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OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research
and Drafting

Legislative Budget
Office

H.B. 620
133rd General Assembly

Bill Analysis

Version: As Introduced

Primary Sponsor: Rep. Crawley

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SUMMARY

Health impact review process for bills

- Requires the staff of the Legislative Service Commission (LSC) to review each bill introduced in the General Assembly and prepare a health impact statement concerning the bill.
- Requires the health impact statement to analyze whether the bill might have a positive, negative, or neutral impact on certain factors concerning health, health equity, and social determinants of health.

Health and Equity Interagency Team

- Creates the Health and Equity Interagency Team in the Department of Health to ensure collaboration among all state agencies, and requires every state agency to appoint a liaison to the Team.
- Specifies duties for the Team, including coordinating among state agencies to address health and health equity factors impacted by social determinants of health.
- Requires the Team to submit an annual state health and health equity report to the Director of Health.

DETAILED ANALYSIS

Health impact review process for bills

The bill requires the staff of the Legislative Service Commission (LSC) to create and comply with a health impact review process.¹ Under the process, LSC must review each bill

¹ R.C. 103.13(L).

introduced in the General Assembly on or after the effective date of H.B. 620 and prepare a health impact statement concerning the bill. The statement must analyze whether the bill might have a positive, negative, or neutral impact on any of the following:

- The health of Ohioans;
- The accomplishment of health equity in Ohio;
- The health or health equity of specific populations or persons residing in specific geographic areas in Ohio;
- Social determinants of health for the most vulnerable populations in Ohio.²

The health impact statement must be completed as soon as possible but not later than the date the bill receives a second committee hearing in the house in which it was introduced, or no later than 30 days after being requested by a member of the General Assembly.³ A bill may not be voted out of committee until after the committee members have received and considered the health impact statement, unless two thirds of the committee suspend this requirement.⁴

Health and Equity Interagency Team

The bill also creates the Health and Equity Interagency Team in the Department of Health to bring all state agencies together in pursuit of statewide health equity. The Department of Health must administer the team, and each state agency must appoint a liaison.⁵ “State agency” means every organized body, office, agency, institution, or other entity established by the laws of Ohio for the exercise of any function of state government.⁶

The Team must do all of the following:

- Work across the state government to coordinate resources and implement strategies to address health and health equity factors impacted by social determinants of health;
- Create links between various policy areas;
- Build new partnerships to promote health and health equity;
- Develop common metrics of success for health outcomes among disparate populations and for increased government efficiency.⁷

² R.C. 103.132(C).

³ R.C. 103.132(D).

⁴ R.C. 103.132(E).

⁵ R.C. 3701.35(B).

⁶ R.C. 3701.25(A)(2).

⁷ R.C. 3701.35(C).

On or before December 31 each year, the Team must submit a state health and health equity report to the Director of Health, who must make it available to the public on the Department of Health’s official website.⁸

Definitions

The bill defines the following terms:

- “Health” means the state of a natural person’s physical, mental, and social well-being and is not limited to the absence of disease or infirmity.
- “Health equity” means the absence of obstacles to health that may prevent an individual or group from achieving full health potential.
- “Social determinants of health” means the range of personal, social, economic, and environmental factors that influence health status. These factors include, but are not limited to, income, education, family, housing, food security, environment, community, and transportation.⁹

HISTORY

Action	Date
Introduced	05-07-20

H0620-I-133

⁸ R.C. 3701.35(D).

⁹ R.C. 103.132(A). The bill additionally defines “health disparities” but does not use this term.