

**As Reported by the Senate Health, Human Services and Medicaid
Committee**

132nd General Assembly

**Regular Session
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S. B. No. 243

Senator Dolan

Cosponsors: Senators Tavares, Brown

A BILL

To amend section 5162.20 of the Revised Code 1
regarding Medicaid copayment requirements. 2

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

Section 1. That section 5162.20 of the Revised Code be 3
amended to read as follows: 4

Sec. 5162.20. (A) The department of medicaid shall 5
institute cost-sharing requirements for the medicaid program. 6
The department shall not institute cost-sharing requirements in 7
a manner that does ~~either~~ any of the following: 8

(1) Disproportionately impacts the ability of medicaid 9
recipients with chronic illnesses to obtain medically necessary 10
medicaid services; 11

(2) Requires a medicaid recipient who meets both of the 12
following requirements to pay a copayment for any medicaid 13
service: 14

(a) The recipient has a developmental disability or 15
serious mental illness; 16

(b) The recipient's sole source of income is either or 17
both of the following: 18

(i) Social security disability insurance benefits provided 19
under Title II of the "Social Security Act," 42 U.S.C. 401 et 20
seq.; 21

(ii) Supplemental security income benefits provided under 22
Title XVI of the "Social Security Act," 42 U.S.C. 1381 et seq. 23

(3) Violates section 5164.09 of the Revised Code. 24

(B) A medicaid recipient who is exempt from paying 25
copayments pursuant to division (A) (2) of this section may 26
present to a medicaid provider the recipient's benefit 27
verification letter from the United States social security 28
administration for the purpose of verifying the recipient's 29
exemption from copayment requirements. If a recipient does so, 30
the provider shall not charge the recipient a copayment. 31

(C) (1) No medicaid provider shall refuse to provide a 32
medicaid service to a medicaid recipient who is unable to pay a 33
required copayment for the service. 34

(2) Division ~~(B)~~ (C) (1) of this section shall not be 35
considered to do either of the following with regard to a 36
medicaid recipient who is unable to pay a required copayment: 37

(a) Relieve the medicaid recipient from the obligation to 38
pay a copayment; 39

(b) Prohibit the medicaid provider from attempting to 40
collect an unpaid copayment. 41

~~(C)~~ (D) Except as provided in division ~~(F)~~ (G) of this 42
section, no medicaid provider shall waive a medicaid recipient's 43
obligation to pay the provider a copayment. 44

~~(D)~~-(E) No medicaid provider or drug manufacturer, 45
including the manufacturer's representative, employee, 46
independent contractor, or agent, shall pay any copayment on 47
behalf of a medicaid recipient. 48

~~(E)~~-(F) If it is the routine business practice of a 49
medicaid provider to refuse service to any individual who owes 50
an outstanding debt to the provider, the provider may consider 51
an unpaid copayment imposed by the cost-sharing requirements as 52
an outstanding debt and may refuse service to a medicaid 53
recipient who owes the provider an outstanding debt. If the 54
medicaid provider intends to refuse service to a medicaid 55
recipient who owes the provider an outstanding debt, the 56
provider shall notify the recipient of the provider's intent to 57
refuse service. 58

~~(F)~~-(G) In the case of a medicaid provider that is a 59
hospital, the cost-sharing program shall permit the hospital to 60
take action to collect a copayment by providing, at the time 61
medicaid services are rendered to a medicaid recipient, notice 62
that a copayment may be owed. If the hospital provides the 63
notice and chooses not to take any further action to pursue 64
collection of the copayment, the prohibition against waiving 65
copayments specified in division ~~(C)~~-(D) of this section does 66
not apply. 67

~~(G)~~-(H) The department of medicaid may collaborate with a 68
state agency that is administering, pursuant to a contract 69
entered into under section 5162.35 of the Revised Code, one or 70
more components, or one or more aspects of a component, of the 71
medicaid program as necessary for the state agency to apply the 72
cost-sharing requirements to the components or aspects of a 73
component that the state agency administers. 74

Section 2. That existing section 5162.20 of the Revised Code is hereby repealed. 75
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