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# OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research  
and Drafting

Legislative Budget  
Office

H.B. 210\*  
133<sup>rd</sup> General Assembly

## Bill Analysis

[Click here for H.B. 210's Fiscal Note](#)

**Version:** As Reported by Senate Health, Human Services and Medicaid

**Primary Sponsor:** Rep. Carruthers

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### SUMMARY

#### **Tuberculosis – preschool programs and child day-care centers**

- Requires licensed preschool programs and child day-care centers to screen prospective employees for tuberculosis by determining if the person (1) resided in a country having a high burden of tuberculosis and (2) arrived in the United States within five years of an employment application.
- Requires a prospective employee who meets the criteria described above to be tested for the disease.
- Prohibits a program or center from employing a person infected with active tuberculosis until he or she submits evidence of having completed treatment and being free of the disease.
- Permits a program or center to employ a person who tests positive for latent tuberculosis so long as the person receives treatment and submits periodic evidence of complying with the treatment regimen.
- Requires the Ohio Department of Job and Family Services, if certain conditions are met, to release information regarding public assistance recipients who receive publicly funded child care to the Ohio Department of Health or a tuberculosis control unit for purposes of public health investigations related to tuberculosis.

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\* This analysis was prepared before the report of the Senate Health, Human Services and Medicaid Committee appeared in the Senate Journal. Note that the legislative history may be incomplete.

## **Radiation rules and radiation technology professionals**

- Authorizes the Director of Health, when adopting rules governing Ohio's Radiation Control Program, to deviate from the *Suggested State Regulations for Control of Radiation* if doing so is warranted and does not pose a health, environmental, or safety risk.
- Specifies that one of the activities radiographers and nuclear medicine technologists are licensed to perform is to document orders for contrast and radio-pharmaceuticals, respectively, in patient medical records.
- Requires a radiographer and a nuclear medicine technologist to practice in a manner that is consistent with a definitive set of treatment guidelines approved by the clinical leadership of the institution where the radiographer or technologist practices.

## **Entities exempt from mobile dental facility requirements**

- Specifies that recently enacted notification requirements to be followed by mobile dental facilities do not apply to a mobile dental facility that is under the control or management of certain school entities, local boards of health, or Department of Health contractors recognized by the Dental Board.

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## **DETAILED ANALYSIS**

### **Tuberculosis – preschool programs and child day-care centers**

#### **Screening**

The bill requires each preschool program licensed by the Ohio Department of Education (ODE) and each child day-care center licensed by the Ohio Department of Job and Family Services (ODJFS) to screen prospective employees for tuberculosis.<sup>1</sup> Before employing a person as a director, administrator, staff member, or other employee, the program or center must determine if the person meets the following criteria:

- Resided in a country identified by the World Health Organization as having a high burden of tuberculosis; and
- Arrived in the United States within the five years immediately preceding the date of application for employment.<sup>2</sup>

#### **Testing requirements**

If the program or center determines that the person meets the foregoing criteria, the program or center must require the person to undergo a tuberculosis test.<sup>3</sup> If the test result is

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<sup>1</sup> R.C. 3301.531 and 5104.037.

<sup>2</sup> R.C. 3301.531(B) and 5104.037(B).

<sup>3</sup> R.C. 3301.531(C) and 5104.037(C).

negative, the program or center may employ the person. If the test result is positive, the program or center must require the person to undergo additional testing for tuberculosis, which may include a chest radiograph or the collection and examination of specimens.<sup>4</sup>

### **Prohibition on employment – active tuberculosis**

If additional testing indicates active tuberculosis (see “**Tuberculosis background,**” below), the program or center is prohibited from employing the person or, if already employed, from allowing the person to be physically present at its location.<sup>5</sup> Upon submitting evidence that the person is no longer infectious as determined by a written, signed statement from a tuberculosis control unit, the program or center may employ the person or allow his or her return to work. The bill defines tuberculosis control unit as the county tuberculosis control unit designated by a board of county commissioners or the district tuberculosis control unit designated pursuant to an agreement entered into by two or more boards of county commissioners. These tuberculosis control units exist under current law.<sup>6</sup>

### **Treatment required for latent tuberculosis**

If additional testing indicates latent (noninfectious) tuberculosis (see “**Tuberculosis background,**” below), the program or center is prohibited from employing the person or permitting the person to be physically present at the program or center until the person submits evidence that the person is receiving treatment as prescribed by a physician, physician assistant, certified nurse practitioner, or clinical nurse specialist. Once that evidence is submitted, the person may be employed and physically present at the program or center so long as the person submits periodic evidence of compliance with the treatment regimen in accordance with existing tuberculosis rules. For purposes of the bill, a written statement signed by a representative of the tuberculosis control unit who is overseeing the person’s treatment constitutes evidence that the person is in the process of completing and is compliant with the treatment regimen.<sup>7</sup>

### **Types of testing**

The bill requires a prospective employee to undergo either a two-step Mantoux tuberculin skin test or a blood assay for m. tuberculosis.<sup>8</sup>

A tuberculin skin test requires two visits with a health care provider.<sup>9</sup> On the first visit, a small amount of tuberculin is injected into the skin on the lower part of the person’s arm. The

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<sup>4</sup> R.C. 3301.531(D) and 5104.037(D).

<sup>5</sup> R.C. 3301.531(D)(1) and 5104.037(D)(1).

<sup>6</sup> R.C. 3301.531(A)(4) and 5104.037(A)(4); R.C. 339.72, not in the bill.

<sup>7</sup> R.C. 3301.531(D)(2) and 5104.037(D)(2).

<sup>8</sup> R.C. 3301.531(A) and 5104.037(A).

<sup>9</sup> See Centers for Disease Control and Prevention, Tuberculosis (TB), Testing & Diagnosis, *Testing for TB Infection*, available at <https://www.cdc.gov/tb/topic/testing/tbtesttypes.htm>.

person must return to the provider within 48 to 72 hours so that the provider can look for a reaction indicating an infection. A blood assay is a blood test, in which a health care provider draws a person's blood and sends it to a laboratory for analysis and results.

A positive skin test or positive blood assay means that the person has been infected with tuberculosis bacteria and that additional testing is needed to determine if the person has a latent infection or active tuberculosis.<sup>10</sup> The bill does not require specific methods for additional testing, but does provide that it may include a chest radiograph or the collection and examination of specimens.

## **Tuberculosis background**

Tuberculosis is an infectious disease caused by the bacterium *Mycobacterium tuberculosis*.<sup>11</sup> It mainly affects the lungs, but also may affect the kidney, spine, and brain. The disease spreads through the air when a person with tuberculosis of the lungs coughs, sneezes, or speaks. Symptoms may include a bad cough that lasts three weeks or longer, pain in the chest, coughing up blood or sputum, weakness or fatigue, chills, fever, night sweats, loss of appetite, and weight loss. If not treated properly, tuberculosis can be fatal.

According to the federal Centers for Disease Control and Prevention, not everyone infected with tuberculosis becomes sick. Accordingly, two tuberculosis-related conditions exist – latent tuberculosis infection and active tuberculosis disease.

A person with a latent tuberculosis infection does not feel sick and does not experience any symptoms. The only sign of a tuberculosis infection is a positive tuberculin skin test or blood test. Such a person is not infectious and cannot spread tuberculosis infection to others. However, treatment with medication is recommended in order to prevent active tuberculosis disease.<sup>12</sup>

A person with active tuberculosis disease is considered infectious and may spread tuberculosis bacteria to others. Treatment with medication is necessary to prevent death and the spread of the disease.<sup>13</sup>

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<sup>10</sup> See Centers for Disease Control and Prevention, Tuberculosis (TB), Testing & Diagnosis, *Testing for TB Infection*, available at <https://www.cdc.gov/tb/topic/testing/tbtesttypes.htm>.

<sup>11</sup> See Centers for Disease Control and Prevention, Tuberculosis (TB), *Basic Facts*, available at <https://www.cdc.gov/tb/topic/basics/default.htm>. See also National Institutes of Health, U.S. National Library of Medicine, Medline Plus, Health Topics, *Tuberculosis*, available at <https://medlineplus.gov/tuberculosis.html>.

<sup>12</sup> See Centers for Disease Control and Prevention, Tuberculosis (TB), Fact Sheets, *The Difference Between Latent TB Infection and TB Disease*, available at <https://www.cdc.gov/tb/publications/factsheets/general/ltbiandactivetb.htm>.

<sup>13</sup> See Centers for Disease Control and Prevention, Tuberculosis (TB), Fact Sheets, *The Difference Between Latent TB Infection and TB Disease*, available at <https://www.cdc.gov/tb/publications/factsheets/general/ltbiandactivetb.htm>.

## Release of information

The bill requires ODJFS, to the extent permitted by federal law, to release information about a public assistance recipient who receives publicly funded child care if the release of information is directly connected to a public health investigation related to the bill's tuberculosis testing provisions. The following conditions must be met for the release to be authorized:<sup>14</sup>

- That ODH or a tuberculosis control unit has initiated a public health investigation related to the bill's tuberculosis testing provisions and has assessed the investigation as an emergency;
- That ODH or a tuberculosis control unit has informed ODJFS about the investigation and requested ODJFS release the information for purposes of the investigation;
- ODJFS is unable to timely obtain voluntary, written authorization that complies with current law.

If the conditions are met, ODJFS is required to release to ODH or a tuberculosis control unit the minimum information necessary to fulfill the needs related to the public health investigation. If ODJFS releases the information, it must immediately notify the public assistance recipient of that release.<sup>15</sup>

Under current law, a public assistance recipient is an applicant for or a recipient or former recipient of public assistance. Public assistance means financial assistance or social services that are provided under a program administered by ODJFS or a county agency and includes publicly funded child care. Public assistance does not mean medical assistance provided under a medical assistance program like Medicaid.<sup>16</sup>

## Radiation rules and radiation technology professionals

### Radiation Control Program rules

Current law requires the Director of Health to adopt rules regarding the licensure of facilities that handle radioactive material and the registration of facilities that handle radiation-generating equipment. The Director also must adopt rules identifying sources of radiation; its possession, use, and disposal; and radiation levels that constitute an unreasonable or unnecessary risk to health or the environment.

The bill maintains an existing requirement that the rules be adopted by using standards that are no less stringent than the *Suggested State Regulations for Control of Radiation*, which

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<sup>14</sup> R.C. 5101.27(C)(1).

<sup>15</sup> R.C. 5101.27(C)(2) and (3).

<sup>16</sup> R.C. 5101.26 and 5160.01, not in the bill.

is a document prepared by the Conference of Radiation Control Program Directors, Inc.<sup>17</sup> But, it allows the Director to deviate from the suggested regulations if he or she determines that doing so is warranted and does not pose a health, environmental, or safety risk.<sup>18</sup>

## **Practice by radiographers and nuclear medicine technologists**

### **Documentation of orders in patient medical records**

The bill authorizes radiographers and nuclear medicine technologists, through their licenses, to document orders for contrast and radio-pharmaceuticals, respectively, in patient medical records.<sup>19</sup> This is in addition to the following activities that they are licensed to perform:

- Radiographer – operating ionizing radiation-generating equipment, administering contrast, and determining procedure positioning and the dosage of ionizing radiation, all in order to perform a comprehensive scope of radiology procedures.<sup>20</sup>
- Nuclear medicine technologist – preparing and administering radio-pharmaceuticals to human beings and conducting in vivo or in vitro detection and measurement of radioactivity for medical purposes.<sup>21</sup>

### **Treatment guidelines**

The bill requires that a radiographer and a nuclear medicine technologist practice in a manner that is consistent with a definitive set of treatment guidelines approved by the clinical leadership, including the medical director and director of radiology, of the institution where the radiographer or technologist practices.<sup>22</sup> This includes when a nuclear medicine technologist is performing computed tomography procedures, as authorized by existing law.<sup>23</sup>

## **Entities exempt from mobile dental facility requirements**

The bill specifies that the notification requirements to be followed by mobile dental facilities, as recently enacted by H.B. 203 of the 133<sup>rd</sup> General Assembly, do not apply to a mobile dental facility that is under the control or management of any of the following, when the only services provided by the facility are the placement of pit and fissure sealants and the application of fluoride varnish:

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<sup>17</sup> Conference of Radiation Control Program Directors, Inc., *Suggested State Regulations for Control of Radiation*, <https://www.crcpd.org/page/SSRCRs>.

<sup>18</sup> R.C. 3748.04.

<sup>19</sup> R.C. 4773.01(F) and (H); R.C. 4773.02, not in the bill.

<sup>20</sup> R.C. 4773.01(H).

<sup>21</sup> R.C. 4773.01(F).

<sup>22</sup> R.C. 4773.10.

<sup>23</sup> R.C. 4773.061.

- A program operated through a school district board of education or the governing board of an educational service center;
- A local board of health; or
- Any other public or private entity that is under contract with the Ohio Department of Health and recognized by the State Dental Board.<sup>24</sup>

The notification provisions enacted by H.B. 203 require that a mobile dental facility's operator, or the operator's representative, provide each patient (or the patient's representative) with the following:<sup>25</sup>

1. The name of each individual who arranged for or provided services to the patient;
2. The telephone number to reach the facility operator or representative in case of an emergency;
3. A list of the services provided to the patient;
4. Any recommendations regarding further dental or dental hygiene services;
5. A notice that the facility must provide access to the patient's complete dental records in accordance with state and federal law; and
6. Instructions for requesting a copy or transfer of the patient's records.

The notification provisions also require a mobile dental facility's operator (or the operator's representative) to notify the State Dental Board and all treatment venues if the operator (1) has a change of address or telephone number or (2) ceases to operate the facility.<sup>26</sup>

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## HISTORY

Action	Date
Introduced	04-18-19
Reported, H. Health	10-30-19
Passed House (59-33)	11-13-19
Reported, S. Health, Human Services & Medicaid	---

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<sup>24</sup> R.C. 4715.73, with conforming changes in R.C. 4715.70, 4715.71, and 4715.72.

<sup>25</sup> R.C. 4715.71.

<sup>26</sup> R.C. 4715.72.