

As Introduced

132nd General Assembly

Regular Session

2017-2018

S. B. No. 91

Senators Skindell, Tavares

Cosponsors: Senators Williams, Brown, Thomas, Yuko, Sykes

A BILL

To amend section 109.02 and to enact sections 1
3920.01, 3920.02, 3920.03, 3920.04, 3920.05, 2
3920.06, 3920.07, 3920.08, 3920.09, 3920.10, 3
3920.11, 3920.12, 3920.13, 3920.14, 3920.15, 4
3920.21, 3920.22, 3920.23, 3920.24, 3920.25, 5
3920.26, 3920.27, 3920.28, 3920.31, 3920.32, and 6
3920.33 of the Revised Code to establish and 7
operate the Ohio Health Care Plan to provide 8
universal health care coverage to all Ohio 9
residents. 10

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

Section 1. That section 109.02 be amended and sections 11
3920.01, 3920.02, 3920.03, 3920.04, 3920.05, 3920.06, 3920.07, 12
3920.08, 3920.09, 3920.10, 3920.11, 3920.12, 3920.13, 3920.14, 13
3920.15, 3920.21, 3920.22, 3920.23, 3920.24, 3920.25, 3920.26, 14
3920.27, 3920.28, 3920.31, 3920.32, and 3920.33 of the Revised 15
Code be enacted to read as follows: 16

Sec. 109.02. The attorney general is the chief law officer 17
for the state and all its departments and shall be provided with 18

adequate office space in Columbus. Except as provided in 19
division (E) of section 120.06 and in sections 3517.152 to 20
3517.157 and 3920.04 of the Revised Code, no state officer or 21
board, or head of a department or institution of the state shall 22
employ, or be represented by, other counsel or attorneys at law. 23
The attorney general shall appear for the state in the trial and 24
argument of all civil and criminal causes in the supreme court 25
in which the state is directly or indirectly interested. When 26
required by the governor or the general assembly, the attorney 27
general shall appear for the state in any court or tribunal in a 28
cause in which the state is a party, or in which the state is 29
directly interested. Upon the written request of the governor, 30
the attorney general shall prosecute any person indicted for a 31
crime. 32

Sec. 3920.01. As used in this chapter: 33

(A) "Blind trust" means an independently managed trust in 34
which the beneficiary has no management rights and in which the 35
beneficiary is not given notice of alterations in or other 36
dispositions of the stock, mutual funds, or other property 37
subject to the trust. 38

(B) "Health care facility" means any facility, except a 39
health care practitioner's office, that provides preventive, 40
diagnostic, therapeutic, acute convalescent, rehabilitation, 41
mental health, mental retardation, intermediate care, or skilled 42
nursing services. 43

(C) "Provider" means a hospital or other health care 44
facility, and physicians, podiatrists, dentists, pharmacists, 45
chiropractors, and other health care personnel, licensed, 46
certified, accredited, or otherwise authorized in this state to 47
furnish health care services. 48

Sec. 3920.02. (A) (1) There is hereby created the Ohio health care plan, which shall be administered by the Ohio health care agency under the direction of the Ohio health care board. 49
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(2) The Ohio health care plan shall provide universal and affordable health care coverage for all Ohio residents, consisting of a comprehensive benefit package that includes benefits for prescription drugs. The Ohio health care plan shall work simultaneously to control health care costs, control health care spending, achieve measurable improvement in health care outcomes, increase all parties' satisfaction with the health care system, implement policies that strengthen and improve culturally and linguistically sensitive care, and develop an integrated health care database to support health care planning. 52
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(B) There is hereby created the Ohio health care agency. The Ohio health care agency shall administer the Ohio health care plan and is the sole agency authorized to accept applicable grants-in-aid from the federal and state government, using the funds in order to secure full compliance with provisions of state and federal law and to carry out the purposes of sections 3920.01 to 3920.33 of the Revised Code. All grants-in-aid accepted by the Ohio health care agency shall be deposited into the Ohio health care fund established under section 3920.09 of the Revised Code. 62
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Sections 101.82 and 101.83 of the Revised Code do not apply to the Ohio health care agency. 72
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Sec. 3920.03. (A) There is hereby created the Ohio health care board. The Ohio health care board shall consist of fifteen voting members, consisting of the director of health and fourteen members elected in accordance with this section. 74
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(B) For purposes of representation on the Ohio health care board, the state shall be divided into seven regions each composed of designated counties as follows: 78
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(1) Region 1: Ashtabula, Cuyahoga, Geauga, Lake, Lorain; 81

(2) Region 2: Allen, Auglaize, Defiance, Erie, Fulton, Hancock, Henry, Huron, Lucas, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca, Van Wert, Williams, Wood; 82
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(3) Region 3: Athens, Belmont, Coshocton, Gallia, Guernsey, Harrison, Hocking, Jackson, Jefferson, Lawrence, Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Pike, Ross, Scioto, Vinton, Washington; 85
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(4) Region 4: Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland, Warren; 89
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(5) Region 5: Crawford, Delaware, Fairfield, Fayette, Franklin, Hardin, Knox, Licking, Logan, Madison, Marion, Morrow, Pickaway, Union, Wyandot; 91
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(6) Region 6: Ashland, Carroll, Columbiana, Holmes, Mahoning, Medina, Portage, Richland, Stark, Summit, Trumbull, Tuscarawas, Wayne; 94
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(7) Region 7: Champaign, Clark, Darke, Greene, Miami, Montgomery, Preble, Shelby. 97
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(C) (1) The health commissioner of the most populous county in each region shall convene a meeting of all county and city health commissioners in the region within ninety days following the effective date of this section. If there are two or more health districts located wholly or partially in the most populous county of the region, the health commissioner of the health district with the largest territorial jurisdiction in 99
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that county shall convene the meeting of all county and city health commissioners within ninety days following the effective date of this section. 106
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(2) At the meeting called pursuant to division (C)(1) of this section, the county and city health commissioners in each region shall elect one resident from each county in the region to represent the county on a regional health advisory committee established for that region. The county and city health commissioners also shall set a date, not sooner than one hundred days and not later than one hundred ten days after the effective date of this section, for the initial meeting of the regional health advisory committee. 109
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(3) Following the initial meetings of county and city health commissioners called pursuant to division (C)(1) of this section, the county and city health commissioners in each region shall convene a meeting every two years to elect representatives to the regional health advisory committee in accordance with this division. Each biennial meeting shall be held within five days of the same day of the same month as the initial meeting. 118
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(4) Each representative elected under this division shall hold office for two years, starting on the date of the representative's election. Any individual appointed to fill a vacancy occurring prior to the expiration of the term for which a representative is elected shall hold office for the remainder of the predecessor's term. 125
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(D) (1) Each of the seven regional health advisory committees shall elect a chairperson from among the representatives to their committees. Each chairperson shall convene and preside over the initial meeting of that regional health advisory committee on the date set pursuant to division 131
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(C) of this section. At the initial meeting of the regional 136
health advisory committees, the committees' representatives 137
shall elect two residents from the region to represent that 138
region as members of the Ohio health care board. One of the two 139
residents elected from each region to serve on the Ohio health 140
care board shall be a resident of the region's most populous 141
county and the other shall be a resident of any county in the 142
region other than the region's most populous county. 143

Except for the elections to the Ohio health care board at 144
the initial meeting of each regional health advisory committee, 145
each resident elected to the board shall be elected to a two- 146
year term of office. At the initial meeting, the resident from 147
the most populous county in the region shall be elected to a 148
term of three years. 149

(2) Annually, beginning in the second year following the 150
initial elections to the Ohio health care board, the chairperson 151
of each regional health advisory committee shall convene a 152
meeting within five calendar days of the same date of the same 153
month as the initial meeting of that regional health advisory 154
committee to elect a resident from the region to serve as a 155
member of the Ohio health care board. The regional health 156
advisory committee shall elect a resident of a county as is 157
necessary to meet the representation requirements set by 158
division (D)(1) of this section. No individual may serve as a 159
member of the Ohio health care board for more than four 160
consecutive terms. 161

(3) In addition to meeting for the election of Ohio health 162
care board members, the regional health advisory committees 163
shall meet as necessary to fulfill any functions and 164
responsibilities assigned to them under sections 3920.01 to 165

3920.15 of the Revised Code. Meetings shall be held at the call 166
of the chairperson and as may be provided by procedures adopted 167
by the regional health advisory committee. 168

(4) In addition to the fourteen members of the Ohio health 169
care board elected by the seven regional health advisory 170
committees, the director of health shall be a voting ex officio 171
member of the Ohio health care board. 172

(E) (1) The director of health shall set the time, place, 173
and date for the initial meeting of the Ohio health care board 174
and shall preside over the Ohio health care board's initial 175
meeting. The initial meeting shall be set not sooner than one 176
hundred fifteen days and not later than one hundred twenty-five 177
days after the effective date of this section. 178

(2) The members of the Ohio health care board annually 179
shall elect a member of the board to serve as chairperson at 180
meetings of the board. Meetings shall be held upon the call of 181
the chairperson and as provided by procedures prescribed by the 182
Ohio health care board. Two-thirds of the members of the Ohio 183
health care board shall constitute a quorum for the conduct of 184
business at meetings of the board. Decisions at meetings of the 185
Ohio health care board shall be reached by majority vote. 186

(3) All meetings of the Ohio health care board are open to 187
the public unless questions of patient confidentiality arise. 188
The Ohio health care board may go into closed executive session 189
with regard to issues related to confidential patient 190
information. The fourteen members of the Ohio health care board 191
elected by the regional health advisory committees shall receive 192
an annual salary and benefits established in accordance with 193
division (J) of section 124.15 of the Revised Code. 194

(F) The seven regional health advisory committees shall 195
act as advisory bodies to the Ohio health care board, 196
representing their individual regions. The regional health 197
advisory committees shall oversee the management of consumer and 198
provider complaints originating in their respective regions and 199
shall hold a hearing on all such complaints. The regional health 200
advisory committees shall offer assistance to resolve consumer 201
and provider disputes and shall seek the agreement of all 202
parties to the dispute to submit the dispute to negotiation or 203
binding arbitration. A regional health advisory committee shall 204
transfer any dispute that is not resolved at the regional level 205
to the director of the Ohio health care agency's department of 206
consumer affairs within six months; however, the committee may 207
vote to transfer individual disputes at an earlier date. 208

(G) (1) If a vacancy occurs on the Ohio health care board 209
for any reason, resulting in a region being without full 210
representation on the board, that region's health advisory 211
committee shall elect a resident of that region to fill the 212
vacancy. Any resident elected to fill a vacancy shall serve the 213
remainder of the departing member's term. The health advisory 214
committee shall elect a resident of a county as necessary to 215
meet the representation requirements set by division (D) (1) of 216
this section. 217

(2) A serving member of the Ohio health care board shall 218
continue to serve following the expiration of their term until a 219
successor takes office or a period of ninety days has elapsed, 220
whichever occurs first. 221

(H) (1) The members and staff of the Ohio health care board 222
and employees of the Ohio health care agency, and their 223
immediate families, are prohibited from having any pecuniary 224

interest in any business with a contract, or in negotiation for 225
a contract, with either the Ohio health care board or Ohio 226
health care agency, or that is subject to the Ohio health care 227
board's oversight. The members and staff of the Ohio health care 228
board and employees of the Ohio health care agency shall not 229
knowingly receive remuneration for health care service of any 230
kind during their term of service or employment. The members and 231
staff of the Ohio health care board and employees of the Ohio 232
health care agency, and their immediate families, shall not 233
knowingly receive consulting fees of any kind from any source 234
that is directly or indirectly related to the delivery of health 235
care services pursuant to the Ohio health care plan. The members 236
and staff of the Ohio health care board and employees of the 237
Ohio health care agency, and their immediate families, are 238
prohibited from knowingly owning stock in, and from investing in 239
mutual funds holding stock in, pharmaceutical companies, health 240
maintenance organizations, or other businesses that relate 241
directly or indirectly to the delivery of health care services, 242
unless the stock or mutual funds are in a blind trust. 243

(2) No member of the Ohio health care board other than the 244
director of health shall knowingly hold any other salaried 245
public position with the state, either elected or appointed, 246
during the member's tenure on the board. The director of health 247
shall receive no salary or benefits by virtue of the director's 248
service on the Ohio health care board. 249

(3) The chairperson of the Ohio health care board may 250
conduct hearings to determine if a violation of this division 251
has occurred. Notice of any hearing, the conduct of the hearing, 252
and all other matters relating to the holding of the hearing 253
shall be governed by Chapter 119. of the Revised Code. If a 254
member of the Ohio health care board, or of the member's 255

immediate family, is found to have violated this division, the 256
chairperson of the Ohio health care board of health shall remove 257
the member from the Ohio health care board. If a staffer of the 258
Ohio health care board or an employee of the Ohio health care 259
agency, or a member of the staffer's or employee's immediate 260
family, is found to have violated this division, the Ohio health 261
care board or Ohio health care agency shall take appropriate 262
disciplinary action against the staffer or employee, which 263
action may include termination of employment. 264

Sections 101.82 and 101.83 of the Revised Code do not 265
apply to the Ohio health care board and the regional health 266
advisory committees. 267

Sec. 3920.04. (A) The Ohio health care board is 268
responsible for directing the Ohio health care agency in the 269
performance of all duties, the exercise of all powers, and the 270
assumption and discharge of all functions vested in the Ohio 271
health care agency. The Ohio health care board shall adopt rules 272
in accordance with Chapter 119. of the Revised Code as needed to 273
carry out the purposes of, and to enforce, Chapter 3920. of the 274
Revised Code. 275

(B) The duties and functions of the Ohio health care board 276
include, but are not limited to, the following: 277

(1) Implementing statutory eligibility standards for 278
benefits; 279

(2) Annually adopting a benefits package for participants 280
of the Ohio health care plan; 281

(3) Acting directly or through one or more contractors as 282
the single payer for all claims for health care services made 283
under the Ohio health care plan; 284

<u>(4) Developing and implementing separate formulas for</u>	285
<u>determining budgets under sections 3920.21 to 3920.28 of the</u>	286
<u>Revised Code;</u>	287
<u>(5) Annually reviewing the formulas for determining the</u>	288
<u>appropriateness and sufficiency of rates, fees, and prices;</u>	289
<u>(6) Providing for timely payments to providers through a</u>	290
<u>structure that is well organized and that eliminates unnecessary</u>	291
<u>administrative costs;</u>	292
<u>(7) Implementing, to the extent permitted by federal law,</u>	293
<u>standardized claims and reporting methods for use by the Ohio</u>	294
<u>health care plan;</u>	295
<u>(8) Developing a system of centralized electronic claims</u>	296
<u>and payments;</u>	297
<u>(9) Establishing an enrollment system that will ensure</u>	298
<u>that all eligible Ohio residents, including those who travel</u>	299
<u>frequently, those who cannot read, and those who do not speak</u>	300
<u>English, are aware of their right to health care and are</u>	301
<u>formally enrolled in the Ohio health care plan;</u>	302
<u>(10) Reporting annually to the general assembly and the</u>	303
<u>governor, on or before the first day of October, on the</u>	304
<u>performance of the Ohio health care plan, the fiscal condition</u>	305
<u>of the Ohio health care plan, any need for rate adjustments,</u>	306
<u>recommendations for statutory changes, the receipt of payments</u>	307
<u>from the federal government, whether current year goals and</u>	308
<u>priorities were met, future goals and priorities, and major new</u>	309
<u>technology or prescription drugs that may affect the cost of the</u>	310
<u>health care services provided by the Ohio health care plan;</u>	311
<u>(11) Administering the revenues of the Ohio health care</u>	312
<u>fund pursuant to section 3920.09 of the Revised Code;</u>	313

<u>(12) Obtaining appropriate liability and other forms of</u>	314
<u>insurance to provide coverage for the Ohio health care plan, the</u>	315
<u>Ohio health care board, the Ohio health care agency, and their</u>	316
<u>employees and agents;</u>	317
<u>(13) Establishing, appointing, and funding appropriate</u>	318
<u>staff for the Ohio health care agency throughout Ohio;</u>	319
<u>(14) Procuring requisite office space and administrative</u>	320
<u>support;</u>	321
<u>(15) Administering aspects of the Ohio health care agency</u>	322
<u>by taking actions that include, but are not limited to, the</u>	323
<u>following:</u>	324
<u>(a) Establishing standards and criteria for the allocation</u>	325
<u>of operating funds;</u>	326
<u>(b) Meeting regularly with the executive director and</u>	327
<u>administrators of the Ohio health care agency to review the</u>	328
<u>impact of the agency and its policies on the regional districts</u>	329
<u>established under section 3920.03 of the Revised Code;</u>	330
<u>(c) Establishing goals for the health care system</u>	331
<u>established pursuant to the Ohio health care plan in measurable</u>	332
<u>terms;</u>	333
<u>(d) Establishing statewide health care databases to</u>	334
<u>support health care services planning;</u>	335
<u>(e) Implementing policies, and developing mechanisms and</u>	336
<u>incentives, to assure culturally and linguistically sensitive</u>	337
<u>care;</u>	338
<u>(f) Establishing standards and criteria for the</u>	339
<u>determination of appropriate compensation and training for</u>	340
<u>residents of Ohio who are displaced from work due to the</u>	341

implementation of the Ohio health care plan; 342

(g) Establishing methods for the recovery of costs for 343
health care services provided pursuant to the Ohio health care 344
plan to a participant that are covered under the terms of a 345
policy of insurance, a health benefit plan, or other collateral 346
source available to the participant under which the participant 347
has a right of action for compensation. Receipt of health care 348
services pursuant to the Ohio health care plan shall be deemed 349
an assignment by the participant of any right to payment for 350
services from any policy, plan, or other source. The other 351
source of health care benefits shall pay to the Ohio health care 352
fund all amounts it is obligated to pay to the participant for 353
covered health care services. The Ohio health care board may 354
commence any action necessary to recover the amounts due. 355

(16) Appointing a technical and medical advisory board. 356
The members of the technical and medical advisory board shall 357
represent a cross section of the medical and provider community 358
and consumers, and shall include two persons, one being a 359
provider and the other representing consumers, from each region 360
designated in section 3920.03 of the Revised Code. The members 361
of the technical and medical advisory board shall be reimbursed 362
for actual and necessary expenses incurred in the performance of 363
their duties. The technical and medical advisory board's duties 364
include: 365

(a) Advising the Ohio health care board on the 366
establishment of policy on medical issues, population-based 367
public health issues, research priorities, scope of services, 368
expanding access to health care services, and evaluating the 369
performance of the Ohio health care plan; 370

(b) Investigating proposals for innovative approaches to 371

the promotion of health, the prevention of disease and injury, 372
patient education, research, and health care delivery; 373

(c) Advising the Ohio health care board on the 374
establishment of standards and criteria to evaluate requests 375
from health care facilities for capital improvements. 376

(C) The Ohio health care board shall employ and fix the 377
compensation of Ohio health care agency personnel, with the 378
approval of the department of administrative services, as needed 379
by the agency to properly discharge the agency's duties. The 380
employment of personnel by the Ohio health care board is subject 381
to the civil service laws of this state. The Ohio health care 382
board shall employ personnel including, but not limited to, the 383
following: 384

(1) Executive director; 385

(2) Administrator of planning, research, and development; 386

(3) Administrator of finance; 387

(4) Administrator of quality assurance; 388

(5) Administrator of consumer affairs; 389

(6) Legal counsel to represent the Ohio health care agency 390
and Ohio health care board in any legal action brought by or 391
against the agency or board under or pursuant to any provision 392
of the Revised Code under the agency's or board's jurisdiction. 393

(D) No member of the Ohio health care board or individual 394
on the staff of the Ohio health care board or Ohio health care 395
agency shall use for personal benefit any information filed with 396
or obtained by the Ohio health care board that is not then 397
readily available to the public. No member of the Ohio health 398
care board shall use or in any way attempt to use their position 399

as a member to influence a decision of any other governmental 400
body. 401

Sections 101.82 and 101.83 of the Revised Code do not 402
apply to the technical and medical advisory board established 403
pursuant to this section. 404

Sec. 3920.05. The executive director of the Ohio health 405
care agency appointed under section 3920.04 of the Revised Code 406
is the chief administrator of the Ohio health care plan and 407
shall administer and enforce Chapter 3920. of the Revised Code. 408
The executive director shall oversee the operation of the Ohio 409
health care agency and the agency's performance of any duties 410
assigned by the Ohio health care board. 411

Sec. 3920.06. (A) The executive director of the Ohio 412
health care agency shall determine the duties of the 413
administrator of planning, research, and development. Those 414
duties shall include, but not be limited to, the following: 415

(1) Establishing policy on medical issues, population- 416
based public health issues, research priorities, scope of 417
services, the expansion of participants' access to health care 418
services, and evaluating the performance of the Ohio health care 419
plan; 420

(2) Investigating proposals for innovative approaches for 421
the promotion of health, the prevention of disease and injury, 422
patient education, research, and the delivery of health care 423
services; 424

(3) Establishing standards and criteria for evaluating 425
applications from health care facilities for capital 426
improvements. 427

(B)(1) The executive director shall determine the duties 428

of the administrator of consumer affairs. Those duties shall 429
include, but not be limited to, the following: 430

(a) Developing educational and informational guides for 431
consumers that describe consumer rights and responsibilities and 432
that inform consumers of effective ways to exercise consumer 433
rights to obtain health care services. The guides shall be easy 434
to read and understand and available in English and in other 435
languages. The Ohio health care agency shall make the guides 436
available to the public through public outreach and educational 437
programs and through the internet web site of the Ohio health 438
care agency. 439

(b) Establishing a toll-free telephone number to receive 440
questions and complaints regarding the Ohio health care agency 441
and the agency's services. The Ohio health care agency's 442
internet web site shall provide complaint forms and instructions 443
online. 444

(c) Examining suggestions from the public; 445

(d) Making recommendations for improvements to the Ohio 446
health care board; 447

(e) Examining the extent to which individual health care 448
facilities in a region meet the needs of the community in which 449
they are located; 450

(f) Receiving, investigating, and responding to all 451
complaints about any aspect of the Ohio health care plan and 452
referring the results of all investigations into the provision 453
of health care services by health care providers or facilities 454
to the appropriate provider or health care facility licensing 455
board, or when appropriate, to a law enforcement agency; 456

(g) Publishing an annual report for the public and the 457

general assembly that contains a statewide evaluation of the 458
Ohio health care agency and of the delivery of health care 459
services in each region established under section 3920.03 of the 460
Revised Code; 461

(h) Holding public hearings, at least annually, within 462
each region established under section 3920.03 of the Revised 463
Code for public suggestions and complaints. 464

(2) The administrator of consumer affairs shall work 465
closely with the seven regional health advisory committees on 466
the resolution of complaints. In the discharge of the 467
administrator's duties, the administrator shall have unlimited 468
access to all nonconfidential and nonprivileged documents in the 469
custody and control of the agency. Nothing in Chapter 3920. of 470
the Revised Code prohibits a consumer or class of consumers, or 471
the administrator of consumer affairs, from seeking relief 472
through the courts. 473

(C) The executive director, in consultation with the 474
technical and medical advisory board, shall determine the duties 475
of the administrator of quality assurance. Those duties shall 476
include, but not be limited to, the following: 477

(1) Studying and reporting on the efficacy of health care 478
treatments and medications for particular conditions; 479

(2) Identifying causes of medical errors and devising 480
procedures to decrease medical errors; 481

(3) Establishing an evidence-based formulary; 482

(4) Identifying treatments and medications that are unsafe 483
or have no proven value; 484

(5) Establishing a process for soliciting information on 485

<u>medical standards from providers and consumers for purposes of</u>	486
<u>this division.</u>	487
<u>(D) The executive director shall determine the duties of</u>	488
<u>the administrator of finance. Those duties shall include, but</u>	489
<u>not be limited to, the following:</u>	490
<u>(1) Administering the Ohio health care fund;</u>	491
<u>(2) Making prompt payments to providers;</u>	492
<u>(3) Developing a system of centralized claims and</u>	493
<u>payments;</u>	494
<u>(4) Communicating to the treasurer of state when funds are</u>	495
<u>needed for the operation of the Ohio health care plan;</u>	496
<u>(5) Establishing a process for soliciting information on</u>	497
<u>medical standards from providers and consumers for purposes of</u>	498
<u>this division.</u>	499
<u>(E) The executive director shall determine the duties of</u>	500
<u>the administrator of finance. Those duties shall include, but</u>	501
<u>not be limited to, the following:</u>	502
<u>(1) Administering the Ohio health care fund;</u>	503
<u>(2) Making prompt payments to providers;</u>	504
<u>(3) Developing a system of centralized claims and</u>	505
<u>payments;</u>	506
<u>(4) Communicating to the treasurer of state when funds are</u>	507
<u>needed for the operation of the Ohio health care plan;</u>	508
<u>(5) Developing information systems for utilization review;</u>	509
<u>(6) Investigating possible provider or consumer fraud.</u>	510
<u>Sec. 3920.07. (A) All Ohio residents and individuals</u>	511

employed in Ohio, including the homeless and migrant workers, 512
are eligible for coverage under the Ohio health care plan. The 513
Ohio health care board shall establish standards and a 514
simplified procedure to demonstrate proof of residency. The Ohio 515
health care board shall establish a procedure to enroll eligible 516
residents and employees and to provide each individual covered 517
under the Ohio health care plan with identification that 518
providers may use to determine eligibility for health care 519
services under the Ohio health care plan. 520

(B) If waivers are not obtained under sections 3920.31 to 521
3920.33 of the Revised Code from the medical assistance and 522
medicare programs operated under Title XVIII or XIX of the 523
"Social Security Act," 49 Stat. 20 (1935), 42 U.S.C. 301, as 524
amended, or whenever a necessary waiver is not in effect, the 525
medical assistance and medicare programs shall act as the 526
primary insurers for Ohio residents and individuals employed in 527
this state for health coverage and the Ohio health care plan 528
shall serve as the secondary or supplemental plan of health 529
coverage. When the Ohio health care plan serves as a secondary 530
or supplemental plan of health coverage the Ohio health care 531
plan shall not provide coverage to an Ohio resident or 532
individual employed in this state for any covered health care 533
service that the resident or worker is then eligible to receive 534
under the medical assistance or medicare program. 535

(C) A plan of employee health coverage provided by an out- 536
of-state employer to an Ohio resident working outside of this 537
state shall serve as the employee's primary plan of health 538
coverage and the Ohio health care plan shall serve as the 539
employee's secondary plan of health coverage. 540

(D) The Ohio health care agency shall bill an out-of-state 541

employer or the employer's insurer for the cost of covered 542
health care services provided in accordance with the Ohio health 543
care plan to residents of this state employed by the out-of- 544
state employer when the health care services provided are 545
covered under the terms of the employer's plan of employee 546
health coverage. 547

(E) The Ohio health care plan shall reimburse Ohio health 548
care board approved providers practicing outside of this state 549
at Ohio health care plan rates for health care services rendered 550
to a plan participant while the participant is out of state. 551

(F) Any employer operating in this state may purchase 552
coverage under the Ohio health care plan for an employee who 553
lives out of state but who works in this state. 554

(G) (1) Any institution of higher education located in this 555
state may purchase coverage under the Ohio health care plan for 556
a student who does not otherwise have status as a resident of 557
this state. 558

(2) As used in this section, "institution of higher 559
education" means a state institution of higher education, as 560
defined in section 3345.12 of the Revised Code, a private 561
college, university, or other postsecondary institution located 562
in this state that possesses a certificate of authorization 563
issued pursuant to Chapter 1713. of the Revised Code or a 564
certificate of registration issued by the state board of career 565
colleges and schools under Chapter 3332. of the Revised Code. 566

(H) Any individual who arrives at a health care facility 567
unconscious or otherwise unable due to their mental or physical 568
condition to document eligibility for coverage under the Ohio 569
health care plan shall be presumed to be eligible. 570

Sec. 3920.08. (A) The Ohio health care board shall 571
establish a single health benefits package that shall include, 572
but not be limited to, all of the following: 573

(1) Inpatient and outpatient provider care, both primary 574
and secondary; 575

(2) Emergency services, as defined in division (A) of 576
section 3923.65 of the Revised Code, twenty-four hours each day 577
on a prudent layperson standard. Residents who are temporarily 578
out of state may receive benefits for emergency services 579
rendered in that state. The Ohio health care agency shall make 580
timely emergency services, including hospital care and triage, 581
available to all Ohio residents, including all residents not 582
enrolled in the Ohio health care plan. 583

(3) Emergency and other transportation services to covered 584
health care services, subject to division (B) of this section; 585

(4) Rehabilitation services, including speech, 586
occupational, and physical therapy; 587

(5) Inpatient and outpatient mental health services and 588
substance abuse treatment; 589

(6) Hospice care; 590

(7) Prescription drugs and prescribed medical nutrition; 591

(8) Vision care, aids, and equipment; 592

(9) Hearing care, hearing aids, and equipment; 593

(10) Diagnostic medical tests, including laboratory tests 594
and imaging procedures; 595

(11) Medical supplies and prescribed medical equipment, 596
both durable and nondurable; 597

<u>(12) Immunizations, preventive care, health maintenance</u>	598
<u>care, and screening;</u>	599
<u>(13) Dental care;</u>	600
<u>(14) Home health care services.</u>	601
<u>(B) The Ohio health care plan shall provide necessary</u>	602
<u>transportation in each county to covered health care services.</u>	603
<u>Independent transportation providers shall be reimbursed on a</u>	604
<u>fee-for-service basis. Fee schedules for covered transportation</u>	605
<u>may take into account the recognized differences among</u>	606
<u>geographic areas regarding cost. A covered transportation</u>	607
<u>benefits account is hereby created within the Ohio health care</u>	608
<u>fund.</u>	609
<u>(C) The Ohio health care plan shall not exclude or limit</u>	610
<u>coverage of its participants' pre-existing conditions.</u>	611
<u>(D) Residents enrolled in the Ohio health care plan are</u>	612
<u>not subject to copayments, point-of-service charges, or any</u>	613
<u>other fee or charge, and shall not be directly billed by</u>	614
<u>providers for covered health care services provided to the</u>	615
<u>resident.</u>	616
<u>(E) The Ohio health care board, with the consent of the</u>	617
<u>technical and medical advisory board, shall remove or exclude</u>	618
<u>procedures and treatments, equipment, and prescription drugs</u>	619
<u>from the Ohio health care plan's benefit package that the board</u>	620
<u>finds unsafe, experimental, of no proven value, or that add no</u>	621
<u>therapeutic value.</u>	622
<u>(F) The Ohio health care board shall exclude coverage for</u>	623
<u>any surgical, orthodontic, or other medical procedure, or</u>	624
<u>prescription drug, that the technical and medical advisory board</u>	625
<u>determines was or will be provided primarily for cosmetic</u>	626

purposes, unless required to correct a congenital defect, to 627
restore or correct disfigurements resulting from injury or 628
disease, or that is determined to be medically necessary by a 629
qualified, licensed provider. 630

(G) Participants shall have free choice of the providers 631
eligible to participate in the Ohio health care plan. 632

(H) No provider shall be compelled by the Ohio health care 633
agency to offer any particular service, provided that the 634
provider does not discriminate among patients in providing 635
health care services. 636

(I) The Ohio health care plan and the providers 637
participating in the plan shall not discriminate on the basis of 638
race, color, religion, gender, age, national origin, sexual 639
orientation, health status, mental or physical disability, 640
employment status, veteran status, or occupation. 641

Sec. 3920.09. (A) The Ohio health care fund is hereby 642
established in the state treasury. The administrator of finance 643
of the Ohio health care agency shall administer and monitor the 644
Ohio health care fund. All moneys collected and received by the 645
Ohio health care plan shall be transmitted to the treasurer of 646
state for deposit into the Ohio health care fund, to be used to 647
finance the Ohio health care plan and to pay the costs of 648
compensation and training for displaced workers pursuant to 649
section 3920.11 of the Revised Code. 650

(B) The treasurer of state may invest the interest earned 651
by the Ohio health care fund in any manner authorized by the 652
Revised Code for the investment of state moneys. Any revenue or 653
interest earned from the investments shall be credited to the 654
Ohio health care fund. 655

(C) All provider claims for payment for health care 656
services rendered under the Ohio health care plan shall be 657
transmitted to the Ohio health care fund by the provider or the 658
provider's agent. The format of, and the method of transmitting, 659
provider claims shall be determined by the Ohio health care 660
board. 661

(D) All payments for health care services rendered under 662
the Ohio health care plan shall be disbursed from the Ohio 663
health care fund. The administrator of finance of the Ohio 664
health care agency shall establish a reserve account within the 665
Ohio health care fund. When the revenue available to the Ohio 666
health care plan in any biennium exceeds the total amount 667
expended or obligated during that biennium, the excess revenue 668
shall be transferred to the reserve account. The Ohio health 669
care board may use the money in the reserve account for expenses 670
of the Ohio health care agency or the Ohio health care plan. 671

(E) The administrator of finance of the Ohio health care 672
agency shall notify the Ohio health care board when the annual 673
expenditures or anticipated future expenditures of the Ohio 674
health care plan appear to be in excess of the revenues or 675
anticipated revenues for the same period. The Ohio health care 676
board shall implement appropriate cost control measures based on 677
the notification. The Ohio health care board shall seek a 678
special appropriation for the Ohio health care fund if the cost 679
control measures implemented do not reduce the Ohio health care 680
plan's expenditures to an amount that may be covered by its 681
revenue. 682

Sec. 3920.10. (A) The Ohio health care board shall 683
establish written procedures for the receipt and resolution of 684
disputes and grievances. The procedures shall provide for an 685

initial hearing before the appropriate regional health advisory 686
committee in accordance with division (F) of section 3920.03 of 687
the Revised Code. The board shall accord to plaintiffs the right 688
to be heard at the hearing. 689

(B) Any party aggrieved by an order or decision issued 690
pursuant to the procedures established in division (A) of this 691
section may appeal the order or decision to the court of common 692
pleas. The appellant shall file a notice of appeal with the Ohio 693
health care board within fifteen days of the filing of the 694
appeal with the court of common pleas. 695

(C) Appeals of denied claims may be submitted by Ohio 696
health care plan beneficiaries or providers, or businesses 697
selling medical equipment and supplies to the Ohio health care 698
board. The board shall conduct appeals in compliance with its 699
written procedures and both laws of this state and federal laws. 700

Sec. 3920.11. (A) The department of job and family 701
services shall determine which residents of this state employed 702
by a health care insurer, health insuring corporation, or other 703
health care related business, have lost employment as a result 704
of the implementation and operation of the Ohio health care 705
plan. The department also shall determine the amount of monthly 706
wages that the resident lost due to the plan's implementation. 707
The department shall attempt to position these displaced workers 708
in comparable positions of employment with the Ohio health care 709
agency. 710

(B) The department of job and family services shall 711
forward the information on the amount of monthly wages lost by 712
Ohio residents due to the implementation of the Ohio health care 713
plan to the Ohio health care agency. The Ohio health care agency 714
shall determine the amount of compensation and training that 715

each displaced worker shall receive and shall submit a claim to 716
the Ohio health care fund for payment. A displaced worker, 717
however, shall not receive compensation from the Ohio health 718
care fund in excess of sixty thousand dollars per year for two 719
years. Compensation paid to the displaced worker under this 720
section shall serve as a supplement to any compensation the 721
worker receives from the department of job and family services. 722

Sec. 3920.12. (A) Any employer operating in this state and 723
providing employees with benefits under a public or private 724
health care policy, plan, or agreement as of the date that 725
benefits are initially provided pursuant to Chapter 3920. of the 726
Revised Code, which benefits are less valuable than those 727
provided by the Ohio health care plan, may participate in the 728
Ohio health care plan or shall provide additional benefits so 729
that, until the expiration of the policy, plan, or agreement, 730
the benefits provided by the employer at least equal the amount 731
and scope of the benefits provided by the Ohio health care plan. 732
If an employer chooses to provide additional benefits to match 733
or exceed the benefits provided by the Ohio health care plan the 734
additional benefits shall include the employer's payment of any 735
employee premium contributions, copayments, and deductible 736
payments called for by the policy, contract, or agreement. 737
Employers are exempt from all health taxes imposed under Chapter 738
3920. of the Revised Code until the expiration of the policy, 739
plan, or agreement, at which point the employer and the 740
employer's employees become participants in the Ohio health care 741
plan. 742

(B) A person covered by a health care policy, plan, or 743
agreement that has its premiums paid for in any part with public 744
money, including money from the state, a political subdivision, 745
state educational institution, public school, or other entity, 746

shall be covered by the Ohio health care plan on the day that 747
benefits become available under the Ohio health care plan. 748

(C) Health care insurers, health insuring corporations, 749
and other persons selling or providing health care benefits may 750
deliver, issue for delivery, renew, or provide health benefit 751
packages that do not duplicate the health benefit package 752
provided by the Ohio health care plan, but shall not, except as 753
provided by division (A) of this section, deliver, issue for 754
delivery, renew, or provide health benefit packages that 755
duplicate the health benefit package provided by the Ohio health 756
care plan. 757

Sec. 3920.13. The Ohio health care agency is subrogated to 758
all rights of a participant who has received benefits, or who 759
has a right to benefits, under any other policy or contract of 760
health care. 761

Sec. 3920.14. (A) All providers, as defined in section 762
3920.01 of the Revised Code, may participate in the Ohio health 763
care plan. 764

(B) The Ohio health care board and the technical and 765
medical advisory board shall assess the number of primary and 766
specialty providers needed to supply adequate health care 767
services to all participants in the Ohio health care plan, and 768
shall develop a plan to meet that need. The Ohio health care 769
board shall develop incentives for providers in order to 770
increase residents' access to health care services in unserved 771
or underserved areas of the state. 772

(C) The Ohio health care board annually shall evaluate 773
residents' access to trauma care, and shall establish measures 774
to ensure participants have equitable access to trauma care and 775

to specialized medical procedures and technology. 776

(D) The Ohio health care board, with the advice of the 777
technical and medical advisory board and the administrator of 778
quality assurance, shall define performance criteria and goals 779
for the Ohio health care plan and shall report to the general 780
assembly at least annually on the plan's performance. The Ohio 781
health care board shall establish a system to monitor the 782
quality of health care and patient and provider satisfaction 783
with that care and a system to devise improvements to the 784
provision of health care services. 785

(E) All providers subject to the Ohio health care plan 786
shall provide data upon request to the Ohio health care board, 787
which data the board requires to devise methods to maintain and 788
improve the provision of health care services. 789

(F) The Ohio health care board, with the advice of the 790
technical and medical advisory board, shall coordinate the Ohio 791
health care plan's provision of health care services with any 792
other state and local agencies that provide health care services 793
directly to their residents. 794

Sec. 3920.15. In the absence of fraud or bad faith, county 795
and city health commissioners, regional health advisory 796
committees, and the Ohio health care board and Ohio health care 797
agency and their members and employees, shall incur no liability 798
in relation to the performance of their duties and 799
responsibilities under sections 3920.01 to 3920.15 of the 800
Revised Code. The state shall incur no liability in relation to 801
the implementation and operation of the Ohio health care plan. 802

Sec. 3920.21. (A) The Ohio health care board shall prepare 803
and recommend to the general assembly an annual budget for 804

health care that specifies and establishes a limit on total 805
annual state expenditures for health care provided pursuant to 806
sections 3920.01 to 3920.15 of the Revised Code. The budget 807
shall include all of the following components: 808

(1) A system budget covering all expenditures for the 809
system, in accordance with section 3920.22 of the Revised Code; 810

(2) Provider budgets for the fee-for-service and 811
integrated health delivery system and for individual health care 812
facilities and their associated clinics, in accordance with 813
section 3920.23 of the Revised Code; 814

(3) A capital investment budget in accordance with section 815
3920.24 of the Revised Code; 816

(4) A purchasing budget in accordance with section 3920.25 817
of the Revised Code; 818

(5) A research and innovation budget in accordance with 819
section 3920.26 of the Revised Code. 820

(B) In preparing the budget, the Ohio health care board 821
shall consider anticipated increased expenditures and savings, 822
including, but not limited to, projected increases in 823
expenditures due to improved access for underserved populations 824
and improved reimbursement for primary care, projected 825
administrative savings under the single-payer mechanism, 826
projected savings in prescription drug expenditures under 827
competitive bidding and a single buyer, and projected savings 828
due to provision of primary care rather than emergency room 829
treatment. 830

Sec. 3920.22. (A) The system budget referred to in division 831
(A) (1) of section 3920.21 of the Revised Code shall comprise the 832
cost of the system, services and benefits provided, 833

administration, data gathering, planning and other activities, 834
and revenues deposited with the system account of the Ohio 835
health care fund. 836

The Ohio health care board shall limit administrative 837
costs to five per cent of the system budget and shall annually 838
evaluate methods to reduce administrative costs and report the 839
results of that evaluation to the general assembly. The board 840
shall also limit growth of health care costs in the system 841
budget by reference to changes in state gross domestic product, 842
population, employment rates, and other demographic indicators, 843
as appropriate. Moneys in the reserve account of the Ohio health 844
care fund shall not be considered as available revenues for 845
purposes of preparing the system budget. 846

(B) The Ohio health care board shall implement cost 847
control measures pursuant to division (A) of this section. 848
However, no cost control measure shall limit access to care that 849
is needed on an emergency basis or that is determined by a 850
patient's provider to be medically appropriate for a patient's 851
condition. 852

Mandatory cost control measures include, but are not 853
limited to, some or all of the following: 854

(1) Postponement of the introduction of new benefits or 855
benefit improvements; 856

(2) Postponement of new capital investment; 857

(3) Adjustment of provider budgets to correct for 858
inappropriate provider utilization; 859

(4) Establishment of a limit on provider reimbursement 860
above a specified amount of aggregate billing; 861

<u>(5) Deferred funding of the reserve account;</u>	862
<u>(6) Establishment of a limit on aggregate reimbursements to pharmaceutical manufacturers;</u>	863
<u>(7) Imposition of an eligibility waiting period in the event of substantial influx of individuals into the state for purposes of obtaining health care through the Ohio health care plan.</u>	864
<u>Sec. 3920.23. (A) The provider budgets referred to in division (A) (2) of section 3920.21 of the Revised Code shall include allocations for fee-for-service providers and capitated providers. These allocations shall consider the relative usage of fee-for-service providers and capitated providers. Each annual provider budget shall include adjustments to reflect changes in the utilization of services and the addition or exclusion of covered services made by the Ohio health care board upon the recommendation of the technical and medical advisory board and its staff.</u>	865
<u>(B) Providers shall choose whether they will be compensated as fee-for-service providers or as part of a capitated provider network.</u>	866
<u>(1) The budget for fee-for-service providers shall be divided among categories of licensed health care providers in order to establish a total annual budget for each category. Each of these category budgets shall be sufficient to cover all included services anticipated to be required by eligible individuals choosing fee-for-service at the rates negotiated or set by the Ohio health care board, except as necessary for cost containment purposes pursuant to section 3920.22 of the Revised Code.</u>	867
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The board shall negotiate fee-for-service reimbursement rates or salaries for licensed health care providers. In the event negotiations are not concluded in a timely manner, the board shall establish the reimbursement rates. Reimbursement rates shall reflect the goals of the system. 891
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(2) The budget shall detail all operating expenses for health care facilities or clinics that are not part of a capitated provider network. In establishing a health care facility budget, the Ohio health care board shall develop and utilize separate formulas that reflect the differences in cost of primary, secondary, and tertiary care services and health care services provided by academic medical centers. The board shall negotiate reimbursement rates with facilities and clinics. Reimbursement rates shall reflect the goals of the system. 896
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(C) (1) The budget for capitated providers shall be sufficient to cover all included services anticipated to be required by eligible individuals choosing an integrated health care delivery system at the rates negotiated or set by the Ohio health care board. All health care facilities, group practices, and integrated health care systems shall submit annual operating budget requests to the board and may choose to be reimbursed through a global facility budget or on a capitated basis. The board shall adjust budgets on the basis of the health risk of enrollees; the scope of services provided; proposed innovative programs that improve quality, workplace safety, or consumer, provider, or employee satisfaction; costs of providing care for nonmembers; and an appropriate operating margin. 905
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(2) Providers that choose to operate a health care facility on a capitated basis shall not be paid additionally on a fee-for-service basis unless they are providing services in a 918
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separate private medical practice or health care facility. 921
Providers and health care facilities that operate on a capitated 922
basis shall report immediately any projected operating deficits 923
to the Ohio health care board. The board shall determine whether 924
the projected deficits reflect appropriate increases in health 925
care needs, in which case the board shall adjust the provider or 926
health care facility budget appropriately. If the board 927
determines that the deficit is not justifiable, no adjustment 928
shall be made. 929

(3) The board may terminate the funding for health care 930
facilities, group practices, and integrated health care systems 931
or particular services provided by them if they fail to meet 932
standards of care and practice established by the board. The 933
board shall make future funding contingent on measurable 934
improvements in quality of care and health care outcomes. 935

(D) The Ohio health care board shall prohibit charges to 936
the Ohio health care plan or to patients for covered health care 937
services other than those established by regulation, 938
negotiation, or the appeals process. Licensed health care 939
providers who provide services not covered by sections 3920.01 940
to 3920.15 of the Revised Code may charge patients for those 941
services. 942

Sec. 3920.24. (A) The capital investment budget referred 943
to in division (A) (3) of section 3920.21 of the Revised Code 944
shall be established by the Ohio health care board, with the 945
advice of the technical and medical advisory board and its 946
staff, and shall provide for capital maintenance and 947
development. In preparing the budget, the Ohio health care board 948
shall determine capital investment priorities and evaluate 949
whether the capital investment program has improved access to 950

services and has eliminated redundant capital investments. 951

(B) All capital investments valued at five hundred 952
thousand dollars or greater, including the costs of studies, 953
surveys, design plans and working drawing specifications, and 954
other activities essential to planning and execution of capital 955
investment, and all capital investments that change the bed 956
capacity of a health care facility or add a new service or 957
license category incurred by any health system entity, shall 958
require the approval of the Ohio health care board. When a 959
health care facility, or individual acting on behalf of a health 960
care facility, or any other purchaser, obtains by lease or 961
comparable arrangement any health care facility or part of a 962
health care facility, or any equipment for a health care 963
facility, the market value of which would have been a capital 964
expenditure, the lease or arrangement shall be considered a 965
capital expenditure for purposes of sections 3920.01 to 3920.15 966
of the Revised Code. 967

(C) Health care facilities shall provide the Ohio health 968
care board with at least three-months' advance notice of any 969
planned capital investment of more than fifty thousand dollars 970
but less than five hundred thousand dollars. These capital 971
investments shall minimize unneeded expansion of health care 972
facilities and services based on the priorities and goals for 973
capital investment established by the board. 974

(D) No capital investment shall be undertaken using funds 975
from a health care facility operating budget. 976

Sec. 3920.25. The purchasing budget referred to in 977
division (A) (4) of section 3920.21 of the Revised Code shall 978
provide for the purchase of prescription drugs and durable and 979
nondurable medical equipment for the system. The Ohio health 980

care board shall purchase all prescription drugs and durable and 981
nondurable medical equipment for the system from this budget. 982

Sec. 3920.26. The research and innovation budget referred 983
to in division (A) (5) of section 3920.21 of the Revised Code 984
shall support research and innovation that has been recommended 985
by the Ohio health care board, the technical and medical 986
advisory board, and the administrator of consumer affairs. This 987
research and innovation includes, but is not limited to, methods 988
for improving the administration of the system, improving the 989
quality of health care, educating patients, and improving 990
communication among health care providers. 991

Sec. 3920.27. The Ohio health care board shall establish a 992
capital account in the Ohio health care fund as part of the Ohio 993
health care plan. Moneys in the account shall be used solely to 994
pay for the establishment and maintenance of a loan program for 995
health care facilities and equipment for use by health care 996
professionals who desire to establish practices in areas of the 997
state in which, according to criteria established by the board, 998
the level of health care services is inadequate. 999

Sec. 3920.28. Funding of the Ohio health care plan shall 1000
be obtained from the following sources: 1001

(A) Funds made available to the Ohio health care plan 1002
pursuant to sections 3920.31 to 3920.33 of the Revised Code; 1003

(B) Funds obtained from other federal, state, and local 1004
governmental sources and programs; 1005

(C) Receipts from taxes levied on employers' payrolls to 1006
be paid by employers. The tax rate in the first year shall not 1007
exceed three and eighty-five hundredths per cent of the payroll. 1008

(D) Receipts from additional taxes levied on businesses' 1009

gross receipts. The tax rate in the first year shall not exceed 1010
three per cent of the gross receipts. 1011

(E) Receipts from additional income taxes, equal to six 1012
and two-tenths per cent of an individual's compensation in 1013
excess of the amount subject to the social security payroll tax; 1014

(F) Receipts from additional income taxes, equal to five 1015
per cent of all of an individual's Ohio adjusted gross income, 1016
less the exemptions allowed under section 5747.025 of the 1017
Revised Code, in excess of two hundred thousand dollars. 1018

Sec. 3920.31. (A) As used in sections 3920.31 to 3920.33 1019
of the Revised Code: 1020

(1) "CHIP" has the same meaning as under section 5161.01 1021
of the Revised Code. 1022

(2) "Federal employees health benefits program" means the 1023
program of health insurance benefits available to employees of 1024
the federal government that the United States office of 1025
personnel management is authorized to contract for under 5 1026
U.S.C. 8902. 1027

(3) "Federal poverty guidelines" has the same meaning as 1028
in section 5101.46 of the Revised Code. 1029

(4) "Medicaid" and "medicare" have the same meanings as in 1030
section 5162.01 of the Revised Code. 1031

(B) At the request of the Ohio health care board, the Ohio 1032
health care agency's executive director shall seek federal 1033
financial participation in the Ohio health care plan, including 1034
funding otherwise available under medicare, medicaid, CHIP, and 1035
the federal employees health benefits program. The executive 1036
director shall request that the amount of the federal financial 1037

participation be at least equal to the medicaid federal 1038
financial participation rate in effect for this state on the 1039
effective date of this section. The executive director shall 1040
periodically seek adjustments to the federal financial 1041
participation rate for the Ohio health care plan to reflect 1042
changes in the state domestic gross product, the state's 1043
population, including changes in age groups, and the number of 1044
residents with income below the federal poverty guidelines. 1045

Sec. 3920.32. At the request of the Ohio health care 1046
board, the Ohio health care agency's executive director shall 1047
negotiate with the United States office of personnel management 1048
to have included in the Ohio health care plan residents of this 1049
state who would otherwise be covered by the federal employees 1050
health benefits program. As part of the negotiations, the 1051
executive director shall seek to have the federal government 1052
provide the Ohio health care plan with amounts equal to the 1053
amount federal employees participating in the Ohio health care 1054
plan would otherwise pay as premiums under the federal employees 1055
health benefits program. 1056

Sec. 3920.33. At the request of the Ohio health care 1057
board, the director of medicaid shall seek any federal waivers 1058
necessary for the Ohio health care plan to receive federal 1059
financial participation under section 3920.31 of the Revised 1060
Code otherwise available under the medicaid and CHIP programs. 1061
Notwithstanding any provision of the Revised Code to the 1062
contrary, the director of medicaid shall cease to implement the 1063
medicaid and CHIP programs on implementation of federal waivers 1064
authorizing the use of federal medicaid and CHIP funds for the 1065
Ohio health care plan, if necessary due to the implementation of 1066
the waivers. 1067

Section 2. That existing section 109.02 of the Revised Code is hereby repealed. 1068
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Section 3. In the first two years following the effective date of sections 3920.01 to 3920.33 of the Revised Code, the Ohio Health Care Board shall prepare for the delivery of universal, affordable health care coverage to all eligible Ohio residents and individuals employed in Ohio. The Ohio Health Care Board shall appoint a Transition Advisory Group to assist with the transition to the provision of care under the Ohio Health Care Plan. The transition group shall include, but is not limited to, a broad selection of experts in health care finance and administration, providers from a variety of medical fields, representatives of Ohio's counties, employers and employees, representatives of hospitals and clinics, and representatives from state regulatory bodies. Members of the Transition Advisory Group shall be reimbursed by the Ohio Health Care Agency for necessary and actual expenses incurred in the performance of their duties as members. 1070
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