OHIO LEGISLATIVE SERVICE COMMISSION

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Office of Research and Drafting

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H.B. 578
136th General Assembly

Bill Analysis

Version: As Introduced

Primary Sponsors: Reps. Creech and Schmidt

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SUMMARY

- Requires certain entities and individuals, including boards of health and health care providers, to promptly report to the Department of Health the existence of tick-related diseases and conditions.

DETAILED ANALYSIS

Tick-related diseases and conditions – mandatory reporting

The bill requires the following entities and individuals to promptly report to the Department of Health (ODH) the existence of tick-related diseases and conditions: (1) boards of health, (2) health authorities or officials, (3) health care providers in localities without health authorities or officials, and (4) coroners or medical examiners.[1] Under the bill, a tick-related disease or condition includes any of the following:

- Alpha-gal syndrome;
- Anaplasmosis;
- Babesiosis;
- Ehrlichiosis;
- Lyme disease;
- Powassan virus disease;
- Rocky mountain spotted fever;
- Tularemia;

[1] R.C. 3701.23(B)(5).

- Southern tick-associated rash illness.

Criminal penalties

An entity or individual that fails to report to ODH the existence of a tick-related disease or condition is guilty of a minor misdemeanor on a first offense[2] and a fourth degree misdemeanor on any subsequent offense.[3]

Existing reporting requirements

In mandating the prompt reporting of a tick-related disease or condition and establishing criminal penalties for failing to do so, the bill adds to existing law requiring diseases such as Asiatic cholera, diphtheria, typhus or typhoid fever, and yellow fever to be promptly reported to ODH.[4] Current law maintained by the bill also (1) establishes criminal penalties for any failure to report, (2) requires reports to be submitted on forms, and (3) authorizes the Director of Health to prescribe the manner in which reports are made.[5] Existing law further specifies that any information reported to ODH that does not identify an individual may be released in summary, statistical, or aggregate form. Protected health information, which reveals an individual's identity, is confidential and generally may be released only on the individual's written consent.[6]

Health care provider definition

The bill retains the existing law definition of ***health care provider*** – any person or government entity that provides health care services to individuals. The term includes the following: hospitals, medical clinics and offices, special care facilities, medical laboratories, physicians, pharmacists, dentists, physician assistants, registered and licensed practical nurses, laboratory technicians, emergency medical service organization personnel, and ambulance service organization personnel.[7]

HISTORY

Action	Date
Introduced	11-05-25

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[2] A minor misdemeanor is punishable by a fine of not more than $150. A fourth degree misdemeanor is punishable by a fine of not more than $250 and a jail term of not more than 30 days. R.C. 2929.24 and 2929.28, not in the bill.

[3] R.C. 3701.23(C); R.C. 3701.99(A), not in the bill.

[4] R.C. 3701.23(B).

[5] R.C. 3701.23(C) and (D).

[6] R.C. 3701.23(E); R.C. 3701.17, not in the bill.

[7] R.C. 3701.23(A).