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Substitute Bill Comparative Synopsis

Sub. H.B. 236

135th General Assembly

House Health Provider Services

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This table summarizes how the latest substitute version of the bill differs from the As Introduced version. It addresses only the topics on which the two versions differ substantively. It does not list topics on which the two bills are substantively the same.

H.B. 236 (As Introduced)	Sub. H.B. 236 (I_135_1195-8)
Congregate care settings – patient or resident access to an advocate	
Prohibits a congregate care setting from doing either of the following at all times: <ul style="list-style-type: none"> Denying the patient or resident access to the patient’s or resident’s advocate; Prohibiting the patient’s or resident’s advocate from being physically present with the patient or resident in the care setting, except when the patient or resident requests that the advocate not be present (R.C. 3792.05(D)(2)). 	Same, but establishes an additional exception to the prohibition, by specifying that it does not apply when the advocate (1) has physically interfered with, delayed, or obstructed the provision of health care to which a patient or resident has consented or (2) has engaged in criminal conduct against a staff member or licensed health care practitioner employed by the congregate care setting (R.C. 3792.05(D)(2)(c)).

H.B. 236 (As Introduced)	Sub. H.B. 236 (I_135_1195-8)
Specifies that access to an advocate includes access on-site at the care setting itself and off-site through a means of telecommunication <i>(R.C. 3792.05(D))</i> .	Same, but also requires off-site access through a means of telecommunication to be provided at no cost to an advocate and patient or resident <i>(R.C. 3792.05(D))</i> .
Advocate ineligibility and opportunity for new designation	
<p>No provision.</p> <p>No provision.</p>	<p>Specifies that all of the following apply if an advocate (1) has physically interfered with, delayed, or obstructed the provision of health care to which a patient or resident has consented or (2) has engaged in criminal conduct against a care setting staff member or health care practitioner:</p> <ul style="list-style-type: none"> ▪ The individual is ineligible to serve as the patient’s or resident’s advocate; ▪ The individual’s designation as an advocate becomes void; ▪ The care setting must no longer consider the individual to be the patient’s or resident’s advocate <i>(R.C. 3795.02(D)(3))</i>. <p>Requires the congregate care setting to then provide, as soon as practicable, the patient or resident an opportunity to designate another individual to serve as the advocate <i>(R.C. 3795.02(D)(3))</i>.</p>
Personal protective equipment	
If a congregate care setting patient or resident has a highly infectious disease requiring special isolation precautions, specifies that the bill’s provisions do not prevent the care setting from establishing a protocol governing the use of personal protective equipment (PPE) in order to minimize the disease’s spread <i>(R.C. 3792.05(E)(2))</i> .	Maintains this provision, but instead refers to a reasonable protocol <i>(R.C. 3792.05(E)(2))</i> .

H.B. 236 (As Introduced)	Sub. H.B. 236 (I_135_1195-8)
Prohibits the PPE protocol from being more restrictive for advocates than for care setting staff <i>(R.C. 3792.05(E)(2))</i> .	Maintains this provision, but also requires the protocol to include exemptions for vulnerable populations <i>(R.C. 3792.05(E)(2))</i> .
Advocate quarantines – hospitals or other health care facilities	
When a patient’s advocate quarantines with the patient at a congregate care setting that is a hospital or health care facility, as allowed under the bill, requires the length of the quarantine to be based on clear and convincing scientific evidence <i>(R.C. 3792.05(E)(3))</i> .	Instead prohibits the quarantine length from being more restrictive for advocates than for hospital or facility staff <i>(R.C. 3792.05(E)(3))</i> .
Never Alone information sheet	
Requires the congregate care setting to provide a patient or resident, at the time of admission, a copy of the Never Alone information that the bill directs the Department of Health to create and make available on its website <i>(R.C. 3792.06(A) and (B))</i> .	Maintains these provisions, but requires the copy provided by the care setting to be a paper copy <i>(R.C. 3792.06(B))</i> .
Hospice care and pediatric respite care programs	
Specifies that the bill’s provisions apply to hospice care programs and pediatric respite care programs <i>(R.C. 3792.05(A)(2)(c))</i> .	Limits the bill’s application to these entities, by specifying that they are subject to the bill’s provisions only when providing care and services other than in a home <i>(R.C. 3792.05(A)(2)(c))</i> .