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H.B. 52
133rd General Assembly

Bill Analysis

Version: As Introduced

Primary Sponsors: Reps. G. Holmes and Perales

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SUMMARY

- Requires certain health care service providers to inform veterans about health care benefits available to veterans.
- Requires a representative of the Office of the State Long-term Care Ombudsman Program to inform veterans about health care benefits available to veterans.

DETAILED ANALYSIS

Duty to inform veterans

The bill requires certain specified health care service providers to (1) inform veterans that they may be eligible for health care benefits through the U.S. Department of Veterans Affairs, including benefits regarding long-term care, and (2) offer to assist veterans in contacting a veterans service commission that can assist them in accessing the health care benefits for which they may be eligible. Furthermore, the bill requires the provider to assist a veteran in contacting a veterans service commission, if the veteran requests that assistance. Under continuing law, veterans services commissions exist in each county and coordinate and provide a variety of services to veterans.

The provisions of the bill apply to the following health care service providers:

- A hospital when it discharges an inpatient who the hospital knows is a veteran;
- A nursing home or residential care facility when it admits as a resident an individual who the home or facility knows is a veteran; and
- A home health agency when it begins providing home health services to an individual who the agency knows is a veteran.

The bill imposes the same duties, as described above, upon a representative of the Office of the State Long-term Care Ombudsman Program, when the representative begins providing ombudsman services to an individual who the representative knows is a veteran.¹

Definitions

As used in the bill:

“Home health agency” means a person or government entity, other than a nursing home, residential care facility, hospice care program, or pediatric respite care program, that has the primary function of providing any of the following services to a patient at a place of residence used as the patient’s home:

- Skilled nursing care;
- Physical therapy;
- Speech-language pathology;
- Occupational therapy;
- Medical social services;
- Home health aide services.²

“Hospital” means an institution classified as a hospital under R.C. 3701.07 in which are provided to inpatients diagnostic, medical, surgical, obstetrical, psychiatric, or rehabilitation care for a continuous period longer than 24 hours or a hospital operated by a health maintenance organization. “Hospital” does not include a facility licensed under Chapter 3721. of the Revised Code (generally nursing homes and residential care facilities), a health care facility operated by the Department of Mental Health and Addiction Services or the Department of Developmental Disabilities, a health maintenance organization that does not operate a hospital, the office of any private licensed health care professional, whether organized for individual or group practice, or a clinic that provides ambulatory patient services and where patients are not regularly admitted as inpatients. “Hospital” also does not include an institution for the sick that is operated exclusively for patients who use spiritual means for healing and for whom the acceptance of medical care is inconsistent with their religious beliefs, accredited by a national accrediting organization, exempt from federal income taxation, and providing 24-hour nursing care.³

“Nursing home” means a home used for the reception and care of individuals who by reason of illness or physical or mental impairment require skilled nursing care and of individuals who require personal care services but not skilled nursing care. A nursing home is licensed to provide personal care services and skilled nursing care, except that it does not include a nursing

¹ R.C. 5901.40(B) and (C); R.C. 5901.02 and 5901.03, not in the bill.

² R.C. 5901.40(A)(1); R.C. 3701.881(A)(8), not in the bill.

³ R.C. 5901.40(A)(2); R.C. 3727.01(B)(2), not in the bill.

home that participates in the veteran community partnerships program administered by the U.S. Department of Veterans Affairs.⁴

“Residential care facility” means a home that provides either of the following:

- Accommodations for 17 or more unrelated individuals and supervision and personal care services for three or more of those individuals who are dependent on the services of others by reason of age or physical or mental impairment;
- Accommodations for three or more unrelated individuals, supervision and personal care services for at least three of those individuals who are dependent on the services of others by reason of age or physical or mental impairment, and, to at least one of those individuals, and any authorized skilled facility.⁵

“Representative of the Office of the State Long-term Care Ombudsman Program” means the State Long-term Care Ombudsman or a member of the Ombudsman’s staff, or a person certified as a representative of the Office.⁶

HISTORY

Action	Date
Introduced	02-12-19

H0052-I-133/ar

⁴ R.C. 5901.40(A)(3); R.C. 3721.01(A)(6), not in the bill.

⁵ R.C. 5901.40(A)(5); R.C. 3721.01(A)(7), not in the bill.

⁶ R.C. 5901.40(A)(4); R.C. 173.14(H), not in the bill.