

As Reported by the House Finance Committee

135th General Assembly

Regular Session

2023-2024

Sub. H. B. No. 7

Representatives White, Humphrey

Cosponsors: Representatives Liston, McNally

A BILL

To amend sections 3701.61, 3701.611, 5101.342, 1
5123.0421, and 5123.33, to enact sections 2
3902.63, 5101.91, 5104.291, and 5120.658 of the 3
Revised Code, and to repeal Section 105.40 of 4
H.B. 33 of the 135th General Assembly to support 5
strong foundations for Ohio mothers and babies 6
in their first one thousand days to address 7
maternal and infant mortality, to improve 8
health, developmental, and learning outcomes for 9
babies and mothers through expanded prenatal, 10
postnatal, infant, and toddler health care and 11
early intervention and wraparound services and 12
supports; to amend the versions of sections 13
5180.21, 5180.22, and 5180.32 of the Revised 14
Code that are scheduled to take effect January 15
1, 2025, to continue those changes on and after 16
that date; to designate those provisions the 17
Strong Foundations Act; to require health plan 18
issuers to cover hearing aids and related 19
services for persons age twenty-one and younger; 20
and to make appropriations. 21

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That sections 3701.61, 3701.611, 5101.342, 22
5123.0421, and 5123.33 be amended and sections 3902.63, 5101.91, 23
5104.291, and 5120.658 of the Revised Code be enacted to read as 24
follows: 25

Sec. 3701.61. (A) The department of health shall establish 26
the help me grow program as the state's evidence-based parent 27
support program that encourages early prenatal and well-baby 28
care, as well as provides parenting education to promote the 29
comprehensive health and development of children. The program 30
shall provide home visiting services to families with a pregnant 31
woman or child under five years of age that meet the eligibility 32
requirements established in rules adopted under this section. 33
Home visiting services shall be provided through evidence-based 34
home visiting models or innovative, promising home visiting 35
models recommended by the Ohio home visiting consortium created 36
under section 3701.612 of the Revised Code. 37

(B) Families shall be referred to the appropriate home 38
visiting services through the central intake and referral system 39
created under section 3701.611 of the Revised Code. 40

(C) To the extent possible, the goals of the help me grow 41
program shall be consistent with the goals of the federal home 42
visiting program, as specified by the maternal and child health 43
bureau of the health resources and services administration in 44
the United States department of health and human services or its 45
successor. 46

(D) The director of health ~~may~~ shall enter into an 47
interagency agreement with one or more state agencies, including 48
the department of developmental disabilities, department of job 49
and family services, department of medicaid, commission on 50
minority health, Ohio fatherhood commission, and children's 51

trust fund board, to implement the help me grow program—and, to 52
ensure coordination of early childhood programs, and to maximize 53
reimbursement for the help me grow program from any federal 54
source. 55

In addition to creating the central intake and referral 56
system as described in section 3701.611 of the Revised Code, the 57
department of health shall establish a comprehensive screening 58
and connection program to support the coordination of home 59
visiting services across the state, including through the 60
department of health, department of developmental disabilities, 61
department of job and family services, department of medicaid, 62
commission on minority health, Ohio fatherhood commission, and 63
children's trust fund board. Following the program's 64
establishment, the department of health shall evaluate on a 65
regular basis the program's effectiveness in coordinating home 66
visiting services. 67

(E) The director may distribute help me grow program funds 68
through contracts, grants, or subsidies to entities providing 69
services under the program. 70

(F) As a condition of receiving payments for home visiting 71
services, providers shall report to the director data on the 72
program performance indicators, specified in rules adopted under 73
division (G) of this section, that are used to assess progress 74
toward achieving all of the following: 75

(1) The benchmark domains established for the federal home 76
visiting program, including improvement in maternal and newborn 77
health; reduction in child injuries, abuse, and neglect; 78
improved school readiness and achievement; reduction in crime 79
and domestic violence; and improved family economic self- 80
sufficiency; 81

(2) Improvement in birth outcomes and reduction in stillbirths, as that term is defined in section 3701.97 of the Revised Code; 82
83
84

(3) Reduction in tobacco use by pregnant women, new parents, and others living in households with children. 85
86

The providers shall report the data in the format and within the time frames specified in the rules. 87
88

The director shall prepare an annual report on the data received from the providers. Each report shall include an evaluation addressing the number of families and children served, the number and type of services provided, and health and developmental outcomes for participating families and children. 89
90
91
92
93
The director shall submit the report to the general assembly in accordance with section 101.68 of the Revised Code and make the report available on the internet web site maintained by the department of health. 94
95
96
97

(G) Pursuant to Chapter 119. of the Revised Code, the director shall adopt rules that are necessary and proper to implement this section. The rules shall specify all of the following: 98
99
100
101

(1) Subject to division (H) of this section, eligibility requirements for home visiting services; 102
103

(2) ~~Eligibility~~ Subject to division (H) of this section, eligibility requirements for providers of home visiting services; 104
105
106

(3) ~~Standards~~ Subject to division (H) of this section, standards and procedures for the provision of program services, including data collection, program monitoring, and program evaluation; 107
108
109
110

(4) Procedures for appealing the denial of an application for program services or the termination of services;	111 112
(5) Procedures for appealing the denial of an application to become a provider of program services or the termination of the department's approval of a provider;	113 114 115
(6) Procedures for addressing complaints;	116
(7) The program performance indicators on which data must be reported by providers of home visiting services under division (F) of this section, which, to the extent possible, shall be consistent with federal reporting requirements for federally funded home visiting services;	117 118 119 120 121
(8) The format in which reports must be submitted under division (F) of this section and the time frames within which the reports must be submitted;	122 123 124
(9) Criteria for payment of approved providers of program services;	125 126
(10) Any other rules necessary to implement the program.	127
(H) <u>(H) (1)</u> When adopting rules required by division (G) (1) of this section, the department <u>director</u> shall specify that families residing in the urban and rural communities specified in rules adopted under section 3701.142 of the Revised Code <u>and families at risk of being in, or engaged with, the child welfare system</u> are to receive priority over other families for home visiting services.	128 129 130 131 132 133 134
<u>(2) When adopting rules required by division (G) (2) of this section, the director shall specify as eligible providers of home visiting services entities that demonstrate the use of evidence-based home visiting models.</u>	135 136 137 138

(3) When adopting rules required by division (G) (3) of 139
this section, the director may allow the provision of home 140
visiting services to be supplemented by services available 141
online or through other electronic means. 142

(I) (1) For the providers described in division (H) (2) of 143
this section and if approved, the online services described in 144
division (H) (3) of this section, the department shall evaluate 145
on a regular basis their effectiveness in serving pregnant 146
women, infants, and toddlers, especially those at risk of being 147
in, or engaged with, the child welfare system. As part of each 148
evaluation, the department shall identify the challenges to 149
participation in the help me grow program that families in rural 150
and Appalachian communities experience and recommend strategies 151
to improve their participation. 152

(2) The department shall include in the annual report 153
required by division (F) of this section an analysis of the 154
impact of the providers and online services described in 155
divisions (H) (2) and (3) of this section. 156

(J) The department, in collaboration with the departments 157
of job and family services and medicaid, shall develop 158
strategies to increase the workforce capacity of home visiting 159
service providers and parenting support professionals, including 160
efforts to incentivize and retain such providers and 161
professionals in this state. 162

Sec. 3701.611. (A) The department of health shall create a 163
central intake and referral system for all home visiting 164
programs operating in this state. Through a competitive bidding 165
process, the department of health may select one or more persons 166
or government entities to operate the system. In its oversight 167
of the one or more system operators, the department shall 168

streamline the system to ensure families and children receive 169
services from home visiting programs as described in division 170
(B) (3) of this section. 171

(B) If the department of health chooses to select one or 172
more system operators as described in division (A) of this 173
section, a contract with any system operator shall require that 174
the system do ~~both~~all of the following: 175

(1) Serve as a single point of entry for access, 176
assessment, and referral of families and children to appropriate 177
home visiting services based on each family's location of 178
residence; 179

(2) Use a standardized form or other mechanism to assess 180
~~for each family member's risk factors and social determinants of~~ 181
~~health, as well as ensure~~; 182

(3) Ensure that the family is families and children are 183
referred to the appropriate and receive services from home 184
visiting program, which may include a program that uses programs 185
using evidence-based or evidence-informed models and that are 186
appropriate to their level of needs, including the following: 187

(a) Programs using home visiting contractors who that 188
provide services within a pathways community HUB ~~that fully or~~ 189
~~substantially complies with the pathways community HUB~~ 190
~~certification standards developed~~ certified by the pathways 191
community HUB institute; 192

(b) Programs that provide services using the early head 193
start home-based option; 194

(c) Programs that provide services using other available 195
evidence-based or evidence-informed home visiting models or 196
strategies, including those supported by the state and specified 197

by the department. 198

(C) The standardized form or other mechanism described in 199
division (B) (2) of this section shall be agreed to by the home 200
visiting consortium created under section 3701.612 of the 201
Revised Code. 202

(D) A contract entered into under division (B) of this 203
section shall require a system operator to issue an annual 204
report to the department of health that includes data regarding 205
referrals made by the central intake and referral system, costs 206
associated with the referrals, and the quality of services 207
received by families and children who were referred to services 208
through the system. The report shall be distributed to the home 209
visiting consortium created under section 3701.612 of the 210
Revised Code. 211

(E) After referring a family to a home visiting services 212
provider, the system operator shall notify the director of 213
health of the referral. As soon as practicable after receiving 214
notice of the referral, the director shall request, as described 215
in division (D) (2) (d) of section 3301.0714 of the Revised Code, 216
the independent contractor engaged to create and maintain 217
student data verification codes under section 3301.0723 of the 218
Revised Code to assign a data verification code to the referred 219
family's child. The director may use the code to evaluate the 220
effectiveness of home visiting services received by the family's 221
child and any outcomes for the child. 222

(F) Nothing in this section is intended to do any of the 223
following: 224

(1) Prohibit the department of health from using 225
alternative promotional materials or names for the central 226

intake and referral system;	227
(2) Require the use of help me grow program promotional materials or names;	228 229
(3) Prohibit providers, central coordinators, the department of health, or stakeholders from using the help me grow name for promotional materials for home visiting.	230 231 232
<u>Sec. 3902.63.</u> (A) As used in this section:	233
<u>(1) "Hearing aid" means any wearable instrument or device designed or offered for the purpose of aiding or compensating for impaired human hearing, including all attachments, accessories, and parts thereof, except batteries and cords, that is dispensed by a licensed audiologist, a licensed hearing aid dealer or fitter, or an otolaryngologist.</u>	234 235 236 237 238 239
<u>(2) "Otolaryngologist" means a licensed physician who practices otolaryngology.</u>	240 241
<u>(3) "Related services" means services necessary to assess, select, and appropriately adjust or fit a hearing aid to ensure optimal performance.</u>	242 243 244
<u>(B) On and after the effective date of this section, and notwithstanding section 3901.71 of the Revised Code, a health benefit plan shall provide coverage for the full cost of both of the following:</u>	245 246 247 248
<u>(1) One hearing aid per hearing-impaired ear up to two thousand five hundred dollars every forty-eight months for a covered person twenty-one years of age or younger who is verified as being deaf or hearing impaired by a licensed audiologist or by an otolaryngologist or other licensed physician;</u>	249 250 251 252 253 254

(2) All related services prescribed by an otolaryngologist 255
or recommended by a licensed audiologist and dispensed by a 256
licensed audiologist, a licensed hearing aid dealer or fitter, 257
or an otolaryngologist. 258

(C) A covered person may choose a higher priced hearing 259
aid and may pay the difference in cost above the two-thousand- 260
five-hundred-dollar required coverage required by this section 261
without any financial or contractual penalty to the covered 262
person or to the provider of the hearing aid. 263

(D) A health plan issuer is not required to pay a claim 264
for the cost of a hearing aid as required by division (B) of 265
this section if, less than forty-eight months prior to the date 266
of the claim, the covered person received the coverage required 267
under division (B) of this section from any health benefit plan. 268

(E)(1) A health benefit plan shall only provide coverage 269
for hearing aids that are considered medically appropriate to 270
meet the needs of the covered person, according to professional 271
standards established by the state speech and hearing 272
professionals board. 273

(2) A health benefit plan shall not exclude coverage for 274
any hearing aid that would be considered medically appropriate 275
to meet the needs of the covered person, according to 276
professional standards established by the state speech and 277
hearing professionals board. 278

(3) The state speech and hearing professionals board shall 279
adopt professional standards concerning hearing aids as needed 280
to evaluate the compliance of a health benefit plan with this 281
section. 282

Sec. 5101.342. The Ohio commission on fatherhood shall do 283

both of the following:	284
(A) Organize a state summit on fatherhood every four years;	285 286
(B) Prepare a report each year that does the following:	287
(1) Identifies resources available to fund fatherhood-related programs and explores the creation of initiatives to do the following:	288 289 290
(a) Build the parenting skills of fathers;	291
(b) Provide employment-related services for low-income, noncustodial fathers;	292 293
(c) Prevent premature fatherhood;	294
(d) Provide services to fathers who are inmates in or have just been released from imprisonment in a state correctional institution, as defined in section 2967.01 of the Revised Code, or in any other detention facility, as defined in section 2921.01 of the Revised Code, so that they are able to maintain or reestablish their relationships with their families;	295 296 297 298 299 300
(e) Reconcile fathers with their families;	301
(f) Increase public awareness of the critical role fathers play.	302 303
(2) Describes the commission's expectations for the outcomes of fatherhood-related programs and initiatives and the methods the commission uses for conducting annual measures of those outcomes;	304 305 306 307
(3) <u>Evaluates the number of fathers and children served and the number and types of additional services provided as a result of the recommendations made to the director of job and</u>	308 309 310

family services pursuant to section 5101.805 of the Revised 311
Code. 312

The commission shall submit each report to the general 313
assembly in accordance with section 101.68 of the Revised Code. 314

(C) Pursuant to section 5101.805 of the Revised Code, the 315
commission may make recommendations to the director of job and 316
family services regarding funding, approval, and implementation 317
of fatherhood programs in this state that meet at least one of 318
the four purposes of the temporary assistance for needy families 319
block grant, as specified in 42 U.S.C. 601. 320

(D) The portion of the report prepared pursuant to 321
division (B) (2) of this section shall be prepared by the 322
commission in collaboration with the director of children and 323
youth. 324

(E) The commission shall submit each report prepared 325
pursuant to division (B) of this section to the president and 326
minority leader of the senate, speaker and minority leader of 327
the house of representatives, governor, and chief justice of the 328
supreme court. The first report is due not later than one year 329
after the last of the initial appointments to the commission is 330
made under section 5101.341 of the Revised Code. 331

Sec. 5101.91. To increase participation in evidence-based 332
parenting education programs, including the "Positive Parenting 333
Program," also known as "Triple P," the department of job and 334
family services shall develop strategies for state departments, 335
agencies, and boards to use in informing parents, caregivers, 336
and child care providers about such programs and in promoting 337
their benefits, including their parenting, caregiving, and 338
educational resources. In developing the foregoing strategies, 339

the department of job and family services shall collaborate with 340
other state departments. 341

Sec. 5104.291. (A) This section establishes standards and 342
conditions for rating the following early learning and 343
development programs in the step up to quality program: 344

(1) A licensed child day-care center operating a head 345
start or early head start program; 346

(2) A licensed type A or type B family day-care home under 347
contract to provide head start or early head start services. 348

(B) (1) On a periodic basis, the department of job and 349
family services shall do both of the following: 350

(a) Review head start program performance standards 351
described in 45 C.F.R. Part 1302 and determine which step up to 352
quality program ratings tier corresponds with minimum head start 353
program performance standards; 354

(b) Review accreditation standards for the national 355
association for the education of young children, or its 356
successor organization, and determine which step up to quality 357
program ratings tier corresponds with minimum accreditation 358
standards. 359

(2) The department shall rate each program described in 360
division (A) (1) or (2) of this section in the step up to quality 361
program ratings tier that the department has determined 362
corresponds with the minimum standards. 363

(C) The department shall prescribe the manner in which a 364
program is to demonstrate to the department satisfaction of the 365
requirements of this section. 366

Sec. 5120.658. (A) As used in this section, "doula" has 367

the same meaning as in section 4723.89 of the Revised Code. 368

(B) Beginning one year after the effective date of this section, the department of rehabilitation and correction shall operate a program to provide to inmates participating in any prison nursery program established under section 5120.65 of the Revised Code doula services that are provided by a doula certified under section 4723.89 of the Revised Code. 369
370
371
372
373
374

(C) The department may adopt rules in accordance with Chapter 119. of the Revised Code to implement this section. 375
376

Sec. 5123.0421. The director of developmental disabilities shall adopt rules in accordance with Chapter 119. of the Revised Code that are necessary to implement the state's part C early intervention services program, including rules that specify all of the following: 377
378
379
380
381

(A) Eligibility requirements to receive program services, including both of the following: 382
383

(1) Standards that deem an infant born before twenty-eight weeks of gestational age eligible for program services, without any other required conditions; 384
385
386

(2) Standards that provide to an infant born between twenty-eight and thirty-eight weeks of gestational age home visiting services pursuant to section 3701.61 of the Revised Code that include developmental screening and, if appropriate based on the results of the screening, a referral for part C early intervention program services; 387
388
389
390
391
392

(B) Eligibility requirements to be a program service provider; 393
394

(C) Operating standards and procedures for program service 395

providers, including standards and procedures governing data collection, program monitoring, and program evaluation;	396 397
(D) Procedures to appeal the denial of an application to receive program services or the termination of program services;	398 399
(E) Procedures to appeal a decision by the department of developmental disabilities to deny an application to be a program service provider or to terminate a provider's status;	400 401 402
(F) Procedures for addressing complaints by persons who receive program services;	403 404
(G) Criteria for the payment of program service providers;	405
(H) The metrics or indicators used to measure program service provider performance.	406 407
Sec. 5123.33. <u>(A)</u> In its annual report, the department of developmental disabilities shall include a <u>both of the following:</u>	408 409 410
<u>(1)</u> <u>A</u> list of the officers and agents employed, and complete financial statement of the various institutions under its control. The report shall describe the condition of each institution, and shall state, as to each institution, whether:	411 412 413 414
(A) <u>(a)</u> The moneys appropriated have been economically and judiciously expended;	415 416
(B) <u>(b)</u> The objects of the institutions have been accomplished;	417 418
(C) <u>(c)</u> The laws in relation to such institutions have been fully complied with;	419 420
(D) <u>(d)</u> All parts of the state are equally benefited by the institutions.	421 422

<u>(2) The following information regarding this state's part</u>	423
<u>C early intervention services program established pursuant to</u>	424
<u>rules authorized under section 5123.0421 of the Revised Code:</u>	425
<u>(a) The number of families and infants served;</u>	426
<u>(b) The number and types of early intervention services</u>	427
<u>provided;</u>	428
<u>(c) The age of infants on the referral date and the source</u>	429
<u>of the referral, including an indication if the referral was</u>	430
<u>made by a home visiting provider;</u>	431
<u>(d) Outcome metrics for participating families and</u>	432
<u>infants.</u>	433
Such <u>(B) Each annual report shall be accompanied by the</u>	434
reports of the managing officers, such other information as the	435
department considers proper, and the department's	436
recommendations for the more effective accomplishment of the	437
general purpose of this chapter.	438
<u>(C) The department shall submit each annual report to the</u>	439
<u>general assembly in accordance with section 101.68 of the</u>	440
<u>Revised Code.</u>	441
Section 2. That existing sections 3701.61, 3701.611,	442
5101.342, 5123.0421, and 5123.33 of the Revised Code are hereby	443
repealed.	444
Section 3. That Section 105.40 of H.B. 33 of the 135th	445
General Assembly is hereby repealed.	446
Section 4. That the versions of sections 5180.21, 5180.22,	447
and 5180.32 of the Revised Code that are scheduled to take	448
effect on January 1, 2025, be amended to read as follows:	449

Sec. 5180.21. (A) The department of children and youth 450
shall establish the help me grow program as the state's 451
evidence-based parent support program that encourages early 452
prenatal and well-baby care, as well as provides parenting 453
education to promote the comprehensive health and development of 454
children. The program shall provide home visiting services to 455
families with a pregnant woman or child under five years of age 456
that meet the eligibility requirements established in rules 457
adopted under this section. Home visiting services shall be 458
provided through evidence-based home visiting models or 459
innovative, promising home visiting models recommended by the 460
Ohio home visiting consortium created under section 5180.23 of 461
the Revised Code. 462

(B) Families shall be referred to the appropriate home 463
visiting services through the central intake and referral system 464
created under section 5180.22 of the Revised Code. 465

(C) To the extent possible, the goals of the help me grow 466
program shall be consistent with the goals of the federal home 467
visiting program, as specified by the maternal and child health 468
bureau of the health resources and services administration in 469
the United States department of health and human services or its 470
successor. 471

(D) The director of children and youth ~~may~~ shall enter 472
into an interagency agreement with one or more state agencies, 473
including the department of developmental disabilities, 474
department of job and family services, department of medicaid, 475
commission on minority health, Ohio fatherhood commission, and 476
children's trust fund board, to implement the help me grow 477
program ~~and~~, to ensure coordination of early childhood 478
programs, and to maximize reimbursement for the help me grow 479

program from any federal source. 480

In addition to creating the central intake and referral 481
system as described in section 5180.22 of the Revised Code, the 482
department of children and youth shall establish a comprehensive 483
screening and connection program to support the coordination of 484
home visiting services across the state, including through the 485
department of health, department of developmental disabilities, 486
department of job and family services, department of medicaid, 487
commission on minority health, Ohio fatherhood commission, and 488
children's trust fund board. Following the program's 489
establishment, the department of children and youth shall 490
evaluate on a regular basis the program's effectiveness in 491
coordinating home visiting services. 492

(E) The director may distribute help me grow program funds 493
through contracts, grants, or subsidies to entities providing 494
services under the program. 495

(F) As a condition of receiving payments for home visiting 496
services, providers shall report to the director data on the 497
program performance indicators, specified in rules adopted under 498
division (G) of this section, that are used to assess progress 499
toward achieving all of the following: 500

(1) The benchmark domains established for the federal home 501
visiting program, including improvement in maternal and newborn 502
health; reduction in child injuries, abuse, and neglect; 503
improved school readiness and achievement; reduction in crime 504
and domestic violence; and improved family economic self- 505
sufficiency; 506

(2) Improvement in birth outcomes and reduction in 507
stillbirths, as that term is defined in section 5180.12 of the 508

Revised Code;	509
(3) Reduction in tobacco use by pregnant women, new parents, and others living in households with children.	510 511
The providers shall report the data in the format and within the time frames specified in the rules.	512 513
The director shall prepare an annual report on the data received from the providers. <u>Each report shall include an evaluation addressing the number of families and children served, the number and type of services provided, and health and developmental outcomes for participating families and children.</u>	514 515 516 517 518
The director shall <u>submit the report to the general assembly in accordance with section 101.68 of the Revised Code and</u> make the report available on the internet web site maintained by the department of children and youth.	519 520 521 522
(G) Pursuant to Chapter 119. of the Revised Code, the director shall adopt rules that are necessary and proper to implement this section. The rules shall specify all of the following:	523 524 525 526
(1) Subject to division (H) of this section, eligibility requirements for home visiting services;	527 528
(2) Eligibility <u>Subject to division (H) of this section, eligibility</u> requirements for providers of home visiting services;	529 530 531
(3) Standards <u>Subject to division (H) of this section, standards</u> and procedures for the provision of program services, including data collection, program monitoring, and program evaluation;	532 533 534 535
(4) Procedures for appealing the denial of an application	536

for program services or the termination of services;	537
(5) Procedures for appealing the denial of an application to become a provider of program services or the termination of the department's approval of a provider;	538 539 540
(6) Procedures for addressing complaints;	541
(7) The program performance indicators on which data must be reported by providers of home visiting services under division (F) of this section, which, to the extent possible, shall be consistent with federal reporting requirements for federally funded home visiting services;	542 543 544 545 546
(8) The format in which reports must be submitted under division (F) of this section and the time frames within which the reports must be submitted;	547 548 549
(9) Criteria for payment of approved providers of program services;	550 551
(10) Any other rules necessary to implement the program.	552
(H) <u>(H) (1)</u> When adopting rules required by division (G) (1) of this section, the department <u>director</u> shall specify that families residing in the urban and rural communities specified in rules adopted under section 3701.142 of the Revised Code <u>and families at risk of being in, or engaged with, the child welfare system</u> are to receive priority over other families for home visiting services.	553 554 555 556 557 558 559
<u>(2) When adopting rules required by division (G) (2) of this section, the director shall specify as eligible providers of home visiting services entities that demonstrate the use of evidence-based home visiting models.</u>	560 561 562 563
<u>(3) When adopting rules required by division (G) (3) of</u>	564

this section, the director may allow the provision of home 565
visiting services to be supplemented by services available 566
online or through other electronic means. 567

(I) (1) For the providers described in division (H) (2) of 568
this section and if approved, the online services described in 569
division (H) (3) of this section, the department shall evaluate 570
on a regular basis their effectiveness in serving pregnant 571
women, infants, and toddlers, especially those at risk of being 572
in, or engaged with, the child welfare system. As part of each 573
evaluation, the department shall identify the challenges to 574
participation in the help me grow program that families in rural 575
and Appalachian communities experience and recommend strategies 576
to improve their participation. 577

(2) The department shall include in the annual report 578
required by division (F) of this section an analysis of the 579
impact of the providers and online services described in 580
divisions (H) (2) and (3) of this section. 581

(J) The department, in collaboration with the departments 582
of job and family services and medicaid, shall develop 583
strategies to increase the workforce capacity of home visiting 584
service providers and parenting support professionals, including 585
efforts to incentivize and retain such providers and 586
professionals in this state. 587

Sec. 5180.22. (A) The department of children and youth 588
shall create a central intake and referral system for all home 589
visiting programs operating in this state. Through a competitive 590
bidding process, the department of children and youth may select 591
one or more persons or government entities to operate the 592
system. In its oversight of the one or more system operators, 593
the department shall streamline the system to ensure families 594

and children receive services from home visiting programs as 595
described in division (B)(3) of this section. 596

(B) If the department of children and youth chooses to 597
select one or more system operators as described in division (A) 598
of this section, a contract with any system operator shall 599
require that the system do ~~both~~all of the following: 600

(1) Serve as a single point of entry for access, 601
assessment, and referral of families and children to appropriate 602
home visiting services based on each family's location of 603
residence; 604

(2) Use a standardized form or other mechanism to assess 605
~~for~~ each family member's risk factors and social determinants of 606
health, ~~as well as ensure~~; 607

(3) Ensure that the family is families and children are 608
referred to the appropriate and receive services from home 609
visiting program, which may include a program that uses programs 610
using evidence-based or evidence-informed models and that are 611
appropriate to their level of needs, including the following: 612

(a) Programs using home visiting contractors ~~who~~ that 613
provide services within a pathways community HUB ~~that fully or~~ 614
~~substantially complies with the pathways community HUB~~ 615
~~certification standards developed~~ certified by the pathways 616
community HUB institute; 617

(b) Programs that provide services using the early head 618
start home-based option; 619

(c) Programs that provide services using other available 620
evidence-based or evidence-informed home visiting models or 621
strategies, including those supported by the state and specified 622
by the department. 623

(C) The standardized form or other mechanism described in 624
division (B) (2) of this section shall be agreed to by the home 625
visiting consortium created under section 5180.23 of the Revised 626
Code. 627

(D) A contract entered into under division (B) of this 628
section shall require a system operator to issue an annual 629
report to the department of children and youth that includes 630
data regarding referrals made by the central intake and referral 631
system, costs associated with the referrals, and the quality of 632
services received by families and children who were referred to 633
services through the system. The report shall be distributed to 634
the home visiting consortium created under section 5180.23 of 635
the Revised Code. 636

(E) After referring a family to a home visiting services 637
provider, the system operator shall notify the director of 638
health of the referral. As soon as practicable after receiving 639
notice of the referral, the director shall request, as described 640
in division (D) (2) (d) of section 3301.0714 of the Revised Code, 641
the independent contractor engaged to create and maintain 642
student data verification codes under section 3301.0723 of the 643
Revised Code to assign a data verification code to the referred 644
family's child. The director may use the code to evaluate the 645
effectiveness of home visiting services received by the family's 646
child and any outcomes for the child. 647

(F) Nothing in this section is intended to do any of the 648
following: 649

(1) Prohibit the department of children and youth from 650
using alternative promotional materials or names for the central 651
intake and referral system; 652

(2) Require the use of help me grow program promotional materials or names; 653
654

(3) Prohibit providers, central coordinators, the department of children and youth, or stakeholders from using the help me grow name for promotional materials for home visiting. 655
656
657

Sec. 5180.32. The director of children and youth shall adopt rules in accordance with Chapter 119. of the Revised Code that are necessary to implement the state's part C early intervention services program, including rules that specify all of the following: 658
659
660
661
662

(A) Eligibility requirements to receive program services, including both of the following: 663
664

(1) Standards that deem an infant born before twenty-eight weeks of gestational age eligible for program services, without any other required conditions; 665
666
667

(2) Standards that provide to an infant born between twenty-eight and thirty-eight weeks of gestational age home visiting services pursuant to section 5101.21 of the Revised Code that include developmental screening and, if appropriate based on the results of the screening, a referral for part C early intervention program services; 668
669
670
671
672
673

(B) Eligibility requirements to be a program service provider; 674
675

(C) Operating standards and procedures for program service providers, including standards and procedures governing data collection, program monitoring, and program evaluation; 676
677
678

(D) Procedures to appeal the denial of an application to receive program services or the termination of program services; 679
680

(E) Procedures to appeal a decision by the department of developmental disabilities to deny an application to be a program service provider or to terminate a provider's status;

(F) Procedures for addressing complaints by persons who receive program services;

(G) Criteria for the payment of program service providers;

(H) The metrics or indicators used to measure program service provider performance.

Section 5. That the existing versions of sections 5180.21, 5180.22, and 5180.32 of the Revised Code that are scheduled to take effect January 1, 2025 are hereby repealed.

Section 6. Sections 4 and 5 of this act take effect January 1, 2025.

Section 7. (A) As used in this section:

(1) "WIC" means the Special Supplemental Nutrition Program for Women, Infants, and Children established under the "Child Nutrition Act of 1966," 42 U.S.C. 1786.

(2) "SNAP" means the Supplemental Nutrition Assistance Program administered by the Department of Job and Family Services under section 5101.54 of the Revised Code in accordance with the "Food and Nutrition Act of 2008," 7 U.S.C. 2011.

(B) The Department of Health shall evaluate and invest in strategies to create an integrated eligibility determination application for both WIC and SNAP. The Department of Health shall collaborate with the Department of Job and Family Services as necessary to create this application.

(C) The Department of Health shall investigate and

determine the feasibility of the following:	708
(1) Incorporating all available federal waivers, including	709
a waiver permitting the use of telephone and video calls to	710
complete WIC enrollment;	711
(2) Creating pilot opportunities and modifying the WIC	712
internet web site to simplify the application process and	713
benefit distribution for WIC, including by:	714
(a) Pursuing multi-program enrollment through Ohio	715
Benefits;	716
(b) Allowing for adjunctive eligibility for WIC applicants	717
who show proof of enrollment in SNAP, Ohio Works First, or	718
Medicaid;	719
(c) Enabling automatic online loading of benefits to WIC	720
nutrition cards;	721
(d) Offering online shopping with WIC nutrition cards; (e)	722
Exploring other ways to improve access to WIC benefits and	723
remove administrative burdens.	724
(D) Six months after the effective date of this section,	725
the Department of Health shall submit a report to the General	726
Assembly in accordance with section 101.68 of the Revised Code.	727
The report shall detail the results of the investigation	728
required by division (C) of this section, including the	729
feasibility of implementing the various changes to the WIC	730
program and the anticipated impact of permanently adopting the	731
changes.	732
Section 8. (A) The Department of Health shall create an	733
Ohio-tailored, membership-based mobile application available to	734
pregnant and postpartum women who are eligible for Medicaid. The	735

Department of Health, in collaboration with the Department of 736
Medicaid, shall issue a request for proposals to onboard the 737
mobile application platform described in this section. The 738
request for proposals shall include the following deliverables: 739

(1) The selected vendor will deliver education, resources, 740
and support to pregnant women and their families. 741

(2) The selected vendor will provide Ohio-specific 742
information on its mobile application, including links to the 743
Department of Medicaid and other state agency programs and 744
resources available to pregnant and postpartum women. 745

(3) The selected vendor will demonstrate a consistent 746
workflow to increase awareness of state agency programs and 747
resources available to users of the mobile application. 748

(4) The selected vendor will enable the Department of 749
Medicaid and other state agencies to ask specific questions to 750
users of the mobile application. 751

(5) The selected vendor will enable the Department of 752
Medicaid to share specific content and resources, as determined 753
by the Department, with users of the mobile application. 754

(6) The selected vendor will include information and 755
resources in the mobile application that meet acceptable United 756
States clinical standards, including standards defined by all of 757
the following: 758

(a) The United States Centers for Disease Control and 759
Prevention; 760

(b) The United States National Institutes of Health; 761

(c) The American College of Obstetricians and 762
Gynecologists; 763

(d) The American Medical Association;	764
(e) The American Academy of Pediatrics.	765
(7) The selected vendor will make its mobile application available in multiple languages to provide access to as many users in the state as possible.	766 767 768
(8) The selected vendor will regularly provide the Department of Health and the Department of Medicaid with aggregate, deidentified data concerning the following:	769 770 771
(a) The number of users of the mobile application that are eligible for Medicaid;	772 773
(b) The number of users of the mobile application that are engaging with Ohio-specific content;	774 775
(c) The number of users of the mobile application seeking additional information about enrollment in the Medicaid program or other available resources;	776 777 778
(d) The number of monthly users of the mobile application;	779
(e) The number of daily users of the mobile application;	780
(f) The average length of time a user uses the mobile application;	781 782
(g) Any other information requested by the Department of Health and Department of Medicaid.	783 784
(9) The selected vendor will make its mobile application accessible on both iOS and Android platforms.	785 786
(10) Any other deliverables determined by the Department of Health and Department of Medicaid.	787 788
(B) On the dates one year after the effective date of this	789

section and two years after the effective date of this section, 790
the Department of Health shall submit a report to the General 791
Assembly in accordance with section 101.68 of the Revised Code 792
summarizing the data collected pursuant to division (A) (8) of 793
this section. 794

Section 9. The Department of Health shall establish a 795
program to award grants to legal assistance organizations and 796
medical providers that partner together to identify pregnant 797
women, mothers, and children in need of legal services and to 798
provide them with those services. The program's aim is to 799
resolve, through the legal system, negative social determinants 800
of health, such as unsafe housing, food or income insecurity, 801
domestic violence, and child custody disputes, in an effort to 802
increase participation in prenatal care and improve health 803
outcomes for pregnant women, mothers, and children. 804

In awarding grants, the Department shall prioritize 805
partnerships that demonstrate to the Department their ability to 806
coordinate with case management and home visitation services. As 807
a condition of receiving a grant, each legal assistance 808
organization and medical provider partnership shall monitor 809
health outcomes for the pregnant women, mothers, and children 810
receiving legal services under the partnership and shall report 811
on a regular basis those outcomes to the Department. 812

The report shall include an evaluation of the grant 813
program that addresses the number of women, mothers, and 814
children served, the number and type of services provided, and 815
any health and developmental outcomes for participating women, 816
mothers, and children. 817

Section 10. The Department of Medicaid shall study how 818
evidence-based peer-to-peer programming that supports infant 819

vitality can be reimbursed through the Medicaid program. The 820
Department shall submit a report summarizing the results of the 821
study to the General Assembly in accordance with section 101.68 822
of the Revised Code one year after the effective date of this 823
section. 824

Section 11. (A) The Department of Job and Family Services 825
shall establish a pilot program to assist in the development of 826
quality, comprehensive child care programs like Early Head Start 827
across the state. The program shall focus on communities, 828
including Appalachian, rural, and urban communities, 829
experiencing both of the following: 830

(1) High rates of infant mortality; 831

(2) Limited access to child care for infants, toddlers, 832
and families all at risk of being part of, or engaged in, the 833
child welfare system. 834

(B) Under the pilot program, the Department shall award 835
resiliency grants to entities or organizations seeking to 836
establish new, or enhance existing, center-based, home-based, 837
and child care partnership programs for the communities, 838
children, and families described in division (A) of this 839
section. To be eligible, an entity or organization shall 840
demonstrate that the entity or organization is able to offer 841
wraparound services, mental health supports, and therapeutic 842
classrooms to assist in overcoming barriers and achieving family 843
stability. 844

(C) In meeting the requirements of this section, the 845
Department shall do the following: 846

(1) Consider how to best encourage innovative partnerships 847
and develop models to improve developmental and learning 848

outcomes, with a focus on prenatal to age three, also while 849
helping to meet local community workforce needs and further 850
state literacy and education priorities; 851

(2) Assist the programs described in division (B) of this 852
section, including local Head Start programs, in collecting data 853
that will better enable the programs to apply for federal grants 854
and maintain funding over the course of grant cycles. 855

(D) The Department shall evaluate the program on a 856
periodic basis and shall address the number of families and 857
children served, the number and type of services provided, and 858
any health and developmental outcomes for participating families 859
and children. 860

Section 12. (A) Not later than June 30, 2025, the Medicaid 861
Director shall evaluate, clarify, and update the Medicaid 862
program's coverage of evidence-based and evidence-informed 863
mental health and dyadic family therapy services for children 864
and their caregivers, which are intended to improve outcomes for 865
children from birth through five years of age. The Director's 866
evaluation, clarification, and update to coverage shall address 867
mental health and related screening for infants, toddlers, young 868
children, pregnant women, women postpartum, and mothers and 869
other caregivers, and shall include follow-up for those with 870
identified risk, for parent-child dyadic therapies, and other 871
infant and early child mental health services. 872

The Director shall develop policy and billing guidance for 873
Medicaid providers to do all of the following: 874

(1) Improve the use of mental health and dyadic family 875
therapy services for children from birth through age five and 876
their families and other caregivers; 877

(2) Improve the consistency of early childhood screenings delivered in primary care settings;	878 879
(3) Encourage use of the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood published by ZERO TO THREE and known as the "DC:0-5" for assessing and diagnosing infants, toddlers, and young children, and permit use of ICD-10 diagnosis codes, published by the United States Department of Health and Human Services, for Medicaid billing.	880 881 882 883 884 885 886
(B) Not later than one year after the effective date of this section, the Medicaid Director shall submit a report to the Governor and, in accordance with section 101.68 of the Revised Code, the General Assembly that includes both of the following:	887 888 889 890
(1) Information about how the Department of Medicaid has engaged stakeholders to develop the necessary guidance, manuals, training, and billing code use procedures associated with the Medicaid coverage described under division (A) of this section;	891 892 893 894
(2) An evaluation of the Medicaid coverage described in division (A) of this section, including:	895 896
(a) The number of families and children served;	897
(b) The number and types of services provided;	898
(c) Outcome metrics for families and children served.	899
Section 13. All items in this act are hereby appropriated as designated out of any moneys in the state treasury to the credit of the designated fund. For all operating appropriations made in this act, those in the first column are for fiscal year 2024 and those in the second column are for fiscal year 2025. The operating appropriations made in this act are in addition to	900 901 902 903 904 905

any other operating appropriations made for these fiscal years. 906

Section 14. 907

908

	1	2	3	4	5
A	DOH DEPARTMENT OF HEALTH				
B	General Revenue Fund				
C	GRF	440416	Mothers and Children Safety Net Services	\$2,000,000	\$2,000,000
D	GRF	440484	Public Health Technology Innovation	\$500,000	\$500,000
E	GRF	440485	Health Program Support	\$1,000,000	\$1,000,000
F	TOTAL GRF General Revenue Fund			\$3,500,000	\$3,500,000
G	TOTAL ALL BUDGET FUND GROUPS			\$3,500,000	\$3,500,000

MOTHERS AND CHILDREN SAFETY NET SERVICES 909

The foregoing appropriation item 440416, Mothers and 910
 Children Safety Net Services, shall be used for the activities 911
 specified in Section 7 of this act. 912

PUBLIC HEALTH TECHNOLOGY INNOVATION 913

The foregoing appropriation item 440484, Public Health 914
 Technology Innovation, shall be used for a mobile application 915
 for Medicaid-eligible pregnant and postpartum women in 916
 accordance with Section 8 of this act. 917

HEALTH PROGRAM SUPPORT 918

The foregoing appropriation item 440485, Health Program 919
Support, shall be used to award grants to legal assistance 920
organizations and medical providers that partner together to 921
identify pregnant women, mothers, and children in need of legal 922
services in accordance with Section 9 of this act. 923

Section 15. 924

925

	1	2	3	4	5
A	JFS DEPARTMENT OF JOB AND FAMILY SERVICES				
B	General Revenue Fund				
C	GRF	600566	Resiliency Grant Pilot Program	\$3,000,000	\$3,000,000
D	TOTAL GRF General Revenue Fund			\$3,000,000	\$3,000,000
E	TOTAL ALL BUDGET FUND GROUPS			\$3,000,000	\$3,000,000

RESILIENCY GRANT PILOT PROGRAM 926

The foregoing appropriation item 600566, Resiliency Grant 927
Pilot Program, shall be used to fund the pilot program in 928
accordance with Section 11 of this act. 929

Section 16. 930

931

	1	2	3	4	5
A			KID DEPARTMENT OF CHILDREN AND YOUTH		
B		General Revenue Fund			
C	GRF	830402	Healthy Beginnings at Home	\$5,000,000	\$3,000,000
D	GRF	830403	Help Me Grow	\$5,000,000	\$3,000,000
E	GRF	830404	Infant Vitality	\$2,000,000	\$2,000,000
F	GRF	830405	Part C Early Intervention	\$2,000,000	\$0
G	TOTAL GRF General Revenue Fund			\$14,000,000	\$8,000,000
H	TOTAL ALL BUDGET FUND GROUPS			\$14,000,000	\$8,000,000

HEALTHY BEGINNINGS AT HOME 932

The foregoing appropriation item 830402, Healthy 933
 Beginnings at Home, shall be used, in coordination with the 934
 Department of Health, to support stable housing initiatives for 935
 pregnant mothers and to improve maternal and infant health 936
 outcomes. 937

Within one year of the effective date of this section, the 938
 Department shall submit a report to the General Assembly in 939
 accordance with section 101.68 of the Revised Code detailing the 940
 number of families served by stable housing initiatives, the 941
 number and type of services provided, and outcome metrics 942
 including health and developmental outcomes. 943

HELP ME GROW 944

Of the foregoing appropriation item 830403, Help Me Grow, 945

\$2,000,000 in fiscal year 2024 shall be used, in coordination 946
with the Department of Health, for home visiting services and to 947
screen infants who were born at low birth weights and between 948
the gestational ages of twenty-eight to thirty-eight weeks to 949
determine if the infant could benefit from receiving Part C 950
Early Intervention services. An amount equal to the unexpended, 951
unencumbered balance of this allocation at the end of fiscal 952
year 2024 is hereby reappropriated to the same appropriation 953
item for the same purpose in fiscal year 2025. 954

The remainder of appropriation item 830403, Help Me Grow, 955
shall be used by the Director of Children and Youth to support 956
the following: 957

(A) Establishing a comprehensive screening and connection 958
program, in consultation with the Department of Health, as 959
described in division (D) of section 3701.61 and, on and after 960
January 1, 2025, division (D) of section 5180.21 of the Revised 961
Code and evaluating Help Me Grow's effectiveness in coordinating 962
services; 963

(B) Expanding eligible providers of home visiting services 964
and allowing providers of home visiting services to supplement 965
their services with those available online or through other 966
electronic means, in consultation with the Department of Health, 967
as specified in division (H) of section 3701.61 and, on and 968
after January 1, 2025, division (H) of section 5180.21 of the 969
Revised Code; 970

(C) Evaluating the Help Me Grow Program, in consultation 971
with the Department of Health, in accordance with division (I) 972
of section 3701.61 and, on and after January 1, 2025, division 973
(I) of section 5180.21 of the Revised Code; 974

(D) Increasing the workforce capacity of home visiting service providers and parenting support professionals, in consultation with the Department of Health, as specified in division (J) of section 3701.61 and, on and after January 1, 2025, division (J) of section 5180.21 of the Revised Code;

(E) Increasing participation in parenting education programs, including the Triple P Program, in accordance with section 5101.91 of the Revised Code and in consultation with the Department of Job and Family Services;

(F) Expanding access to fatherhood programming through the Ohio Fatherhood Commission in consultation with the Department of Job and Family Services.

INFANT VITALITY 987

Of the foregoing appropriation item 830404, Infant Vitality, \$1,000,000 in each fiscal year shall be used for Centering Pregnancy services and similar evidence-based and evidence-informed group pregnancy education programs and targeted outreach to at-risk pregnant mothers and mothers of infants in areas of the state where there are gaps in such services, as identified by the Director of Children and Youth. Funding shall be targeted first to areas with the highest levels of infant and maternal mortality.

Of the foregoing appropriation item 830404, Infant Vitality, \$1,000,000 in each fiscal year shall be used to establish a community-based grant program to expand access to infant vitality supports.

PART C EARLY INTERVENTION 1001

The foregoing appropriation item 830405, Part C Early Intervention, shall be used by the Department of Children and

Youth to provide Part C Early Intervention services to infants 1004
born before twenty-eight weeks of gestational age and infants 1005
born between twenty-eight and thirty-eight weeks of gestational 1006
age who are referred for services in accordance with section 1007
5123.0421 and, on and after January 1, 2025, section 5180.32 of 1008
the Revised Code. 1009

An amount equal to the unexpended, unencumbered balance of 1010
appropriation item 830405, Part C Early Intervention, at the end 1011
of fiscal year 2024 is hereby reappropriated to the same 1012
appropriation item for the same purpose in fiscal year 2025. 1013

Section 17. Within the limits set forth in this act, the 1014
Director of Budget and Management shall establish accounts 1015
indicating the source and amount of funds for each appropriation 1016
made in this act, and shall determine the manner in which 1017
appropriation accounts shall be maintained. Expenditures from 1018
operating appropriations contained in this act shall be 1019
accounted for as though made in, and are subject to all 1020
applicable provisions of, H.B. 33 of the 135th General Assembly. 1021

Section 18. The amendment of sections 3701.61, 3701.611, 1022
and 5123.0421 of the Revised Code by this act does not supersede 1023
the renumbering of those sections as 5180.21, 5180.22, and 1024
5180.32 of the Revised Code on January 1, 2025, as specified in 1025
H.B. 33 of the 135th General Assembly. 1026

Section 19. This act shall be known as the Strong 1027
Foundations Act. 1028