

Sub. H.B. 49  
LSC 132 0001-3

\_\_\_\_\_ moved to amend as follows:

In line 206 of the title, after "5163.03," insert "5163.06," 1

In line 211 of the title, after "5166.40," insert "5166.405," 2

In line 611, after "5163.03," insert "5163.06," 3

In line 614, after "5166.40," insert "5166.405," 4

Between lines 82970 and 82971, insert: 5

"**Sec. 5163.06.** The medicaid program shall cover all of the 6  
following optional eligibility groups: 7

(A) The group consisting of children placed with adoptive 8  
parents who are specified in the "Social Security Act," section 9  
1902(a)(10)(A)(ii)(VIII), 42 U.S.C. 1396a(a)(10)(A)(ii)(VIII); 10

(B) Subject to section 5163.061 of the Revised Code, the 11  
group consisting of women during pregnancy and the sixty-day 12  
period beginning on the last day of the pregnancy, infants, and 13  
children who are specified in the "Social Security Act," section 14  
1902(a)(10)(A)(ii)(IX), 42 U.S.C. 1396a(a)(10)(A)(ii)(IX); 15

(C) Subject to sections 5163.09 to 5163.098 of the Revised 16  
Code, the group consisting of employed individuals with 17  
disabilities who are specified in the "Social Security Act," 18  
section 1902(a)(10)(A)(ii)(XV), 42 U.S.C. 1396a(a)(10)(A)(ii)(XV); 19

(D) Subject to sections 5163.09 to 5163.098 of the Revised Code, the group consisting of employed individuals with medically improved disabilities who are specified in the "Social Security Act," section 1902(a)(10)(A)(ii)(XVI), 42 U.S.C. 1396a(a)(10)(A)(ii)(XVI);

(E) The group consisting of independent foster care adolescents who are specified in the "Social Security Act," section 1902(a)(10)(A)(ii)(XVII), 42 U.S.C. 1396a(a)(10)(A)(ii)(XVII);

(F) The group consisting of women in need of treatment for breast or cervical cancer who are specified in the "Social Security Act," section 1902(a)(10)(A)(ii)(XVIII), 42 U.S.C. 1396a(a)(10)(A)(ii)(XVIII);

(G) The group described in section 1902(a)(10)(A)(i)(VIII) of the "Social Security Act," 42 U.S.C. 1396a(a)(10)(A)(i)(VIII).

In line 84563, after "in" insert "division (G) of"; delete "1902(a)(10)(A)(i)(VIII)" and insert "5163.06"

In line 84564, after "the" insert "Revised Code"; delete the balance of the line

In line 84625, strike through "either of the following" and insert "being included in the category identified by the department of medicaid as covered families and children"

In line 84626, strike through the colon

Strike through lines 84627 through 84630

In line 84631, strike through everything before the fourth period

Between lines 84635 and 84636, insert:

"Sec. 5166.405. (A) A healthy Ohio program participant's participation in the program shall cease if any of the following applies:

(1) Unless the participant is pregnant, a monthly installment payment to the participant's buckeye account is sixty days late.

(2) The participant fails to submit documentation needed for a redetermination of the participant's eligibility for medicaid before the sixty-first day after the documentation is requested.

(3) The participant becomes eligible for medicaid on a basis other than being included in the category identified by the department of medicaid as covered families and children ~~or being included in the eligibility group described in section 1902(a)(10)(A)(i)(VIII) of the "Social Security Act," 42 U.S.C. 1396a(a)(10)(A)(i)(VIII).~~

(4) The participant becomes a ward of the state.

(5) The participant ceases to be eligible for medicaid.

(6) The participant exhausts the annual or lifetime payout limit specified in division (D) of section 5166.401 of the Revised Code.

(7) The participant requests that the participant's participation be terminated.

(B) A healthy Ohio program participant who ceases to participate in the program under division (A)(1) or (2) of this section may not resume participation until the former participant pays the full amount of the monthly installment payment or submits the documentation needed for the former participant's medicaid eligibility redetermination. The former participant shall not be transferred to the fee-for-service component of medicaid or the

care management system as a result of ceasing to participate in 75  
the healthy Ohio program under division (A)(1) or (2) of this 76  
section. 77

(C) Except as provided in section 5166.407 of the Revised 78  
Code, a healthy Ohio program participant who ceases to participate 79  
in the program shall be provided the contributions that are in the 80  
participant's buckeye account at the time the participant ceases 81  
participation." 82

In line 102727, after "5163.03," insert "5163.06," 83

In line 102730, after "5166.40," insert "5166.405," 84

The motion was \_\_\_\_\_ agreed to.

SYNOPSIS

**Medicaid coverage for the expansion eligibility group** 85

**R.C. 5163.06, 5166.37, 5166.40, and 5166.405** 86

Requires in statute that the Medicaid program cover the 87  
expansion eligibility group authorized by the Patient Protection 88  
and Affordable Care Act (Group VIII). 89

Repeals provisions requiring members of the expansion 90  
eligibility group to participate in the Healthy Ohio program, 91  
under which participants enroll in comprehensive health plans and 92  
contribute to buckeye accounts. 93