

**As Reported by the Senate Transportation, Commerce and Labor
Committee**

**131st General Assembly
Regular Session
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Sub. H. B. No. 52

Representative Hackett

**Cosponsors: Representatives Amstutz, Anielski, Baker, Barnes, Bishoff,
Blessing, Boose, Boyd, Brown, Buchy, Burkley, Conditt, Cupp, Derickson,
Dever, Dovilla, Duffey, Grossman, Henne, Kraus, McClain, O'Brien, S.,
Perales, Reineke, Retherford, Romanchuk, Schaffer, Sears, Smith, R.,
Sprague, Terhar, Thompson, Speaker Rosenberger
Senators Manning, Bacon, Hottinger, Uecker, Patton**

A B I L L

To amend sections 119.12, 4121.129, 4121.37, 4121.61, 1
4121.65, 4121.66, 4121.67, 4121.68, 4123.01, 2
4123.291, 4123.34, 4123.343, 4123.35, 4123.351, 3
4123.411, 4123.419, 4123.512, 4123.56, and 4123.59 4
and to repeal section 4121.48 of the Revised Code 5
to make changes to the Workers' Compensation Law, 6
to make appropriations for the Bureau of Workers' 7
Compensation for the biennium beginning July 1, 8
2015, and ending June 30, 2017, and to provide 9
authorization and conditions for the operation of 10
the Bureau's programs. 11

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

Section 1. That sections 119.12, 4121.129, 4121.37, 4121.61, 12
4121.65, 4121.66, 4121.67, 4121.68, 4123.01, 4123.291, 4123.34, 13
4123.343, 4123.35, 4123.351, 4123.411, 4123.419, 4123.512, 14

4123.56, and 4123.59 of the Revised Code be amended to read as follows:

Sec. 119.12. ~~Any (A)(1) Except as provided in division (A)(2) or (3) of this section, any~~ party adversely affected by any order of an agency issued pursuant to an adjudication denying an applicant admission to an examination, or denying the issuance or renewal of a license or registration of a licensee, or revoking or suspending a license, or allowing the payment of a forfeiture under section 4301.252 of the Revised Code may appeal from the order of the agency to the court of common pleas of the county in which the place of business of the licensee is located or the county in which the licensee is a resident, ~~except that appeals.~~

(2) An appeal from decisions of the an order described in division (A)(1) of this section issued by any of the following agencies shall be made to the court of common pleas of Franklin county:

(a) The liquor control commission, ~~the;~~

(b) The state medical board;

(c) The state chiropractic board, ~~and;~~

(d) The board of nursing ~~shall be to the court of common pleas of Franklin county;~~

(e) The bureau of workers' compensation regarding participation in the health partnership program created in sections 4121.44 and 4121.441 of the Revised Code. If

(3) If any party appealing from the an order described in division (A)(1) of this section is not a resident of and has no place of business in this state, the party may appeal to the court of common pleas of Franklin county.

(B) Any party adversely affected by any order of an agency

issued pursuant to any other adjudication may appeal to the court 44
of common pleas of Franklin county, except that appeals from 45
orders of the fire marshal issued under Chapter 3737. of the 46
Revised Code may be to the court of common pleas of the county in 47
which the building of the aggrieved person is located and except 48
that appeals under division (B) of section 124.34 of the Revised 49
Code from a decision of the state personnel board of review or a 50
municipal or civil service township civil service commission shall 51
be taken to the court of common pleas of the county in which the 52
appointing authority is located or, in the case of an appeal by 53
the department of rehabilitation and correction, to the court of 54
common pleas of Franklin county. 55

(C) This section does not apply to appeals from the 56
department of taxation. 57

(D) Any party desiring to appeal shall file a notice of 58
appeal with the agency setting forth the order appealed from and 59
stating that the agency's order is not supported by reliable, 60
probative, and substantial evidence and is not in accordance with 61
law. The notice of appeal may, but need not, set forth the 62
specific grounds of the party's appeal beyond the statement that 63
the agency's order is not supported by reliable, probative, and 64
substantial evidence and is not in accordance with law. The notice 65
of appeal shall also be filed by the appellant with the court. In 66
filing a notice of appeal with the agency or court, the notice 67
that is filed may be either the original notice or a copy of the 68
original notice. Unless otherwise provided by law relating to a 69
particular agency, notices of appeal shall be filed within fifteen 70
days after the mailing of the notice of the agency's order as 71
provided in this section. For purposes of this paragraph, an order 72
includes a determination appealed pursuant to division (C) of 73
section 119.092 of the Revised Code. The amendments made to this 74
paragraph by Sub. H.B. 215 of the 128th general assembly are 75

procedural, and this paragraph as amended by those amendments 76
shall be applied retrospectively to all appeals pursuant to this 77
paragraph filed before ~~the effective date of those amendments~~ 78
September 13, 2010, but not earlier than May 7, 2009, which was 79
the date the supreme court of Ohio released its opinion and 80
judgment in *Medcorp, Inc. v. Ohio Dep't. of Job and Family Servs.* 81
(2009), 121 Ohio St.3d 622. 82

(E) The filing of a notice of appeal shall not automatically 83
operate as a suspension of the order of an agency. If it appears 84
to the court that an unusual hardship to the appellant will result 85
from the execution of the agency's order pending determination of 86
the appeal, the court may grant a suspension and fix its terms. If 87
an appeal is taken from the judgment of the court and the court 88
has previously granted a suspension of the agency's order as 89
provided in this section, the suspension of the agency's order 90
shall not be vacated and shall be given full force and effect 91
until the matter is finally adjudicated. No renewal of a license 92
or permit shall be denied by reason of the suspended order during 93
the period of the appeal from the decision of the court of common 94
pleas. In the case of an appeal from the state medical board or 95
state chiropractic board, the court may grant a suspension and fix 96
its terms if it appears to the court that an unusual hardship to 97
the appellant will result from the execution of the agency's order 98
pending determination of the appeal and the health, safety, and 99
welfare of the public will not be threatened by suspension of the 100
order. This provision shall not be construed to limit the factors 101
the court may consider in determining whether to suspend an order 102
of any other agency pending determination of an appeal. 103

(F) The final order of adjudication may apply to any renewal 104
of a license or permit which has been granted during the period of 105
the appeal. 106

(G) Notwithstanding any other provision of this section, any 107

order issued by a court of common pleas or a court of appeals 108
suspending the effect of an order of the liquor control commission 109
issued pursuant to Chapter 4301. or 4303. of the Revised Code that 110
suspends, revokes, or cancels a permit issued under Chapter 4303. 111
of the Revised Code or that allows the payment of a forfeiture 112
under section 4301.252 of the Revised Code shall terminate not 113
more than six months after the date of the filing of the record of 114
the liquor control commission with the clerk of the court of 115
common pleas and shall not be extended. The court of common pleas, 116
or the court of appeals on appeal, shall render a judgment in that 117
matter within six months after the date of the filing of the 118
record of the liquor control commission with the clerk of the 119
court of common pleas. A court of appeals shall not issue an order 120
suspending the effect of an order of the liquor control commission 121
that extends beyond six months after the date on which the record 122
of the liquor control commission is filed with a court of common 123
pleas. 124

(H) Notwithstanding any other provision of this section, any 125
order issued by a court of common pleas suspending the effect of 126
an order of the state medical board or state chiropractic board 127
that limits, revokes, suspends, places on probation, or refuses to 128
register or reinstate a certificate issued by the board or 129
reprimands the holder of the certificate shall terminate not more 130
than fifteen months after the date of the filing of a notice of 131
appeal in the court of common pleas, or upon the rendering of a 132
final decision or order in the appeal by the court of common 133
pleas, whichever occurs first. 134

(I) Within thirty days after receipt of a notice of appeal 135
from an order in any case in which a hearing is required by 136
sections 119.01 to 119.13 of the Revised Code, the agency shall 137
prepare and certify to the court a complete record of the 138
proceedings in the case. Failure of the agency to comply within 139

the time allowed, upon motion, shall cause the court to enter a finding in favor of the party adversely affected. Additional time, however, may be granted by the court, not to exceed thirty days, when it is shown that the agency has made substantial effort to comply. The record shall be prepared and transcribed, and the expense of it shall be taxed as a part of the costs on the appeal. The appellant shall provide security for costs satisfactory to the court of common pleas. Upon demand by any interested party, the agency shall furnish at the cost of the party requesting it a copy of the stenographic report of testimony offered and evidence submitted at any hearing and a copy of the complete record.

(J) Notwithstanding any other provision of this section, any party desiring to appeal an order or decision of the state personnel board of review shall, at the time of filing a notice of appeal with the board, provide a security deposit in an amount and manner prescribed in rules that the board shall adopt in accordance with this chapter. In addition, the board is not required to prepare or transcribe the record of any of its proceedings unless the appellant has provided the deposit described above. The failure of the board to prepare or transcribe a record for an appellant who has not provided a security deposit shall not cause a court to enter a finding adverse to the board.

(K) Unless otherwise provided by law, in the hearing of the appeal, the court is confined to the record as certified to it by the agency. Unless otherwise provided by law, the court may grant a request for the admission of additional evidence when satisfied that the additional evidence is newly discovered and could not with reasonable diligence have been ascertained prior to the hearing before the agency.

(L) The court shall conduct a hearing on the appeal and shall give preference to all proceedings under sections 119.01 to 119.13 of the Revised Code, over all other civil cases, irrespective of

the position of the proceedings on the calendar of the court. An 172
appeal from an order of the state medical board issued pursuant to 173
division (G) of either section 4730.25 or 4731.22 of the Revised 174
Code, or the state chiropractic board issued pursuant to section 175
4734.37 of the Revised Code, or the liquor control commission 176
issued pursuant to Chapter 4301. or 4303. of the Revised Code 177
shall be set down for hearing at the earliest possible time and 178
takes precedence over all other actions. The hearing in the court 179
of common pleas shall proceed as in the trial of a civil action, 180
and the court shall determine the rights of the parties in 181
accordance with the laws applicable to a civil action. At the 182
hearing, counsel may be heard on oral argument, briefs may be 183
submitted, and evidence may be introduced if the court has granted 184
a request for the presentation of additional evidence. 185

(M) The court may affirm the order of the agency complained 186
of in the appeal if it finds, upon consideration of the entire 187
record and any additional evidence the court has admitted, that 188
the order is supported by reliable, probative, and substantial 189
evidence and is in accordance with law. In the absence of this 190
finding, it may reverse, vacate, or modify the order or make such 191
other ruling as is supported by reliable, probative, and 192
substantial evidence and is in accordance with law. The court 193
shall award compensation for fees in accordance with section 194
2335.39 of the Revised Code to a prevailing party, other than an 195
agency, in an appeal filed pursuant to this section. 196

(N) The judgment of the court shall be final and conclusive 197
unless reversed, vacated, or modified on appeal. These appeals may 198
be taken either by the party or the agency, shall proceed as in 199
the case of appeals in civil actions, and shall be pursuant to the 200
Rules of Appellate Procedure and, to the extent not in conflict 201
with those rules, Chapter 2505. of the Revised Code. An appeal by 202
the agency shall be taken on questions of law relating to the 203

constitutionality, construction, or interpretation of statutes and 204
rules of the agency, and, in the appeal, the court may also review 205
and determine the correctness of the judgment of the court of 206
common pleas that the order of the agency is not supported by any 207
reliable, probative, and substantial evidence in the entire 208
record. 209

The court shall certify its judgment to the agency or take 210
any other action necessary to give its judgment effect. 211

Sec. 4121.129. (A) There is hereby created the workers' 212
compensation audit committee consisting of at least three members. 213
One member shall be the member of the bureau of workers' 214
compensation board of directors who is a certified public 215
accountant. The board, by majority vote, shall appoint two 216
additional members of the board to serve on the audit committee 217
and may appoint additional members who are not board members, as 218
the board determines necessary. Members of the audit committee 219
serve at the pleasure of the board, and the board, by majority 220
vote, may remove any member except the member of the committee who 221
is the certified public accountant member of the board. The board, 222
by majority vote, shall determine how often the audit committee 223
shall meet and report to the board. If the audit committee meets 224
on the same day as the board holds a meeting, no member shall be 225
compensated for more than one meeting held on that day. The audit 226
committee shall do all of the following: 227

(1) Recommend to the board an ~~actuarial~~ accounting firm to 228
perform the annual ~~analysis~~ audits required under division (B) of 229
section 4123.47 of the Revised Code; 230

(2) Recommend an auditing firm for the board to use when 231
conducting audits under section 4121.125 of the Revised Code; 232

(3) Review the results of each annual audit and management 233
review and, if any problems exist, assess the appropriate course 234

of action to correct those problems and develop an action plan to	235
correct those problems;	236
(4) Monitor the implementation of any action plans created	237
pursuant to division (A)(3) of this section;	238
(5) Review all internal audit reports on a regular basis.	239
(B) There is hereby created the workers' compensation	240
actuarial committee consisting of at least three members. One	241
member shall be the member of the board who is an actuary. The	242
board, by majority vote, shall appoint two additional members of	243
the board to serve on the actuarial committee and may appoint	244
additional members who are not board members, as the board	245
determines necessary. Members of the actuarial committee serve at	246
the pleasure of the board and the board, by majority vote, may	247
remove any member except the member of the committee who is the	248
actuary member of the board. The board, by majority vote, shall	249
determine how often the actuarial committee shall meet and report	250
to the board. If the actuarial committee meets on the same day as	251
the board holds a meeting, no member shall be compensated for more	252
than one meeting held on that day. The actuarial committee shall	253
do both of the following:	254
(1) Recommend actuarial consultants for the board to use for	255
the funds specified in this chapter and Chapters 4123., 4127., and	256
4131. of the Revised Code;	257
(2) Review calculations on <u>and approve the various</u> rate	258
schedules and performance prepared <u>and presented</u> by the actuarial	259
<u>division of the bureau or by actuarial</u> consultants with whom the	260
board enters into a contract.	261
(C)(1) There is hereby created the workers' compensation	262
investment committee consisting of at least four members. Two of	263
the members shall be the members of the board who serve as the	264
investment and securities experts on the board. The board, by	265

majority vote, shall appoint two additional members of the board 266
to serve on the investment committee and may appoint additional 267
members who are not board members. Each additional member the 268
board appoints shall have at least one of the following 269
qualifications: 270

(a) Experience managing another state's pension funds or 271
workers' compensation funds; 272

(b) Expertise that the board determines is needed to make 273
investment decisions. 274

Members of the investment committee serve at the pleasure of 275
the board and the board, by majority vote, may remove any member 276
except the members of the committee who are the investment and 277
securities expert members of the board. The board, by majority 278
vote, shall determine how often the investment committee shall 279
meet and report to the board. If the investment committee meets on 280
the same day as the board holds a meeting, no member shall be 281
compensated for more than one meeting held on that day. 282

(2) The investment committee shall do all of the following: 283

(a) Develop the investment policy for the administration of 284
the investment program for the funds specified in this chapter and 285
Chapters 4123., 4127., and 4131. of the Revised Code in accordance 286
with the requirements specified in section 4123.442 of the Revised 287
Code; 288

(b) Submit the investment policy developed pursuant to 289
division (C)(2)(a) of this section to the board for approval; 290

(c) Monitor implementation by the administrator of workers' 291
compensation and the bureau of workers' compensation chief 292
investment officer of the investment policy approved by the board; 293

(d) Recommend outside investment counsel with whom the board 294
may contract to assist the investment committee in fulfilling its 295

duties; 296

(e) Review the performance of the bureau of workers' 297
compensation chief investment officer and any investment 298
consultants retained by the administrator to assure that the 299
investments of the assets of the funds specified in this chapter 300
and Chapters 4123., 4127., and 4131. of the Revised Code are made 301
in accordance with the investment policy approved by the board and 302
to assure compliance with the investment policy and effective 303
management of the funds. 304

Sec. 4121.37. The administrator of workers' compensation 305
having, by virtue of Section 35 of Article II, Ohio Constitution, 306
the expenditure of the fund therein created for the investigation 307
and prevention of industrial accidents and diseases, shall, with 308
the advice and consent of the bureau of workers' compensation 309
board of directors, in the exercise of the administrator's 310
authority and in the performance of the administrator's duty, 311
employ a superintendent and the necessary experts, engineers, 312
~~investigators, clerks, and stenographers~~ occupational safety and 313
health professionals, and support staff for the efficient 314
operation of a division of safety and hygiene of the bureau of 315
workers' compensation, which is hereby created. 316

The administrator, with the advice and consent of the board, 317
shall pay into the safety and hygiene fund, which is hereby 318
created in the state treasury, the portion of the contributions 319
paid by employers, calculated as though all employers paid 320
premiums based upon payroll, not to exceed one per cent thereof in 321
any year, as is necessary for the payment of the salary of the 322
superintendent of the division of safety and hygiene and the 323
compensation of the other employees of the division of safety and 324
hygiene, and for the expenses of investigations and researches for 325
the prevention of industrial accidents and diseases, ~~and for~~ 326

~~operating the long term care loan fund program established under~~ 327
~~section 4121.48 of the Revised Code. All investment earnings of~~ 328
the fund shall be credited to the fund. The administrator has the 329
same powers to invest any of the funds belonging to the fund as 330
are delegated to the administrator under section 4123.44 of the 331
Revised Code with respect to the state insurance fund. The 332
superintendent, under the direction of the administrator, with the 333
advice and consent of the board, shall conduct investigations and 334
researches for the prevention of industrial accidents and 335
diseases, conduct loss prevention programs and courses for 336
employers, establish and administrate cooperative programs with 337
employers for the purchase of individual safety equipment for 338
employees, and print and distribute information as may be of 339
benefit to employers and employees. The administrator shall pay 340
from the safety and hygiene fund the salary of the superintendent 341
of the division of safety and hygiene, the compensation of the 342
other employees of the division of safety and hygiene, the 343
expenses necessary or incidental to investigations and researches 344
for the prevention of industrial accidents and diseases, and the 345
cost of printing and distributing such information. 346

The superintendent, under the direction of the administrator, 347
shall prepare an annual report, addressed to the governor, on the 348
amount of the expenditures and the purposes for which they have 349
been made, and the results of the investigations and researches. 350
The administrator shall include the administrative costs, 351
salaries, and other expenses of the division of safety and hygiene 352
as a part of the budget of the bureau of workers' compensation 353
that is submitted to the director of budget and management and 354
shall identify those expenditures separately from other bureau 355
expenditures. 356

The superintendent shall be a competent person with at least 357
five years' experience in industrial accident or disease 358

prevention work. The superintendent ~~and up to six positions in the~~ 359
~~division of safety and hygiene as the~~ shall be in the unclassified 360
civil service of the state. 361

~~The administrator, with the advice and consent of the board,~~ 362
~~designates are~~ may designate positions in the division that are in 363
the unclassified civil service of the state as long as the 364
~~administrator, with the advice and consent of the board,~~ 365
determines the positions ~~subordinate to the superintendent~~ are 366
primarily and distinctively administrative, managerial, or 367
professional in character. All other full-time employees of the 368
division of safety and hygiene are in the classified civil service 369
of the state. 370

Sec. 4121.61. (A) As used in sections 4121.61 to 4121.70 of 371
the Revised Code, "self-insuring employer" has the same meaning as 372
in section 4123.01 of the Revised Code. 373

(B) The administrator of workers' compensation, with the 374
advice and consent of the bureau of workers' compensation board of 375
directors, shall adopt rules, take measures, and make expenditures 376
as it deems necessary to aid claimants who have sustained 377
compensable injuries or incurred compensable occupational diseases 378
pursuant to Chapter 4123., 4127., or 4131. of the Revised Code to 379
return to work or to assist in lessening or removing any resulting 380
handicap. 381

Sec. 4121.65. ~~Employers who provide compensation and benefits~~ 382
~~pursuant to section 4123.35 of the Revised Code also~~ Self-insuring 383
employers may be ~~granted authority to~~ furnish rehabilitation 384
services as long as the quality and content of the ~~same is~~ 385
services are equal to or greater than that provided by the bureau 386
of workers' compensation, ~~and prior approval therefor has been~~ 387
~~given by the bureau.~~ 388

Sec. 4121.66. (A) ~~The~~ Except as provided in division (D) of 389
this section, the administrator of workers' compensation shall pay 390
the expense of providing rehabilitation services, counseling, 391
training, and living maintenance payments from the surplus fund 392
established by section 4123.34 of the Revised Code. 393

(B) Living maintenance payments are not subject to 394
garnishment, levy, or attachment. 395

(C) Sections 4123.343, 4123.63, and 4123.64 of the Revised 396
Code do not apply to living maintenance payments. 397

(D) A self-insuring employer ~~under section 4123.35 of the~~ 398
~~Revised Code may elect to~~ shall pay directly to a claimant or to 399
the provider of the rehabilitation services, counseling, or 400
training the expenses listed in division (A) of this section ~~by~~ 401
~~filing an application with the bureau of workers' compensation not~~ 402
~~more than one hundred eighty days and not less than ninety days~~ 403
~~prior to the first day of the employer's next six month coverage~~ 404
~~period. If the self-insuring employer timely files the~~ 405
~~application, the application is effective on the first day of the~~ 406
~~employer's next six month coverage period, provided that the~~ 407
~~administrator shall compute the employer's assessment for the~~ 408
~~surplus fund due with respect to the period during which such~~ 409
~~application was filed without regard to the filing of the~~ 410
~~application. Following the timely filing, the self-insuring~~ 411
~~employer shall pay directly to a claimant or to the provider of~~ 412
~~the rehabilitation services, counseling, or training the expenses~~ 413
~~listed in division (A) of this section for all periods of~~ 414
~~rehabilitation occurring on or after the effective date of his~~ 415
~~election, regardless of the date of the injury or occupational~~ 416
~~disease, and he shall receive no money or credits from the surplus~~ 417
~~fund on account of such payments and shall not be required to pay~~ 418
~~any amounts into the surplus fund on account of this section,~~ 419

~~provided that for a period not to exceed one hundred eighty days 420
after the effective date of the application, the self-insuring 421
employer may submit to the bureau requests for reimbursement from 422
the surplus fund on account of payments made for services rendered 423
or living maintenance periods prior to the effective date of the 424
application pursuant to division (A) of this section. The election 425
made under this division is irrevocable. 426~~

Sec. 4121.67. (A) The administrator of workers' compensation, 427
with the advice and consent of the bureau of workers' compensation 428
board of directors, shall adopt rules: 429

~~(A)(1)~~ For the encouragement of reemployment of claimants who 430
have successfully completed prescribed rehabilitation programs by 431
payment from the surplus fund established by section 4123.34 of 432
the Revised Code to employers who employ or re-employ the 433
claimants. The period or periods of payments shall not exceed six 434
months in the aggregate, unless the administrator or the 435
administrator's designee determines that the claimant will be 436
benefited by an extension of payments. 437

~~(B)(2)~~ Requiring payment, in the same manner as living 438
maintenance payments are made pursuant to section 4121.63 of the 439
Revised Code, to the claimant who completes a rehabilitation 440
training program and returns to employment, but who suffers a wage 441
loss compared to the wage the claimant was receiving at the time 442
of injury. Payments per week shall be sixty-six and two-thirds per 443
cent of the difference, if any, between the claimant's weekly wage 444
at the time of injury and the weekly wage received while employed, 445
up to a maximum payment per week equal to the statewide average 446
weekly wage. The payments may continue for up to a maximum of two 447
hundred weeks but shall be reduced by the corresponding number of 448
weeks in which the claimant receives payments pursuant to division 449
(B) of section 4123.56 of the Revised Code. 450

(B) A self-insuring employer shall make the payments 451
described in division (A) of this section directly as part of a 452
claim. 453

Sec. 4121.68. In the event a claimant sustains an injury or 454
occupational disease or dies as a result of any injury or disease 455
received in the course of and arising out of the claimant's 456
participation in a rehabilitation program, the claimant or, in the 457
case of death, a dependent of the claimant, may file a claim for 458
compensation and benefits. All compensation and benefit awards 459
made as a result of the injury, disease, or death shall be charged 460
to the surplus fund account, created pursuant to section 4123.34 461
of the Revised Code, and not charged through the state insurance 462
fund to the employer against which the claim was allowed so long 463
as the employer pays assessments into the surplus fund account for 464
the payment of such compensation and benefits. If an employer is a 465
self-insuring employer, the self-insuring employer shall pay these 466
compensation and benefits directly as a part of a claim. 467

Sec. 4123.01. As used in this chapter: 468

(A)(1) "Employee" means: 469

(a) Every person in the service of the state, or of any 470
county, municipal corporation, township, or school district 471
therein, including regular members of lawfully constituted police 472
and fire departments of municipal corporations and townships, 473
whether paid or volunteer, and wherever serving within the state 474
or on temporary assignment outside thereof, and executive officers 475
of boards of education, under any appointment or contract of hire, 476
express or implied, oral or written, including any elected 477
official of the state, or of any county, municipal corporation, or 478
township, or members of boards of education. 479

As used in division (A)(1)(a) of this section, the term 480

"employee" includes the following persons when responding to an inherently dangerous situation that calls for an immediate response on the part of the person, regardless of whether the person is within the limits of the jurisdiction of the person's regular employment or voluntary service when responding, on the condition that the person responds to the situation as the person otherwise would if the person were on duty in the person's jurisdiction:

(i) Off-duty peace officers. As used in division (A)(1)(a)(i) of this section, "peace officer" has the same meaning as in section 2935.01 of the Revised Code.

(ii) Off-duty firefighters, whether paid or volunteer, of a lawfully constituted fire department.

(iii) Off-duty first responders, emergency medical technicians-basic, emergency medical technicians-intermediate, or emergency medical technicians-paramedic, whether paid or volunteer, of an ambulance service organization or emergency medical service organization pursuant to Chapter 4765. of the Revised Code.

(b) Every person in the service of any person, firm, or private corporation, including any public service corporation, that (i) employs one or more persons regularly in the same business or in or about the same establishment under any contract of hire, express or implied, oral or written, including aliens and minors, household workers who earn one hundred sixty dollars or more in cash in any calendar quarter from a single household and casual workers who earn one hundred sixty dollars or more in cash in any calendar quarter from a single employer, or (ii) is bound by any such contract of hire or by any other written contract, to pay into the state insurance fund the premiums provided by this chapter.

(c) Every person who performs labor or provides services	512
pursuant to a construction contract, as defined in section 4123.79	513
of the Revised Code, if at least ten of the following criteria	514
apply:	515
(i) The person is required to comply with instructions from	516
the other contracting party regarding the manner or method of	517
performing services;	518
(ii) The person is required by the other contracting party to	519
have particular training;	520
(iii) The person's services are integrated into the regular	521
functioning of the other contracting party;	522
(iv) The person is required to perform the work personally;	523
(v) The person is hired, supervised, or paid by the other	524
contracting party;	525
(vi) A continuing relationship exists between the person and	526
the other contracting party that contemplates continuing or	527
recurring work even if the work is not full time;	528
(vii) The person's hours of work are established by the other	529
contracting party;	530
(viii) The person is required to devote full time to the	531
business of the other contracting party;	532
(ix) The person is required to perform the work on the	533
premises of the other contracting party;	534
(x) The person is required to follow the order of work set by	535
the other contracting party;	536
(xi) The person is required to make oral or written reports	537
of progress to the other contracting party;	538
(xii) The person is paid for services on a regular basis such	539
as hourly, weekly, or monthly;	540

(xiii) The person's expenses are paid for by the other contracting party;	541 542
(xiv) The person's tools and materials are furnished by the other contracting party;	543 544
(xv) The person is provided with the facilities used to perform services;	545 546
(xvi) The person does not realize a profit or suffer a loss as a result of the services provided;	547 548
(xvii) The person is not performing services for a number of employers at the same time;	549 550
(xviii) The person does not make the same services available to the general public;	551 552
(xix) The other contracting party has a right to discharge the person;	553 554
(xx) The person has the right to end the relationship with the other contracting party without incurring liability pursuant to an employment contract or agreement.	555 556 557
Every person in the service of any independent contractor or subcontractor who has failed to pay into the state insurance fund the amount of premium determined and fixed by the administrator of workers' compensation for the person's employment or occupation or if a self-insuring employer has failed to pay compensation and benefits directly to the employer's injured and to the dependents of the employer's killed employees as required by section 4123.35 of the Revised Code, shall be considered as the employee of the person who has entered into a contract, whether written or verbal, with such independent contractor unless such employees or their legal representatives or beneficiaries elect, after injury or death, to regard such independent contractor as the employer.	558 559 560 561 562 563 564 565 566 567 568 569
(2) "Employee" does not mean <u>any of the following</u> :	570

(a) A duly ordained, commissioned, or licensed minister or 571
assistant or associate minister of a church in the exercise of 572
ministry; 573

(b) Any officer of a family farm corporation; 574

(c) An individual incorporated as a corporation; ~~or~~ 575

(d) An officer of a nonprofit corporation, as defined in 576
section 1702.01 of the Revised Code, who volunteers the person's 577
services as a officer; 578

(e) An individual who otherwise is an employee of an employer 579
but who signs the waiver and affidavit specified in section 580
4123.15 of the Revised Code on the condition that the 581
administrator has granted a waiver and exception to the 582
individual's employer under section 4123.15 of the Revised Code. 583

Any employer may elect to include as an "employee" within 584
this chapter, any person excluded from the definition of 585
"employee" pursuant to division (A)(2)(a), (b), (c), or (e) of 586
this section in accordance with rules adopted by the 587
administrator, with the advice and consent of the bureau of 588
workers' compensation board of directors. If an employer is a 589
partnership, sole proprietorship, individual incorporated as a 590
corporation, or family farm corporation, such employer may elect 591
to include as an "employee" within this chapter, any member of 592
such partnership, the owner of the sole proprietorship, the 593
individual incorporated as a corporation, or the officers of the 594
family farm corporation. ~~In~~ Nothing in this section shall prohibit 595
a partner, sole proprietor, or any person excluded from the 596
definition of "employee" pursuant to division (A)(2)(a), (b), (c), 597
or (e) of this section from electing to be included as an 598
"employee" under this chapter in accordance with rules adopted by 599
the administrator, with the advice and consent of the board. 600

In the event of an election, the employer or person electing 601

coverage shall serve upon the bureau of workers' compensation 602
written notice naming the ~~persons~~ person to be covered, and 603
include ~~such employee's~~ the person's remuneration for premium 604
purposes in all future payroll reports, ~~and no.~~ No partner, sole 605
proprietor, or person excluded from the definition of "employee" 606
pursuant to division (A)(2)(a), (b), (c), or (e) of this section, 607
~~proprietor, individual incorporated as a corporation, or partner~~ 608
~~shall be deemed an employee within this division until the~~ 609
~~employer has served such notice~~ shall receive benefits or 610
compensation under this chapter until the bureau receives written 611
notice of the election permitted by this section. 612

For informational purposes only, the bureau shall prescribe 613
such language as it considers appropriate, on such of its forms as 614
it considers appropriate, to advise employers of their right to 615
elect to include as an "employee" within this chapter a sole 616
proprietor, any member of a partnership, ~~an individual~~ 617
~~incorporated as a corporation, the officers of a family farm~~ 618
~~corporation,~~ or a person excluded from the definition of 619
"employee" under division (A)(2)(a), (b), (c), or (e) of this 620
section, that they should check any health and disability 621
insurance policy, or other form of health and disability plan or 622
contract, presently covering them, or the purchase of which they 623
may be considering, to determine whether such policy, plan, or 624
contract excludes benefits for illness or injury that they might 625
have elected to have covered by workers' compensation. 626

(B) "Employer" means: 627

(1) The state, including state hospitals, each county, 628
municipal corporation, township, school district, and hospital 629
owned by a political subdivision or subdivisions other than the 630
state; 631

(2) Every person, firm, professional employer organization, 632
and private corporation, including any public service corporation, 633

that (a) has in service one or more employees or shared employees 634
regularly in the same business or in or about the same 635
establishment under any contract of hire, express or implied, oral 636
or written, or (b) is bound by any such contract of hire or by any 637
other written contract, to pay into the insurance fund the 638
premiums provided by this chapter. 639

All such employers are subject to this chapter. Any member of 640
a firm or association, who regularly performs manual labor in or 641
about a mine, factory, or other establishment, including a 642
household establishment, shall be considered an employee in 643
determining whether such person, firm, or private corporation, or 644
public service corporation, has in its service, one or more 645
employees and the employer shall report the income derived from 646
such labor to the bureau as part of the payroll of such employer, 647
and such member shall thereupon be entitled to all the benefits of 648
an employee. 649

(C) "Injury" includes any injury, whether caused by external 650
accidental means or accidental in character and result, received 651
in the course of, and arising out of, the injured employee's 652
employment. "Injury" does not include: 653

(1) Psychiatric conditions except where the claimant's 654
psychiatric conditions have arisen from an injury or occupational 655
disease sustained by that claimant or where the claimant's 656
psychiatric conditions have arisen from sexual conduct in which 657
the claimant was forced by threat of physical harm to engage or 658
participate; 659

(2) Injury or disability caused primarily by the natural 660
deterioration of tissue, an organ, or part of the body; 661

(3) Injury or disability incurred in voluntary participation 662
in an employer-sponsored recreation or fitness activity if the 663
employee signs a waiver of the employee's right to compensation or 664

benefits under this chapter prior to engaging in the recreation or 665
fitness activity; 666

(4) A condition that pre-existed an injury unless that 667
pre-existing condition is substantially aggravated by the injury. 668
Such a substantial aggravation must be documented by objective 669
diagnostic findings, objective clinical findings, or objective 670
test results. Subjective complaints may be evidence of such a 671
substantial aggravation. However, subjective complaints without 672
objective diagnostic findings, objective clinical findings, or 673
objective test results are insufficient to substantiate a 674
substantial aggravation. 675

(D) "Child" includes a posthumous child and a child legally 676
adopted prior to the injury. 677

(E) "Family farm corporation" means a corporation founded for 678
the purpose of farming agricultural land in which the majority of 679
the voting stock is held by and the majority of the stockholders 680
are persons or the spouse of persons related to each other within 681
the fourth degree of kinship, according to the rules of the civil 682
law, and at least one of the related persons is residing on or 683
actively operating the farm, and none of whose stockholders are a 684
corporation. A family farm corporation does not cease to qualify 685
under this division where, by reason of any devise, bequest, or 686
the operation of the laws of descent or distribution, the 687
ownership of shares of voting stock is transferred to another 688
person, as long as that person is within the degree of kinship 689
stipulated in this division. 690

(F) "Occupational disease" means a disease contracted in the 691
course of employment, which by its causes and the characteristics 692
of its manifestation or the condition of the employment results in 693
a hazard which distinguishes the employment in character from 694
employment generally, and the employment creates a risk of 695
contracting the disease in greater degree and in a different 696

manner from the public in general. 697

(G) "Self-insuring employer" means an employer who is granted 698
the privilege of paying compensation and benefits directly under 699
section 4123.35 of the Revised Code, including a board of county 700
commissioners for the sole purpose of constructing a sports 701
facility as defined in section 307.696 of the Revised Code, 702
provided that the electors of the county in which the sports 703
facility is to be built have approved construction of a sports 704
facility by ballot election no later than November 6, 1997. 705

(H) "Private employer" means an employer as defined in 706
division (B)(2) of this section. 707

(I) "Professional employer organization" has the same meaning 708
as in section 4125.01 of the Revised Code. 709

(J) "Public employer" means an employer as defined in 710
division (B)(1) of this section. 711

(K) "Sexual conduct" means vaginal intercourse between a male 712
and female; anal intercourse, fellatio, and cunnilingus between 713
persons regardless of gender; and, without privilege to do so, the 714
insertion, however slight, of any part of the body or any 715
instrument, apparatus, or other object into the vaginal or anal 716
cavity of another. Penetration, however slight, is sufficient to 717
complete vaginal or anal intercourse. 718

(L) "Other-states' insurer" means an insurance company that 719
is authorized to provide workers' compensation insurance coverage 720
in any of the states that permit employers to obtain insurance for 721
workers' compensation claims through insurance companies. 722

(M) "Other-states' coverage" means both of the following: 723

(1) Insurance coverage secured by an eligible employer for 724
workers' compensation claims of employees who are in employment 725
relationships localized in a state other than this state or those 726

employees' dependents; 727

(2) Insurance coverage secured by an eligible employer for 728
workers' compensation claims that arise in a state other than this 729
state where an employer elects to obtain coverage through either 730
the administrator or an other-states' insurer. 731

(N) "Limited other-states coverage" means insurance coverage 732
provided by the administrator to an eligible employer for workers' 733
compensation claims of employees who are in an employment 734
relationship localized in this state but are temporarily working 735
in a state other than this state, or those employees' dependents. 736

Sec. 4123.291. (A) An adjudicating committee appointed by the 737
administrator of workers' compensation to hear any matter 738
specified in divisions (B)(1) to (7) of this section shall hear 739
the matter within sixty days of the date on which an employer 740
files the request, protest, or petition. An employer desiring to 741
file a request, protest, or petition regarding any matter 742
specified in divisions (B)(1) to (7) of this section shall file 743
the request, protest, or petition to the adjudicating committee on 744
or before twenty-four months after the administrator sends notice 745
of the determination about which the employer is filing the 746
request, protest, or petition. 747

(B) An employer who is adversely affected by a decision of an 748
adjudicating committee appointed by the administrator may appeal 749
the decision of the committee to the administrator or the 750
administrator's designee. The employer shall file the appeal in 751
writing within thirty days after the employer receives the 752
decision of the adjudicating committee. The Except as otherwise 753
provided in this division, the administrator or the designee shall 754
hear hold a hearing and consider and issue a decision on the 755
appeal and hold a hearing, provided that if the decision of the 756
adjudicating committee relates to one of the following: 757

(1) An employer request for a waiver of a default in the payment of premiums pursuant to section 4123.37 of the Revised Code; 758
759
760

(2) An employer request for the settlement of liability as a noncomplying employer under section 4123.75 of the Revised Code; 761
762

(3) An employer petition objecting to an assessment made pursuant to section 4123.37 of the Revised Code and the rules adopted pursuant to that section; 763
764
765

(4) An employer request for the abatement of penalties assessed pursuant to section 4123.32 of the Revised Code and the rules adopted pursuant to that section; 766
767
768

(5) An employer protest relating to an audit finding or a determination of a manual classification, experience rating, or transfer or combination of risk experience; 769
770
771

(6) Any decision relating to any other risk premium matter under Chapters 4121., 4123., and 4131. of the Revised Code; 772
773

(7) An employer petition objecting to the amount of security required under division (D) of section 4125.05 of the Revised Code and the rules adopted pursuant to that section. 774
775
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An employer may request, in writing, that the administrator waive the hearing before the administrator or the administrator's designee. The administrator shall decide whether to grant or deny a request to waive a hearing. 777
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(C) The bureau of workers' compensation board of directors, based upon recommendations of the workers' compensation actuarial committee, shall establish the policy for all adjudicating committee procedures, including, but not limited to, specific criteria for manual premium rate adjustment. 781
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Sec. 4123.34. It shall be the duty of the bureau of workers' compensation board of directors and the administrator of workers' 786
787

compensation to safeguard and maintain the solvency of the state 788
insurance fund and all other funds specified in this chapter and 789
Chapters 4121., 4127., and 4131. of the Revised Code. The 790
administrator, in the exercise of the powers and discretion 791
conferred upon the administrator in section 4123.29 of the Revised 792
Code, shall fix and maintain, with the advice and consent of the 793
board, for each class of occupation or industry, the lowest 794
possible rates of premium consistent with the maintenance of a 795
solvent state insurance fund and the creation and maintenance of a 796
reasonable surplus, after the payment of legitimate claims for 797
injury, occupational disease, and death that the administrator 798
authorizes to be paid from the state insurance fund for the 799
benefit of injured, diseased, and the dependents of killed 800
employees. In establishing rates, the administrator shall take 801
into account the necessity of ensuring sufficient money is set 802
aside in the premium payment security fund to cover any defaults 803
in premium obligations. The administrator shall observe all of the 804
following requirements in fixing the rates of premium for the 805
risks of occupations or industries: 806

(A) The administrator shall keep an accurate account of the 807
money paid in premiums by each of the several classes of 808
occupations or industries, and the losses on account of injuries, 809
occupational disease, and death of employees thereof, and also 810
keep an account of the money received from each individual 811
employer and the amount of losses incurred against the state 812
insurance fund on account of injuries, occupational disease, and 813
death of the employees of the employer. 814

(B) A portion of the money paid into the state insurance fund 815
shall be set aside for the creation of a surplus fund account 816
within the state insurance fund. Any references in this chapter or 817
in Chapter 4121., 4125., 4127., or 4131. of the Revised Code to 818
the surplus fund, the surplus created in this division, the 819

statutory surplus fund, or the statutory surplus of the state 820
insurance fund are hereby deemed to be references to the surplus 821
fund account. The administrator may transfer the portion of the 822
state insurance fund to the surplus fund account as the 823
administrator determines is necessary to satisfy the needs of the 824
surplus fund account and to guarantee the solvency of the state 825
insurance fund and the surplus fund account. In addition to all 826
statutory authority under this chapter and Chapter 4121. of the 827
Revised Code, the administrator has discretionary and contingency 828
authority to make charges to the surplus fund account. The 829
administrator shall account for all charges, whether statutory, 830
discretionary, or contingency, that the administrator may make to 831
the surplus fund account. A revision of basic rates shall be made 832
annually on the first day of July. 833

~~Notwithstanding any provision of the law to the contrary, one 834
hundred eighty days after the effective date on which 835
self-insuring employers first may elect under division (D) of 836
section 4121.66 of the Revised Code to directly pay for 837
rehabilitation expenses, the administrator shall calculate the 838
deficit, if any, in the portion of the surplus fund account that 839
is used for reimbursement to self-insuring employers for all 840
expenses other than handicapped reimbursement under section 841
4123.343 of the Revised Code. The administrator, from time to 842
time, may determine whether the surplus fund account has such a 843
deficit and may assess all self-insuring employers who 844
participated in the portion of the surplus fund account during the 845
accrual of the deficit and who during that time period have not 846
made the election under division (D) of section 4121.66 of the 847
Revised Code the amount the administrator determines necessary to 848
reduce the deficit. 849~~

For policy years commencing prior to July 1, 2016, revisions 850
of basic rates for private employers shall be in accordance with 851

the oldest four of the last five calendar years of the combined 852
accident and occupational disease experience of the administrator 853
in the administration of this chapter, as shown by the accounts 854
kept as provided in this section. For a policy year commencing on 855
or after July 1, 2016, revisions of basic rates for private 856
employers shall be in accordance with the oldest four of the last 857
five policy years combined accident and occupational disease 858
experience of the administrator in the administration of this 859
chapter, as shown by the accounts kept as provided in this 860
section. 861

Revisions of basic rates for public employers shall be in 862
accordance with the oldest four of the last five policy years of 863
the combined accident and occupational disease experience of the 864
administrator in the administration of this chapter, as shown by 865
the accounts kept as provided in this section. 866

In revising basic rates, the administrator shall exclude the 867
experience of employers that are no longer active if the 868
administrator determines that the inclusion of those employers 869
would have a significant negative impact on the remainder of the 870
employers in a particular manual classification. The administrator 871
shall adopt rules, with the advice and consent of the board, 872
governing rate revisions, the object of which shall be to make an 873
equitable distribution of losses among the several classes of 874
occupation or industry, which rules shall be general in their 875
application. 876

(C) The administrator may apply that form of rating system 877
that the administrator finds is best calculated to merit rate or 878
individually rate the risk more equitably, predicated upon the 879
basis of its individual industrial accident and occupational 880
disease experience, and may encourage and stimulate accident 881
prevention. The administrator shall develop fixed and equitable 882
rules controlling the rating system, which rules shall conserve to 883

each risk the basic principles of workers' compensation insurance. 884

(D) The administrator, from the money paid into the state 885
insurance fund, shall set aside into an account of the state 886
insurance fund titled a premium payment security fund sufficient 887
money to pay for any premiums due from an employer and 888
uncollected. 889

The use of the moneys held by the premium payment security 890
fund account is restricted to reimbursement to the state insurance 891
fund of premiums due and uncollected. 892

(E) The administrator may grant discounts on premium rates 893
for employers who meet either of the following requirements: 894

(1) Have not incurred a compensable injury for one year or 895
more and who maintain an employee safety committee or similar 896
organization or make periodic safety inspections of the workplace. 897

(2) Successfully complete a loss prevention program 898
prescribed by the superintendent of the division of safety and 899
hygiene and conducted by the division or by any other person 900
approved by the superintendent. 901

(F)(1) In determining the premium rates for the construction 902
industry the administrator shall calculate the employers' premiums 903
based upon the actual remuneration construction industry employees 904
receive from construction industry employers, provided that the 905
amount of remuneration the administrator uses in calculating the 906
premiums shall not exceed an average weekly wage equal to one 907
hundred fifty per cent of the statewide average weekly wage as 908
defined in division (C) of section 4123.62 of the Revised Code. 909

(2) Division (F)(1) of this section shall not be construed as 910
affecting the manner in which benefits to a claimant are awarded 911
under this chapter. 912

(3) As used in division (F) of this section, "construction 913

industry" includes any activity performed in connection with the 914
erection, alteration, repair, replacement, renovation, 915
installation, or demolition of any building, structure, highway, 916
or bridge. 917

(G) The administrator shall not place a limit on the length 918
of time that an employer may participate in the bureau of workers' 919
compensation drug free workplace and workplace safety programs. 920

Sec. 4123.343. This section shall be construed liberally to 921
the end that employers shall be encouraged to employ and retain in 922
their employment handicapped employees as defined in this section. 923

(A) As used in this section, "handicapped employee" means an 924
employee who is afflicted with or subject to any physical or 925
mental impairment, or both, whether congenital or due to an injury 926
or disease of such character that the impairment constitutes a 927
handicap in obtaining employment or would constitute a handicap in 928
obtaining reemployment if the employee should become unemployed 929
and whose handicap is due to any of the following diseases or 930
conditions: 931

(1) Epilepsy; 932

(2) Diabetes; 933

(3) Cardiac disease; 934

(4) Arthritis; 935

(5) Amputated foot, leg, arm, or hand; 936

(6) Loss of sight of one or both eyes or a partial loss of 937
uncorrected vision of more than seventy-five per cent bilaterally; 938

(7) Residual disability from poliomyelitis; 939

(8) Cerebral palsy; 940

(9) Multiple sclerosis; 941

(10) Parkinson's disease;	942
(11) Cerebral vascular accident;	943
(12) Tuberculosis;	944
(13) Silicosis;	945
(14) Psycho-neurotic disability following treatment in a recognized medical or mental institution;	946 947
(15) Hemophilia;	948
(16) Chronic osteomyelitis;	949
(17) Ankylosis of joints;	950
(18) Hyper insulinism;	951
(19) Muscular dystrophies;	952
(20) Arterio-sclerosis;	953
(21) Thrombo-phlebitis;	954
(22) Varicose veins;	955
(23) Cardiovascular, pulmonary, or respiratory diseases of a firefighter or police officer employed by a municipal corporation or township as a regular member of a lawfully constituted police department or fire department;	956 957 958 959
(24) Coal miners' pneumoconiosis, commonly referred to as "black lung disease";	960 961
(25) Disability with respect to which an individual has completed a rehabilitation program conducted pursuant to sections 4121.61 to 4121.69 of the Revised Code.	962 963 964
(B) Under the circumstances set forth in this section all or such portion as the administrator determines of the compensation and benefits paid in any claim arising hereafter shall be charged to and paid from the statutory surplus fund created under section 4123.34 of the Revised Code and only the portion remaining shall	965 966 967 968 969

be merit-rated or otherwise treated as part of the accident or 970
occupational disease experience of the employer. If the employer 971
~~is a self-insuring employer, the proportion of such costs whether~~ 972
~~charged to the statutory surplus fund in whole or in part shall be~~ 973
~~by way of direct payment to such employee or the employee's~~ 974
~~dependents or by way of reimbursement to the self-insuring~~ 975
~~employer as the circumstances indicate.~~ The provisions of this 976
section apply only in cases of death, total disability, whether 977
temporary or permanent, and all disabilities compensated under 978
division (B) of section 4123.57 of the Revised Code. The 979
administrator shall adopt rules specifying the grounds upon which 980
charges to the statutory surplus fund are to be made. The rules 981
shall prohibit as a grounds any agreement between employer and 982
claimant as to the merits of a claim and the amount of the charge. 983

(C) Any employer who has in its employ a handicapped employee 984
is entitled, in the event the person is injured, to a 985
determination under this section. 986

An employer shall file an application under this section for 987
a determination with the bureau or commission in the same manner 988
as other claims. An application only may be made in cases where a 989
handicapped employee or a handicapped employee's dependents claim 990
or ~~is~~ are receiving an award of compensation as a result of an 991
injury or occupational disease occurring or contracted on or after 992
the date on which division (A) of this section first included the 993
handicap of such employee. 994

(D) The circumstances under and the manner in which an 995
apportionment under this section shall be made are: 996

(1) Whenever a handicapped employee is injured or disabled or 997
dies as the result of an injury or occupational disease sustained 998
in the course of and arising out of a handicapped employee's 999
employment in this state and the administrator awards compensation 1000
therefor and when it appears to the satisfaction of the 1001

administrator that the injury or occupational disease or the death 1002
resulting therefrom would not have occurred but for the 1003
pre-existing physical or mental impairment of the handicapped 1004
employee, all compensation and benefits payable on account of the 1005
disability or death shall be paid from the surplus fund. 1006

(2) Whenever a handicapped employee is injured or disabled or 1007
dies as a result of an injury or occupational disease and the 1008
administrator finds that the injury or occupational disease would 1009
have been sustained or suffered without regard to the employee's 1010
pre-existing impairment but that the resulting disability or death 1011
was caused at least in part through aggravation of the employee's 1012
pre-existing disability, the administrator shall determine in a 1013
manner that is equitable and reasonable and based upon medical 1014
evidence the amount of disability or proportion of the cost of the 1015
death award that is attributable to the employee's pre-existing 1016
disability and the amount found shall be charged to the statutory 1017
surplus fund. 1018

(E) The benefits and provisions of this section apply only to 1019
employers who have complied with this chapter ~~either~~ through 1020
insurance with the state fund ~~or as a self-insuring employer.~~ 1021

(F) No employer shall in any year receive credit under this 1022
section in an amount greater than the premium the employer paid ~~if~~ 1023
~~a state fund employer or greater than the employer's assessments~~ 1024
~~if a self-insuring employer.~~ 1025

(G) ~~Self-insuring employers may, for all claims made after~~ 1026
~~January 1, 1987, for compensation and benefits under this section,~~ 1027
~~pay the compensation and benefits directly to the employee or the~~ 1028
~~employee's dependents. If such an employer chooses to pay~~ 1029
~~compensation and benefits directly, the employer shall receive no~~ 1030
~~money or credit from the surplus fund for the payment under this~~ 1031
~~section, nor shall the employer be required to pay any amounts~~ 1032
~~into the surplus fund that otherwise would be assessed for~~ 1033

~~handicapped reimbursements for claims made after January 1, 1987. 1034
Where a self insuring employer elects to pay for compensation and 1035
benefits pursuant to this section, the employer shall assume 1036
responsibility for compensation and benefits arising out of claims 1037
made prior to January 1, 1987, and shall not be required to pay 1038
any amounts into the surplus fund and may not receive any money or 1039
credit from that fund on account of this section. The election 1040
made under this division is irrevocable. 1041~~

(H) An order issued by the administrator pursuant to this 1042
section is appealable under section 4123.511 of the Revised Code 1043
but is not appealable to court under section 4123.512 of the 1044
Revised Code. 1045

Sec. 4123.35. (A) Except as provided in this section, and 1046
until the policy year commencing July 1, 2015, every private 1047
employer and every publicly owned utility shall pay semiannually 1048
in the months of January and July into the state insurance fund 1049
the amount of annual premium the administrator of workers' 1050
compensation fixes for the employment or occupation of the 1051
employer, the amount of which premium to be paid by each employer 1052
to be determined by the classifications, rules, and rates made and 1053
published by the administrator. The employer shall pay 1054
semiannually a further sum of money into the state insurance fund 1055
as may be ascertained to be due from the employer by applying the 1056
rules of the administrator. 1057

Except as otherwise provided in this section, for a policy 1058
year commencing on or after July 1, 2015, every private employer 1059
and every publicly owned utility shall pay annually in the month 1060
of June immediately preceding the policy year into the state 1061
insurance fund the amount of estimated annual premium the 1062
administrator fixes for the employment or occupation of the 1063
employer, the amount of which estimated premium to be paid by each 1064

employer to be determined by the classifications, rules, and rates 1065
made and published by the administrator. The employer shall pay a 1066
further sum of money into the state insurance fund as may be 1067
ascertained to be due from the employer by applying the rules of 1068
the administrator. Upon receipt of the payroll report required by 1069
division (B) of section 4123.26 of the Revised Code, the 1070
administrator shall adjust the premium and assessments charged to 1071
each employer for the difference between estimated gross payrolls 1072
and actual gross payrolls, and any balance due to the 1073
administrator shall be immediately paid by the employer. Any 1074
balance due the employer shall be credited to the employer's 1075
account. 1076

For a policy year commencing on or after July 1, 2015, each 1077
employer that is recognized by the administrator as a professional 1078
employer organization shall pay monthly into the state insurance 1079
fund the amount of premium the administrator fixes for the 1080
employer for the prior month based on the actual payroll of the 1081
employer reported pursuant to division (C) of section 4123.26 of 1082
the Revised Code. 1083

A receipt certifying that payment has been made shall be 1084
issued to the employer by the bureau of workers' compensation. The 1085
receipt is prima-facie evidence of the payment of the premium. The 1086
administrator shall provide each employer written proof of 1087
workers' compensation coverage as is required in section 4123.83 1088
of the Revised Code. Proper posting of the notice constitutes the 1089
employer's compliance with the notice requirement mandated in 1090
section 4123.83 of the Revised Code. 1091

The bureau shall verify with the secretary of state the 1092
existence of all corporations and organizations making application 1093
for workers' compensation coverage and shall require every such 1094
application to include the employer's federal identification 1095
number. 1096

A private employer who has contracted with a subcontractor is 1097
liable for the unpaid premium due from any subcontractor with 1098
respect to that part of the payroll of the subcontractor that is 1099
for work performed pursuant to the contract with the employer. 1100

Division (A) of this section providing for the payment of 1101
premiums semiannually does not apply to any employer who was a 1102
subscriber to the state insurance fund prior to January 1, 1914, 1103
or, until July 1, 2015, who may first become a subscriber to the 1104
fund in any month other than January or July. Instead, the 1105
semiannual premiums shall be paid by those employers from time to 1106
time upon the expiration of the respective periods for which 1107
payments into the fund have been made by them. After July 1, 2015, 1108
an employer who first becomes a subscriber to the fund on any day 1109
other than the first day of July shall pay premiums according to 1110
rules adopted by the administrator, with the advice and consent of 1111
the bureau of workers' compensation board of directors, for the 1112
remainder of the policy year for which the coverage is effective. 1113

The administrator, with the advice and consent of the board, 1114
shall adopt rules to permit employers to make periodic payments of 1115
the premium and assessment due under this division. The rules 1116
shall include provisions for the assessment of interest charges, 1117
where appropriate, and for the assessment of penalties when an 1118
employer fails to make timely premium payments. The administrator, 1119
in the rules the administrator adopts, may set an administrative 1120
fee for these periodic payments. An employer who timely pays the 1121
amounts due under this division is entitled to all of the benefits 1122
and protections of this chapter. Upon receipt of payment, the 1123
bureau shall issue a receipt to the employer certifying that 1124
payment has been made, which receipt is prima-facie evidence of 1125
payment. Workers' compensation coverage under this chapter 1126
continues uninterrupted upon timely receipt of payment under this 1127
division. 1128

Every public employer, except public employers that are 1129
self-insuring employers under this section, shall comply with 1130
sections 4123.38 to 4123.41, and 4123.48 of the Revised Code in 1131
regard to the contribution of moneys to the public insurance fund. 1132

(B) Employers who will abide by the rules of the 1133
administrator and who may be of sufficient financial ability to 1134
render certain the payment of compensation to injured employees or 1135
the dependents of killed employees, and the furnishing of medical, 1136
surgical, nursing, and hospital attention and services and 1137
medicines, and funeral expenses, equal to or greater than is 1138
provided for in sections 4123.52, 4123.55 to 4123.62, and 4123.64 1139
to 4123.67 of the Revised Code, and who do not desire to insure 1140
the payment thereof or indemnify themselves against loss sustained 1141
by the direct payment thereof, upon a finding of such facts by the 1142
administrator, may be granted the privilege to pay individually 1143
compensation, and furnish medical, surgical, nursing, and hospital 1144
services and attention and funeral expenses directly to injured 1145
employees or the dependents of killed employees, thereby being 1146
granted status as a self-insuring employer. The administrator may 1147
charge employers who apply for the status as a self-insuring 1148
employer a reasonable application fee to cover the bureau's costs 1149
in connection with processing and making a determination with 1150
respect to an application. 1151

All employers granted status as self-insuring employers shall 1152
demonstrate sufficient financial and administrative ability to 1153
assure that all obligations under this section are promptly met. 1154
The administrator shall deny the privilege where the employer is 1155
unable to demonstrate the employer's ability to promptly meet all 1156
the obligations imposed on the employer by this section. 1157

(1) The administrator shall consider, but is not limited to, 1158
the following factors, where applicable, in determining the 1159
employer's ability to meet all of the obligations imposed on the 1160

employer by this section: 1161

(a) The employer employs a minimum of five hundred employees 1162
in this state; 1163

(b) The employer has operated in this state for a minimum of 1164
two years, provided that an employer who has purchased, acquired, 1165
or otherwise succeeded to the operation of a business, or any part 1166
thereof, situated in this state that has operated for at least two 1167
years in this state, also shall qualify; 1168

(c) Where the employer previously contributed to the state 1169
insurance fund or is a successor employer as defined by bureau 1170
rules, the amount of the buyout, as defined by bureau rules; 1171

(d) The sufficiency of the employer's assets located in this 1172
state to insure the employer's solvency in paying compensation 1173
directly; 1174

(e) The financial records, documents, and data, certified by 1175
a certified public accountant, necessary to provide the employer's 1176
full financial disclosure. The records, documents, and data 1177
include, but are not limited to, balance sheets and profit and 1178
loss history for the current year and previous four years. 1179

(f) The employer's organizational plan for the administration 1180
of the workers' compensation law; 1181

(g) The employer's proposed plan to inform employees of the 1182
change from a state fund insurer to a self-insuring employer, the 1183
procedures the employer will follow as a self-insuring employer, 1184
and the employees' rights to compensation and benefits; and 1185

(h) The employer has either an account in a financial 1186
institution in this state, or if the employer maintains an account 1187
with a financial institution outside this state, ensures that 1188
workers' compensation checks are drawn from the same account as 1189
payroll checks or the employer clearly indicates that payment will 1190

be honored by a financial institution in this state. 1191

The administrator may waive the requirements of divisions 1192
(B)(1)(a) and (b) of this section and the requirement of division 1193
(B)(1)(e) of this section that the financial records, documents, 1194
and data be certified by a certified public accountant. The 1195
administrator shall adopt rules establishing the criteria that an 1196
employer shall meet in order for the administrator to waive the 1197
requirements of divisions (B)(1)(a), (b), and (e) of this section. 1198
Such rules may require additional security of that employer 1199
pursuant to division (E) of section 4123.351 of the Revised Code. 1200

The administrator shall not grant the status of self-insuring 1201
employer to the state, except that the administrator may grant the 1202
status of self-insuring employer to a state institution of higher 1203
education, including its hospitals, that meets the requirements of 1204
division (B)(2) of this section. 1205

(2) When considering the application of a public employer, 1206
except for a board of county commissioners described in division 1207
(G) of section 4123.01 of the Revised Code, a board of a county 1208
hospital, or a publicly owned utility, the administrator shall 1209
verify that the public employer satisfies all of the following 1210
requirements as the requirements apply to that public employer: 1211

(a) For the two-year period preceding application under this 1212
section, the public employer has maintained an unvoted debt 1213
capacity equal to at least two times the amount of the current 1214
annual premium established by the administrator under this chapter 1215
for that public employer for the year immediately preceding the 1216
year in which the public employer makes application under this 1217
section. 1218

(b) For each of the two fiscal years preceding application 1219
under this section, the unreserved and undesignated year-end fund 1220
balance in the public employer's general fund is equal to at least 1221

five per cent of the public employer's general fund revenues for 1222
the fiscal year computed in accordance with generally accepted 1223
accounting principles. 1224

(c) For the five-year period preceding application under this 1225
section, the public employer, to the extent applicable, has 1226
complied fully with the continuing disclosure requirements 1227
established in rules adopted by the United States securities and 1228
exchange commission under 17 C.F.R. 240.15c 2-12. 1229

(d) For the five-year period preceding application under this 1230
section, the public employer has not had its local government fund 1231
distribution withheld on account of the public employer being 1232
indebted or otherwise obligated to the state. 1233

(e) For the five-year period preceding application under this 1234
section, the public employer has not been under a fiscal watch or 1235
fiscal emergency pursuant to section 118.023, 118.04, or 3316.03 1236
of the Revised Code. 1237

(f) For the public employer's fiscal year preceding 1238
application under this section, the public employer has obtained 1239
an annual financial audit as required under section 117.10 of the 1240
Revised Code, which has been released by the auditor of state 1241
within seven months after the end of the public employer's fiscal 1242
year. 1243

(g) On the date of application, the public employer holds a 1244
debt rating of Aa3 or higher according to Moody's investors 1245
service, inc., or a comparable rating by an independent rating 1246
agency similar to Moody's investors service, inc. 1247

(h) The public employer agrees to generate an annual 1248
accumulating book reserve in its financial statements reflecting 1249
an actuarially generated reserve adequate to pay projected claims 1250
under this chapter for the applicable period of time, as 1251
determined by the administrator. 1252

(i) For a public employer that is a hospital, the public employer shall submit audited financial statements showing the hospital's overall liquidity characteristics, and the administrator shall determine, on an individual basis, whether the public employer satisfies liquidity standards equivalent to the liquidity standards of other public employers.

(j) Any additional criteria that the administrator adopts by rule pursuant to division (E) of this section.

The administrator may adopt rules establishing the criteria that a public employer shall satisfy in order for the administrator to waive any of the requirements listed in divisions (B)(2)(a) to (j) of this section. The rules may require additional security from that employer pursuant to division (E) of section 4123.351 of the Revised Code. The administrator shall not waive any of the requirements listed in divisions (B)(2)(a) to (j) of this section for a public employer who does not satisfy the criteria established in the rules the administrator adopts.

(C) A board of county commissioners described in division (G) of section 4123.01 of the Revised Code, as an employer, that will abide by the rules of the administrator and that may be of sufficient financial ability to render certain the payment of compensation to injured employees or the dependents of killed employees, and the furnishing of medical, surgical, nursing, and hospital attention and services and medicines, and funeral expenses, equal to or greater than is provided for in sections 4123.52, 4123.55 to 4123.62, and 4123.64 to 4123.67 of the Revised Code, and that does not desire to insure the payment thereof or indemnify itself against loss sustained by the direct payment thereof, upon a finding of such facts by the administrator, may be granted the privilege to pay individually compensation, and furnish medical, surgical, nursing, and hospital services and attention and funeral expenses directly to injured employees or

the dependents of killed employees, thereby being granted status 1285
as a self-insuring employer. The administrator may charge a board 1286
of county commissioners described in division (G) of section 1287
4123.01 of the Revised Code that applies for the status as a 1288
self-insuring employer a reasonable application fee to cover the 1289
bureau's costs in connection with processing and making a 1290
determination with respect to an application. All employers 1291
granted such status shall demonstrate sufficient financial and 1292
administrative ability to assure that all obligations under this 1293
section are promptly met. The administrator shall deny the 1294
privilege where the employer is unable to demonstrate the 1295
employer's ability to promptly meet all the obligations imposed on 1296
the employer by this section. The administrator shall consider, 1297
but is not limited to, the following factors, where applicable, in 1298
determining the employer's ability to meet all of the obligations 1299
imposed on the board as an employer by this section: 1300

(1) The board as an employer employs a minimum of five 1301
hundred employees in this state; 1302

(2) The board has operated in this state for a minimum of two 1303
years; 1304

(3) Where the board previously contributed to the state 1305
insurance fund or is a successor employer as defined by bureau 1306
rules, the amount of the buyout, as defined by bureau rules; 1307

(4) The sufficiency of the board's assets located in this 1308
state to insure the board's solvency in paying compensation 1309
directly; 1310

(5) The financial records, documents, and data, certified by 1311
a certified public accountant, necessary to provide the board's 1312
full financial disclosure. The records, documents, and data 1313
include, but are not limited to, balance sheets and profit and 1314
loss history for the current year and previous four years. 1315

(6) The board's organizational plan for the administration of the workers' compensation law; 1316
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(7) The board's proposed plan to inform employees of the proposed self-insurance, the procedures the board will follow as a self-insuring employer, and the employees' rights to compensation and benefits; 1318
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(8) The board has either an account in a financial institution in this state, or if the board maintains an account with a financial institution outside this state, ensures that workers' compensation checks are drawn from the same account as payroll checks or the board clearly indicates that payment will be honored by a financial institution in this state; 1322
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(9) The board shall provide the administrator a surety bond in an amount equal to one hundred twenty-five per cent of the projected losses as determined by the administrator. 1328
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(D) The administrator shall require a surety bond from all self-insuring employers, issued pursuant to section 4123.351 of the Revised Code, that is sufficient to compel, or secure to injured employees, or to the dependents of employees killed, the payment of compensation and expenses, which shall in no event be less than that paid or furnished out of the state insurance fund in similar cases to injured employees or to dependents of killed employees whose employers contribute to the fund, except when an employee of the employer, who has suffered the loss of a hand, arm, foot, leg, or eye prior to the injury for which compensation is to be paid, and thereafter suffers the loss of any other of the members as the result of any injury sustained in the course of and arising out of the employee's employment, the compensation to be paid by the self-insuring employer is limited to the disability suffered in the subsequent injury, additional compensation, if any, to be paid by the bureau out of the surplus created by section 4123.34 of the Revised Code. 1331
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(E) In addition to the requirements of this section, the administrator shall make and publish rules governing the manner of making application and the nature and extent of the proof required to justify a finding of fact by the administrator as to granting the status of a self-insuring employer, which rules shall be general in their application, one of which rules shall provide that all self-insuring employers shall pay into the state insurance fund such amounts as are required to be credited to the surplus fund in division (B) of section 4123.34 of the Revised Code. The administrator may adopt rules establishing requirements in addition to the requirements described in division (B)(2) of this section that a public employer shall meet in order to qualify for self-insuring status.

Employers shall secure directly from the bureau central offices application forms upon which the bureau shall stamp a designating number. Prior to submission of an application, an employer shall make available to the bureau, and the bureau shall review, the information described in division (B)(1) of this section, and public employers shall make available, and the bureau shall review, the information necessary to verify whether the public employer meets the requirements listed in division (B)(2) of this section. An employer shall file the completed application forms with an application fee, which shall cover the costs of processing the application, as established by the administrator, by rule, with the bureau at least ninety days prior to the effective date of the employer's new status as a self-insuring employer. The application form is not deemed complete until all the required information is attached thereto. The bureau shall only accept applications that contain the required information.

(F) The bureau shall review completed applications within a reasonable time. If the bureau determines to grant an employer the status as a self-insuring employer, the bureau shall issue a

statement, containing its findings of fact, that is prepared by 1380
the bureau and signed by the administrator. If the bureau 1381
determines not to grant the status as a self-insuring employer, 1382
the bureau shall notify the employer of the determination and 1383
require the employer to continue to pay its full premium into the 1384
state insurance fund. The administrator also shall adopt rules 1385
establishing a minimum level of performance as a criterion for 1386
granting and maintaining the status as a self-insuring employer 1387
and fixing time limits beyond which failure of the self-insuring 1388
employer to provide for the necessary medical examinations and 1389
evaluations may not delay a decision on a claim. 1390

(G) The administrator shall adopt rules setting forth 1391
procedures for auditing the program of self-insuring employers. 1392
The bureau shall conduct the audit upon a random basis or whenever 1393
the bureau has grounds for believing that a self-insuring employer 1394
is not in full compliance with bureau rules or this chapter. 1395

The administrator shall monitor the programs conducted by 1396
self-insuring employers, to ensure compliance with bureau 1397
requirements and for that purpose, shall develop and issue to 1398
self-insuring employers standardized forms for use by the 1399
self-insuring employer in all aspects of the self-insuring 1400
employers' direct compensation program and for reporting of 1401
information to the bureau. 1402

The bureau shall receive and transmit to the self-insuring 1403
employer all complaints concerning any self-insuring employer. In 1404
the case of a complaint against a self-insuring employer, the 1405
administrator shall handle the complaint through the 1406
self-insurance division of the bureau. The bureau shall maintain a 1407
file by employer of all complaints received that relate to the 1408
employer. The bureau shall evaluate each complaint and take 1409
appropriate action. 1410

The administrator shall adopt as a rule a prohibition against 1411

any self-insuring employer from harassing, dismissing, or 1412
otherwise disciplining any employee making a complaint, which rule 1413
shall provide for a financial penalty to be levied by the 1414
administrator payable by the offending self-insuring employer. 1415

(H) For the purpose of making determinations as to whether to 1416
grant status as a self-insuring employer, the administrator may 1417
subscribe to and pay for a credit reporting service that offers 1418
financial and other business information about individual 1419
employers. The costs in connection with the bureau's subscription 1420
or individual reports from the service about an applicant may be 1421
included in the application fee charged employers under this 1422
section. 1423

(I) The administrator, notwithstanding other provisions of 1424
this chapter, may permit a self-insuring employer to resume 1425
payment of premiums to the state insurance fund with appropriate 1426
credit modifications to the employer's basic premium rate as such 1427
rate is determined pursuant to section 4123.29 of the Revised 1428
Code. 1429

(J) On the first day of July of each year, the administrator 1430
shall calculate separately each self-insuring employer's 1431
assessments for the safety and hygiene fund, administrative costs 1432
pursuant to section 4123.342 of the Revised Code, and for the 1433
~~portion of the surplus fund under division (B) of section 4123.34~~ 1434
~~of the Revised Code that is not used for handicapped~~ 1435
~~reimbursement~~, on the basis of the paid compensation attributable 1436
to the individual self-insuring employer according to the 1437
following calculation: 1438

(1) The total assessment against all self-insuring employers 1439
as a class for each fund and for the administrative costs for the 1440
year that the assessment is being made, as determined by the 1441
administrator, divided by the total amount of paid compensation 1442
for the previous calendar year attributable to all amenable 1443

self-insuring employers; 1444

(2) Multiply the quotient in division (J)(1) of this section 1445
by the total amount of paid compensation for the previous calendar 1446
year that is attributable to the individual self-insuring employer 1447
for whom the assessment is being determined. Each self-insuring 1448
employer shall pay the assessment that results from this 1449
calculation, unless the assessment resulting from this calculation 1450
falls below a minimum assessment, which minimum assessment the 1451
administrator shall determine on the first day of July of each 1452
year with the advice and consent of the bureau of workers' 1453
compensation board of directors, in which event, the self-insuring 1454
employer shall pay the minimum assessment. 1455

In determining the total amount due for the total assessment 1456
against all self-insuring employers as a class for each fund and 1457
the administrative assessment, the administrator shall reduce 1458
proportionately the total for each fund and assessment by the 1459
amount of money in the self-insurance assessment fund as of the 1460
date of the computation of the assessment. 1461

~~The administrator shall calculate the assessment for the 1462
portion of the surplus fund under division (B) of section 4123.34 1463
of the Revised Code that is used for handicapped reimbursement in 1464
the same manner as set forth in divisions (J)(1) and (2) of this 1465
section except that the administrator shall calculate the total 1466
assessment for this portion of the surplus fund only on the basis 1467
of those self-insuring employers that retain participation in the 1468
handicapped reimbursement program and the individual self-insuring 1469
employer's proportion of paid compensation shall be calculated 1470
only for those self-insuring employers who retain participation in 1471
the handicapped reimbursement program. The administrator, as the 1472
administrator determines appropriate, may determine the total 1473
assessment for the handicapped portion of the surplus fund in 1474
accordance with sound actuarial principles. 1475~~

~~The administrator shall calculate the assessment for the portion of the surplus fund under division (B) of section 4123.34 of the Revised Code that under division (D) of section 4121.66 of the Revised Code is used for rehabilitation costs in the same manner as set forth in divisions (J)(1) and (2) of this section, except that the administrator shall calculate the total assessment for this portion of the surplus fund only on the basis of those self-insuring employers who have not made the election to make payments directly under division (D) of section 4121.66 of the Revised Code and an individual self-insuring employer's proportion of paid compensation only for those self-insuring employers who have not made that election.~~

The administrator shall calculate the assessment for the portion of the surplus fund under division (B) of section 4123.34 of the Revised Code that is used for reimbursement to a self-insuring employer under division (H) of section 4123.512 of the Revised Code in the same manner as set forth in divisions (J)(1) and (2) of this section except that the administrator shall calculate the total assessment for this portion of the surplus fund only on the basis of those self-insuring employers that retain participation in reimbursement to the self-insuring employer under division (H) of section 4123.512 of the Revised Code and the individual self-insuring employer's proportion of paid compensation shall be calculated only for those self-insuring employers who retain participation in reimbursement to the self-insuring employer under division (H) of section 4123.512 of the Revised Code.

An employer who no longer is a self-insuring employer in this state or who no longer is operating in this state, shall continue to pay assessments for administrative costs and for ~~the portion of~~ the surplus fund under division (B) of section 4123.34 of the Revised Code ~~that is not used for handicapped reimbursement,~~ based

upon paid compensation attributable to claims that occurred while 1508
the employer was a self-insuring employer within this state. 1509

(K) There is hereby created in the state treasury the 1510
self-insurance assessment fund. All investment earnings of the 1511
fund shall be deposited in the fund. The administrator shall use 1512
the money in the self-insurance assessment fund only for 1513
administrative costs as specified in section 4123.341 of the 1514
Revised Code. 1515

(L) Every self-insuring employer shall certify, in affidavit 1516
form subject to the penalty for perjury, to the bureau the amount 1517
of the self-insuring employer's paid compensation for the previous 1518
calendar year. In reporting paid compensation paid for the 1519
previous year, a self-insuring employer shall exclude from the 1520
total amount of paid compensation any reimbursement the 1521
self-insuring employer receives in the previous calendar year from 1522
the surplus fund pursuant to section 4123.512 of the Revised Code 1523
for any paid compensation. The self-insuring employer also shall 1524
exclude from the paid compensation reported any amount recovered 1525
under section 4123.931 of the Revised Code and any amount that is 1526
determined not to have been payable to or on behalf of a claimant 1527
in any final administrative or judicial proceeding. The 1528
self-insuring employer shall exclude such amounts from the paid 1529
compensation reported in the reporting period subsequent to the 1530
date the determination is made. The administrator shall adopt 1531
rules, in accordance with Chapter 119. of the Revised Code, that 1532
provide for all of the following: 1533

(1) Establishing the date by which self-insuring employers 1534
must submit such information and the amount of the assessments 1535
provided for in division (J) of this section for employers who 1536
have been granted self-insuring status within the last calendar 1537
year; 1538

(2) If an employer fails to pay the assessment when due, the 1539

administrator may add a late fee penalty of not more than five 1540
hundred dollars to the assessment plus an additional penalty 1541
amount as follows: 1542

(a) For an assessment from sixty-one to ninety days past due, 1543
the prime interest rate, multiplied by the assessment due; 1544

(b) For an assessment from ninety-one to one hundred twenty 1545
days past due, the prime interest rate plus two per cent, 1546
multiplied by the assessment due; 1547

(c) For an assessment from one hundred twenty-one to one 1548
hundred fifty days past due, the prime interest rate plus four per 1549
cent, multiplied by the assessment due; 1550

(d) For an assessment from one hundred fifty-one to one 1551
hundred eighty days past due, the prime interest rate plus six per 1552
cent, multiplied by the assessment due; 1553

(e) For an assessment from one hundred eighty-one to two 1554
hundred ten days past due, the prime interest rate plus eight per 1555
cent, multiplied by the assessment due; 1556

(f) For each additional thirty-day period or portion thereof 1557
that an assessment remains past due after it has remained past due 1558
for more than two hundred ten days, the prime interest rate plus 1559
eight per cent, multiplied by the assessment due. 1560

(3) An employer may appeal a late fee penalty and penalty 1561
assessment to the administrator. 1562

For purposes of division (L)(2) of this section, "prime 1563
interest rate" means the average bank prime rate, and the 1564
administrator shall determine the prime interest rate in the same 1565
manner as a county auditor determines the average bank prime rate 1566
under section 929.02 of the Revised Code. 1567

The administrator shall include any assessment and penalties 1568
that remain unpaid for previous assessment periods in the 1569

calculation and collection of any assessments due under this 1570
division or division (J) of this section. 1571

(M) As used in this section, "paid compensation" means all 1572
amounts paid by a self-insuring employer for living maintenance 1573
benefits, all amounts for compensation paid pursuant to sections 1574
4121.63, 4121.67, 4123.56, 4123.57, 4123.58, 4123.59, 4123.60, and 1575
4123.64 of the Revised Code, all amounts paid as wages in lieu of 1576
such compensation, all amounts paid in lieu of such compensation 1577
under a nonoccupational accident and sickness program fully funded 1578
by the self-insuring employer, and all amounts paid by a 1579
self-insuring employer for a violation of a specific safety 1580
standard pursuant to Section 35 of Article II, Ohio Constitution 1581
and section 4121.47 of the Revised Code. 1582

(N) Should any section of this chapter or Chapter 4121. of 1583
the Revised Code providing for self-insuring employers' 1584
assessments based upon compensation paid be declared 1585
unconstitutional by a final decision of any court, then that 1586
section of the Revised Code declared unconstitutional shall revert 1587
back to the section in existence prior to November 3, 1989, 1588
providing for assessments based upon payroll. 1589

(O) The administrator may grant a self-insuring employer the 1590
privilege to self-insure a construction project entered into by 1591
the self-insuring employer that is scheduled for completion within 1592
six years after the date the project begins, and the total cost of 1593
which is estimated to exceed one hundred million dollars or, for 1594
employers described in division (R) of this section, if the 1595
construction project is estimated to exceed twenty-five million 1596
dollars. The administrator may waive such cost and time criteria 1597
and grant a self-insuring employer the privilege to self-insure a 1598
construction project regardless of the time needed to complete the 1599
construction project and provided that the cost of the 1600
construction project is estimated to exceed fifty million dollars. 1601

A self-insuring employer who desires to self-insure a construction project shall submit to the administrator an application listing the dates the construction project is scheduled to begin and end, the estimated cost of the construction project, the contractors and subcontractors whose employees are to be self-insured by the self-insuring employer, the provisions of a safety program that is specifically designed for the construction project, and a statement as to whether a collective bargaining agreement governing the rights, duties, and obligations of each of the parties to the agreement with respect to the construction project exists between the self-insuring employer and a labor organization.

A self-insuring employer may apply to self-insure the employees of either of the following:

(1) All contractors and subcontractors who perform labor or work or provide materials for the construction project;

(2) All contractors and, at the administrator's discretion, a substantial number of all the subcontractors who perform labor or work or provide materials for the construction project.

Upon approval of the application, the administrator shall mail a certificate granting the privilege to self-insure the construction project to the self-insuring employer. The certificate shall contain the name of the self-insuring employer and the name, address, and telephone number of the self-insuring employer's representatives who are responsible for administering workers' compensation claims for the construction project. The self-insuring employer shall post the certificate in a conspicuous place at the site of the construction project.

The administrator shall maintain a record of the contractors and subcontractors whose employees are covered under the certificate issued to the self-insured employer. A self-insuring

employer immediately shall notify the administrator when any 1633
contractor or subcontractor is added or eliminated from inclusion 1634
under the certificate. 1635

Upon approval of the application, the self-insuring employer 1636
is responsible for the administration and payment of all claims 1637
under this chapter and Chapter 4121. of the Revised Code for the 1638
employees of the contractor and subcontractors covered under the 1639
certificate who receive injuries or are killed in the course of 1640
and arising out of employment on the construction project, or who 1641
contract an occupational disease in the course of employment on 1642
the construction project. For purposes of this chapter and Chapter 1643
4121. of the Revised Code, a claim that is administered and paid 1644
in accordance with this division is considered a claim against the 1645
self-insuring employer listed in the certificate. A contractor or 1646
subcontractor included under the certificate shall report to the 1647
self-insuring employer listed in the certificate, all claims that 1648
arise under this chapter and Chapter 4121. of the Revised Code in 1649
connection with the construction project for which the certificate 1650
is issued. 1651

A self-insuring employer who complies with this division is 1652
entitled to the protections provided under this chapter and 1653
Chapter 4121. of the Revised Code with respect to the employees of 1654
the contractors and subcontractors covered under a certificate 1655
issued under this division for death or injuries that arise out 1656
of, or death, injuries, or occupational diseases that arise in the 1657
course of, those employees' employment on that construction 1658
project, as if the employees were employees of the self-insuring 1659
employer, provided that the self-insuring employer also complies 1660
with this section. No employee of the contractors and 1661
subcontractors covered under a certificate issued under this 1662
division shall be considered the employee of the self-insuring 1663
employer listed in that certificate for any purposes other than 1664

this chapter and Chapter 4121. of the Revised Code. Nothing in 1665
this division gives a self-insuring employer authority to control 1666
the means, manner, or method of employment of the employees of the 1667
contractors and subcontractors covered under a certificate issued 1668
under this division. 1669

The contractors and subcontractors included under a 1670
certificate issued under this division are entitled to the 1671
protections provided under this chapter and Chapter 4121. of the 1672
Revised Code with respect to the contractor's or subcontractor's 1673
employees who are employed on the construction project which is 1674
the subject of the certificate, for death or injuries that arise 1675
out of, or death, injuries, or occupational diseases that arise in 1676
the course of, those employees' employment on that construction 1677
project. 1678

The contractors and subcontractors included under a 1679
certificate issued under this division shall identify in their 1680
payroll records the employees who are considered the employees of 1681
the self-insuring employer listed in that certificate for purposes 1682
of this chapter and Chapter 4121. of the Revised Code, and the 1683
amount that those employees earned for employment on the 1684
construction project that is the subject of that certificate. 1685
Notwithstanding any provision to the contrary under this chapter 1686
and Chapter 4121. of the Revised Code, the administrator shall 1687
exclude the payroll that is reported for employees who are 1688
considered the employees of the self-insuring employer listed in 1689
that certificate, and that the employees earned for employment on 1690
the construction project that is the subject of that certificate, 1691
when determining those contractors' or subcontractors' premiums or 1692
assessments required under this chapter and Chapter 4121. of the 1693
Revised Code. A self-insuring employer issued a certificate under 1694
this division shall include in the amount of paid compensation it 1695
reports pursuant to division (L) of this section, the amount of 1696

paid compensation the self-insuring employer paid pursuant to this 1697
division for the previous calendar year. 1698

Nothing in this division shall be construed as altering the 1699
rights of employees under this chapter and Chapter 4121. of the 1700
Revised Code as those rights existed prior to September 17, 1996. 1701
Nothing in this division shall be construed as altering the rights 1702
devolved under sections 2305.31 and 4123.82 of the Revised Code as 1703
those rights existed prior to September 17, 1996. 1704

As used in this division, "privilege to self-insure a 1705
construction project" means privilege to pay individually 1706
compensation, and to furnish medical, surgical, nursing, and 1707
hospital services and attention and funeral expenses directly to 1708
injured employees or the dependents of killed employees. 1709

(P) A self-insuring employer whose application is granted 1710
under division (O) of this section shall designate a safety 1711
professional to be responsible for the administration and 1712
enforcement of the safety program that is specifically designed 1713
for the construction project that is the subject of the 1714
application. 1715

A self-insuring employer whose application is granted under 1716
division (O) of this section shall employ an ombudsperson for the 1717
construction project that is the subject of the application. The 1718
ombudsperson shall have experience in workers' compensation or the 1719
construction industry, or both. The ombudsperson shall perform all 1720
of the following duties: 1721

(1) Communicate with and provide information to employees who 1722
are injured in the course of, or whose injury arises out of 1723
employment on the construction project, or who contract an 1724
occupational disease in the course of employment on the 1725
construction project; 1726

(2) Investigate the status of a claim upon the request of an 1727

employee to do so;	1728
(3) Provide information to claimants, third party administrators, employers, and other persons to assist those persons in protecting their rights under this chapter and Chapter 4121. of the Revised Code.	1729 1730 1731 1732
A self-insuring employer whose application is granted under division (O) of this section shall post the name of the safety professional and the ombudsperson and instructions for contacting the safety professional and the ombudsperson in a conspicuous place at the site of the construction project.	1733 1734 1735 1736 1737
(Q) The administrator may consider all of the following when deciding whether to grant a self-insuring employer the privilege to self-insure a construction project as provided under division (O) of this section:	1738 1739 1740 1741
(1) Whether the self-insuring employer has an organizational plan for the administration of the workers' compensation law;	1742 1743
(2) Whether the safety program that is specifically designed for the construction project provides for the safety of employees employed on the construction project, is applicable to all contractors and subcontractors who perform labor or work or provide materials for the construction project, and has as a component, a safety training program that complies with standards adopted pursuant to the "Occupational Safety and Health Act of 1970," 84 Stat. 1590, 29 U.S.C.A. 651, and provides for continuing management and employee involvement;	1744 1745 1746 1747 1748 1749 1750 1751 1752
(3) Whether granting the privilege to self-insure the construction project will reduce the costs of the construction project;	1753 1754 1755
(4) Whether the self-insuring employer has employed an ombudsperson as required under division (P) of this section;	1756 1757

(5) Whether the self-insuring employer has sufficient surety 1758
to secure the payment of claims for which the self-insuring 1759
employer would be responsible pursuant to the granting of the 1760
privilege to self-insure a construction project under division (O) 1761
of this section. 1762

(R) As used in divisions (O), (P), and (Q), "self-insuring 1763
employer" includes the following employers, whether or not they 1764
have been granted the status of being a self-insuring employer 1765
under division (B) of this section: 1766

(1) A state institution of higher education; 1767

(2) A school district; 1768

(3) A county school financing district; 1769

(4) An educational service center; 1770

(5) A community school established under Chapter 3314. of the 1771
Revised Code; 1772

(6) A municipal power agency as defined in section 3734.058 1773
of the Revised Code. 1774

(S) As used in this section: 1775

(1) "Unvoted debt capacity" means the amount of money that a 1776
public employer may borrow without voter approval of a tax levy; 1777

(2) "State institution of higher education" means the state 1778
universities listed in section 3345.011 of the Revised Code, 1779
community colleges created pursuant to Chapter 3354. of the 1780
Revised Code, university branches created pursuant to Chapter 1781
3355. of the Revised Code, technical colleges created pursuant to 1782
Chapter 3357. of the Revised Code, and state community colleges 1783
created pursuant to Chapter 3358. of the Revised Code. 1784

Sec. 4123.351. (A) The administrator of workers' compensation 1785
shall require every self-insuring employer, including any 1786

self-insuring employer that is indemnified by a captive insurance 1787
company granted a certificate of authority under Chapter ~~3694.~~ 1788
3964. of the Revised Code, to pay a contribution, calculated under 1789
this section, to the self-insuring employers' guaranty fund 1790
established pursuant to this section. The fund shall provide for 1791
payment of compensation and benefits to employees of the 1792
self-insuring employer in order to cover any default in payment by 1793
that employer. 1794

(B) The bureau of workers' compensation shall operate the 1795
self-insuring employers' guaranty fund for self-insuring 1796
employers. The administrator annually shall establish the 1797
contributions due from self-insuring employers for the fund at 1798
rates as low as possible but such as will assure sufficient moneys 1799
to guarantee the payment of any claims against the fund. The 1800
bureau's operation of the fund is not subject to sections 3929.10 1801
to 3929.18 of the Revised Code or to regulation by the 1802
superintendent of insurance. 1803

(C) If a self-insuring employer defaults, the bureau shall 1804
recover the amounts paid as a result of the default from the 1805
self-insuring employers' guaranty fund. If a self-insuring 1806
employer defaults and is in compliance with this section for the 1807
payment of contributions to the fund, such self-insuring employer 1808
is entitled to the immunity conferred by section 4123.74 of the 1809
Revised Code for any claim arising during any period the employer 1810
is in compliance with this section. 1811

(D)(1) There is hereby established a self-insuring employers' 1812
guaranty fund, which shall be in the custody of the treasurer of 1813
state and which shall be separate from the other funds established 1814
and administered pursuant to this chapter. The fund shall consist 1815
of contributions and other payments made by self-insuring 1816
employers under this section. All investment earnings of the fund 1817
shall be credited to the fund. The bureau shall make disbursements 1818

from the fund pursuant to this section. 1819

(2) The administrator has the same powers to invest any of 1820
the surplus or reserve belonging to the fund as are delegated to 1821
the administrator under section 4123.44 of the Revised Code with 1822
respect to the state insurance fund. The administrator shall apply 1823
interest earned solely to the reduction of assessments for 1824
contributions from self-insuring employers and to the payments 1825
required due to defaults. 1826

(3) If the bureau of workers' compensation board of directors 1827
determines that reinsurance of the risks of the fund is necessary 1828
to assure solvency of the fund, the board may: 1829

(a) Enter into contracts for the purchase of reinsurance 1830
coverage of the risks of the fund with any company or agency 1831
authorized by law to issue contracts of reinsurance; 1832

(b) Require the administrator to pay the cost of reinsurance 1833
from the fund; 1834

(c) Include the costs of reinsurance as a liability and 1835
estimated liability of the fund. 1836

(E) The administrator, with the advice and consent of the 1837
board, may adopt rules pursuant to Chapter 119. of the Revised 1838
Code for the implementation of this section, including a rule, 1839
notwithstanding division (C) of this section, requiring 1840
self-insuring employers to provide security in addition to the 1841
contribution to the self-insuring employers' guaranty fund 1842
required by this section. The additional security required by the 1843
rule, as the administrator determines appropriate, shall be 1844
sufficient and adequate to provide for financial assurance to meet 1845
the obligations of self-insuring employers under this chapter and 1846
Chapter 4121. of the Revised Code. 1847

(F) The purchase of coverage under this section by 1848
self-insuring employers is valid notwithstanding the prohibitions 1849

contained in division (A) of section 4123.82 of the Revised Code 1850
and is in addition to the indemnity contracts that self-insuring 1851
employers may purchase pursuant to division (B) of section 4123.82 1852
of the Revised Code. 1853

(G) The administrator, on behalf of the self-insuring 1854
employers' guaranty fund, has the rights of reimbursement and 1855
subrogation and shall collect from a defaulting self-insuring 1856
employer or other liable person all amounts the administrator has 1857
paid or reasonably expects to pay from the fund on account of the 1858
defaulting self-insuring employer. 1859

(H) The assessments for contributions, the administration of 1860
the self-insuring employers' guaranty fund, the investment of the 1861
money in the fund, and the payment of liabilities incurred by the 1862
fund do not create any liability upon the state. 1863

Except for a gross abuse of discretion, neither the board, 1864
nor the individual members thereof, nor the administrator shall 1865
incur any obligation or liability respecting the assessments for 1866
contributions, the administration of the self-insuring employers' 1867
guaranty fund, the investment of the fund, or the payment of 1868
liabilities therefrom. 1869

Sec. 4123.411. (A) For all injuries and disabilities 1870
occurring before January 1, 1987, the administrator of workers' 1871
compensation, for the purpose of carrying out sections 4123.412 to 1872
4123.418 of the Revised Code, ~~the administrator of workers'~~ 1873
~~compensation,~~ and with the advice and consent of the bureau of 1874
workers' compensation board of directors, ~~shall~~ may levy an 1875
assessment against all employers at a rate not to exceed ten cents 1876
per one hundred dollars of payroll, ~~such.~~ If the administrator 1877
levies an assessment under this division, the rate to of that 1878
assessment shall be determined annually for each employer group 1879
listed in divisions (A)(1) to (3) of this section, ~~which will.~~ The 1880

rates determined under this division shall be sufficient to 1881
produce an amount no greater than the amount the administrator 1882
estimates to be necessary to carry out such sections for the 1883
period for which the assessment is levied. In the event the amount 1884
produced by the assessment is not sufficient to carry out such 1885
sections the additional amount necessary shall be provided, 1886
pursuant to section 4123.419 of the Revised Code, from the income 1887
produced as a result of investments made pursuant to section 1888
4123.44 of the Revised Code. 1889

~~Assessments~~ If levied, assessments shall be ~~levied~~ according 1890
to the following schedule: 1891

(1) For private fund employers, except self-insuring 1892
employers: 1893

(a) For policy years commencing prior to July 1, 2015, in 1894
January and July of each year upon gross payrolls of the preceding 1895
six months; 1896

(b) For policy years commencing on or after July 1, 2015, in 1897
the month of June immediately preceding each policy year upon 1898
gross payrolls estimated for that policy year. 1899

(2) For counties and taxing district employers therein, 1900
except county hospitals that are self-insuring employers: 1901

(a) For policy years commencing prior to January 1, 2016, in 1902
January of each year upon gross payrolls of the preceding twelve 1903
months; 1904

(b) For policy years commencing on or after January 1, 2016, 1905
in the month of December immediately preceding each policy year 1906
upon gross payrolls estimated for that policy year. 1907

(3) For the state as an employer--in January, April, July, 1908
and October of each year upon gross payrolls of the preceding 1909
three months or at other intervals as the administrator 1910

establishes. 1911

After the completion of each policy year that commences on or 1912
after July 1, 2015, for private fund employers or that commences 1913
on or after January 1, 2016, for counties and taxing district 1914
employers therein, the assessments levied under this section shall 1915
be adjusted for the difference between estimated gross payrolls 1916
and actual gross payrolls reported by the employer on the payroll 1917
report submitted by a private employer pursuant to section 4123.26 1918
of the Revised Code, or, for a public employer, submitted pursuant 1919
to section 4123.41 of the Revised Code. 1920

Amounts assessed in accordance with this section shall be 1921
collected from each employer as prescribed in rules the 1922
administrator adopts. 1923

The moneys derived from the assessment provided for in this 1924
section shall be credited to the disabled workers' relief fund 1925
created by section 4123.412 of the Revised Code. The administrator 1926
shall establish by rule classifications of employers within 1927
divisions (A)(1) to (3) of this section and shall determine rates 1928
for each class so as to fairly apportion the costs of carrying out 1929
sections 4123.412 to 4123.418 of the Revised Code. 1930

(B) For all injuries and disabilities occurring on or after 1931
January 1, 1987, the administrator, for the purposes of carrying 1932
out sections 4123.412 to 4123.418 of the Revised Code, shall levy 1933
an assessment against all employers at a rate per one hundred 1934
dollars of payroll, such rate to be determined annually for each 1935
classification of employer in each employer group listed in 1936
divisions (A)(1) to (3) of this section, which will produce an 1937
amount no greater than the amount the administrator estimates to 1938
be necessary to carry out such sections for the period for which 1939
the assessment is levied. The administrator annually shall 1940
establish the contributions due from employers for the disabled 1941
workers' relief fund at rates as low as possible but that will 1942

assure sufficient moneys to guarantee the payment of any claims 1943
against that fund. 1944

Amounts assessed in accordance with this division shall be 1945
billed at the same time premiums are billed and credited to the 1946
disabled workers' relief fund created by section 4123.412 of the 1947
Revised Code. The administrator shall determine the rates for each 1948
class in the same manner as the administrator fixes the rates for 1949
premiums pursuant to section 4123.29 of the Revised Code. 1950

(C) For a self-insuring employer, the bureau of workers' 1951
compensation shall pay to employees who are participants 1952
regardless of the date of injury, any amounts due to the 1953
participants under section 4123.414 of the Revised Code and shall 1954
bill the self-insuring employer, semiannually, for all amounts 1955
paid to a participant. 1956

Sec. 4123.419. The assessment rate established pursuant to 1957
section 4123.411 of the Revised Code, subject to the limits set 1958
forth in that section, shall be adequate to provide the amounts 1959
estimated as necessary by the administrator of workers' 1960
compensation to carry out the provisions of sections 4123.412 to 1961
4123.418 of the Revised Code, ~~and in addition to provide moneys to~~ 1962
~~reimburse the general revenue fund for moneys appropriated by~~ 1963
~~Section 2 of H.B. No. 1131 of the 103rd general assembly or by the~~ 1964
~~104th and succeeding general assemblies for disabled workers'~~ 1965
~~relief. When the additional moneys are available in whole or part~~ 1966
~~for the purpose of making the reimbursement, the director of~~ 1967
~~budget and management shall certify the amount to the bureau of~~ 1968
~~workers' compensation which shall thereupon cause the moneys to be~~ 1969
~~paid to the general revenue fund from the disabled workers' relief~~ 1970
~~fund except that any amounts due because of the state's obligation~~ 1971
~~as an employer pursuant to section 4123.411 of the Revised Code~~ 1972
~~and not paid to the disabled workers' relief fund shall be~~ 1973

~~deducted from any such reimbursement.~~ 1974

For all injuries and disabilities occurring before January 1, 1987, the administrator, for the purpose of carrying out those sections and with the advice and consent of the bureau of workers' compensation board of directors, may transfer to the disabled workers' relief fund from the income produced as a result of investments made pursuant to section 4123.44 of the Revised Code amounts necessary to carry out those sections with respect to claims related to private and public taxing district employers, rather than levying an assessment against those employers under section 4123.411 of the Revised Code. 1975
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Sec. 4123.512. (A) The claimant or the employer may appeal an order of the industrial commission made under division (E) of section 4123.511 of the Revised Code in any injury or occupational disease case, other than a decision as to the extent of disability to the court of common pleas of the county in which the injury was inflicted or in which the contract of employment was made if the injury occurred outside the state, or in which the contract of employment was made if the exposure occurred outside the state. If no common pleas court has jurisdiction for the purposes of an appeal by the use of the jurisdictional requirements described in this division, the appellant may use the venue provisions in the Rules of Civil Procedure to vest jurisdiction in a court. If the claim is for an occupational disease, the appeal shall be to the court of common pleas of the county in which the exposure which caused the disease occurred. Like appeal may be taken from an order of a staff hearing officer made under division (D) of section 4123.511 of the Revised Code from which the commission has refused to hear an appeal. The appellant shall file the notice of appeal with a court of common pleas within sixty days after the date of the receipt of the order appealed from or the date of receipt of the order of the commission refusing to hear an appeal 1985
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of a staff hearing officer's decision under division (D) of 2006
section 4123.511 of the Revised Code. The filing of the notice of 2007
the appeal with the court is the only act required to perfect the 2008
appeal. 2009

If an action has been commenced in a court of a county other 2010
than a court of a county having jurisdiction over the action, the 2011
court, upon notice by any party or upon its own motion, shall 2012
transfer the action to a court of a county having jurisdiction. 2013

Notwithstanding anything to the contrary in this section, if 2014
the commission determines under section 4123.522 of the Revised 2015
Code that an employee, employer, or their respective 2016
representatives have not received written notice of an order or 2017
decision which is appealable to a court under this section and 2018
which grants relief pursuant to section 4123.522 of the Revised 2019
Code, the party granted the relief has sixty days from receipt of 2020
the order under section 4123.522 of the Revised Code to file a 2021
notice of appeal under this section. 2022

(B) The notice of appeal shall state the names of the 2023
administrator of workers' compensation, the claimant, and the 2024
employer; the number of the claim; the date of the order appealed 2025
from; and the fact that the appellant appeals therefrom. 2026

The administrator, the claimant, and the employer shall be 2027
parties to the appeal and the court, upon the application of the 2028
commission, shall make the commission a party. The party filing 2029
the appeal shall serve a copy of the notice of appeal on the 2030
administrator at the central office of the bureau of workers' 2031
compensation in Columbus. The administrator shall notify the 2032
employer that if the employer fails to become an active party to 2033
the appeal, then the administrator may act on behalf of the 2034
employer and the results of the appeal could have an adverse 2035
effect upon the employer's premium rates or may result in a 2036
recovery from the employer if the employer is determined to be a 2037

noncomplying employer under section 4123.75 of the Revised Code. 2038

(C) The attorney general or one or more of the attorney 2039
general's assistants or special counsel designated by the attorney 2040
general shall represent the administrator and the commission. In 2041
the event the attorney general or the attorney general's 2042
designated assistants or special counsel are absent, the 2043
administrator or the commission shall select one or more of the 2044
attorneys in the employ of the administrator or the commission as 2045
the administrator's attorney or the commission's attorney in the 2046
appeal. Any attorney so employed shall continue the representation 2047
during the entire period of the appeal and in all hearings thereof 2048
except where the continued representation becomes impractical. 2049

(D) Upon receipt of notice of appeal, the clerk of courts 2050
shall provide notice to all parties who are appellees and to the 2051
commission. 2052

The claimant shall, within thirty days after the filing of 2053
the notice of appeal, file a petition containing a statement of 2054
facts in ordinary and concise language showing a cause of action 2055
to participate or to continue to participate in the fund and 2056
setting forth the basis for the jurisdiction of the court over the 2057
action. Further pleadings shall be had in accordance with the 2058
Rules of Civil Procedure, provided that service of summons on such 2059
petition shall not be required and provided that the claimant may 2060
not dismiss the complaint without the employer's consent if the 2061
employer is the party that filed the notice of appeal to court 2062
pursuant to this section. The clerk of the court shall, upon 2063
receipt thereof, transmit by certified mail a copy thereof to each 2064
party named in the notice of appeal other than the claimant. Any 2065
party may file with the clerk prior to the trial of the action a 2066
deposition of any physician taken in accordance with the 2067
provisions of the Revised Code, which deposition may be read in 2068
the trial of the action even though the physician is a resident of 2069

or subject to service in the county in which the trial is had. The 2070
bureau of workers' compensation shall pay the cost of the 2071
stenographic deposition filed in court and of copies of the 2072
stenographic deposition for each party from the surplus fund and 2073
charge the costs thereof against the unsuccessful party if the 2074
claimant's right to participate or continue to participate is 2075
finally sustained or established in the appeal. In the event the 2076
deposition is taken and filed, the physician whose deposition is 2077
taken is not required to respond to any subpoena issued in the 2078
trial of the action. The court, or the jury under the instructions 2079
of the court, if a jury is demanded, shall determine the right of 2080
the claimant to participate or to continue to participate in the 2081
fund upon the evidence adduced at the hearing of the action. 2082

(E) The court shall certify its decision to the commission 2083
and the certificate shall be entered in the records of the court. 2084
Appeals from the judgment are governed by the law applicable to 2085
the appeal of civil actions. 2086

(F) The cost of any legal proceedings authorized by this 2087
section, including an attorney's fee to the claimant's attorney to 2088
be fixed by the trial judge, based upon the effort expended, in 2089
the event the claimant's right to participate or to continue to 2090
participate in the fund is established upon the final 2091
determination of an appeal, shall be taxed against the employer or 2092
the commission if the commission or the administrator rather than 2093
the employer contested the right of the claimant to participate in 2094
the fund. The attorney's fee shall not exceed forty-two hundred 2095
dollars. 2096

(G) If the finding of the court or the verdict of the jury is 2097
in favor of the claimant's right to participate in the fund, the 2098
commission and the administrator shall thereafter proceed in the 2099
matter of the claim as if the judgment were the decision of the 2100
commission, subject to the power of modification provided by 2101

section 4123.52 of the Revised Code. 2102

(H)(1) An appeal from an order issued under division (E) of 2103
section 4123.511 of the Revised Code or any action filed in court 2104
in a case in which an award of compensation or medical benefits 2105
has been made shall not stay the payment of compensation or 2106
medical benefits under the award, or payment for subsequent 2107
periods of total disability or medical benefits during the 2108
pendency of the appeal. If, in a final administrative or judicial 2109
action, it is determined that payments of compensation or 2110
benefits, or both, made to or on behalf of a claimant should not 2111
have been made, the amount thereof shall be charged to the surplus 2112
fund account under division (B) of section 4123.34 of the Revised 2113
Code. In the event the employer is a state risk, the amount shall 2114
not be charged to the employer's experience, and the administrator 2115
shall adjust the employer's account accordingly. In the event the 2116
employer is a self-insuring employer, the self-insuring employer 2117
shall deduct the amount from the paid compensation the 2118
self-insuring employer reports to the administrator under division 2119
(L) of section 4123.35 of the Revised Code. If an employer is a 2120
state risk and has paid an assessment for a violation of a 2121
specific safety requirement, and, in a final administrative or 2122
judicial action, it is determined that the employer did not 2123
violate the specific safety requirement, the administrator shall 2124
reimburse the employer from the surplus fund account under 2125
division (B) of section 4123.34 of the Revised Code for the amount 2126
of the assessment the employer paid for the violation. 2127

(2)(a) Notwithstanding a final determination that payments of 2128
benefits made to or on behalf of a claimant should not have been 2129
made, the administrator or self-insuring employer shall award 2130
payment of medical or vocational rehabilitation services submitted 2131
for payment after the date of the final determination if all of 2132
the following apply: 2133

(i) The services were approved and were rendered by the provider in good faith prior to the date of the final determination.

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(ii) The services were payable under division (I) of section 4123.511 of the Revised Code prior to the date of the final determination.

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(iii) The request for payment is submitted within the time limit set forth in section 4123.52 of the Revised Code.

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(b) Payments made under division (H)(1) of this section shall be charged to the surplus fund account under division (B) of section 4123.34 of the Revised Code. If the employer of the employee who is the subject of a claim described in division (H)(2)(a) of this section is a state fund employer, the payments made under that division shall not be charged to the employer's experience. If that employer is a self-insuring employer, the self-insuring employer shall deduct the amount from the paid compensation the self-insuring employer reports to the administrator under division (L) of section 4123.35 of the Revised Code.

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(c) Division (H)(2) of this section shall apply only to a claim under this chapter or Chapter 4121., 4127., or 4131. of the Revised Code arising on or after July 29, 2011.

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(3) A self-insuring employer may elect to pay compensation and benefits under this section directly to an employee or an employee's dependents by filing an application with the bureau of workers' compensation not more than one hundred eighty days and not less than ninety days before the first day of the employer's next six-month coverage period. If the self-insuring employer timely files the application, the application is effective on the first day of the employer's next six-month coverage period, provided that the administrator shall compute the employer's

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assessment for the surplus fund account due with respect to the 2165
period during which that application was filed without regard to 2166
the filing of the application. On and after the effective date of 2167
the employer's election, the self-insuring employer shall pay 2168
directly to an employee or to an employee's dependents 2169
compensation and benefits under this section regardless of the 2170
date of the injury or occupational disease, and the employer shall 2171
receive no money or credits from the surplus fund account on 2172
account of those payments and shall not be required to pay any 2173
amounts into the surplus fund account on account of this section. 2174
The election made under this division is irrevocable. 2175

(I) All actions and proceedings under this section which are 2176
the subject of an appeal to the court of common pleas or the court 2177
of appeals shall be preferred over all other civil actions except 2178
election causes, irrespective of position on the calendar. 2179

This section applies to all decisions of the commission or 2180
the administrator on November 2, 1959, and all claims filed 2181
thereafter are governed by sections 4123.511 and 4123.512 of the 2182
Revised Code. 2183

Any action pending in common pleas court or any other court 2184
on January 1, 1986, under this section is governed by former 2185
sections 4123.514, 4123.515, 4123.516, and 4123.519 and section 2186
4123.522 of the Revised Code. 2187

Sec. 4123.56. (A) Except as provided in division (D) of this 2188
section, in the case of temporary disability, an employee shall 2189
receive sixty-six and two-thirds per cent of the employee's 2190
average weekly wage so long as such disability is total, not to 2191
exceed a maximum amount of weekly compensation which is equal to 2192
the statewide average weekly wage as defined in division (C) of 2193
section 4123.62 of the Revised Code, and not less than a minimum 2194
amount of compensation which is equal to thirty-three and 2195

one-third per cent of the statewide average weekly wage as defined 2196
in division (C) of section 4123.62 of the Revised Code unless the 2197
employee's wage is less than thirty-three and one-third per cent 2198
of the minimum statewide average weekly wage, in which event the 2199
employee shall receive compensation equal to the employee's full 2200
wages; provided that for the first twelve weeks of total 2201
disability the employee shall receive seventy-two per cent of the 2202
employee's full weekly wage, but not to exceed a maximum amount of 2203
weekly compensation which is equal to the lesser of the statewide 2204
average weekly wage as defined in division (C) of section 4123.62 2205
of the Revised Code or one hundred per cent of the employee's net 2206
take-home weekly wage. In the case of a self-insuring employer, 2207
payments shall be for a duration based upon the medical reports of 2208
the attending physician. If the employer disputes the attending 2209
physician's report, payments may be terminated only upon 2210
application and hearing by a district hearing officer pursuant to 2211
division (C) of section 4123.511 of the Revised Code. Payments 2212
shall continue pending the determination of the matter, however 2213
payment shall not be made for the period when any employee has 2214
returned to work, when an employee's treating physician has made a 2215
written statement that the employee is capable of returning to the 2216
employee's former position of employment, when work within the 2217
physical capabilities of the employee is made available by the 2218
employer or another employer, or when the employee has reached the 2219
maximum medical improvement. Where the employee is capable of work 2220
activity, but the employee's employer is unable to offer the 2221
employee any employment, the employee shall register with the 2222
director of job and family services, who shall assist the employee 2223
in finding suitable employment. The termination of temporary total 2224
disability, whether by order or otherwise, does not preclude the 2225
commencement of temporary total disability at another point in 2226
time if the employee again becomes temporarily totally disabled. 2227

After two hundred weeks of temporary total disability 2228

benefits, the medical section of the bureau of workers' 2229
compensation shall schedule the claimant for an examination for an 2230
evaluation to determine whether or not the temporary disability 2231
has become permanent. A self-insuring employer shall notify the 2232
bureau immediately after payment of two hundred weeks of temporary 2233
total disability and request that the bureau schedule the claimant 2234
for such an examination. 2235

When the employee is awarded compensation for temporary total 2236
disability for a period for which the employee has received 2237
benefits under Chapter 4141. of the Revised Code, the bureau shall 2238
pay an amount equal to the amount received from the award to the 2239
director of job and family services and the director shall credit 2240
the amount to the accounts of the employers to whose accounts the 2241
payment of benefits was charged or is chargeable to the extent it 2242
was charged or is chargeable. 2243

If any compensation under this section has been paid for the 2244
same period or periods for which temporary nonoccupational 2245
accident and sickness insurance is or has been paid pursuant to an 2246
insurance policy or program to which the employer has made the 2247
entire contribution or payment for providing insurance or under a 2248
nonoccupational accident and sickness program fully funded by the 2249
employer, except as otherwise provided in this division 2250
compensation paid under this section for the period or periods 2251
shall be paid only to the extent by which the payment or payments 2252
exceeds the amount of the nonoccupational insurance or program 2253
paid or payable. Offset of the compensation shall be made only 2254
upon the prior order of the bureau or industrial commission or 2255
agreement of the claimant. If an employer provides supplemental 2256
sick leave benefits in addition to temporary total disability 2257
compensation paid under this section, and if the employer and an 2258
employee agree in writing to the payment of the supplemental sick 2259
leave benefits, temporary total disability benefits may be paid 2260

without an offset for those supplemental sick leave benefits. 2261

As used in this division, "net take-home weekly wage" means 2262
the amount obtained by dividing an employee's total remuneration, 2263
as defined in section 4141.01 of the Revised Code, paid to or 2264
earned by the employee during the first four of the last five 2265
completed calendar quarters which immediately precede the first 2266
day of the employee's entitlement to benefits under this division, 2267
by the number of weeks during which the employee was paid or 2268
earned remuneration during those four quarters, less the amount of 2269
local, state, and federal income taxes deducted for each such 2270
week. 2271

(B)(1) If an employee in a claim allowed under this chapter 2272
suffers a wage loss as a result of returning to employment other 2273
than the employee's former position of employment due to an injury 2274
or occupational disease, the employee shall receive compensation 2275
at sixty-six and two-thirds per cent of the difference between the 2276
employee's average weekly wage and the employee's present earnings 2277
not to exceed the statewide average weekly wage. The payments may 2278
continue for up to a maximum of two hundred weeks, but the 2279
payments shall be reduced by the corresponding number of weeks in 2280
which the employee receives payments pursuant to division 2281
~~(B)(A)(2)~~ of section 4121.67 ~~of~~ of the Revised Code. 2282

(2) If an employee in a claim allowed under this chapter 2283
suffers a wage loss as a result of being unable to find employment 2284
consistent with the employee's disability resulting from the 2285
employee's injury or occupational disease, the employee shall 2286
receive compensation at sixty-six and two-thirds per cent of the 2287
difference between the employee's average weekly wage and the 2288
employee's present earnings, not to exceed the statewide average 2289
weekly wage. The payments may continue for up to a maximum of 2290
fifty-two weeks. The first twenty-six weeks of payments under 2291
division (B)(2) of this section shall be in addition to the 2292

maximum of two hundred weeks of payments allowed under division 2293
(B)(1) of this section. If an employee in a claim allowed under 2294
this chapter receives compensation under division (B)(2) of this 2295
section in excess of twenty-six weeks, the number of weeks of 2296
compensation allowable under division (B)(1) of this section shall 2297
be reduced by the corresponding number of weeks in excess of 2298
twenty-six, and up to fifty-two, that is allowable under division 2299
(B)(1) of this section. 2300

(3) The number of weeks of wage loss payable to an employee 2301
under divisions (B)(1) and (2) of this section shall not exceed 2302
two hundred and twenty-six weeks in the aggregate. 2303

(C) In the event an employee of a professional sports 2304
franchise domiciled in this state is disabled as the result of an 2305
injury or occupational disease, the total amount of payments made 2306
under a contract of hire or collective bargaining agreement to the 2307
employee during a period of disability is deemed an advanced 2308
payment of compensation payable under sections 4123.56 to 4123.58 2309
of the Revised Code. The employer shall be reimbursed the total 2310
amount of the advanced payments out of any award of compensation 2311
made pursuant to sections 4123.56 to 4123.58 of the Revised Code. 2312

(D) If an employee receives temporary total disability 2313
benefits pursuant to division (A) of this section and social 2314
security retirement benefits pursuant to the "Social Security 2315
Act," the weekly benefit amount under division (A) of this section 2316
shall not exceed sixty-six and two-thirds per cent of the 2317
statewide average weekly wage as defined in division (C) of 2318
section 4123.62 of the Revised Code. 2319

Sec. 4123.59. In case an injury to or an occupational disease 2320
contracted by an employee causes ~~his~~ the employee's death, 2321
benefits shall be in the amount and to the persons following: 2322

(A) If there are no dependents, the disbursements from the 2323

state insurance fund is limited to the expenses provided for in 2324
section 4123.66 of the Revised Code. 2325

(B) If there are wholly dependent persons at the time of the 2326
death, the weekly payment is sixty-six and two-thirds per cent of 2327
the average weekly wage, but not to exceed a maximum aggregate 2328
amount of weekly compensation which is equal to sixty-six and 2329
two-thirds per cent of the statewide average weekly wage as 2330
defined in division (C) of section 4123.62 of the Revised Code, 2331
and not in any event less than a minimum amount of weekly 2332
compensation which is equal to fifty per cent of the statewide 2333
average weekly wage as defined in division (C) of section 4123.62 2334
of the Revised Code, regardless of the average weekly wage; 2335
provided however, that if the death is due to injury received or 2336
occupational disease first diagnosed after January 1, 1976, the 2337
weekly payment is sixty-six and two-thirds per cent of the average 2338
weekly wage but not to exceed a maximum aggregate amount of weekly 2339
compensation which is equal to the statewide average weekly wage 2340
as defined in division (C) of section 4123.62 of the Revised Code; 2341
provided that when any claimant is receiving total disability 2342
compensation at the time of death the wholly dependent person is 2343
eligible for the maximum compensation provided for in this 2344
section. Where there is more than one person who is wholly 2345
dependent at the time of the death of the employee, the 2346
administrator of workers' compensation shall promptly apportion 2347
the weekly amount of compensation payable under this section among 2348
the dependent persons as provided in division (D) of this section. 2349

(1) The payment as provided in this section shall continue 2350
from the date of death of an injured or disabled employee until 2351
the death or remarriage of such dependent spouse. If the dependent 2352
spouse remarries, an amount equal to two years of compensation 2353
benefits at the weekly amount determined to be applicable to and 2354
being paid to the dependent spouse shall be paid in a lump sum to 2355

such spouse and no further compensation shall be paid to such spouse. 2356
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(2) That portion of the payment provided in division (B) of this section applicable to wholly dependent persons other than a spouse shall continue from the date of death of an injured or disabled employee to a dependent as of the date of death, other than a spouse, at the weekly amount determined to be applicable and being paid to such dependent other than a spouse, until ~~he~~ the dependent: 2358
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(a) Reaches eighteen years of age; 2365

(b) If pursuing a full time educational program while enrolled in an accredited educational institution and program, reaches twenty-five years of age; 2366
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(c) If mentally or physically incapacitated from having any earnings, is no longer so incapacitated. 2369
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(3)(a) Payments under division (B) of this section to a dependent described in division (B)(2)(c) of this section shall not be terminated due to the dependent's employment in a sheltered workshop if the dependent does not receive income, compensation, or remuneration from that employment in excess of two thousand dollars in any calendar quarter. 2371
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(b) As used in division (B)(3) of this section, "sheltered workshop" has the same meaning as in section 4123.58 of the Revised Code. 2377
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(C) If there are partly dependent persons at the time of the death the weekly payment is sixty-six and two-thirds per cent of the employee's average weekly wage, not to 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, and shall continue for such time as the administrator in each case determines. 2380
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(D) The following persons are presumed to be wholly dependent 2387
for their support upon a deceased employee: 2388

(1) A surviving spouse who was living with the employee at 2389
the time of death or a surviving spouse who was separated from the 2390
employee at the time of death because of the aggression of the 2391
employee; 2392

(2) A child under the age of eighteen years, or twenty-five 2393
years if pursuing a full-time educational program while enrolled 2394
in an accredited educational institution and program, or over said 2395
age if physically or mentally incapacitated from earning, upon 2396
only the one parent who is contributing more than one-half of the 2397
support for such child and with whom ~~he~~ the child is living at the 2398
time of the death of such parent, or for whose maintenance such 2399
parent was legally liable at the time of ~~his~~ the parent's death. 2400

It is presumed that there is sufficient dependency to entitle 2401
a surviving natural parent or surviving natural parents, share and 2402
share alike, with whom the decedent was living at the time of ~~his~~ 2403
the decedent's death, to a total minimum award of three thousand 2404
dollars. 2405

The administrator may take into consideration any 2406
circumstances which, at the time of the death of the decedent, 2407
clearly indicate prospective dependency on the part of the 2408
claimant and potential support on the part of the decedent. No 2409
person shall be considered a prospective dependent unless such 2410
person is a member of the family of the deceased employee and 2411
bears to ~~him~~ the deceased employee the relation of surviving 2412
spouse, lineal descendant, ancestor, or brother or sister. The 2413
total award for any or all prospective dependency to all such 2414
claimants, except to a natural parent or natural parents of the 2415
deceased, shall not exceed three thousand dollars to be 2416
apportioned among them as the administrator orders. 2417

In all other cases, the question of dependency, in whole or 2418
in part, shall be determined in accordance with the facts in each 2419
particular case existing at the time of the injury resulting in 2420
the death of such employee, but no person shall be considered as 2421
dependent unless such person is a member of the family of the 2422
deceased employee, or bears to ~~him~~ the deceased employee the 2423
relation of surviving spouse, lineal descendant, ancestor, or 2424
brother or sister. 2425

(E) An order issued by the administrator under this section 2426
is appealable pursuant to sections 4123.511 to 4123.512 of the 2427
Revised Code. 2428

Section 2. That existing sections 119.12, 4121.129, 4121.37, 2429
4121.61, 4121.65, 4121.66, 4121.67, 4121.68, 4123.01, 4123.291, 2430
4123.34, 4123.343, 4123.35, 4123.351, 4123.411, 4123.419, 2431
4123.512, 4123.56, and 4123.59 and section 4121.48 of the Revised 2432
Code are hereby repealed. 2433

Section 3. All items in this section are hereby appropriated 2434
out of any moneys in the state treasury to the credit of the 2435
designated fund. For all appropriations made in this act, those in 2436
the first column are for fiscal year 2016, and those in the second 2437
column are for fiscal year 2017. 2438

FND AI	AI TITLE	Appropriations		
	BWC BUREAU OF WORKERS' COMPENSATION			2440
	Dedicated Purpose Fund Group			2441
7023 855407	Claims, Risk and Medical Management	\$ 110,445,000	\$ 110,445,000	2442
7023 855408	Fraud Prevention	\$ 11,909,400	\$ 11,909,400	2443
7023 855409	Administrative Services	\$ 110,360,919	\$ 110,360,919	2444
7023 855410	Attorney General	\$ 4,621,850	\$ 4,621,850	2445

		Payments				
8220	855606	Coal Workers' Fund	\$	147,666	\$	147,666 2446
8230	855608	Marine Industry	\$	55,000	\$	55,000 2447
8250	855605	Disabled Workers	\$	170,000	\$	170,000 2448
		Relief Fund				
8260	855609	Safety and Hygiene	\$	21,661,132	\$	21,661,132 2449
		Operating				
8260	855610	Safety Grants	\$	15,000,000	\$	15,000,000 2450
TOTAL DPF Dedicated Purpose Fund			\$	274,370,967	\$	274,370,967 2451
Group						
Federal Fund Group						2452
3490	855601	OSHA Enforcement	\$	1,731,000	\$	1,731,000 2453
3FW0	855614	BLS SOII Grant	\$	141,000	\$	141,000 2454
TOTAL FED Federal Fund Group			\$	1,872,000	\$	1,872,000 2455
TOTAL ALL BUDGET FUND GROUPS			\$	276,242,967	\$	276,242,967 2456
WORKERS' COMPENSATION FRAUD UNIT						2457
Of the foregoing appropriation item 855410, Attorney General						2458
Payments, \$828,200 in each fiscal year shall be used to fund the						2459
expenses of the Workers' Compensation Fraud Unit within the						2460
Attorney General's Office. These payments shall be processed at						2461
the beginning of each quarter of each fiscal year and deposited						2462
into the Workers' Compensation Section Fund (Fund 1950) used by						2463
the Attorney General.						2464
SAFETY AND HYGIENE						2465
Notwithstanding section 4121.37 of the Revised Code, the						2466
Treasurer of State shall transfer \$21,661,132 cash in fiscal year						2467
2016 and \$21,661,132 cash in fiscal year 2017 from the State						2468
Insurance Fund to the Safety and Hygiene Fund (Fund 8260).						2469
OSHA ON-SITE CONSULTATION PROGRAM						2470
A portion of the foregoing appropriation item 855609, Safety						2471
and Hygiene Operating, may be used to provide the state match for						2472

federal funding of the Occupational Safety and Health 2473
Administration's On-site Consultation Program operated by the 2474
Division of Safety and Hygiene. 2475

VOCATIONAL REHABILITATION 2476

The Bureau of Workers' Compensation and the Opportunities for 2477
Ohioans with Disabilities Agency shall enter into an interagency 2478
agreement for the provision of vocational rehabilitation services 2479
and staff to mutually eligible clients. The Bureau may provide not 2480
more than \$605,407 in fiscal year 2016 and \$605,407 in fiscal year 2481
2017 from the State Insurance Fund to fund vocational 2482
rehabilitation services and staff in accordance with the 2483
interagency agreement. 2484

Section 4. DEPUTY INSPECTOR GENERAL FOR BWC AND OIC FUNDING 2485

To pay for the FY 2016 costs related to the Deputy Inspector 2486
General for the Bureau of Workers' Compensation and Industrial 2487
Commission, on July 1, 2015, and January 1, 2016, or as soon as 2488
possible thereafter, the Director of Budget and Management shall 2489
transfer \$212,500 in cash from the Workers' Compensation Fund 2490
(Fund 7023) to the Deputy Inspector General for the Bureau of 2491
Workers' Compensation and Industrial Commission Fund (Fund 5FT0). 2492

To pay for the FY 2017 costs related to the Deputy Inspector 2493
General for the Bureau of Workers' Compensation and Industrial 2494
Commission, on July 1, 2016, and January 1, 2017, or as soon as 2495
possible thereafter, the Director of Budget and Management shall 2496
transfer \$212,500 in cash from the Workers' Compensation Fund 2497
(Fund 7023) to the Deputy Inspector General for the Bureau of 2498
Workers' Compensation and Industrial Commission Fund (Fund 5FT0). 2499

If additional amounts are needed, the Inspector General may 2500
seek Controlling Board approval for additional transfers of cash 2501
and to increase the amount appropriated in appropriation item 2502

965604, Deputy Inspector General for the Bureau of Workers' 2503
Compensation and Industrial Commission. 2504

Section 5. Law contained in the Main Operating Appropriations 2505
Act of the 131st General Assembly that applies generally to the 2506
appropriations made in that act also applies generally to the 2507
appropriations made in this act. 2508

Section 6. The Administrator of Workers' Compensation shall 2509
study the operations of the Bureau of Workers' Compensation and 2510
create a report detailing how the aggregate appropriations in 2511
fiscal years 2016 and 2017 contained in Section 3 of this act may 2512
be reduced by five per cent. The Administrator shall submit the 2513
report to the Speaker of the House of Representatives and the 2514
President of the Senate not later than ninety days after the 2515
effective date of this section. 2516

Section 7. The provisions of law contained in this act, and 2517
their applications, are severable. If any provision of law 2518
contained in this act, or if any application of any provision of 2519
law contained in this act, is held invalid, the invalidity does 2520
not affect other provisions of law contained in this act and their 2521
applications that can be given effect without the invalid 2522
provision or application. 2523

Section 8. Except as otherwise specifically provided in this 2524
act, the amendment, enactment, or repeal by this act of a section 2525
of law is exempt from the referendum under Ohio Constitution, 2526
Article II, Section 1d and section 1.471 of the Revised Code and 2527
therefore takes effect immediately when this act becomes law. 2528

Section 9. The amendment, enactment, or repeal by this act of 2529
the divisions and sections of law listed below are subject to the 2530
referendum under Ohio Constitution, Article II, Section 1c and 2531

therefore take effect on the ninety-first day after this act is	2532
filed with the Secretary of State:	2533
All Revised Code sections in Section 1 of this act;	2534
Section 6 of this act.	2535