transitions of care, and other matters related to community care;
4. Align community health improvement strategies and goals with the State Health Improvement Plan and local health improvement plans;
5. Expand access to ambulatory drug detoxification and withdrawal management services;
6. Train medical professionals on evidence-based protocols for opioid prescribing and drug addiction risk assessments;

⁶⁰ Section 333.320 of H.B. 49 of the 132nd General Assembly.

7. In collaboration with other nonprofit and public hospital agencies that also do this task, create and implement a plan to assist rural areas to (a) expand access to cost-effective detoxification, withdrawal management, and prevention services for opioid addiction and (b) disseminate evidence-based protocols for opioid prescribing and drug addiction risk assessment.

If a hospital agency chooses the task to expand access to ambulatory drug detoxification and withdrawal management services, or the task to create and implement a plan to assist rural areas, it must give priority to the areas of the community it serves with the greatest concentration of opioid overdoses and deaths. Regardless of the task chosen, a hospital agency must submit annual reports to the Joint Medicaid Oversight Committee summarizing its work on the task and progress in meeting the program's goals.

Each participating hospital agency is to receive supplemental Medicaid payments for physician and other professional services that are covered by Medicaid and provided to Medicaid recipients. The payments must equal the difference between the Medicaid rate and average commercial rates for the services. The Director may terminate, or adjust the amount of, the payments if funding for the program is inadequate.

The Director must establish a process to evaluate the work done under the program by nonprofit and public hospital agencies and their progress in meeting the program's goals. The process must be established by January 1, 2020. The Director may terminate a hospital agency's participation if the Director determines that it is not performing at least one of the tasks discussed above or making progress in meeting the program's goals.

The bill establishes in the state treasury the Care Innovation and Community Improvement Program Fund and requires that all intergovernmental transfers made under the program be deposited into the existing Care Innovation and Community Improvement Program Fund. Money in the Fund and the corresponding federal funds must continue to be used to make the supplemental payments to hospital agencies under the program.

Hospital Care Assurance, franchise permit fee

(Sections 601.22 and 601.23, amending Sections 125.10 and 125.11 of H.B. 59 of the 130th G.A.)

The bill continues the Hospital Care Assurance Program (HCAP) for two additional years. The program is scheduled to end October 16, 2019, but under the bill is to continue until October 16, 2021. Under HCAP, hospitals are annually assessed an amount based on their total facility costs, and government hospitals make annual intergovernmental transfers. The Department of Medicaid distributes to hospitals money generated by the assessments and intergovernmental transfers along with federal matching funds. A hospital compensated under the program must provide (without charge) basic, medically necessary, hospital-level services to Ohio residents who are not recipients of Medicare or Medicaid and whose income does not exceed the federal poverty line.

The bill also continues for two additional years another assessment imposed on hospitals; that assessment is to end on October 1, 2021, rather than October 1, 2019. The assessment is in addition to HCAP, but like that program, it raises money to help pay for the Medicaid program. To distinguish the assessment from HCAP, the assessment is sometimes called a hospital franchise permit fee.

Health information exchanges

(R.C. 3798.01 and 3798.07; R.C. 3798.06, 3798.08, 3798.14, 3798.15, and 3798.16, all repealed)

The bill eliminates all provisions regarding approved health information exchanges in statutes governing protected health information.⁶¹ Current law defines “approved health information exchange” as a health information exchange that has been approved by the Medicaid Director or that has been certified by the Office of the National Coordinator for Health Information Technology in the U.S. Department of Health and Human Services. A health information exchange is any person or government entity that provides a technical infrastructure to connect computer systems or other electronic devices used by covered entities to facilitate the secure transmission of health information.⁶²

Specifically, the bill repeals statutes that do the following:

1. Require the Medicaid Director to adopt rules that establish (a) standards and processes for approving health information exchanges, (b) processes for the Director to investigate and resolve concerns and complaints regarding approved health information exchanges, and (c) processes and content for agreements under which covered entities participate in approved health information exchanges (participation agreements);
2. Permit a covered entity to disclose an individual’s protected health information to a health information exchange without a valid authorization if (a) the exchange is an approved health information exchange, (b) the covered entity is a party to a valid participation agreement with the exchange, (c) the disclosure is consistent with all procedures established by the exchange, and (d) the covered entity, before making the disclosure, furnishes written notice to the individual or the individual’s personal representative;
3. Give covered entities and approved health information exchanges immunity to civil and criminal liability for actions authorized by the statutes governing approved health information exchanges.

The bill also eliminates a requirement that a covered entity, when it discloses an individual’s protected health information to a health information exchange, restrict disclosure

⁶¹ “Protected health information” is defined in a federal regulation generally as individually identifiable health information that is transmitted by or maintained in electronic media or any other form or medium. (45 C.F.R. 160.103.) “Individually identifiable health information” is defined in the same federal regulation as health information, including demographic information collected from an individual, that (1) is created or received by a health care provider, health plan, employer, or health care clearinghouse, (2) relates to (a) the past, present, or future physical or mental health or condition of an individual, (b) the provision of health care to an individual, or (c) the past, present, or future payment for the provision of health care to an individual, and (3) identifies the individual or reasonably could be used to identify the individual.

⁶² “Covered entity” is defined in federal regulations as a health plan, health care clearinghouse, or health care provider that transmits any health information in electronic form in connection with a transaction covered by federal rules governing the privacy of personal health information (the HIPAA Privacy Rule). (45 C.F.R. 160.103.)

in a manner that is consistent with a written request from the individual or the individual's personal representative concerning specific categories of protected health information to the extent the Medicaid Director's rules require the covered entity to comply with such a request. The Director's duty to adopt such rules is eliminated as part of the bill's repeal of the statute that requires the Director to adopt rules establishing the content of participation agreements.

Health Care/Medicaid Support and Recoveries Fund

(R.C. 5162.52)

The bill establishes two additional purposes for which the ODM is to use money credited to the Health Care/Medicaid Support and Recoveries Fund. Specifically, the money is to be used to pay for (1) programs that serve youth involved with multiple government agencies and (2) innovative programs that ODM has the statutory authority to implement and that promote access to health care or help achieve long-term cost savings to the state.

Under continuing law, ODM must use money credited to the fund to pay for Medicaid services and costs associated with the administration of the Medicaid program.

Abolished funds

Integrated Care Delivery Systems Fund

(R.C. 5162.58, repealed; R.C. 5162.01)

The bill abolishes the Integrated Care Delivery Systems Fund, which is part of the state treasury. Under current law, a portion of the amounts that the Integrated Care Delivery System saves the Medicare program must be deposited into the Fund if the terms of an agreement with the federal government provide for the state to receive those amounts. The Department of Medicaid is required to use money in the Fund to further develop integrated delivery systems and improved care coordination for individuals eligible for both Medicare and Medicaid (dual eligible individuals).

The purpose of the Integrated Care Delivery System is to test and evaluate the integration of care that dual eligible individuals receive under Medicare and Medicaid.⁶³ The system is commonly called MyCare Ohio.

Managed Care Performance Payment Fund

(R.C. 5162.60, repealed)

The bill abolishes the Managed Care Performance Payment Fund. The Fund, which is part of the state treasury, consists of:

1. Amounts transferred to it for the Managed Care Performance Payment Program;
2. All fines imposed on and collected from Medicaid managed care organizations for failure to meet performance standards or other requirements specified in provider agreements with the Department of Medicaid or rules adopted by the Medicaid Director;
3. All of the Fund's investment earnings.

⁶³ R.C. 5164.91, not in the bill.

Current law requires that the Fund be used to do the following:

1. Make performance payments to Medicaid managed care organizations under the Managed Care Performance Payment Program;
2. Meet obligations specified in Medicaid provider agreements;
3. Pay for Medicaid services provided by Medicaid managed care organizations;
4. Reimburse a Medicaid managed care organization that has paid a fine for failure to meet performance standards or other requirements if the organization comes into compliance.

Medicaid Administrative Reimbursement Fund

(R.C. 5162.62, repealed)

The bill abolishes the Medicaid Administrative Reimbursement Fund. The balance of this fund was transferred to a different fund in FY 2018, and it currently has a zero cash balance.

Medicaid School Program Administrative Fund

(R.C. 5162.64, repealed)

The bill abolishes the Medicaid School Program Administrative Fund in the state treasury. Current law requires Medicaid to use money in the fund to pay for the school component of the Medicaid program, including repaying a Medicaid school provider a refund for any overpayment made by a provider to Medicaid. Although the fund was authorized in 2013, it was never created.

Updated references

(R.C. 3901.381, 5168.03, 5168.05, 5168.06, and 5168.08)

The bill replaces outdated Revised Code references to the former U.S. Health Care Financing Administration with references to the U.S. Centers for Medicare and Medicaid Services. The U.S. Department of Health and Human Services announced this name change in 2001.⁶⁴

Temporary authority regarding employees

(Section 333.20)

The bill extends until July 1, 2021, the Medicaid Director's authority to establish, change, and abolish positions for the Department of Medicaid, and to assign, reassign, classify, reclassify, transfer, reduce, promote, or demote employees who are not subject to the state's public employees collective bargaining law.

The Director has had this authority since July 1, 2013. It is currently scheduled to expire July 1, 2019.⁶⁵

⁶⁴ <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/AB01133.pdf>.

⁶⁵ Section 323.10.30 of H.B. 59 of the 130th General Assembly, Section 327.20 of H.B. 64 of the 131st General Assembly, and Section 333.20 of H.B. 49 of the 132nd General Assembly.

The authority includes assigning or reassigning an exempt employee to a bargaining unit classification if the Director determines that the bargaining unit classification is the proper classification for that employee.⁶⁶ The Director's actions must comply with a federal regulation establishing standards for a merit system of personnel administration. If an employee in the E-1 pay range is assigned, reassigned, classified, reclassified, transferred, reduced, or demoted to a position in a lower classification, the Director, or in the case of a transfer outside the Department, the Director of Administrative Services, must assign the employee to the appropriate classification and place the employee in Step X. The employee is not to receive any increase in compensation until the maximum rate of pay for that classification exceeds the employee's compensation. Actions either Director takes under this provision are not subject to appeal to the State Personnel Board of Review.

⁶⁶ An exempt employee is a permanent full-time or permanent part-time employee paid directly by warrant of the Director of Budget and Management whose position is included in the job classification plan established by the Director of Administrative Services, but who is not subject to the collective bargaining law. (R.C. 124.152, not in the bill.)

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Stabilization centers

- Requires alcohol, drug addiction, and mental health services (ADAMHS) boards to establish and administer, in collaboration with the other ADAMHS boards that serve the same state psychiatric hospital region, six mental health crisis stabilization centers.
- Requires the establishment and administration, in collaboration with the other boards that serve the same state psychiatric hospital region, acute substance use disorder stabilization centers.

Substance use disorder treatment in drug courts

- Creates a medication-assisted drug court program to provide addiction treatment to persons with substance use disorders.
- Requires community addiction services providers to provide specified treatment to the participants in the program based on the individual needs of each participant.

Former Bureau of Recovery Services

- Maintains preexisting responsibilities regarding recovery services that were given to the Department of Mental Health and Addiction Services (MHAS) when the Bureau of Recovery Services in the Department of Rehabilitation and Correction was abolished.

Family and Children First Flexible Funding Pool

- Permits a county family and children first council to create a flexible funding pool to assure access to services by families, children, and seniors in need of protective services.

Clinician Recruitment Program

- Expands the program that recruits physicians to provide services at MHAS-operated institutions to also include the recruitment of physician assistants and advanced practice registered nurses.

Criminal records checks for residential facility staff

- Requires that criminal records checks for residential facility staff be conducted under the BCII criminal records check procedures.

Court costs for mental health adjudications

- Requires the Ohio Department of Mental Health and Addiction Services (MHAS) to reserve a portion of its appropriations to cover court costs for mental health adjudications in counties that did not receive an allocation for adjudication-related expenses.

Stabilization centers

(Sections 337.50(C) and 337.150)

Mental health crisis stabilization centers

The bill requires the Department of Mental Health and Addiction Services (MHAS) to allocate among the alcohol, drug addiction, and mental health services (ADAMHS) boards, in each of FY 2020 and FY 2021, \$1.5 million for six mental health crisis stabilization centers. Each board must use its allocation to establish and administer a stabilization center in collaboration with the other ADAMHS boards that serve the same state psychiatric hospital region. One center is to be located in each of the six state psychiatric hospital regions established by the Department.

ADAMHS boards must ensure that each mental health crisis stabilization center complies with all of the following:

1. It must admit individuals before and after they receive treatment and care at hospital emergency departments or freestanding emergency departments.
2. It must admit individuals before and after they are confined in state correctional institutions, local correctional facilities, or privately operated and managed correctional facilities.
3. It must have a Medicaid provider agreement.
4. It must be located in a building previously constructed for another purpose.
5. It must admit individuals who have been identified as needing the stabilization services provided by the center.
6. It must connect individuals when they are discharged from the center with community-based continuum of care services and supports.

Substance use disorder stabilization centers

The bill requires the establishment and administration, in collaboration with the other ADAMHS boards that serve the same state psychiatric hospital region, acute substance use disorder stabilization centers. There must be one center in each state psychiatric hospital region.

Substance use disorder treatment in drug courts

(Section 337.70)

The bill requires MHAS to conduct a program to provide substance use disorder treatment, including medication-assisted treatment and recovery supports, to persons who are eligible to participate in a medication-assisted treatment (MAT) drug court program. The program is to be conducted in a manner similar to programs that were established and funded by the previous three main appropriations acts.

In conducting the program, MHAS must collaborate with the Ohio Supreme Court, the Department of Rehabilitation and Correction, and any state agency that may be of assistance in accomplishing the objectives of the program. MHAS also may collaborate with the ADAMHS

board that serves the county in which a participating court is located and with the local law enforcement agencies serving that county.

MHAS must conduct its program in collaboration with any counties in Ohio that are conducting MAT drug court programs. MHAS also may conduct its program in collaboration with any other court with a MAT drug court program.

Selection of participants

A MAT drug court program must select the participants for MHAS's program. The participants are to be selected because of having a substance use disorder. Those who are selected must be either criminal offenders or involved in a family drug or dependency court. They must meet the legal and clinical eligibility criteria for the MAT drug court program and be active participants in that program. The total number of participants in MHAS's program at any time is limited to 1,500, subject to available funding. MHAS may authorize additional participants in circumstances it considers appropriate. After being enrolled, a participant must comply with all of the MAT drug court program's requirements.

Treatment

Only a community addiction services provider is eligible to provide treatment under MHAS's program. The provider must:

1. Provide treatment based on an integrated service delivery model that consists of the coordination of care between a prescriber and the provider;
2. Assess potential program participants to determine whether they would benefit from treatment and monitoring;
3. Determine, based on the assessment, the treatment needs of the participants;
4. Develop individualized goals and objectives for the participants;
5. Provide access to long-lasting antagonist therapies, partial agonist therapies, or full agonist therapies, that are included in the program's medication-assisted treatment;
6. Provide other types of therapies, including psychosocial therapies, for both substance abuse disorder and any co-occurring disorders;
7. Monitor program compliance through the use of regular drug testing, including urinalysis, of the participants; and
8. Provide access to time-limited recovery supports that are patient-specific and help eliminate barriers to treatment, such as assistance with housing, transportation, child care, job training, obtaining a driver's license or state identification card, and any other relevant matter.

In the case of medication-assisted treatment, the following conditions apply:

--A drug may only be used if the drug has been federally approved for use in treating dependence on opioids, alcohol, or both, or for preventing relapse.

--One or more drugs may be used, but each drug that is used must constitute a long-acting antagonist therapy or partial or full agonist therapy.

--If a partial or full agonist therapy is used, the program must provide safeguards, such as routine drug testing of participants, to minimize abuse and diversion.

Planning

To ensure that funds appropriated to support MHAS's program are used in the most efficient manner, with a goal of enrolling the maximum number of participants, the bill requires the Medicaid Director to develop plans in collaboration with major Ohio health care plans. However, there can be no prior authorizations or step therapy for medication-assisted treatment for program participants. The plans must ensure:

1. The development of an efficient and timely process for review of eligibility for health benefits for all program participants;
2. A rapid conversion to reimbursement for all health care services by the participant's health care plan following approval for coverage of health care benefits;
3. The development of a consistent benefit package that provides ready access to and reimbursement for essential health care services, including primary health care, alcohol and opioid detoxification services, appropriate psychosocial services, and medication for long-acting injectable antagonist therapies and partial or full agonist therapies; and
4. The development of guidelines that require the provision of all treatment services, including medication, with minimal administrative barriers and within time frames that meet the requirements of individual patient care plans.

Former Bureau of Recovery Services

(Section 337.80)

H.B. 64 of the 131st General Assembly abolished the Bureau of Recovery Services in the Department of Rehabilitation and Correction on June 30, 2015, and transferred its functions, assets, and liabilities to MHAS. The bill maintains these preexisting provisions regarding the transfer.

Under the bill, MHAS must continue to complete any business regarding recovery services that the Department of Rehabilitation and Correction started before, but did not complete by, July 1, 2015. Rules, orders, and determinations pertaining to the former Bureau continue in effect until MHAS modifies or rescinds them, and any reference to the former Bureau continues to be deemed to refer to MHAS or its director, as appropriate. All of the former Bureau's employees continue to be transferred to MHAS and retain their positions and benefits, subject to the layoff provisions pertaining to state employees under continuing law. Rights, obligations, and remedies continue to exist unimpaired despite the transfer, and MHAS must continue to administer them.

Family and Children First Flexible Funding Pool

(Section 337.180)

The bill permits a county family and children first council to establish and operate a flexible funding pool to assure access to needed services by families, children, and older adults who need protective services. A county council that desires such a pool must abide by all of the following:

--The pool must be created and operate according to formal guidance issued by the Family and Children First Cabinet Council.

--The county council must produce an annual report on its use of the pooled funds. The report must conform to guidance issued by the Family and Children First Cabinet Council.

--Unless otherwise restricted, the pool may receive transfers of state general revenues allocated to local entities to support services to families and children.

--The pool may receive only transfers of amounts that can be redirected without hindering the objective for which the initial allocation is designated.

--The director of the local agency that originally received the allocation must approve the transfer to the pool.

Clinician Recruitment Program

(R.C. 5119.85)

The bill changes the name of MHAS's Physician Recruitment Program to the Clinician Recruitment Program and expands the program to include physician assistants and advanced practice registered nurses. Under the current program, the Department may agree to repay all or part of a physician's educational loans in exchange for the physician providing health care services at institutions operated by the Department. The bill authorizes MHAS to enter into agreements with physician assistants and advanced practice registered nurses.

Criminal records checks for residential facility staff

(R.C. 109.572)

The bill requires that criminal records checks for residential facility staff be conducted under BCII criminal records check procedures. Current law, unchanged by the bill, tasks the MHAS Director with establishing in rules procedures for conducting background investigations for residential facility operators, employees, volunteers, and others who may have direct access to facility residents.⁶⁷

Court costs for mental health adjudications

(R.C. 5122.43; R.C. 2101.11, not in the bill)

Under law unchanged by the bill, each county must pay for the costs of personnel involved in mental health adjudications in that county, including police and health officers, sheriffs, physicians, and attorneys appointed for the indigent. Each fiscal year, however, the MHAS must allocate an amount from its appropriations to reimburse counties for these costs. The amount that MHAS allocates to a particular county is based on past allocations, historical utilization, and other factors that MHAS considers appropriate.

The bill specifies that a county's allocation may be zero. If one or more counties receive a zero allocation, MHAS must reserve an amount of its appropriations to cover the court costs of mental health adjudications in those counties.

⁶⁷ R.C. 5119.34(L)(3), not in the bill.

DEPARTMENT OF NATURAL RESOURCES

Hunting and fishing license fees

- Authorizes the Chief of the Division of Wildlife to adopt in rules, with the approval of the Director of Natural Resources and the Wildlife Council, establishing fees (in lieu of the statutorily imposed fees) for certain recreational hunting and fishing licenses and permits.

Oil and Gas Leasing Commission administrative costs

- Authorizes the existing Geological Mapping Fund to be used for the administration of the Oil and Gas Leasing Commission.

Transfers from the Waterways Safety and Wildlife Funds

- Authorizes the Controlling Board to transfer cash balances in excess of needs from the existing Waterways Safety Fund and Wildlife Fund to the GRF or other specified funds (current law prohibits the Controlling Board from transferring cash balances in this manner).
- Allows the Controlling Board, as a result of the above authorization, to manage federal money deposited into the Funds in the same manner as other specified funds.

Scenic Rivers Protection Fund

- Authorizes the Department of Natural Resources to collect donations for the protection and enhancement of Ohio's scenic rivers and deposit those donations into the Scenic Rivers Protection Fund.

“Ohio Geology” License Plate Fund

- Eliminates the “Ohio Geology” License Plate Fund and transfers the money from that fund to the Geological Mapping Fund.
- Specifies that the contributions from “Ohio Geology” license plates must still be used primarily for grants to state college and university geology departments and secondarily for providing geological kits to state elementary and secondary school, as in current law.

Mine Safety Fund

- Eliminates the defunct Mine Safety Fund.

Hunting and fishing license fees

(R.C. 1533.09, 1533.10, 1533.11, 1533.111, 1533.112, 1533.32, and 1533.321 and makes conforming changes to R.C. 1533.09, renumbered as R.C. 1533.06)

The bill authorizes the Chief of the Division of Wildlife to adopt in rules, with the approval of the Director of Natural Resources and the Wildlife Council, establishing fees (in lieu of the statutorily imposed fees) for all of the following:

1. Hunting licenses, including small game hunting licenses;

2. Deer and wild turkey permits;
3. Fur taker permits;
4. Wetland habitat stamps;
5. Fishing licenses; and
6. Multi-year fishing and hunting licenses.

The bill increases the fees for all of the following until the Chief adopts rules establishing alternative fees:

1. An annual fishing license fee from \$18 to \$24 for an Ohio resident;
2. An annual fishing license fee from \$18 to \$24 for a nonresident who is a resident of a state with which Ohio has an agreement to charge resident fee rates (reciprocal state);
3. A three-day tourist fishing license from \$18 to \$24 for a nonresident who is not a resident of a reciprocal state;
4. A one-day fishing license fee from \$10 to \$13 (55% of the three-day tourist fishing license);
5. An annual deer permit fee from \$23 to \$30 for an Ohio resident;
6. An annual youth deer permit fee from \$11.50 to \$15 for an Ohio resident under 18;
7. An annual wild turkey permit fee from \$23 to \$30 for an Ohio resident; and
8. An annual wild turkey permit fee from \$28 to \$37 for a nonresident.

The bill decreases the fees for both of the following until the Chief adopts rules establishing alternative fees:

1. An annual deer permit fee from \$74 to \$15 for a nonresident youth under 18 (the same as Ohio resident youths under the bill); and
2. An annual wild turkey permit fee from \$28 to \$15 for a nonresident youth under 18 (the same as Ohio resident youths under the bill).

The bill also specifies that except for the \$9.00 nonresident youth hunting license fee, the annual fee for nonresidents applying for a hunting license, fishing license, or deer permit through December 31, 2019, is the fee specified in the fee schedule established in H.B. 49 of the 132nd General Assembly as follows:

License or permit type	Cost in 2019
Hunting license – nonresident, and not a resident of a reciprocal state	\$157
Apprentice hunting license – nonresident, and not a resident of a reciprocal state	\$157

License or permit type	Cost in 2019
Fishing license – nonresident, and not a resident of a reciprocal state	\$46
Deer permit – nonresident	\$57

Oil and Gas Leasing Commission administrative costs

(R.C. 1505.09)

The bill authorizes the existing Geological Mapping Fund, which is administered by the Chief of the Division of Geological Survey, to be used for the administration of the Oil and Gas Leasing Commission. Currently, only the Oil and Gas Leasing Commission Administration Fund may be used for that purpose. However, that fund does not have any money in it. In addition, the Chief of the Division of Geological Survey serves as the chairperson of the Oil and Gas Leasing Commission.

Transfers from the Waterways Safety and Wildlife Funds

(R.C. 127.14 and 131.35)

The bill authorizes the Controlling Board to transfer cash balances in excess of needs from the existing Waterways Safety Fund and Wildlife Fund to the GRF or other specified funds. Current law prohibits the Controlling Board from transferring cash balances in this manner.

As a result of the above authorization, the bill allows the Controlling Board to manage federal money deposited into the Funds in the same manner as other specified funds.

Scenic Rivers Protection Fund

(R.C. 4501.24 and 4503.56, not in the bill)

The bill authorizes the Department of Natural Resources to collect donations for the Scenic Rivers Protection Fund to be used to help finance conservation efforts, education, corridor protection, restoration, and habitat enhancement and clean-up projects along the wild, scenic, and recreational river areas. Under current law, the fund's only source of revenue comes from contributions collected from the sale of "Scenic Rivers" License Plates. The contribution amount for those license plates is \$40 each time a person voluntarily applies for or renews his or her motor vehicle registration.

"Ohio Geology" License Plate Fund

(R.C. 1505.09 and 4503.515, not in the bill; R.C. 1505.12 and 1505.13, repealed)

The bill eliminates the "Ohio Geology" License Plate Fund and transfers the money currently directed to it to the Geological Mapping Fund. The bill does not change the current contribution amount or purposes of the contribution, only the fund into which the contributions are directed.

The "Ohio Geology" License Plate cannot be requested in a new application for motor vehicle registration. It can only be renewed because fewer than 25 individuals currently have

and consistently renew the plates. The plate has a \$15 annual contribution, which are used primarily for annual grants to state college and university geology departments for research conducted at locations of geological interest in the state. The Director of Natural Resources also may use contributions to provide materials such as rock and mineral kits to elementary and secondary schools to assist students in geological studies.

Mine Safety Fund

(R.C. 1561.24, repealed, makes conforming changes in R.C. 1561.011)

The bill eliminates the Mine Safety Fund. Current law authorizes money to be transferred to the Fund from the Coal-Workers Pneumoconiosis Fund by the Administrator of Workers' Compensation to be used for mine safety purposes. However, the Mine Safety Fund has not received any transfers since 2012.

STATE PUBLIC DEFENDER

- Authorizes the State Public Defender to enter into agreements to license, lease, sell, or market for sale intellectual property it owns with the payments to be used for the operation of the Office of the Public Defender and indigent defense programs.
- Requires all funds received under such agreements to be deposited into the existing Public Defender Gifts and Grants Fund.

State Public Defender powers

(R.C. 120.04)

The bill expands the powers of the State Public Defender to include entering into agreements to license, lease, sell, and market for sale intellectual property owned by the Office of the Public Defender and receive payments from those agreements for the operation of the Office and programs for indigent persons' defense. All funds received under such agreements must be deposited to the credit of the existing Public Defender Gifts and Grants Fund.

DEPARTMENT OF PUBLIC SAFETY

Abolished funds

- Eliminates the Multi-Agency Radio Communications System Fund, which has been in disuse by the Department of Public Safety (DPS) since 2010. (DPS previously used the fund for MARCS-related equipment maintenance, which is now conducted by the Department of Administrative Services.)
- Eliminates the Public Safety Investigative Unit Salvage and Exchange Fund and redirects money received by the DPS Investigative Unit from the sale of excess motor vehicles and other equipment from that Fund to the Ohio Investigative Unit Fund.
- Retains current law that requires the money derived from such sales to be used to purchase replacement motor vehicles and other equipment for the Unit.

Infrastructure Protection Fund

- Permits DPS to use the funds deposited into the Infrastructure Protection Fund for the Department's operating expenses.

Lamination fee

- Removes all references to laminating a driver's license, commercial driver's license, motorcycle operator's license, motorized bicycle license, temporary instruction permit, probationary license, or identification card.
- Replaces the \$1.50 lamination fee with a \$1.50 document authentication fee, to be charged for each application for issuance, renewal, or replacement of the various driver's licenses and the state identification card.

MARCS Fund

(R.C. 4501.16)

The bill eliminates the Multi-Agency Radio Communications System (MARCS) Fund, which consisted of money the State Highway Patrol received from MARCS users. The Department of Public Safety (DPS) previously used the fund to provide maintenance for MARCS-related equipment located at both MARCS facilities and tower sites. This maintenance is now conducted by the Department of Administrative Services.

Ohio Investigative Unit Fund

(R.C. 125.13, 4501.10, and 5502.132, not in the bill)

The bill eliminates the Public Safety Investigative Unit Salvage and Exchange Fund and redirects money from that Fund to the Ohio Investigative Unit Fund. The redirected money comes from money received by the DPS Investigative Unit from the sale of excess motor vehicles and other equipment. Under current law, unchanged by the bill, the money derived from such sales must be used to purchase replacement motor vehicles and other equipment for the DPS Investigative Unit.

Infrastructure Protection Fund

(R.C. 4737.045)

The bill permits DPS to use the funds deposited into the Infrastructure Protection Fund for the Department's operating expenses. Under current law, the money in the fund may only be used for developing and maintaining the Scrap Metal Dealer Registry. Any person who engages in the business of a scrap metal dealer or a bulk merchandise container dealer in Ohio must register annually with the Director of Public Safety to be included in the Registry. An initial registration costs \$200 and a renewal costs \$150. The registration fees along with any fees paid to recover an impounded vehicle that was used in the theft or illegal transportation of metal, a special purchase article, or bulk merchandise container are deposited into the Infrastructure Protection Fund.

Lamination fee

(R.C. 4506.11, 4507.01, 4507.13, 4507.23, 4507.50, 4507.52, and 4511.521)

The bill eliminates the requirement that a driver's license, commercial driver's license, motorcycle operator's license, motorized bicycle license, temporary instruction permit, probationary license, or identification card be laminated. In practice, the licenses and identification cards are now printed onto the plastic material, rather than laminated. The bill also eliminates the \$1.50 lamination fee; however, it replaces that fee with a \$1.50 "document authentication fee" for each application for issuance, renewal, or replacement of the various licenses and the identification card.

A deputy registrar is permitted to retain the document authentication fee, while the Registrar of Motor Vehicles must deposit the fee into the Public Safety – Highway Purposes fund, in the same manner as lamination fees are deposited under current law. Finally, the bill exempts a disabled veteran from the document authentication fee, in the same way that current law exempts a disabled veteran from the lamination fee.

DEPARTMENT OF REHABILITATION AND CORRECTION

Probation and parole services

Adult Parole Authority supervision

- Specifies that persons paroled, conditionally pardoned, or released from prison on post-release control (instead of those paroled, conditionally pardoned, or released to *community* control) are under the Adult Parole Authority's (APA) jurisdiction and supervised by its Field Services Section.
- Expands a provision requiring the Field Services Section to formulate and use an offender supervision program, to require that the program must establish supervision standards so that higher risk probationers receive the most supervision and specify caseloads for parole officers.
- Specifies that the program described in the preceding dot point must allow the APA to limit probation services provided to a court to meet effective caseload sizes.
- Defines "caseload" as the number of persons who are under the supervision of any individual parole officer or field officer of the Field Services Section of the APA.

Field Services Section

- Specifies that the primary duty of the Field Services Section is to supervise persons released from prison who are paroled, conditionally pardoned, or released under post-release control supervision.
- Limits the Section's existing authority to supervise probationers from local courts to situations in which the APA and the court have entered into an agreement for such supervision, and requires the APA to limit the provision of those services in order to meet supervision and caseload standards it develops for its officers.

Agreement for joint supervision of parolees

- Changes the entity with whom a court of common pleas may enter into an agreement for joint supervision of released offenders from the Department of Rehabilitation and Correction (DRC) to the APA.
- Replaces the Parole Board with the APA as the entity involved in the supervision of offenders under a joint supervision agreement.
- Specifies that a county probation department is required to receive into its legal custody or supervision persons paroled, released under a post-release control sanction, or conditionally pardoned if the court has entered into a joint supervision agreement with the APA.
- Clarifies that a county probation department must furnish a written statement of the conditions of supervision to each person under its supervision or in its custody for a community control sanction or, pursuant to a joint supervision agreement, under a post-release control sanction or on parole.

- Clarifies that when a county lacks a probation department, a sentencing court may place offenders subject to community control sanctions under the APA's supervision if the court has entered an agreement with the APA for its services.
- Specifies that an offender's violation of a community control sanction, condition of release, or law, or departure from the state without permission, must be reported to the APA if the court has entered into an agreement with the APA for its services.
- Permits the APA to limit its provision of supplemental investigation and supervisory services and community control supervisory services to counties in order to meet its caseload and supervision standards for officers.
- Allows the APA to choose not to enter into an agreement with a county for its investigation and supervisory services or community control supervisory services if there is no existing agreement with the county.
- Authorizes the APA to terminate or choose not to renew an agreement with a county for its services if the county is instead offered funding from the DRC's Division of Parole and Community Services, provided the General Assembly has appropriated sufficient funds.

County authority to contract for services

- Allows a county or counties without a probation department to contract with other agencies, associations, or organizations for the provision of probation and supervisory services regardless of whether or not the county or counties have an agreement with the APA for similar services.

Supervision and custody of releasees

- Clarifies that the APA will supervise releasees and that DRC will have custody of releasees until the authority grants a termination.

Targeted community alternatives to prison

- Removes references in the targeted community alternatives to prison program to "target counties," continuing the program only for counties that elect to participate.

F4 and F5 presumption against a prison sentence

- In the Felony Sentencing Law mechanism establishing a presumption in favor of a community control sanction, instead of a prison term, for most F4s and F5s, repeals a criterion for the presumption to apply that pertains to the DRC providing the court with a list of available community control sanctions.

Minimum standards for jails

- Modifies an action by the Director of DRC to enjoin compliance with the minimum standards and minimum renovation, modification, and construction criteria for minimum security jails by expanding the applicable standards and criteria to those for jails instead of only for minimum security jails.

Authority regarding medical release

- Assigns to the Director of the DRC, rather than the Governor, responsibilities relating to the medical release of an inmate.

DRC authority to provide laboratory services

- Repeals DRC's authority to provide laboratory services.

Community-based correctional facility award agreements

- Modifies the effectivity of financial award agreements between DRC and the governing board of a community-based correctional facility from a period of one year from the date of the agreement to not longer than the state fiscal biennium in which the assistance is to be awarded.

Ohio Penal Industries

- Requires the Office of Enterprise Development Advisory Board to solicit business proposals offering job training, apprenticeship, education programs, and employment opportunities for Ohio Penal Industries.

Probation and parole services

Adult Parole Authority supervision

(R.C. 5149.04)

The bill modifies an existing provision that specifies the offenders who are under the Adult Parole Authority's (APA) jurisdiction and supervised by its Field Services Section. Under the bill, the provision applies with respect to persons paroled, conditionally pardoned, or released from prison on post-release control. Currently, the provision applies with respect to persons paroled, conditionally pardoned, or released to community control.

The bill expands an existing provision that requires the Field Services Section's Superintendent to formulate and use an effective program of offender supervision, to provide details regarding the program. The bill requires that the program must:

1. Establish supervision standards for parole and field officers of persons under its jurisdiction, based on results of the single validated risk assessment tool selected under current law, so that higher risk probationers receive the most supervision;
2. Specify caseloads (defined in the bill; see below) for parole officers, taking into consideration available personnel and funds, and prioritize the supervision of persons paroled, conditionally pardoned, or released to post-release control under the APA's jurisdiction; and
3. Allow for limiting probation services provided to a court pursuant to an agreement entered into with the court, to the extent that doing so will allow the APA to meet effective caseload sizes for persons described in paragraph (2), above.

Definition of “caseload”

(R.C. 5149.01)

The bill defines “caseload” as the number of persons who are under the supervision of any individual parole officer or field officer of the Field Services Section of the APA, including persons placed on probation, community control, judicial release, or another form of supervision imposed by a court and persons paroled, conditionally pardoned, or released to post-release control supervision.

Field Services Section

(R.C. 5149.06)

The bill modifies provisions regarding the duties of the APA’s Field Services Section in two ways:

1. It enacts language specifying that the Section’s primary duty is to supervise persons released from prison who are paroled, conditionally pardoned, or released under post-release control supervision. Current law (repealed by the bill) specifies that one of the Section’s duties is to assist counties in developing their own probation services on either a single county or multiple county basis.
2. It limits the Section’s existing authority, subject to available personnel and funds, to supervise selected probationers from local courts to situations in which the APA has entered into an agreement with the court for such supervision. And the bill further requires the APA to limit the provision of those services in order to meet supervision and caseload (defined in the bill; see above) standards the APA develops for its officers (see “**Adult Parole Authority supervision,**” above).

Agreement for joint supervision of parolees

(R.C. 2301.28, 2301.30, and 2967.29)

The bill changes the entity with whom a court of common pleas may enter into an agreement for joint supervision of offenders released from prison from the Department of Rehabilitation and Correction (DRC) to the APA. It also replaces the Parole Board with the APA as the supervising entity under those agreements.

The bill requires a county probation department to receive into its legal custody or supervision persons paroled, released under a post-release control sanction, or conditionally pardoned if the court of common pleas has entered into an agreement with the APA for the joint supervision of offenders. Current law requires the county to accept those persons into its custody or supervision when requested by the APA or any other authority having power to parole or release from a state correctional institution.

The bill also modifies a requirement in existing law that a county probation department must furnish a written statement of the conditions of supervision to each person under its supervision or in its custody for a community control or post-release control sanction or on parole. The bill clarifies that the department must furnish the written statement to each person under its supervision or in its custody for a community control sanction or, pursuant to an agreement for joint supervision with the APA, under a post-release control sanction or on parole.

Supervision of offenders serving community control sanctions

(R.C. 2929.15)

The bill clarifies when a sentencing court may place offenders subject to community control sanctions under the APA's supervision. If a county lacks a probation department, offenders serving a community control sanction may be supervised by the APA if the court has entered into an agreement with the APA for its services.

Similarly, the bill clarifies that if an offender violates a community control sanction, condition of release, or law, or leaves the state without permission, the violation or departure must be reported to the APA if the court has entered into an agreement with the APA for its supervisory services.

Authority to limit probation services on county level

(R.C. 2301.32)

The bill allows the APA to limit its provision of supplemental investigation and supervisory services and community control supervisory services to counties in order to meet its caseload and supervision standards. Under current law, preserved by the bill, the APA may provide supplemental investigation and supervisory services to a county probation department if the APA enters an agreement with the county's court of common pleas. If a county has not established a probation department, the court of common pleas and the APA may agree to placing offenders subject to a community control sanction under the APA's supervision.

The bill permits the APA to choose not to enter an agreement to provide investigation and supervisory services or community control supervisory services if there is no existing agreement with a county. The APA may terminate or choose not to renew an agreement with a county for its services, but the county must instead be offered funding from the DRC's Division of Parole and Community Services, provided the General Assembly has appropriated sufficient funds for that purpose.

County authority to contract for services

(R.C. 2301.27)

Existing law allows each common pleas court to establish a county probation department as well as two or more counties to jointly establish a county probation department for those counties. Existing law also provides that instead of establishing a county probation department and instead of entering into an agreement with the APA, the common pleas court or the common pleas court of two or more adjoining counties, may request the board of county commissioners (or jointly request the boards of county commissioners of those counties) to contract with, and upon that request the board may contract with, any nonprofit, public or private agency, association, or organization for the provision of probation services for persons placed under community control sanctions. The bill provides that the county or counties may contract with the above-described entities regardless of whether or not they have entered into an agreement with the APA.

Supervision and custody of releasees

(R.C. 2967.02)

The bill clarifies that the APA will supervise releasees and that DRC will have custody of releasees until the authority grants a termination.

Additionally, under current law, DRC has custody of releasees until the APA grants a “final release.” S.B. 66 of the 132nd General Assembly amended the phrase “final release” to “termination.”⁶⁸ The bill reflects this change in language.

Targeted community alternatives to prison

(R.C. 2929.34 and 5149.38)

The bill removes a requirement that certain prison terms imposed for a fifth degree felony be served in a county, multicounty, municipal, municipal-county, or multicounty-municipal jail or workhouse, in a community alternative sentencing center or district community alternative sentencing center, or in a community-based correction facility if the court that imposed the fifth degree felony term was a common pleas court of a “target county.” The “target counties” are: Franklin, Cuyahoga, Hamilton, Summit, Montgomery, Lucas, Butler, Stark, Loran, and Mahoning.

Under continuing law, in any county, the board of county commissioners and the administrative judge of the general division of the common pleas court may agree to have the county participate in these local confinement provisions. These counties are referred to in continuing law as “voluntary counties.”

F4 and F5 presumption against a prison sentence

(R.C. 2929.13)

A Felony Sentencing Law mechanism establishes a presumption in favor of a community control sanction, instead of a prison term, for an offender convicted of an F4 or F5 that is not exempt from the mechanism. The presumption applies if four specified criteria are satisfied. The sentencing court may impose a prison term, notwithstanding the presumption, if any of 11 specified circumstances apply. Offenses of violence and a few assault offenses are exempt from the mechanism.

The bill repeals one of the criteria that must be satisfied for the presumption to apply, and a related circumstance that authorizes a court to impose a prison term if that criterion is not satisfied. The repealed criterion and circumstance pertain to DRC providing the court, upon its request, with a list of available community control sanctions. Specifically, the bill repeals the provisions that: (1) require the sentencing court to request from DRC a detailed list of community control sanctions available for offenders it sentences, if it believes that no appropriate community control sanction is available, (2) require DRC to provide such a list to the requesting court within a specified period of time after the request, (3) specify that if DRC timely provides the requesting court with such a list, the presumption applies, and (4) specify

⁶⁸ R.C. 2967.16, not in the bill.

that if DRC does not timely provide the requesting court with such a list, the court has discretion to impose a prison term.

Minimum standards for jails

(R.C. 5120.10 with conforming changes in R.C. 341.34 and 753.21)

The bill modifies the DRC Director's authority to initiate an action in the court of common pleas to enjoin compliance with the minimum standards for jails or with the minimum standards and minimum renovation, modification, and construction criteria for jails by eliminating the specific reference to *minimum security* in regard to those minimum standards and minimum renovation, modification, and construction criteria, thus expanding those standards and criteria to apply for all jails. It makes conforming changes in the laws establishing minimum security jails in municipal corporations and counties to references to minimum standards and minimum renovation, modification, and construction criteria for jails instead of for *minimum security* jails.

Authority regarding medical release

(R.C. 2967.05)

The bill assigns to the Director of DRC responsibilities relating to the medical release of an inmate. Under current law, these responsibilities are assigned to the Governor.

The bill provides that the Director may order the release of an inmate who is terminally ill, medically incapacitated, or in imminent danger of death.

Subsequent to an inmate's release, the Director may order the return of the inmate to an institution if either of the following occur:

1. The inmate's health so improves that the inmate is no longer terminally ill, medically incapacitated, or in imminent danger of death;
2. The inmate violates any rules or conditions that apply to the inmate.

Under current law, if an inmate's health improves as in paragraph (1) above, the inmate must be returned to an institution.

Under the bill, the Director must direct the APA to investigate the inmate and make a recommendation. The released inmate will be supervised by the APA in accordance with this recommendation if it is approved by the Director. Under current law, the Director is not required to direct the APA to investigate and make a recommendation.

DRC authority to provide laboratory services

(R.C. 5120.135, repealed, with conforming changes in R.C. 5119.44)

The bill repeals DRC's authority to provide laboratory services to certain state departments, federal, state, county, or local agencies, public or private entities, and private persons. Under current law, these "laboratory services" include the performance of medical laboratory analysis; professional laboratory and pathologist consultation; the procurement, storage, and distribution of laboratory supplies; and the performance of phlebotomy services.

Community-based correctional facility award agreements

(R.C. 5120.112)

The bill modifies the effectivity of state financial agreements between the Director of DRC and the Deputy Director of the Division of Parole and Community Services on the part of the state, and the facility governing board of a community-based correctional facility and program or a district community-based correctional facility and program that outline the agreement's terms and conditions, from an annual basis or a period of one year from the date of the agreement under current law to not longer than the state fiscal biennium in which the financial assistance is to be awarded.

Ohio Penal Industries

(R.C. 5145.162)

The Office of Enterprise Development Advisory Board advises and assists DRC with the creation of training programs and jobs for inmates and releasees through partnerships with private sector businesses. Among the duties of the Board is to solicit business proposals offering job training, apprenticeship, education programs, and employment opportunities for inmates and releasees. The bill requires the Board to also solicit these business proposals for Ohio Penal Industries.

SECRETARY OF STATE

- Eliminates the Election Reform/Health and Human Services Fund.

Election Reform/Health and Human Services Fund

(R.C. 111.28; Section 516.10)

The bill eliminates the Election Reform/Health and Human Services Fund (Fund 3AH0). Currently, that fund exists in the state treasury to receive grants from the U.S. Department of Health and Human Services under the federal Help America Vote Act of 2002 for assuring voting access for persons with disabilities.⁶⁹

Continuing law requires the Secretary of State to deposit any federal grant moneys the Secretary receives, other than those that must be deposited in a specific fund, in the Miscellaneous Federal Grants Fund. As a result, the bill would not affect the Secretary's ability to receive any grant moneys that previously would have been deposited in the Election Reform/Health and Human Services Fund.

⁶⁹ 52 U.S.C. 21021 through 21025.

DEPARTMENT OF TAXATION

Lead abatement income tax credit

- Authorizes the Director of Health to award nonrefundable income tax credits for up to \$10,000 in costs incurred to abate lead in an Ohio residence constructed before 1978.
- Limits the amount of credits that may be awarded to \$5 million per biennium.

Municipal income taxes

- Requires a municipal corporation to pay money to the Treasurer of State if the net distribution amount for the municipal corporation's state-administered municipal income tax accounts is less than zero in any month.
- Allows the Tax Commissioner to recover unpaid amounts by reducing a delinquent municipal corporation's various state administered tax distributions.
- Requires the Director of Budget and Management to transfer money from the GRF to the Municipal Income Tax Fund in the event that the balance of the Municipal Income Tax Fund is not sufficient to cover the required monthly distributions from that fund.
- Creates a separate Municipal Net Profit Tax Fund to receive revenue solely from the state-administered municipal tax on business income.

Lead abatement income tax credit

(R.C. 3742.50, 5747.02, 5747.08, 5747.26, and 5747.98; Section 757.10)

The bill authorizes a nonrefundable income tax credit for expenses incurred by a taxpayer to abate lead in an Ohio residence constructed before 1978. Specifically, the credit is based on the sum of the following "lead abatement costs" incurred in a taxable year, up to \$10,000 per taxpayer:

- Costs for a licensed specialist to conduct a lead risk assessment, lead abatement project, or clearance examination (a test conducted to verify that the lead hazard has been abated);
- Costs to relocate the dwelling's occupants to protect them during the lead abatement process.

The credit is not available on the basis of any lead abatement cost for which the taxpayer is reimbursed or that the taxpayer deducted or intends to deduct for federal or state income tax purposes.

To obtain a credit, the taxpayer submits an application to the Director of Health listing the taxpayer's lead abatement costs incurred during the taxable year. After verifying those costs and that the dwelling was constructed before 1978 and has passed a clearance examination, the Director issues a certificate authorizing the applicant to claim a nonrefundable income tax credit equal to the lesser of the costs listed on the application, the actual costs verified by the Director, or \$10,000.

The Director may not issue credit certificates lead abatement costs incurred in taxable years beginning before 2020, nor may the Director issue more than \$5 million in certificates in a fiscal biennium. The Director may adopt rules for the administration of the lead abatement credit program, in consultation with the Tax Commissioner.

The taxpayer may claim, for the taxable year in which the certificate is issued, a nonrefundable income tax credit equal to the amount stated on the certificate. Any unclaimed balance may be carried forward for up to seven years. Upon request, the taxpayer must furnish the Commissioner with documentation verifying the taxpayer's credit eligibility.

State administration of municipal income taxes

Beginning in 2018, continuing law allows businesses (other than sole proprietors) to choose between filing a separate tax return for each municipal corporation in which the business operates and filing a single return with the Department of Taxation that covers the business' total tax liability to all municipalities. Each municipality continues to administer its tax on businesses that choose to file separate returns. The Department assumes all aspects of administering the taxes of businesses that choose to file a single return. The Tax Commissioner is required to distribute municipal income tax revenue on a monthly basis, after deducting 0.5% of such revenue to cover the Department's administrative expense.

Net distribution deficiency

(R.C. 718.83, 321.24, and 5747.05; Sections 812.20 and 815.10)

The bill addresses negative cash-flow issues with the state's Municipal Income Tax Fund that arise when a municipal corporation's net distribution of revenue from tax accounts administered by the Department is less than zero. This might happen if audit adjustments and refunds exceed collections in a given month. In such cases, the bill requires the municipal corporation to remit payment to the Treasurer of State within 30 days of receiving a notice of deficiency from the Department. If a municipal corporation does not reimburse the state in a timely manner, the bill authorizes the Commissioner to recover the deficiency by reducing the municipal corporation's future municipal income tax distributions, electric light and telephone company income tax distributions, and property tax distributions.

If there is not a sufficient amount of revenue in the state's Municipal Income Tax Fund to cover the required monthly distributions of municipal income tax revenue, the bill requires the Director of Budget and Management to transfer money to the fund from the GRF to cover the shortage. In the event of such a transfer, the Commissioner and the Director would be required to develop a plan to reimburse the GRF in a timely manner.

The bill exempts the provision from the referendum, causing the provision to take effect immediately upon becoming law.

Municipal Net Profit Tax Fund

(R.C. 718.83, 718.85, and 718.90; Section 701.20)

The Department of Taxation currently administers two income taxes on behalf of municipal corporations. Beginning in 2018, businesses may file their municipal income taxes centrally with the Department. In addition, the Department administers a separate municipal income tax on electric and telephone companies.

Under current law, revenue from both taxes is deposited into a single Municipal Income Tax Fund. The bill creates a separate fund – the Municipal Net Profit Tax Fund – to receive revenue from the state-administered municipal tax on business income. Revenue from municipal taxes on electric and telephone companies will continue to be credited to the Municipal Income Tax Fund.

Amounts credited to both funds are returned to the municipal corporations that levy the underlying taxes, after an allowance for the Department’s administrative costs.

DEPARTMENT OF TRANSPORTATION

- Removes the requirement that the Director of Transportation adopt a rule every two years that establishes both:
 - A business plan outlining the Department of Transportation's mission, business objectives, and strategies; and
 - A procedure for certain professional employees' performance accountability.

ODOT business plan

(R.C. 5501.20)

The bill removes the requirement that the Director adopt a rule every two years that establishes both:

1. A business plan outlining ODOT's mission, business objectives, and strategies; and
2. A procedure for certain professional employee's performance accountability.

Current law requires the Director to adopt the business plan by July 1 of every odd-numbered year. That business plan is used in evaluating both a newly hired professional employee's performance during that employee's initial four-month review and all professional employees' performance during their yearly written performance reviews. Professional employees currently are expected to work to fulfill the mission, business objectives, and strategies stated in the plan and can be suspended, demoted, or removed for performance that hinders or restricts fulfillment of the plan.

While the bill removes the requirement that the Director adopt a business plan and the employee performance expectations related to the plan, it retains current provisions for the yearly performance review. Professional employees are considered employees in the classified civil service and so are held to those standards for good behavior and efficient service. Failure to keep up with those standards will still result in a possible six-month period to improve performance, or a suspension, demotion, or removal.

TURNPIKE AND INFRASTRUCTURE COMMISSION

- Eliminates the requirement that the Auditor of State make an unannounced annual audit of the Ohio Turnpike and Infrastructure Commission's accounts and transactions.
- Requires the Commission to annually submit a comprehensive annual financial report, including audited financial statements for the preceding calendar year, to the Governor, General Assembly, and Director of Budget and Management.

Audits and reports

(R.C. 5537.17)

The bill eliminates the requirement that the Auditor of State make an unannounced annual audit of the Ohio Turnpike and Infrastructure Commission's accounts and transactions. The Commission is still subject to an audit of its books and accounts by certified public accountants (CPAs), as under current law, however, the bill specifies that such CPAs must be approved by the State Auditor.

Additionally, under the bill, the Commission must annually submit a comprehensive annual financial report, including audited financial statements for the preceding calendar year, to the Governor, General Assembly, and Director of Budget and Management. Under current law, the Commission must make an annual report of its activities, including a complete operating and financial statement, to the Governor and General Assembly. This report is eliminated in favor of the comprehensive financial report.

DEPARTMENT OF YOUTH SERVICES

- Consolidates and renames the Federal Juvenile Justice Programs Funds into a single Juvenile Justice and Delinquency Prevention Fund administered by the Department of Youth Services (DYS).
- Eliminates the requirements that a separate federal juvenile justice program fund be established each federal fiscal year and the crediting of investment earnings on the fund's cash balance be for the appropriate federal fiscal year.
- Requires DHS to maintain a financial activity report of each individual grant in the fund.
- Removes the provision that rules, orders, and determinations of the Office of Criminal Justice Services regarding administration of federal juvenile justice grants in effect on that provision's effective date continue in effect as those of DHS.

Juvenile Justice and Delinquency Prevention Fund

(R.C. 5139.87)

The bill provides that the Department of Youth Services (DYS) serves as the state agent for the administration of federal, instead of *all* federal, juvenile justice grants to the state, and eliminates the requirement that a separate federal juvenile justice programs fund be established each federal fiscal year. It consolidates the Federal Juvenile Justice Programs *funds* into a single Juvenile Justice and Delinquency Prevention Fund (the fund). All federal grants and moneys received for federal juvenile programs must be deposited into the Fund and receipts deposited in the fund must be used for federal juvenile programs. The bill provides that all investment earnings on the cash balance in the fund must be credited to the fund and eliminates the provision that they be credited for the appropriate federal fiscal year.

The bill requires DHS to maintain a financial activity report of each individual grant within the fund, including expenses and revenue credited to those individual grants.

The bill eliminates the provision that all rules, orders, and determinations of the Office of Criminal Justice Services regarding the administration of federal juvenile justice grants in effect on September 26, 2003, must continue in effect as rules, orders, or determinations of DHS.

LOCAL GOVERNMENT

- Authorizes a local government, under certain circumstances, to extend the term of a tax increment financing exemption for up to 30 additional years.
- Requires each county family and children first council to include a representative of the Department of Youth Services (DYS) or its designee, instead of a representative of the regional office of DHS.

Tax increment financing exemption extensions

(R.C. 5709.51, 5709.40, 5709.41, 5709.73, and 5709.78; Section 757.20)

Under current law, a county, township, or municipal corporation may adopt a resolution exempting certain property in a township from property taxation through a method known as tax increment financing (TIF). There are currently two types of TIF resolutions that a local government may adopt – either exempting individual parcels or groups of parcels, or exempting a collection of parcels in an “incentive district” (these are often referred to as a “project TIF” or an “incentive district TIF,” respectively).

All or a portion of the increased value of real property subject to a TIF is exempt from property tax for up to ten years or, with the approval of the school district, up to 30 years. School districts may condition their approval on receiving payments from the property owner compensating the district for forgone property taxes. In lieu of property taxes, the owner of TIF property is generally required to make service payments to the local government that designated the TIF, which generally uses those service payments to pay for infrastructure improvements related to the development of the TIF property.

The bill authorizes a county, township, or municipal corporation to extend the term of a project TIF exemption for up to 30 additional years, if certain conditions apply. Specifically, (1) service payments generated by the project TIF must have exceeded \$1.5 million in the year before the extension is adopted, and (2) the ordinance or resolution extending the term must provide for compensation to the affected school district for the amount of forgone taxes. In addition, for extensions approved after 2020, service payments must not have exceeded \$1.5 million in any year before the year preceding the extension. (When coupled with (1), above, this means that, for extensions approved after 2020, the TIF service payments must have increased to \$1.5 million in the year before the extension is approved from some lesser amount paid in each preceding year.) The bill authorizes an extension only for project TIF exemptions in effect for tax year 2019 or later.

Within 15 days after approving an extension, the county, township, or municipal corporation must send a copy of the local extension legislation to the Director of Development Services. (Under continuing law, local governments are required to certify new TIF legislation to the Director within the same amount of time.)

County family and children first councils

(R.C. 121.37)

Current law requires each board of county commissioners to establish a county family and children first council. Regarding council membership, the bill requires there be a representative of the Department of Youth Services (DYS) or an individual designated by DHS. This replaces a representative of the regional office of DHS, as required under current law.

MISCELLANEOUS

- Raises from 18 to 21 the legal age for a person to receive or purchase cigarettes, other tobacco products, alternative nicotine products, or papers used to roll cigarettes.
- Defines “vapor product” and includes it within the definition of “alternative nicotine products.”
- Requires clear and visible posting of signage indicating the legal age for receiving or purchasing cigarettes, other tobacco products, alternative nicotine products, or papers to roll cigarettes at locations where those products are sold.

Legal age to purchase cigarettes and other tobacco products

(R.C. 2927.02(B), (C), and (E))

Generally speaking, the bill increases from 18 to 21 the age at which a person may purchase or receive cigarettes, other tobacco products, alternative nicotine products, or papers used to roll cigarettes (hereafter referred to as “tobacco products”). More specifically, the bill prohibits a manufacturer, producer, distributor, wholesaler, or retailer of tobacco products, an agent, employee, or representative of any of those persons, or other person from doing any of the following to a person under 21:

1. Giving, selling, or otherwise distributing tobacco products;
2. Giving away, selling, or distributing tobacco products in any place that does not have posted in a conspicuous place a legibly printed sign in letters at least one-half inch high stating that giving, selling, or otherwise distributing tobacco products to a person under 21 is prohibited by law;
3. Knowingly furnishing any false information regarding the name, age, or other identification of the person with purpose to obtain tobacco products for that person.

The bill also prohibits a person from selling or offering to sell tobacco products from a vending machine, unless the location is an area to which persons under 21 are not generally permitted access.

“Vapor product” as “alternative nicotine product”

(R.C. 2927.02(A)(2) and (8))

The bill includes “vapor product” within the definition of “alternative nicotine product.” As a result, the prohibition described above includes vapor products.

A “vapor product” is a product, other than a cigarette or other tobacco product that contains or is made or derived from nicotine and that is intended and marketed for human consumption, including by smoking, inhaling, snorting, or sniffing. It includes any component, part, or additive that is intended for use in a mechanical heating element, battery, or electronic circuit and is used to deliver the product, provided that the component, part, or additive is sold with the product and not separately stated on an invoice or other document of sale. It also includes any product containing nicotine, regardless of concentration. It does not include any

product that is a drug, device, or combination product, as those terms are defined or described under federal law.

Vending machine notice

(R.C. 2927.02(C))

Under the bill, if a person is selling or offering to sell tobacco products by or from a vending machine, the vending machine must have a clearly visible notice that is posted in the area where the vending machine is located that states the following in letters that are legibly printed and at least one-half inch high:

“It is illegal for any person under the age of 21 to purchase tobacco products.”

Exceptions to prohibitions; forfeiture; affirmative defenses

(R.C. 2927.02(D), (E), and (G) and 2927.022)

The bill provides that the existing exceptions to the prohibitions regarding giving, selling, or otherwise distributing tobacco products apply when the person receiving the cigarettes is under 21.

Additionally, the bill provides that the existing law seizure and forfeiture provisions apply when tobacco products are given, sold, or otherwise distributed to a person under age 21 in violation of the prohibitions described above and when those products are used, possessed, purchased, or received by a person under 21 in violation of R.C. 2151.87 (prohibits a child from possessing, using, purchasing, or receiving tobacco products).

Finally, existing law provides certain affirmative defenses to a charge of giving, selling, or otherwise distributing tobacco products to any person under age 21. The bill adjusts the language describing these affirmative defenses to reflect the age increase to 21.

NOTES

Effective dates

(Sections 812.10 to 812.23)

Article II, Section 1d of the Ohio Constitution states that “appropriations for the current expenses of state government and state institutions” and “[l]aws providing for tax levies” go into immediate effect and are not subject to the referendum. The bill includes a default provision stating that, except as otherwise specifically provided, the amendment, enactment, or repeal of a section is subject to the referendum and takes effect on the 91st day after the act is filed with the Secretary of State (barring the filing of a referendum petition). The bill also includes exceptions to the default provision, some of which provide that specified provisions are not subject to the referendum and go into immediate effect.

Expiration

(Section 809.10)

The bill includes an expiration clause stating that an item that composes the whole or part of an uncodified section contained in the bill (other than an amending, enacting, or repealing clause) has no effect after June 30, 2021, unless its context clearly indicates otherwise.

HISTORY

Action	Date
Introduced	03-25-19