



OPHAB Meeting Minutes
March 10, 2017

35 E. Chestnut Street
Basement Conference Room A/B
Columbus, Ohio 43215
1:00 p.m. to 3:00 p.m.

Members Present:

- * **Stephan Ruckman**, RS, MPH Ohio Environmental Health Association
- * **Jerry Lupfer** - Ohio Association of Boards of Health
- * **Rick Sites**, MS, JD – Ohio Hospital Association
- * **Peter Van Runkle**, JD, President and CEO, Ohio Health Care Association
- * **Kathleen Smith**, DVM, MPH - Ohio Public Health Association

Members Present: (Via WebEx)

- * **Sheila M. Thomas**, PharmD, Senior Director, Evidence Based Medicine, Sanofi US
- * **Edward Bope**, MD - Ohio State Medical Association
- * **Jean A. Scholz**, MS, RN, NEA-BC - Principal at Healthcare Workforce Transformation

ODH Staff Present:

- * **Lance Himes**, General Counsel
- * **Kaye Norton**, Program Administrator and Rule Filer
- * **Michelle Webb**, Administrative Professional

Future Meetings (all are scheduled to take place from 1:00 pm to 3:00 p.m.):

May 5, 2017
June 23, 2017
August 18, 2017
October 13, 2017
December 1, 2017

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- A. Roll Call** A quorum was present. See attendees list above
- B. Statement and Report of the Director and Update on the State Health Improvement Plan (SHIP)**
- (a) Lance Himes, ODH General Counsel, provided the following report on behalf of Director Hodges
- (1) The Flu is widespread across Ohio. There have 5,134 hospitalizations total for the week ending 3/4/17. Ohio has had 5 pediatric flu deaths. The Flu vaccine is still widely available across the state of Ohio. Additional information can be found at www.flu.ohio.gov.



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Edward Bope asked about the timing of the vaccine and if it was released early this flu season? Dr. Bope indicated that there is still a lot of the flu season left and was curious about the timing of the vaccine. Lance Himes said that he would report back to Dr. Bope and members.

Program response: The flu vaccine was not released early this year. ODH providers began receiving flu shipments September 12 – 16, 2016.

Sheila Thomas asked Mr. Himes about the flu vaccine requirements in the state of Ohio for other immunocompromised groups (e.g. diabetes)? Mr. Himes indicated that he would also report back to Ms. Thomas and members.

Program response: There is no flu vaccine requirement in Ohio, although flu shots are included as part of the recommended childhood immunization schedule. The Revised Code does require a Child Medical Statement signed by the physician indicating that the pupil is up to date on all age appropriate vaccinations, or, in lieu of that, a form signed by the parent[s]/guardian objecting to immunizations for good cause. An immunocompromised person could receive an accepted medical exemption.

- (2) The Ohio Department of Health (ODH) is seeing an increased number of mumps cases. ODH reports many of the current cases are associated with two outbreaks in Ohio: A community outbreak in Mercer County (up to 17 cases so far); and an outbreak at the University of Dayton in Montgomery County.
 - (3) Lance Himes distributed a projected timeline for the swimming pool rules, OAC Chapter 3701-31 (see attachment).
- (b) Brandi Robinson, Deputy Director, Office of Health Policy & Performance Improvement provided an update on the State Health Improvement Plan (SHIP).

Based on a review of the SHA data, and discussions with the Advisory Committee, the 3 SHIP priorities were identified:

Mental health and addiction: including emotional wellbeing, mental illness conditions, and substance abuse disorders;

Chronic disease: including conditions such as heart disease, diabetes and asthma, and related clinical risk factors; obesity, hypertension and high cholesterol, and behaviors closely associated with these conditions and risk factors: nutrition, physical activity and tobacco use; and

Maternal and Infant health: including infant and maternal mortality, birth outcomes and related risk and protective factors.



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Robinson said priorities were developed with input from many state and local-level stakeholders: 1) State agencies (beyond the Ohio Department of Health); 2) Local health departments, hospitals, and other community partners engaged in community health improvement planning; and 3) Sectors beyond health including education, housing, employers/business, regional planning/transportation and criminal justice.

A small number of priority outcomes were also identified by the work teams. These outcomes were selected because they: 1) are highly relevant to Ohio's health and economic vitality; 2) can be improved within the next three to six years with better deployment of evidence-based strategies; and 3) align well with other state-led initiatives. Additionally, state agency staff developed more specific outcome objectives with baseline data and future targets based upon recent trends and the estimated length of time it will take to see positive change.

Robinson said, ODH will monitor specific and measurable objectives for each priority outcome on at least an annual basis. Some of the priority outcomes are specific to children; and others to adults. Robinson noted that some adult outcomes, such as chronic disease, addiction, and depression are often rooted in early childhood experiences, including poverty and trauma. While important to address serious problems that emerge in adulthood, there are cross-cutting strategies in the SHIP that address creating a nurturing environment for children in order to prevent serious health problems later in life.

In addition to the SHIP, the state has provided detailed Action Plans for strategies, outcomes, and targets for each of the priority areas.

- (1) Bottom up approach: review of community assessments/plans
- (2) In June, send surveys to LHDs regarding SHIP alignment with current existing CHIP
- (3) In July, LHDs submit existing CHA/CHIP via OPPD, unless submitted through the OSU – CPHP project
- (4) Hospitals submit CHNA, Improvement Strategies, and Schedule H and corresponding attachments to ODH using a dedicated email
- (5) In October, ODH publishes all reports

Robinson said the overall purpose of moving in the direction of setting these priorities and working toward alignment of a small number of set priorities is to drive a more coordinated and strategic action to “move the needle” on measurable, high-priority outcomes, so that Ohio can improve through more widespread implementation of evidence-based strategies.

Additional details can be found on the following website: <http://www.odh.ohio.gov/sha-ship>

- C. **Chair's Report** Stephan Ruckman wanted to express sympathy for the recent loss of Larry Holbert in the food safety program and recognize the great work that he did.
- D. **Consideration and Approval of Minutes of January 20, 2017 meeting.**



Rick Sites moved to approve the minutes from January 20, 2017, the motion was seconded by Jerry Lupfer; and approved by unanimous voice vote.

E. Rule Review

1. Consent Agenda:

- a. 3701-8-08 – Help Me Grow – Statewide system of payments for early intervention services - **Rescind**
- b. 3701-83-36 – Health Care Facilities Licensure - Service standards – freestanding birthing centers - **Amended**

Peter Van Runkle moved to recommend approving the rules as proposed; Kathleen Smith seconded the motion. The motion was approved by unanimous voice vote.

2. Review Agenda:

- a. ~~3701:1-66 – Medical Radiation-Generating Equipment: **Amended:** 3701:1-66-05, -07, -08, -10~~
- b. 3701:1-68 – Non-Medical Radiation-Generating Equipment: **Amended:** 3701:1-68-01 to -05; **Proposed New:** 3701:1-68-06 – FYR

Jim Castle, ODH program representative discussed the comments that were received:

- (1) Dave Keenan, Physicist, was concerned that there are no requirements stated in 3701:1-68-02 for training, refresher training, the individual responsible for radiation protection experience, or specific duties and authorities of the IRRP. He worried that future inspections would require radiographic experience, training, etc. for a facility that does not conduct radiographic operations. Mr. Castle indicated that the training requirements were in the rule, however, they were implied, not referenced. Program chose to further amend the rule; by pointing back to the training information.
- (2) The second comment from David Jordon, Physicist, stated that the The proposed amendments to 3701:1-68 appear to create overly burdensome requirements. Mr. Jordon believed the safety checks by a qualified IRRP are well-justified for large cabinet systems and other industrial radiography systems; however, he felt it would be overly burdensome and unnecessary to be conducted by someone such as a hospital radiation safety officer, rather than the hospital or surgery center staff members. Mr. Castle indicated that the rules do not require an IRRP; they just require someone who is has that particular type of operator training.



Additionally, Castle said program made some non substantive changes: correcting a couple typographical errors and adding a rule reference.

Rick Sites moved to recommend approving the 3701:1-68 rules as further amended; provided the Radiation Advisory Council (RAC) recommended approval; Peter VanRunkle seconded the motion. The motion was approved by unanimous voice vote.

- c. 3701-17- Nursing Home Licensure: **Amended:** 3701-17-01, -03, -05, -07, -07.1, -07.2, -08, -10, -12, -14, -15, -18, -19, -21, -25, -26; **New/Rescind:** 3701-17-06, -09; **No Change:** 3701-17-02, -03.1, -04, 07.3, -11, -13, -16, -17, -20, -22 to -24 FYR*

~~d. 3701-31-01 to -05.1 – Swimming Pools and Spas: **Amended:** 3701-31-01 to -05.1 –FYR~~

Jayson Rogers and Jill Schonk, ODH program representatives were present to discuss the 3701-17 rules; for a transformative rule review. The focus was to make the nursing home licensure rules more patient centered, more evidence-based and cost sensitive for providers. Subcommittees were developed to look at quality of care in nursing homes, quality of life for residents, and buildings and facilities standards. Several rules were identified as priority to be more resident focused:

- (1) 3701-17-06- responsibility of operator and nursing home administrator; quality assurance and performance improvement.
- (2) 3701-17-09- activities; social services; chaplain services; visiting hours; telephone service; pets; mail. The new rule is called Resident life enrichment.
- (3) 3701-17-14- Plan of care; treatment and care: discharge planning, bathing.
- (4) 3701-17-18- Food and nutrition
- (5) 3701-17-25- Disaster preparedness, fire and carbon monoxide safety. Previously the rule did not address carbon monoxide and the was modified to include safe level requirements.

Kathleen Smith asked Rogers about one of the comments submitted that was about transient guests. Mr. Rogers indicated that the term “transient guest” does not necessarily mean “homeless.” Rogers said transient is a term from the hotel statute. In considering transient guests, Rogers said ODH is attempting to provide guidelines for facilities and surveyors for when people, other than residents, may stay in the licensed area of a home.

Rogers said Program would be re-posting three of the rules with further amendments. He asked OPHAB members to vote to recommend approval of all the rules, contingent upon no significant concerns arising from the re-posting.

Peter Van Runkle moved to recommend not approving the 3701-17 rules as proposed and asked that program representative, Jayson Rogers come back at the next OPHAB meeting on May 5, 2017; Jerry Lupfer seconded the motion. The motion was approved by unanimous voice vote.

F. Public Comments n/a



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G. Report of Any Subcommittees n/a

H. Department Updates and Reports:

Update on Executive Budget Proposal - *Alexandra Simon, Legislative liaison*

ODH's most significant proposals for the Governor's Executive Budget.

ODH's budget request is part of a \$41 million state investment in infant mortality over the biennium. The Executive Budget proposes a \$3 million increase each year in ODH's budget compared to the SFY 2017 funding level, for a total of \$7.1 million each year of the SFY 2018-19 biennium for the Infant Vitality ALI.

Strengthening the Public Health Infrastructure

Ohio's performance on population health outcomes has steadily declined relative to other states. There are many factors that contribute to poor health outcomes, and the following have been targeted for reform and improvement in Ohio:

(1) Alignment and collaboration at the state and local levels for population health assessment and planning; and

(2) Ensuring capacity at the local level to provide public health services at an appropriate scale and in accordance with national standards.

(a) Provides \$1 million in one-time funding over the biennium (Fund 1420, ALI 440646) that will provide grants to local health districts to assist them in transitioning from a five-year planning cycle to a three-year planning cycle for community health assessments and community health improvement plans.

(b) Provides \$3.5 million in one-time funding over the biennium (Fund 1420, ALI 440646) for accreditation fees, accreditation coordination, and infrastructure costs for local health districts who merge resources in order to gain the necessary scale to provide the quality and level of public health services required by an accredited health district.

(3) ODH is also proposing to authorize a county or region to voluntarily establish a Drug Overdose Fatality Review Committee to give Ohio's communities another tool for better understanding circumstances surrounding drug overdose deaths to help them target their local efforts in preventing overdoses and saving lives.

Decreasing Smoking and Tobacco Use Among Ohioans

In addition to maternal smoking cessation activities, the Executive Budget proposes to increase the cigarette tax 65 cents from \$1.60 to \$2.25 per pack; to increase the tax rate on other tobacco products from 17 percent to 69 percent of the wholesale price; and to extend



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the other tobacco products tax to vapor products (such as e-cigarettes) at the new 69 percent rate.

Reducing Childhood Lead Poisonings

The proposed language establishes a voluntary mechanism for landlords to register lead-safe housing in a new online Lead-Safe Housing Registry. ODH and the Ohio Department of Medicaid (ODM) will work together to leverage up to \$5 million per year over the next biennium in new Children's Health Insurance Program (CHIP) and other funding to abate lead hazards in residential units where children live.

Approximately \$4.8 million of the funding each year will be used for remediation and associated testing services for homes under lead hazard orders. The remaining \$200,000 each year will be used to develop, support, and market the Lead-Safe Housing Registry.

Building a Sustainable Program for Children with Medical Handicaps

The Executive Budget establishes a new Children with Medical Handicaps (CMH) program under the Ohio Department of Medicaid (ODM) that maximizes existing state resources to ensure long-term program sustainability, seeks to limit disruption to those currently in the BCMH program by grandfathering all enrolled non-Medicaid eligible children into the existing program, and delivers medically necessary services related to the eligible medical condition and quality care coordination for CMH program enrollees moving forward.

The proposal seeks to limit disruptions for those currently enrolled in the existing BCMH program by allowing these individuals to be grandfathered into the existing BCMH program. Additionally, anyone who applies for the BCMH program through June 30, 2017, and is not currently eligible for Medicaid, will be grandfathered into the existing BCMH program until they age out, or their financial or medical eligibility changes.

Protecting Ohio's Long-Term Care Population

The Executive Budget proposes a number of reforms to strengthen ODH's oversight of long-term care facilities to help ensure the health, safety and well-being of residents. The Executive Budget proposes the following statutory changes.

- (1) Provides ODH the authority to impose a civil monetary penalty on Residential Care Facilities (RCFs) not in compliance with state regulations as an intermediate step prior to license revocation.
- (2) Expands authorization to investigate long-term care facility employees for alleged abuse, neglect, exploitation, or misappropriation of a resident's property.
- (3) Authorizes emergency authority for the ODH director to order directed actions by nursing homes and residential care facilities to address patient health and safety issues.
- (4) Allows the Ohio Department of Aging access to the names of residents in ODH complaint and licensure surveys of Residential Care Facilities (RCFs).

I. Unfinished Business n/a



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J. New Business: n/a

K. Adjournment - the next OPHAB meeting will be held on May 5, 2017.



PUBLIC SWIMMING POOL RULES UPDATE FOR OPHAB

Timeline for implementation of revised rules:

- Complete review of public comments and response to comments by 3/17/2017
- Conduct a meeting of the Rule Advisory Committee to review public comments and discuss changes to the rules in response to public comments by 3/30/2017
- Repost revised rules for second public comment period by 4/3/2017
- Second public comment period will end on 5/3/2017
- Review public comments and prepare responses to received comments by 5/5/2017
- Discuss revised rules with OPHAB on 5/5/2017
- If necessary hold another RAC meeting the week of 5/8/2017
- Submit revised rules to JCARR by 5/15/2017
- JCARR jurisdiction would end on 7/19/2017
- Request rules to take effect on 9/30/2017

Common concerns raised in public comments:

- Elimination of medical pool exemption from licensure
- Definition of annual for inspections
- Training requirements for pool operators
- Jurisdictional distinctions between ODH and ODA authority

Program would like to thank all the LHDs that took the time to submit comments. The comments we received were well thought out and changes will be made as appropriate.