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133rd General Assembly  
Regular Session  
2019-2020

Sub. H. B. No. 81

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**A BILL**

To amend sections 4113.21, 4123.026, 4123.52, 1  
4123.56, 4123.58, 4123.65, and 4123.66 and to 2  
enact section 4121.471 of the Revised Code 3  
regarding employee medical examinations and 4  
changes to the Worker's Compensation Law. 5

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

**Section 1.** That sections 4113.21, 4123.026, 4123.52, 6  
4123.56, 4123.58, 4123.65, and 4123.66 be amended and section 7  
4121.471 of the Revised Code be enacted to read as follows: 8

**Sec. 4113.21.** (A) No private employer shall require any 9  
prospective employee or applicant for employment to pay the cost 10  
of a medical examination required by the employer as a condition 11  
of employment. 12

(B) No public employer or private employer furnishing 13  
services to a public employer in accordance with a contract 14  
subject to the "Service Contract Act of 1965," 41 U.S.C. 6701 et 15  
seq., shall require any employee, prospective employee, or 16  
applicant for employment to pay the cost of ~~a~~ an initial or any 17



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subsequent medical examination examinations required by the 18  
public employer or private employer as a condition of employment 19  
or continued employment. 20

(C) As used in this section: 21

(1) "Private employer" means any individual, partnership, 22  
trust, estate, joint-stock company, insurance company, common 23  
carrier, public utility, or corporation, whether domestic or 24  
foreign, or the receiver, trustee in bankruptcy, trustee, or the 25  
successor thereof, who has in employment three or more 26  
individuals at any one time within a calendar year. 27

(2) "Public employer" means the United States, the state, 28  
any political subdivision of the state, and any agency of the 29  
United States, the state, or a political subdivision of the 30  
state. 31

(3) "Employee" means any person who may be permitted, 32  
required, or directed by any employer in consideration of direct 33  
or indirect gain or profit, to engage in any employment. 34

(D) Any employer who violates this section shall forfeit 35  
not more than one hundred dollars for each violation. The bureau 36  
of workers' compensation and the public utilities commission 37  
shall enforce this section. 38

**Sec. 4121.471.** A claim for an additional award under 39  
Section 35 of Article II, Ohio Constitution, alleging that an 40  
injury, occupational disease, or death resulted from an 41  
employer's failure to comply with a specific safety rule for the 42  
protection of the lives, health, and safety of employees shall 43  
be forever barred unless it is filed within one year after the 44  
date of the injury or death or within one year after the 45  
disability due to the occupational disease began. 46

**Sec. 4123.026.** (A) The administrator of workers' 47  
compensation, ~~or~~ a self-insuring public employer for the peace 48  
officers, firefighters, and emergency medical workers employed 49  
by or volunteering for that self-insuring public employer, or a 50  
detention facility that is a self-insuring employer for the 51  
facility's employees, including corrections officers, shall pay 52  
the costs of conducting post-exposure medical diagnostic 53  
services, consistent with the standards of medical care existing 54  
at the time of the exposure, to investigate whether an injury or 55  
occupational disease was sustained by a peace officer, 56  
firefighter, ~~or~~ emergency medical worker, or detention facility 57  
employee, including a corrections officer, when coming into 58  
contact with the blood or other body fluid of another person in 59  
the course of and arising out of the peace officer's, 60  
firefighter's, ~~or~~ emergency medical worker's, or detention 61  
facility employee's employment, or when responding to an 62  
inherently dangerous situation in the manner described in, and 63  
in accordance with the conditions specified under, division (A) 64  
(1) (a) of section 4123.01 of the Revised Code, through any of 65  
the following means: 66

(1) Splash or spatter in the eye or mouth, including when 67  
received in the course of conducting mouth-to-mouth 68  
resuscitation; 69

(2) A puncture in the skin; 70

(3) A cut in the skin or another opening in the skin such 71  
as an open sore, wound, lesion, abrasion, or ulcer. 72

(B) As used in this section: 73

(1) "Peace officer" has the same meaning as in section 74  
2935.01 of the Revised Code. 75

(2) "Firefighter" means a firefighter, whether paid or volunteer, of a lawfully constituted fire department. 76  
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(3) "Emergency medical worker" means a first responder, emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic, certified under Chapter 4765. of the Revised Code, whether paid or volunteer. 78  
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(4) "Corrections officer" means a person employed by a detention facility as a corrections officer. 83  
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(5) "Detention facility" means any public or private place used for the confinement of a person charged with or convicted of any crime in this state or another state or under the laws of the United States or alleged or found to be a delinquent child or unruly child in this state or another state or under the laws of the United States . 85  
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**Sec. 4123.52.** (A) The jurisdiction of the industrial commission and the authority of the administrator of workers' compensation over each case is continuing, and the commission may make such modification or change with respect to former findings or orders with respect thereto, as, in its opinion is justified. No modification or change nor any finding or award in respect of any claim shall be made with respect to disability, compensation, dependency, or benefits, after five years from the date of injury in the absence of ~~the payment of~~ medical benefits being provided under this chapter or in the absence of payment of compensation under section 4123.57, 4123.58, or division (A) or (B) of section 4123.56 of the Revised Code or wages in lieu of compensation in a manner so as to satisfy the requirements of section 4123.84 of the Revised Code, in which event the modification, change, finding, or award shall be made within 91  
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five years from the date of the last medical services being 106  
rendered or the date of the last payment of compensation or from 107  
the date of death, nor unless written notice of claim for the 108  
specific part or parts of the body injured or disabled has been 109  
given as provided in section 4123.84 or 4123.85 of the Revised 110  
Code. The commission shall not make any modification, change, 111  
finding, or award which shall award compensation for a back 112  
period in excess of two years prior to the date of filing 113  
application therefor. 114

(B) Notwithstanding division (A) of this section, and 115  
except as otherwise provided in a rule that shall be adopted by 116  
the administrator, with the advice and consent of the bureau of 117  
workers' compensation board of directors, neither the 118  
administrator nor the commission shall make any finding or award 119  
for payment of medical or vocational rehabilitation services 120  
submitted for payment more than one year after the date the 121  
services were rendered or more than one year after the date the 122  
services became payable under division (I) of section 4123.511 123  
of the Revised Code, whichever is later. No medical or 124  
vocational rehabilitation provider shall bill a claimant for 125  
services rendered if the administrator or commission is 126  
prohibited from making that payment under this division. 127

(C) Division (B) of this section does not apply to 128  
requests made by the centers for medicare and medicaid services 129  
in the United States department of health and human services for 130  
reimbursement of conditional payments made pursuant to section 131  
1395y(b) (2) of title 42, United States Code (commonly known as 132  
the "Medicare Secondary Payer Act"). 133

(D) This section does not affect the right of a claimant 134  
to compensation accruing subsequent to the filing of any such 135

application, provided the application is filed within the time 136  
limit provided in this section. 137

(E) This section does not deprive the commission of its 138  
continuing jurisdiction to determine the questions raised by any 139  
application for modification of award which has been filed with 140  
the commission after June 1, 1932, and prior to the expiration 141  
of the applicable period but in respect to which no award has 142  
been granted or denied during the applicable period. 143

(F) The commission may, by general rules, provide for the 144  
destruction of files of cases in which no further action may be 145  
taken. 146

(G) The commission and administrator of workers' 147  
compensation each may, by general rules, provide for the 148  
retention and destruction of all other records in their 149  
possession or under their control pursuant to section 121.211 150  
and sections 149.34 to 149.36 of the Revised Code. The bureau of 151  
workers' compensation may purchase or rent required equipment 152  
for the document retention media, as determined necessary to 153  
preserve the records. Photographs, microphotographs, microfilm, 154  
films, or other direct document retention media, when properly 155  
identified, have the same effect as the original record and may 156  
be offered in like manner and may be received as evidence in 157  
proceedings before the industrial commission, staff hearing 158  
officers, and district hearing officers, and in any court where 159  
the original record could have been introduced. 160

**Sec. 4123.56.** (A) Except as provided in division (D) of 161  
this section, in the case of temporary disability, an employee 162  
shall receive sixty-six and two-thirds per cent of the 163  
employee's average weekly wage so long as such disability is 164  
total, not to exceed a maximum amount of weekly compensation 165

which is equal to the statewide average weekly wage as defined 166  
in division (C) of section 4123.62 of the Revised Code, and not 167  
less than a minimum amount of compensation which is equal to 168  
thirty-three and one-third per cent of the statewide average 169  
weekly wage as defined in division (C) of section 4123.62 of the 170  
Revised Code unless the employee's wage is less than thirty- 171  
three and one-third per cent of the minimum statewide average 172  
weekly wage, in which event the employee shall receive 173  
compensation equal to the employee's full wages; provided that 174  
for the first twelve weeks of total disability the employee 175  
shall receive seventy-two per cent of the employee's full weekly 176  
wage, but not to exceed a maximum amount of weekly compensation 177  
which is equal to the lesser of the statewide average weekly 178  
wage as defined in division (C) of section 4123.62 of the 179  
Revised Code or one hundred per cent of the employee's net take- 180  
home weekly wage. In the case of a self-insuring employer, 181  
payments shall be for a duration based upon the medical reports 182  
of the attending physician. If the employer disputes the 183  
attending physician's report, payments may be terminated only 184  
upon application and hearing by a district hearing officer 185  
pursuant to division (C) of section 4123.511 of the Revised 186  
Code. Payments shall continue pending the determination of the 187  
matter, however payment shall not be made for the period when 188  
any employee has returned to work, when an employee's treating 189  
physician has made a written statement that the employee is 190  
capable of returning to the employee's former position of 191  
employment, when work within the physical capabilities of the 192  
employee is made available by the employer or another employer, 193  
or when the employee has reached the maximum medical 194  
improvement. Where the employee is capable of work activity, but 195  
the employee's employer is unable to offer the employee any 196  
employment, the employee shall register with the director of job 197

and family services, who shall assist the employee in finding 198  
suitable employment. The termination of temporary total 199  
disability, whether by order or otherwise, does not preclude the 200  
commencement of temporary total disability at another point in 201  
time if the employee again becomes temporarily totally disabled. 202

After two hundred weeks of temporary total disability 203  
benefits, the medical section of the bureau of workers' 204  
compensation shall schedule the claimant for an examination for 205  
an evaluation to determine whether or not the temporary 206  
disability has become permanent. A self-insuring employer shall 207  
notify the bureau immediately after payment of two hundred weeks 208  
of temporary total disability and request that the bureau 209  
schedule the claimant for such an examination. 210

When the employee is awarded compensation for temporary 211  
total disability for a period for which the employee has 212  
received benefits under Chapter 4141. of the Revised Code, the 213  
bureau shall pay an amount equal to the amount received from the 214  
award to the director of job and family services and the 215  
director shall credit the amount to the accounts of the 216  
employers to whose accounts the payment of benefits was charged 217  
or is chargeable to the extent it was charged or is chargeable. 218

If any compensation under this section has been paid for 219  
the same period or periods for which temporary nonoccupational 220  
accident and sickness insurance is or has been paid pursuant to 221  
an insurance policy or program to which the employer has made 222  
the entire contribution or payment for providing insurance or 223  
under a nonoccupational accident and sickness program fully 224  
funded by the employer, except as otherwise provided in this 225  
division compensation paid under this section for the period or 226  
periods shall be paid only to the extent by which the payment or 227

payments exceeds the amount of the nonoccupational insurance or 228  
program paid or payable. Offset of the compensation shall be 229  
made only upon the prior order of the bureau or industrial 230  
commission or agreement of the claimant. If an employer provides 231  
supplemental sick leave benefits in addition to temporary total 232  
disability compensation paid under this section, and if the 233  
employer and an employee agree in writing to the payment of the 234  
supplemental sick leave benefits, temporary total disability 235  
benefits may be paid without an offset for those supplemental 236  
sick leave benefits. 237

As used in this division, "net take-home weekly wage" 238  
means the amount obtained by dividing an employee's total 239  
remuneration, as defined in section 4141.01 of the Revised Code, 240  
paid to or earned by the employee during the first four of the 241  
last five completed calendar quarters which immediately precede 242  
the first day of the employee's entitlement to benefits under 243  
this division, by the number of weeks during which the employee 244  
was paid or earned remuneration during those four quarters, less 245  
the amount of local, state, and federal income taxes deducted 246  
for each such week. 247

(B) (1) If an employee in a claim allowed under this 248  
chapter suffers a wage loss as a result of returning to 249  
employment other than the employee's former position of 250  
employment due to an injury or occupational disease, the 251  
employee shall receive compensation at sixty-six and two-thirds 252  
per cent of the difference between the employee's average weekly 253  
wage and the employee's present earnings not to exceed the 254  
statewide average weekly wage. The payments may continue for up 255  
to a maximum of two hundred weeks, but the payments shall be 256  
reduced by the corresponding number of weeks in which the 257  
employee receives payments pursuant to division (A) (2) of 258

section 4121.67 of the Revised Code. 259

(2) If an employee in a claim allowed under this chapter 260  
suffers a wage loss as a result of being unable to find 261  
employment consistent with the employee's disability resulting 262  
from the employee's injury or occupational disease, the employee 263  
shall receive compensation at sixty-six and two-thirds per cent 264  
of the difference between the employee's average weekly wage and 265  
the employee's present earnings, not to exceed the statewide 266  
average weekly wage. The payments may continue for up to a 267  
maximum of fifty-two weeks. The first twenty-six weeks of 268  
payments under division (B) (2) of this section shall be in 269  
addition to the maximum of two hundred weeks of payments allowed 270  
under division (B) (1) of this section. If an employee in a claim 271  
allowed under this chapter receives compensation under division 272  
(B) (2) of this section in excess of twenty-six weeks, the number 273  
of weeks of compensation allowable under division (B) (1) of this 274  
section shall be reduced by the corresponding number of weeks in 275  
excess of twenty-six, and up to fifty-two, that is allowable 276  
under division (B) (1) of this section. 277

(3) The number of weeks of wage loss payable to an 278  
employee under divisions (B) (1) and (2) of this section shall 279  
not exceed two hundred and twenty-six weeks in the aggregate. 280

(C) In the event an employee of a professional sports 281  
franchise domiciled in this state is disabled as the result of 282  
an injury or occupational disease, the total amount of payments 283  
made under a contract of hire or collective bargaining agreement 284  
to the employee during a period of disability is deemed an 285  
advanced payment of compensation payable under sections 4123.56 286  
to 4123.58 of the Revised Code. The employer shall be reimbursed 287  
the total amount of the advanced payments out of any award of 288

compensation made pursuant to sections 4123.56 to 4123.58 of the Revised Code. 289  
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(D) If an employee receives temporary total disability benefits pursuant to division (A) of this section and social security retirement benefits pursuant to the "Social Security Act," the weekly benefit amount under division (A) of this section shall not exceed sixty-six and two-thirds per cent of the statewide average weekly wage as defined in division (C) of section 4123.62 of the Revised Code. 291  
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(E) If an employee is eligible for compensation under division (A) of this section, but the employee's full weekly wage has not been determined at the time payments are to commence under division (H) of section 4123.511 of the Revised Code, the employee shall receive thirty-three and one-third per cent of the statewide average weekly wage as defined in division (C) of section 4123.62 of the Revised Code. On determination of the employee's full weekly wage, the compensation an employee receives shall be adjusted pursuant to division (A) of this section. 298  
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If the amount of compensation an employee receives under this division is greater than the adjusted amount the employee receives under division (A) of this section that is based on the employee's full weekly wage, the excess amount shall be recovered in the manner provided in division (K) of section 4123.511 of the Revised Code. If the amount of compensation an employee receives under this division is less than the adjusted amount the employee receives under that division that is based on the employee's full weekly wage, the employee shall receive the difference between those two amounts. 308  
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(F) If an employee is unable to work or suffers a wage 318

loss as the direct result of an impairment arising from an 319  
injury or occupational disease, the employee is entitled to 320  
receive compensation under this section, provided the employee 321  
is otherwise qualified. If an employee is not working or has 322  
suffered a wage loss as the direct result of reasons unrelated 323  
to the allowed injury or occupational disease, the employee is 324  
not eligible to receive compensation under this section. It is 325  
the intent of the general assembly to supersede any previous 326  
judicial decision that applied the doctrine of voluntary 327  
abandonment to a claim brought under this section. 328

**Sec. 4123.58.** (A) In cases of permanent total disability, 329  
the employee shall receive an award to continue until the 330  
employee's death in the amount of sixty-six and two-thirds per 331  
cent of the employee's average weekly wage, but, except as 332  
otherwise provided in division (B) of this section, not more 333  
than a maximum amount of weekly compensation which is equal to 334  
sixty-six and two-thirds per cent of the statewide average 335  
weekly wage as defined in division (C) of section 4123.62 of the 336  
Revised Code in effect on the date of injury or on the date the 337  
disability due to the occupational disease begins, nor not less 338  
than a minimum amount of weekly compensation which is equal to 339  
fifty per cent of the statewide average weekly wage as defined 340  
in division (C) of section 4123.62 of the Revised Code in effect 341  
on the date of injury or on the date the disability due to the 342  
occupational disease begins, unless the employee's average 343  
weekly wage is less than fifty per cent of the statewide average 344  
weekly wage at the time of the injury, in which event the 345  
employee shall receive compensation in an amount equal to the 346  
employee's average weekly wage. 347

(B) In the event the weekly workers' compensation amount 348  
when combined with disability benefits received pursuant to the 349

Social Security Act is less than the statewide average weekly 350  
wage as defined in division (C) of section 4123.62 of the 351  
Revised Code, then the maximum amount of weekly compensation 352  
shall be the statewide average weekly wage as defined in 353  
division (C) of section 4123.62 of the Revised Code. At any time 354  
that social security disability benefits terminate or are 355  
reduced, the workers' compensation award shall be recomputed to 356  
pay the maximum amount permitted under this division. 357

(C) Permanent total disability shall be compensated 358  
according to this section only when at least one of the 359  
following applies to the claimant: 360

(1) The claimant has lost, or lost the use of both hands 361  
or both arms, or both feet or both legs, or both eyes, or of any 362  
two thereof; however, the loss or loss of use of one limb does 363  
not constitute the loss or loss of use of two body parts; 364

(2) The impairment resulting from the employee's injury or 365  
occupational disease prevents the employee from engaging in 366  
sustained remunerative employment utilizing the employment 367  
skills that the employee has or may reasonably be expected to 368  
develop. 369

(D) Permanent total disability shall not be compensated 370  
when the reason the employee is unable to engage in sustained 371  
remunerative employment is due to any of the following reasons, 372  
whether individually or in combination: 373

(1) Impairments of the employee that are not the result of 374  
an allowed injury or occupational disease; 375

(2) Solely the employee's age or aging; 376

(3) The employee retired or otherwise ~~voluntarily~~ 377  
~~abandoned the workforce~~ is not working for reasons unrelated to 378

the allowed injury or occupational disease. 379

(4) The employee has not engaged in educational or 380  
rehabilitative efforts to enhance the employee's employability, 381  
unless such efforts are determined to be in vain. 382

(E) Compensation payable under this section for permanent 383  
total disability is in addition to benefits payable under 384  
division (B) of section 4123.57 of the Revised Code. 385

(F) If an employee is awarded compensation for permanent 386  
total disability under this section because the employee 387  
sustained a traumatic brain injury, the employee is entitled to 388  
that compensation regardless of the employee's employment in a 389  
sheltered workshop subsequent to the award, on the condition 390  
that the employee does not receive income, compensation, or 391  
remuneration from that employment in excess of two thousand 392  
dollars in any calendar quarter. As used in this division, 393  
"sheltered workshop" means a state agency or nonprofit 394  
organization established to carry out a program of 395  
rehabilitation for handicapped individuals or to provide these 396  
individuals with remunerative employment or other occupational 397  
rehabilitating activity. 398

**Sec. 4123.65.** (A) A state fund employer or the employee of 399  
such an employer may file an application with the administrator 400  
of workers' compensation for approval of a final settlement of a 401  
claim under this chapter. The application shall include the 402  
settlement agreement, and except as otherwise specified in this 403  
division, be signed by the claimant and employer, and clearly 404  
set forth the circumstances by reason of which the proposed 405  
settlement is deemed desirable and that the parties agree to the 406  
terms of the settlement agreement. A claimant may file an 407  
application without an employer's signature in the following 408

situations: 409

(1) The employer is no longer doing business in Ohio; 410

(2) The claim no longer is in the employer's industrial 411  
accident or occupational disease experience as provided in 412  
division (B) of section 4123.34 of the Revised Code and the 413  
claimant no longer is employed with that employer; 414

(3) The employer has failed to comply with section 4123.35 415  
of the Revised Code. 416

If a claimant files an application without an employer's 417  
signature, and the employer still is doing business in this 418  
state, the administrator shall send written notice of the 419  
application to the employer immediately upon receipt of the 420  
application. If the employer fails to respond to the notice 421  
within thirty days after the notice is sent, the application 422  
need not contain the employer's signature. 423

If a state fund employer or an employee of such an 424  
employer has not filed an application for a final settlement 425  
under this division, the administrator may file an application 426  
on behalf of the employer or the employee, provided that the 427  
administrator gives notice of the filing to the employer and the 428  
employee and to the representative of record of the employer and 429  
of the employee immediately upon the filing. An application 430  
filed by the administrator shall contain all of the information 431  
and signatures required of an employer or an employee who files 432  
an application under this division. Every self-insuring employer 433  
that enters into a final settlement agreement with an employee 434  
shall mail, within seven days of executing the agreement, a copy 435  
of the agreement to the administrator and the employee's 436  
representative. The administrator shall place the agreement into 437

the claimant's file. 438

(B) Except as provided in divisions (C) and (D) of this 439  
section, a settlement agreed to under this section is binding 440  
upon all parties thereto and as to items, injuries, and 441  
occupational diseases to which the settlement applies. 442

(C) No settlement agreed to under division (A) of this 443  
section or agreed to by a self-insuring employer and the self- 444  
insuring employer's employee shall take effect until thirty days 445  
after the administrator approves the settlement for state fund 446  
employees and employers, or after the self-insuring employer and 447  
employee sign the final settlement agreement. ~~During~~ Except as 448  
provided in division (G) of this section, during the thirty-day 449  
period, the employer, employee, or administrator, for state fund 450  
settlements, and the employer or employee, for self-insuring 451  
settlements, may withdraw consent to the settlement by an 452  
employer providing written notice to the employer's employee and 453  
the administrator or by an employee providing written notice to 454  
the employee's employer and the administrator, or by the 455  
administrator providing written notice to the state fund 456  
employer and employee. If an employee dies during the thirty-day 457  
waiting period following the approval of a settlement, the 458  
settlement can be voided by any party for good cause shown. 459

(D) At the time of agreement to any final settlement 460  
agreement under division (A) of this section or agreement 461  
between a self-insuring employer and the self-insuring 462  
employer's employee, the administrator, for state fund 463  
settlements, and the self-insuring employer, for self-insuring 464  
settlements, immediately shall send a copy of the agreement to 465  
the industrial commission who shall assign the matter to a staff 466  
hearing officer. The staff hearing officer shall determine, 467

within the time limitations specified in division (C) of this 468  
section, whether the settlement agreement is or is not a gross 469  
miscarriage of justice. If the staff hearing officer determines 470  
within that time period that the settlement agreement is clearly 471  
unfair, the staff hearing officer shall issue an order 472  
disapproving the settlement agreement. If the staff hearing 473  
officer determines that the settlement agreement is not clearly 474  
unfair or fails to act within those time limits, the settlement 475  
agreement is approved. 476

(E) A settlement entered into under this section may 477  
pertain to one or more claims of a claimant, or one or more 478  
parts of a claim, or the compensation or benefits pertaining to 479  
either, or any combination thereof, provided that nothing in 480  
this section shall be interpreted to require a claimant to enter 481  
into a settlement agreement for every claim that has been filed 482  
with the bureau of workers' compensation by that claimant under 483  
Chapter 4121., 4123., 4127., or 4131. of the Revised Code. 484

(F) A settlement entered into under this section is not 485  
appealable under section 4123.511 or 4123.512 of the Revised 486  
Code. 487

(G) Notwithstanding any provision of the Revised Code to 488  
the contrary, an employer shall not deny or withdraw consent to 489  
a settlement application filed under this section if both of the 490  
following apply to the claim that is the subject of the 491  
application: 492

(1) The claim is no longer within the date of impact 493  
pursuant to the employer's industrial accident or occupational 494  
disease experience as provided in division (B) of section 495  
4123.34 of the Revised Code; 496

(2) The employee named in the claim is no longer employed 497  
by the employer. 498

**Sec. 4123.66.** (A) In addition to the compensation provided 499  
for in this chapter, the administrator of workers' compensation 500  
shall disburse and pay from the state insurance fund the amounts 501  
for medical, nurse, and hospital services and medicine as the 502  
administrator deems proper and, in case death ensues from the 503  
injury or occupational disease, the administrator shall disburse 504  
and pay from the fund reasonable funeral expenses in an amount 505  
not to exceed ~~fifty five~~ seven thousand five hundred dollars. 506  
The bureau of workers' compensation shall reimburse anyone, 507  
whether dependent, volunteer, or otherwise, who pays the funeral 508  
expenses of any employee whose death ensues from any injury or 509  
occupational disease as provided in this section. The 510  
administrator may adopt rules, with the advice and consent of 511  
the bureau of workers' compensation board of directors, with 512  
respect to furnishing medical, nurse, and hospital service and 513  
medicine to injured or disabled employees entitled thereto, and 514  
for the payment therefor. In case an injury or industrial 515  
accident that injures an employee also causes damage to the 516  
employee's eyeglasses, artificial teeth or other denture, or 517  
hearing aid, or in the event an injury or occupational disease 518  
makes it necessary or advisable to replace, repair, or adjust 519  
the same, the bureau shall disburse and pay a reasonable amount 520  
to repair or replace the same. 521

(B) The administrator, in the rules the administrator 522  
adopts pursuant to division (A) of this section, may adopt rules 523  
specifying the circumstances under which the bureau may make 524  
immediate payment for the first fill of prescription drugs for 525  
medical conditions identified in an application for compensation 526  
or benefits under section 4123.84 or 4123.85 of the Revised Code 527

that occurs prior to the date the administrator issues an 528  
initial determination order under division (B) of section 529  
4123.511 of the Revised Code. If the claim is ultimately 530  
disallowed in a final administrative or judicial order, and if 531  
the employer is a state fund employer who pays assessments into 532  
the surplus fund account created under section 4123.34 of the 533  
Revised Code, the payments for medical services made pursuant to 534  
this division for the first fill of prescription drugs shall be 535  
charged to and paid from the surplus fund account and not 536  
charged through the state insurance fund to the employer against 537  
whom the claim was filed. 538

(C) (1) If an employer or a welfare plan has provided to or 539  
on behalf of an employee any benefits or compensation for an 540  
injury or occupational disease and that injury or occupational 541  
disease is determined compensable under this chapter, the 542  
employer or a welfare plan may request that the administrator 543  
reimburse the employer or welfare plan for the amount the 544  
employer or welfare plan paid to or on behalf of the employee in 545  
compensation or benefits. The administrator shall reimburse the 546  
employer or welfare plan for the compensation and benefits paid 547  
if, at the time the employer or welfare plan provides the 548  
benefits or compensation to or on behalf of employee, the injury 549  
or occupational disease had not been determined to be 550  
compensable under this chapter and if the employee was not 551  
receiving compensation or benefits under this chapter for that 552  
injury or occupational disease. The administrator shall 553  
reimburse the employer or welfare plan in the amount that the 554  
administrator would have paid to or on behalf of the employee 555  
under this chapter if the injury or occupational disease 556  
originally would have been determined compensable under this 557  
chapter. If the employer is a merit-rated employer, the 558

administrator shall adjust the amount of premium next due from 559  
the employer according to the amount the administrator pays the 560  
employer. The administrator shall adopt rules, in accordance 561  
with Chapter 119. of the Revised Code, to implement this 562  
division. 563

(2) As used in this division, "welfare plan" has the same 564  
meaning as in division (1) of 29 U.S.C.A. 1002. 565

(D)(1) Subject to the requirements of division (D)(2) of 566  
this section, the administrator may make a payment of up to five 567  
hundred dollars to either of the following: 568

(a) The centers of medicare and medicaid services, for 569  
reimbursement of conditional payments made pursuant to the 570  
"Medicare Secondary Payer Act," 42 U.S.C. 1395y; 571

(b) The Ohio department of medicaid, or a medical 572  
assistance provider to whom the department has assigned a right 573  
of recovery for a claim for which the department has notified 574  
the provider that the department intends to recoup the 575  
department's prior payment for the claim, for reimbursement 576  
under sections 5160.35 to 5160.43 of the Revised Code for the 577  
cost of medical assistance paid on behalf of a medical 578  
assistance recipient. 579

(2) The administrator may make a payment under division 580  
(D)(1) of this section if the administrator makes a reasonable 581  
determination that both of the following apply: 582

(a) The payment is for reimbursement of benefits for an 583  
injury or occupational disease. 584

(b) The injury or occupational disease is compensable, or 585  
is likely to be compensable, under this chapter or Chapter 586  
4121., 4127., or 4131. of the Revised Code. 587

(3) Any payment made pursuant to this division shall be 588  
charged to and paid from the surplus fund account created under 589  
section 4123.34 of the Revised Code. 590

(4) Nothing in this division shall be construed as 591  
limiting the centers of medicare and medicaid services, the 592  
department, or any other entity with a lawful right to 593  
reimbursement from recovering sums greater than five hundred 594  
dollars. 595

(5) The administrator may adopt rules, with the advice and 596  
consent of the bureau of workers' compensation board of 597  
directors, to implement this division. 598

**Section 2.** That existing sections 4113.21, 4123.026, 599  
4123.52, 4123.56, 4123.58, 4123.65, and 4123.66 of the Revised 600  
Code are hereby repealed. 601

**Section 3.** The amendments made to sections 4123.56 and 602  
4123.58 of the Revised Code by this act apply to claims pending 603  
on or arising after the effective date of this section. The 604  
amendments made to sections 4123.52, 4123.65, and 4123.66 of the 605  
Revised Code by this act apply to claims arising on or after the 606  
effective date of this section. 607

Section 4121.471 of the Revised Code, as enacted by this 608  
act, applies to claims arising on or after the effective date of 609  
this section. 610

**Section 4.** Division (A) of Section 4123.512 of the Revised 611  
Code, as amended by H.B. 27 of the 132nd General Assembly, 612  
applies to claims under Chapter 4121., 4123., 4127., or 4131. of 613  
the Revised Code pending on or arising after September 29, 2017. 614