

Ohio Legislative Service Commission

Office of Research and Drafting Legislative Budget Office

H.B. 324 134th General Assembly

Bill Analysis

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Version: As Reported by House Health

Primary Sponsors: Reps. Click and Lipps

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SUMMARY

- Requires hospitals to permit in-person visits of hospitalized patients (1) during a public health emergency related to the spread of a contagious disease, or (2) any time when a contagious disease is unusually prevalent.
- Permits the in-person visits to be by the patient's family members, caregivers, companions, and clergy persons.
- Permits a hospital to take certain precautionary measures related to the in-person visits permitted by the bill.
- Prohibits a public health order issued by the Department of Health or a local board of health regarding the spread of a contagious disease from preventing reasonable visitation if the patient's condition becomes terminal.
- Clarifies that the above provisions are not to be construed or implemented in such a way as to conflict with federal regulatory guidance.
- Names these provisions Shirley and Wilma's Law.

DETAILED ANALYSIS

Hospital visitation

The bill requires hospitals to permit in-person visits with hospitalized patients during:

- 1. A public health emergency related to the spread of a contagious disease; or
- 2. At any time when a contagious disease is unusually prevalent.

The visits must be permitted for the patient's family members (which include persons related to the patient by common ancestors or by marriage), caregivers, companions, and clergy persons. The hospital must make reasonable efforts to conduct those visits in conformity with its visitor policy in effect before the emergency was declared or the disease prevalence increased. The bill

requires a hospital's visitation policy during these situations to be conducted in such a way as to protect the health of hospital patients, staff, and other individuals in the hospital facility.¹

LSC

Designating visitors

Under the bill, the patient, or an individual authorized to make decisions on the patient's behalf, may designate the visitors who may visit the patient, including the patient's family members, caregivers, companions, and clergy persons.²

Precautionary measures

The bill permits a hospital to take certain precautionary measures related to in-person visits during the above situations. A hospital can do any of the following:

- Require visitor screening for symptoms of the contagious disease before the visitor enters the hospital;
- Prohibit entry to a visitor who displays or discloses symptoms of the contagious disease and poses a risk to other individuals in the hospital;
- Require visitors to visit patients in their rooms (if the patient has a single room) or in a designated visitor space, and to limit their movement throughout the hospital;
- Require a visitor to wear personal protective equipment, perform frequent hand hygiene, maintain appropriate physical distancing, and follow other reasonable safety precautions while in the hospital and during visits;
- Provide visitors with information and warnings about the transmission of the contagious disease, including methods of reducing the transmission risk; and
- Limit the number of visitors seeing a patient at one time, but a hospital cannot limit visits to only one designated visitor. The bill prohibits a hospital from counting a clergy person towards any such limit and requires a hospital to permit a clergy person to visit with a patient in addition to the permitted number of visitors.³

Health orders

The bill provides that no public health order issued by the Department of Health or a local board of health to control the spread of a contagious disease shall prevent reasonable visitation of a patient by the patient's family members, caregivers, companions, or clergy persons, if the patient's condition becomes terminal.⁴

¹ R.C. 3727.30(A).

² R.C. 3727.30(D).

³ R.C. 3727.30(C).

⁴ R.C. 3727.30(B); R.C. 3701.13, 3701.14, 3709.20, and 3709.21, not in the bill.

Federal regulations

The bill clarifies that it is not to be construed or implemented in such a way as to conflict with federal regulatory guidance relating to the contagious disease that is the subject of the emergency or unusual prevalence, such as guidance issued by the U.S. Centers for Medicare and Medicaid services or the Centers for Disease Control and Prevention.⁵

HISTORY

Action	Date
Introduced	05-25-21
Reported, H. Health	02-16-22

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⁵ R.C. 3727.30(E).