

**As Introduced**

**133rd General Assembly**

**Regular Session**

**2019-2020**

**H. B. No. 292**

**Representatives Skindell, Kent**

**Cosponsors: Representatives Leland, Boggs, Patterson, West, Miller, A., Ingram,  
Sheehy, Denson**

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**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) "Health care facility" means any facility, except a 34  
health care practitioner's office, that provides preventive, 35  
diagnostic, therapeutic, acute convalescent, rehabilitation, 36  
mental health, mental retardation, intermediate care, or skilled 37  
nursing services. 38

(B) "Provider" means a hospital or other health care 39  
facility, and physicians, podiatrists, dentists, pharmacists, 40  
chiropractors, and other health care personnel, licensed, 41  
certified, accredited, or otherwise authorized in this state to 42  
furnish health care services. 43

Sec. 3920.02. (A) (1) There is hereby created the Ohio 44  
health care plan, which shall be administered by the Ohio health 45  
care agency under the direction of the Ohio health care board. 46

(2) The Ohio health care plan shall provide universal and 47

affordable health care coverage for all residents of this state, 48  
consisting of a comprehensive benefit package that includes 49  
benefits for prescription drugs. The Ohio health care plan shall 50  
work simultaneously to control health care costs, control health 51  
care spending, achieve measurable improvement in health care 52  
outcomes, increase all parties' satisfaction with the health 53  
care system, implement policies that strengthen and improve 54  
culturally and linguistically sensitive care, and develop an 55  
integrated health care database to support health care planning. 56

(B) There is hereby created the Ohio health care agency. 57  
The Ohio health care agency shall administer the Ohio health 58  
care plan and is the sole agency authorized to accept applicable 59  
grants-in-aid from the federal and state government, using the 60  
funds in order to secure full compliance with provisions of 61  
state and federal law and to carry out the purposes of sections 62  
3920.01 to 3920.33 of the Revised Code. All grants-in-aid 63  
accepted by the Ohio health care agency shall be deposited into 64  
the Ohio health care fund established under section 3920.09 of 65  
the Revised Code. 66

Sections 101.82 and 101.83 of the Revised Code do not 67  
apply to the Ohio health care agency. 68

**Sec. 3920.03.** (A) There is hereby created the Ohio health 69  
care board. The Ohio health care board shall consist of fifteen 70  
voting members, consisting of the director of health as an ex 71  
officio voting member and fourteen members elected in accordance 72  
with this section. 73

(B) For purposes of representation on the Ohio health care 74  
board, the state shall be divided into seven regions each 75  
composed of designated counties as follows: 76

<u>(1) Region 1: Ashtabula, Cuyahoga, Geauga, Lake, Lorain;</u>	77
<u>(2) Region 2: Allen, Auglaize, Defiance, Erie, Fulton,</u>	78
<u>Hancock, Henry, Huron, Lucas, Mercer, Ottawa, Paulding, Putnam,</u>	79
<u>Sandusky, Seneca, Van Wert, Williams, Wood;</u>	80
<u>(3) Region 3: Athens, Belmont, Coshocton, Gallia,</u>	81
<u>Guernsey, Harrison, Hocking, Jackson, Jefferson, Lawrence,</u>	82
<u>Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Pike, Ross,</u>	83
<u>Scioto, Vinton, Washington;</u>	84
<u>(4) Region 4: Adams, Brown, Butler, Clermont, Clinton,</u>	85
<u>Hamilton, Highland, Warren;</u>	86
<u>(5) Region 5: Crawford, Delaware, Fairfield, Fayette,</u>	87
<u>Franklin, Hardin, Knox, Licking, Logan, Madison, Marion, Morrow,</u>	88
<u>Pickaway, Union, Wyandot;</u>	89
<u>(6) Region 6: Ashland, Carroll, Columbiana, Holmes,</u>	90
<u>Mahoning, Medina, Portage, Richland, Stark, Summit, Trumbull,</u>	91
<u>Tuscarawas, Wayne;</u>	92
<u>(7) Region 7: Champaign, Clark, Darke, Greene, Miami,</u>	93
<u>Montgomery, Preble, Shelby.</u>	94
<u>(C) (1) The health commissioner of the most populous county</u>	95
<u>in each region shall convene a meeting of all county and city</u>	96
<u>health commissioners in the region within ninety days following</u>	97
<u>the effective date of this section. If there are two or more</u>	98
<u>health districts located wholly or partially in the most</u>	99
<u>populous county of the region, the health commissioner of the</u>	100
<u>health district with the largest territorial jurisdiction in</u>	101
<u>that county shall convene the meeting of all county and city</u>	102
<u>health commissioners within ninety days following the effective</u>	103
<u>date of this section.</u>	104

(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. 105  
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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 division (C) of this section. Each biennial meeting shall be held within five days of the same day of the same month as the initial meeting. 114  
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(4) Each representative elected under division (C) of this section 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. 122  
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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 (C)(2) of this section. At the initial meeting of the regional health advisory committees, the committees' representatives 128  
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shall elect two residents from the region to represent that 135  
region as members of the Ohio health care board. One of the two 136  
residents elected from each region to serve on the Ohio health 137  
care board shall be a resident of the region's most populous 138  
county and the other shall be a resident of any county in the 139  
region other than the region's most populous county. 140

Except for the elections to the Ohio health care board at 141  
the initial meeting of each regional health advisory committee, 142  
each resident elected to the board shall be elected to a two- 143  
year term of office. At the initial meeting, the resident from 144  
the most populous county in the region shall be elected to a 145  
term of three years. 146

(2) Annually, beginning in the second year following the 147  
initial elections to the Ohio health care board, the chairperson 148  
of each regional health advisory committee shall convene a 149  
meeting within five calendar days of the same date of the same 150  
month as the initial meeting of that regional health advisory 151  
committee to elect a resident from the region to serve as a 152  
member of the Ohio health care board. The regional health 153  
advisory committee shall elect a resident of a county as is 154  
necessary to meet the representation requirements set by 155  
division (D) (1) of this section. No individual may serve as a 156  
member of the Ohio health care board for more than four 157  
consecutive terms. 158

(3) In addition to meeting for the election of Ohio health 159  
care board members, the regional health advisory committees 160  
shall meet as necessary to fulfill any functions and 161  
responsibilities assigned to them under sections 3920.01 to 162  
3920.15 of the Revised Code. Meetings shall be held at the call 163  
of the chairperson and as may be provided by procedures adopted 164

by the regional health advisory committee. 165

(E) (1) The director of health shall set the time, place, 166  
and date for the initial meeting of the Ohio health care board 167  
and shall preside over the Ohio health care board's initial 168  
meeting. The initial meeting shall be set not sooner than one 169  
hundred fifteen days and not later than one hundred twenty-five 170  
days after the effective date of this section. 171

(2) The members of the Ohio health care board annually 172  
shall elect a member of the board to serve as chairperson at 173  
meetings of the board. Meetings shall be held upon the call of 174  
the chairperson and as provided by procedures prescribed by the 175  
Ohio health care board. Two-thirds of the members of the Ohio 176  
health care board shall constitute a quorum for the conduct of 177  
business at meetings of the board. Decisions at meetings of the 178  
Ohio health care board shall be reached by majority vote of 179  
those present. 180

(3) All meetings of the Ohio health care board are open to 181  
the public unless questions of patient confidentiality arise. 182  
The Ohio health care board may go into closed executive session 183  
with regard to issues related to confidential patient 184  
information. The fourteen members of the Ohio health care board 185  
elected by the regional health advisory committees shall receive 186  
an annual salary and benefits established in accordance with 187  
division (J) of section 124.15 of the Revised Code. 188

(F) The seven regional health advisory committees shall 189  
act as advisory bodies to the Ohio health care board, 190  
representing their individual regions. The regional health 191  
advisory committees shall oversee the management of consumer and 192  
provider complaints originating in their respective regions and 193  
shall hold a hearing on all such complaints. The regional health 194

advisory committees shall offer assistance to resolve consumer 195  
and provider disputes and shall seek the agreement of all 196  
parties to the dispute to submit the dispute to negotiation or 197  
binding arbitration. A regional health advisory committee shall 198  
transfer any dispute that is not resolved at the regional level 199  
to the director of the Ohio health care agency's department of 200  
consumer affairs within six months of the filing of the 201  
complaint; however, the committee may vote to transfer 202  
individual disputes at an earlier date. 203

(G) (1) If a vacancy occurs on the Ohio health care board 204  
for any reason, resulting in a region being without full 205  
representation on the board, that region's health advisory 206  
committee shall elect a resident of that region to fill the 207  
vacancy. Any resident elected to fill a vacancy shall serve the 208  
remainder of the departing member's term. The health advisory 209  
committee shall elect a resident of a county as necessary to 210  
meet the representation requirements set by division (D) (1) of 211  
this section. 212

(2) A serving member of the Ohio health care board shall 213  
continue to serve following the expiration of their term until a 214  
successor takes office or a period of ninety days has elapsed, 215  
whichever occurs first. 216

(H) (1) The members and staff of the Ohio health care board 217  
and employees of the Ohio health care agency, and their 218  
immediate families, are prohibited from having any pecuniary 219  
interest in any business with a contract, or in negotiation for 220  
a contract, with either the Ohio health care board or Ohio 221  
health care agency, or in any business that is subject to the 222  
Ohio health care board's oversight. The members and staff of the 223  
Ohio health care board and employees of the Ohio health care 224

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

As used in division (H) (1) of this section, "blind trust" 240  
means an independently managed trust in which the beneficiary 241  
has no management rights and in which the beneficiary is not 242  
given notice of alterations in or other dispositions of the 243  
stock, mutual funds, or other property subject to the trust. 244

(2) No member of the Ohio health care board other than the 245  
director of health shall knowingly hold any other salaried 246  
public position with the state, either elected or appointed, 247  
during the member's tenure on the board. The director of health 248  
shall receive no salary or benefits by virtue of the director's 249  
service on the Ohio health care board. 250

(3) The chairperson of the Ohio health care board may 251  
conduct hearings to determine if a violation of division (H) (1) 252  
or (2) of this section has occurred. If the alleged violator is 253  
the chairperson, the director of health may conduct the 254

hearings. If the director of health is the chairperson, the 255  
member of the board not alleged to have committed a violation 256  
with the greatest seniority may hold the hearings. Notice of any 257  
hearing, the conduct of the hearing, and all other matters 258  
relating to the holding of the hearing shall be governed by 259  
Chapter 119. of the Revised Code. 260

If a member of the Ohio health care board, or of the 261  
member's immediate family, is found to have violated division 262  
(H) (1) of this section, or a member of the Ohio health care 263  
board is found to have violated division (H) (2) of this section, 264  
the chairperson of the Ohio health care board, the director of 265  
health, or senior board member, as applicable, shall remove the 266  
member from the Ohio health care board. 267

If a staffer of the Ohio health care board or an employee 268  
of the Ohio health care agency, or a member of the staffer's or 269  
employee's immediate family, is found to have violated division 270  
(H) (1) of this section, the Ohio health care board or Ohio 271  
health care agency shall take appropriate disciplinary action 272  
against the staffer or employee, which action may include 273  
termination of employment. 274

Sections 101.82 and 101.83 of the Revised Code do not 275  
apply to the Ohio health care board and the regional health 276  
advisory committees. 277

**Sec. 3920.04.** (A) The Ohio health care board is 278  
responsible for directing the Ohio health care agency in the 279  
performance of all duties, the exercise of all powers, and the 280  
assumption and discharge of all functions vested in the Ohio 281  
health care agency. The Ohio health care board shall adopt rules 282  
in accordance with Chapter 119. of the Revised Code as needed to 283  
carry out the purposes of, and to enforce, this chapter. 284

<u>(B) The duties and functions of the Ohio health care board</u>	285
<u>include the following:</u>	286
<u>(1) Implementing statutory eligibility standards for</u>	287
<u>benefits;</u>	288
<u>(2) Annually adopting a benefits package for participants</u>	289
<u>of the Ohio health care plan;</u>	290
<u>(3) Acting directly or through one or more contractors as</u>	291
<u>the single payer for all claims for health care services made</u>	292
<u>under the Ohio health care plan;</u>	293
<u>(4) Developing and implementing separate formulas for</u>	294
<u>determining budgets under sections 3920.21 to 3920.28 of the</u>	295
<u>Revised Code;</u>	296
<u>(5) Annually reviewing the formulas for determining the</u>	297
<u>appropriateness and sufficiency of rates, fees, and prices;</u>	298
<u>(6) Providing for timely payments to providers through a</u>	299
<u>structure that is well organized and that eliminates unnecessary</u>	300
<u>administrative costs;</u>	301
<u>(7) Implementing, to the extent permitted by federal law,</u>	302
<u>standardized claims and reporting methods for use by the Ohio</u>	303
<u>health care plan;</u>	304
<u>(8) Developing a system of centralized electronic claims</u>	305
<u>and payments;</u>	306
<u>(9) Establishing an enrollment system that will ensure</u>	307
<u>that all eligible residents of this state, including those who</u>	308
<u>travel frequently, those who cannot read, and those who do not</u>	309
<u>speak English, are aware of their right to health care and are</u>	310
<u>formally enrolled in the Ohio health care plan;</u>	311

- (10) Reporting annually to the general assembly and the 312  
governor, on or before the first day of October, on the 313  
performance of the Ohio health care plan, the fiscal condition 314  
of the Ohio health care plan, any need for rate adjustments, 315  
recommendations for statutory changes, the receipt of payments 316  
from the federal government, whether current year goals and 317  
priorities were met, future goals and priorities, and major new 318  
technology or prescription drugs that may affect the cost of the 319  
health care services provided by the Ohio health care plan; 320
- (11) Administering the revenues of the Ohio health care 321  
fund pursuant to section 3920.09 of the Revised Code; 322
- (12) Obtaining appropriate liability and other forms of 323  
insurance to provide coverage for the Ohio health care plan, the 324  
Ohio health care board, the Ohio health care agency, and their 325  
employees and agents; 326
- (13) Establishing, appointing, and funding appropriate 327  
staff for the Ohio health care agency throughout this state; 328
- (14) Procuring requisite office space and administrative 329  
support; 330
- (15) Administering aspects of the Ohio health care agency 331  
by taking actions that include the following: 332
- (a) Establishing standards and criteria for the allocation 333  
of operating funds; 334
- (b) Meeting regularly with the executive director and 335  
administrators of the Ohio health care agency to review the 336  
impact of the agency and its policies on the regional districts 337  
established under section 3920.03 of the Revised Code; 338
- (c) Establishing measurable goals for the health care 339

system established pursuant to the Ohio health care plan; 340

(d) Establishing statewide health care databases to 341  
support health care services planning; 342

(e) Implementing policies, and developing mechanisms and 343  
incentives, to assure culturally and linguistically sensitive 344  
care; 345

(f) Establishing standards and criteria for the 346  
determination of appropriate compensation and training for 347  
residents of this state who are displaced from work due to the 348  
implementation of the Ohio health care plan; 349

(g) Establishing methods for the recovery of costs for 350  
health care services provided pursuant to the Ohio health care 351  
plan to a participant that are covered under the terms of a 352  
policy of insurance, a health benefit plan, or other collateral 353  
source available to the participant under which the participant 354  
has a right of action for compensation. Receipt of health care 355  
services pursuant to the Ohio health care plan shall be deemed 356  
an assignment by the participant of any right to payment for 357  
services from any policy, plan, or other source. The other 358  
source of health care benefits shall pay to the Ohio health care 359  
fund all amounts it is obligated to pay to the participant for 360  
covered health care services. The Ohio health care board may 361  
commence any action necessary to recover the amounts due. 362

(16) Appointing a technical and medical advisory board. 363  
The members of the technical and medical advisory board shall 364  
represent a cross section of the medical and provider community 365  
and consumers, and shall include two persons, one being a 366  
provider and the other representing consumers, from each region 367  
designated in section 3920.03 of the Revised Code. The members 368

of the technical and medical advisory board shall be reimbursed 369  
for actual and necessary expenses incurred in the performance of 370  
their duties. The technical and medical advisory board's duties 371  
include: 372

(a) Advising the Ohio health care board on the 373  
establishment of policy on medical issues, population-based 374  
public health issues, research priorities, scope of services, 375  
expanding access to health care services, and evaluating the 376  
performance of the Ohio health care plan; 377

(b) Investigating proposals for innovative approaches to 378  
the promotion of health, the prevention of disease and injury, 379  
patient education, research, and health care delivery; 380

(c) Advising the Ohio health care board on the 381  
establishment of standards and criteria to evaluate requests 382  
from health care facilities for capital improvements. 383

(C) The Ohio health care board shall employ and fix the 384  
compensation of Ohio health care agency personnel, with the 385  
approval of the department of administrative services, as needed 386  
by the agency to properly discharge the agency's duties. The 387  
employment of personnel by the Ohio health care board is subject 388  
to the civil service laws of this state. The Ohio health care 389  
board shall employ personnel that include the following: 390

(1) Executive director; 391

(2) Administrator of planning, research, and development; 392

(3) Administrator of consumer affairs; 393

(4) Administrator of quality assurance; 394

(5) Administrator of finance; 395

(6) Legal counsel to represent the Ohio health care agency 396  
and Ohio health care board in any legal action brought by or 397  
against the agency or board under or pursuant to any provision 398  
of the Revised Code under the agency's or board's jurisdiction. 399

(D) No member of the Ohio health care board or individual 400  
on the staff of the Ohio health care board or Ohio health care 401  
agency shall use for personal benefit any information filed with 402  
or obtained by the Ohio health care board that is not then 403  
readily available to the public. No member of the Ohio health 404  
care board shall use or in any way attempt to use their position 405  
as a member to influence a decision of any other governmental 406  
body. 407

Sections 101.82 and 101.83 of the Revised Code do not 408  
apply to the technical and medical advisory board established 409  
pursuant to division (B)(16) of this section. 410

**Sec. 3920.05.** The executive director of the Ohio health 411  
care agency is the chief administrator of the Ohio health care 412  
plan and shall administer and enforce this chapter. The 413  
executive director shall oversee the operation of the Ohio 414  
health care agency and the agency's performance of any duties 415  
assigned by the Ohio health care board. 416

**Sec. 3920.06.** (A) The executive director of the Ohio 417  
health care agency shall determine the duties of the 418  
administrator of planning, research, and development. Those 419  
duties shall include the following: 420

(1) Establishing policy on medical issues, population- 421  
based public health issues, research priorities, scope of 422  
services, the expansion of participants' access to health care 423  
services, and evaluating the performance of the Ohio health care 424

plan; 425

(2) Investigating proposals for innovative approaches for 426  
the promotion of health, the prevention of disease and injury, 427  
patient education, research, and the delivery of health care 428  
services; 429

(3) Establishing standards and criteria for evaluating 430  
applications from health care facilities for capital 431  
improvements. 432

(B) (1) The executive director shall determine the duties 433  
of the administrator of consumer affairs. Those duties shall 434  
include the following: 435

(a) Developing educational and informational guides for 436  
consumers that describe consumer rights and responsibilities and 437  
that inform consumers of effective ways to exercise consumer 438  
rights to obtain health care services. The guides shall be easy 439  
to read and understand and available in English and in other 440  
languages. The Ohio health care agency shall make the guides 441  
available to the public through public outreach and educational 442  
programs and through the internet web site of the Ohio health 443  
care agency. 444

(b) Establishing a toll-free telephone number to receive 445  
questions and complaints regarding the Ohio health care agency 446  
and the agency's services. The Ohio health care agency's 447  
internet web site shall provide complaint forms and instructions 448  
online. 449

(c) Examining suggestions from the public; 450

(d) Making recommendations for improvements to the Ohio 451  
health care board; 452

(e) Examining the extent to which individual health care facilities in a region meet the needs of the community in which they are located; 453  
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(f) Receiving, investigating, and responding to all complaints about any aspect of the Ohio health care plan and referring the results of all investigations into the provision of health care services by health care providers or facilities to the appropriate provider or health care facility licensing board, or when appropriate, to a law enforcement agency; 456  
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(g) Publishing an annual report for the public and the general assembly that contains a statewide evaluation of the Ohio health care agency and of the delivery of health care services in each region established under section 3920.03 of the Revised Code; 462  
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(h) Holding public hearings, at least annually, within each region established under section 3920.03 of the Revised Code for public suggestions and complaints. 467  
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(2) The administrator of consumer affairs shall work closely with the seven regional health advisory committees on the resolution of complaints. In the discharge of the administrator's duties, the administrator shall have unlimited access to all nonconfidential and nonprivileged documents in the custody and control of the agency. Nothing in this chapter prohibits a consumer or class of consumers, or the administrator of consumer affairs, from seeking relief through the courts. 470  
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(C) The executive director, in consultation with the technical and medical advisory board, shall determine the duties of the administrator of quality assurance. Those duties shall include the following: 478  
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<u>(1) Studying and reporting on the efficacy of health care treatments and medications for particular conditions;</u>	482 483
<u>(2) Identifying causes of medical errors and devising procedures to decrease medical errors;</u>	484 485
<u>(3) Establishing an evidence-based formulary;</u>	486
<u>(4) Identifying treatments and medications that are unsafe or have no proven value;</u>	487 488
<u>(5) Establishing a process for soliciting information on medical standards from providers and consumers for purposes of division (C) of this section.</u>	489 490 491
<u>(D) The executive director shall determine the duties of the administrator of finance. Those duties shall include the following:</u>	492 493 494
<u>(1) Administering the Ohio health care fund;</u>	495
<u>(2) Making prompt payments to providers;</u>	496
<u>(3) Developing a system of centralized claims and payments;</u>	497 498
<u>(4) Communicating to the treasurer of state when funds are needed for the operation of the Ohio health care plan;</u>	499 500
<u>(5) Establishing a process for soliciting information on medical standards from providers and consumers for purposes of division (D) of this section;</u>	501 502 503
<u>(6) Developing information systems for utilization review;</u>	504
<u>(7) Investigating possible provider or consumer fraud.</u>	505
<b><u>Sec. 3920.07. (A) All residents of this state and individuals employed in this state, including the homeless and</u></b>	506 507

migrant workers, are eligible for coverage under the Ohio health 508  
care plan. The Ohio health care board shall establish standards 509  
and a simplified procedure to demonstrate proof of residency. 510  
The Ohio health care board shall establish a procedure to enroll 511  
eligible residents and employees and to provide each individual 512  
covered under the Ohio health care plan with identification that 513  
providers may use to determine eligibility for health care 514  
services under the Ohio health care plan. 515

(B) If waivers are not obtained under sections 3920.31 to 516  
3920.33 of the Revised Code from the medical assistance and 517  
medicare programs operated under Title XVIII or XIX of the 518  
"Social Security Act," 49 Stat. 20 (1935), 42 U.S.C. 301, as 519  
amended, or whenever a necessary waiver is not in effect, the 520  
medical assistance program, medicare program, CHIP program, and 521  
federal employees health benefits program as defined in section 522  
3920.31 of the Revised Code shall act as the primary insurers 523  
for residents of this state and individuals employed in this 524  
state for health coverage and the Ohio health care plan shall 525  
serve as the secondary or supplemental plan of health coverage. 526  
When the Ohio health care plan serves as a secondary or 527  
supplemental plan of health coverage the Ohio health care plan 528  
shall not provide coverage to a resident of this state or 529  
individual employed in this state for any covered health care 530  
service that the resident or worker is then eligible to receive 531  
under the medical assistance or medicare program. 532

(C) A plan of employee health coverage provided by an out- 533  
of-state employer to resident of this state working outside of 534  
this state shall serve as the employee's primary plan of health 535  
coverage and the Ohio health care plan shall serve as the 536  
employee's secondary plan of health coverage. 537

(D) The Ohio health care agency shall bill an out-of-state employer or the employer's insurer for the cost of covered health care services provided in accordance with the Ohio health care plan to residents of this state employed by the out-of-state employer when the health care services provided are covered under the terms of the employer's plan of employee health coverage. 538  
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(E) The Ohio health care plan shall reimburse Ohio health care board approved providers practicing outside of this state at Ohio health care plan rates for health care services rendered to a plan participant while the participant is out of state. 545  
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(F) Any employer operating in this state may purchase coverage under the Ohio health care plan for an employee who lives out of state but who works in this state. 549  
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(G) (1) Any institution of higher education located in this state may purchase coverage under the Ohio health care plan for a student who does not otherwise have status as a resident of this state. 552  
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(2) As used in this section, "institution of higher education" means an institution of higher education, as defined in section 3345.12 of the Revised Code, and a private college, university, or other postsecondary institution located in this state that possesses a certificate of authorization issued pursuant to Chapter 1713. of the Revised Code or a certificate of registration issued by the state board of career colleges and schools under Chapter 3332. of the Revised Code. 556  
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(H) Any individual who arrives at a health care facility unconscious or otherwise unable due to their mental or physical condition to document eligibility for coverage under the Ohio 564  
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health care plan shall be presumed to be eligible. 567

Sec. 3920.08. (A) The Ohio health care board shall 568  
establish a single health benefits package that shall include 569  
all of the following: 570

(1) Inpatient and outpatient provider care, both primary 571  
and secondary; 572

(2) Emergency services, as defined in section 3923.65 of 573  
the Revised Code, twenty-four hours each day on a prudent 574  
layperson standard. Residents who are temporarily out of state 575  
may receive benefits for emergency services rendered in that 576  
state. The Ohio health care agency shall make timely emergency 577  
services, including hospital care and triage, available to all 578  
residents of this state, including all residents not enrolled in 579  
the Ohio health care plan. 580

(3) Emergency and other transportation services to covered 581  
health care services, subject to division (B) of this section; 582

(4) Rehabilitation services, including speech, 583  
occupational, and physical therapy; 584

(5) Inpatient and outpatient mental health services and 585  
substance abuse treatment; 586

(6) Hospice care; 587

(7) Prescription drugs and prescribed medical nutrition; 588

(8) Vision care, aids, and equipment; 589

(9) Hearing care, hearing aids, and equipment; 590

(10) Diagnostic medical tests, including laboratory tests 591  
and imaging procedures; 592

(11) Medical supplies and prescribed medical equipment, 593

<u>both durable and nondurable;</u>	594
<u>(12) Immunizations, preventive care, health maintenance care, and screening;</u>	595
<u>(13) Dental care;</u>	596
<u>(14) Home health care services.</u>	597
<u>(B) The Ohio health care plan shall provide necessary transportation in each county to covered health care services. Independent transportation providers shall be reimbursed on a fee-for-service basis. Fee schedules for covered transportation may take into account the recognized differences among geographic areas regarding cost. A covered transportation benefits account is hereby created within the Ohio health care fund.</u>	598
<u>(C) The Ohio health care plan shall not exclude or limit coverage of its participants' pre-existing conditions.</u>	599
<u>(D) Residents enrolled in the Ohio health care plan are not subject to copayments, point-of-service charges, or any other fee or charge, and shall not be directly billed by providers for covered health care services provided to the resident.</u>	600
<u>(E) The Ohio health care board, with the consent of the technical and medical advisory board, shall remove or exclude procedures and treatments, equipment, and prescription drugs from the Ohio health care plan's benefit package that the board finds unsafe, experimental, of no proven value, or that add no therapeutic value.</u>	601
<u>(F) The Ohio health care board shall exclude coverage for any surgical, orthodontic, or other medical procedure, or</u>	602
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prescription drug, that the technical and medical advisory board 622  
determines was or will be provided primarily for cosmetic 623  
purposes, unless required to correct a congenital defect, to 624  
restore or correct disfigurements resulting from injury or 625  
disease, or that is determined to be medically necessary by a 626  
qualified, licensed provider. 627

(G) Participants shall have free choice of the providers 628  
eligible to participate in the Ohio health care plan. 629

(H) No provider shall be compelled by the Ohio health care 630  
agency to offer any particular service, provided that the 631  
provider does not discriminate among patients in providing 632  
health care services. 633

(I) The Ohio health care plan and the providers 634  
participating in the plan shall not discriminate on the basis of 635  
race, color, religion, national origin, sexual orientation, 636  
health status, employment status, or occupation or sex, military 637  
status, disability, or age as defined in section 4112.01 of the 638  
Revised Code. 639

**Sec. 3920.09.** (A) The Ohio health care fund is hereby 640  
established in the state treasury. The administrator of finance 641  
of the Ohio health care agency shall administer and monitor the 642  
Ohio health care fund. All moneys collected and received by the 643  
Ohio health care plan shall be transmitted to the treasurer of 644  
state for deposit into the Ohio health care fund, to be used to 645  
finance the Ohio health care plan and to pay the costs of 646  
compensation and training for displaced workers pursuant to 647  
section 3920.11 of the Revised Code. 648

(B) The treasurer of state may invest the interest earned 649  
by the Ohio health care fund in any manner authorized by the 650

Revised Code for the investment of state moneys. Any revenue or 651  
interest earned from the investments shall be credited to the 652  
Ohio health care fund. 653

(C) All provider claims for payment for health care 654  
services rendered under the Ohio health care plan shall be 655  
transmitted to the Ohio health care fund by the provider or the 656  
provider's agent. The format of, and the method of transmitting, 657  
provider claims shall be determined by the Ohio health care 658  
board. 659

(D) All payments for health care services rendered under 660  
the Ohio health care plan shall be disbursed from the Ohio 661  
health care fund. The administrator of finance of the Ohio 662  
health care agency shall establish a reserve account within the 663  
Ohio health care fund. When the revenue available to the Ohio 664  
health care plan in any biennium exceeds the total amount 665  
expended or obligated during that biennium, the excess revenue 666  
shall be transferred to the reserve account. The Ohio health 667  
care board may use the money in the reserve account for expenses 668  
of the Ohio health care agency or the Ohio health care plan. 669

(E) The administrator of finance of the Ohio health care 670  
agency shall notify the Ohio health care board when the annual 671  
expenditures or anticipated future expenditures of the Ohio 672  
health care plan appear to be in excess of the revenues or 673  
anticipated revenues for the same period. The Ohio health care 674  
board shall implement appropriate cost control measures based on 675  
the notification. The Ohio health care board shall seek a 676  
special appropriation for the Ohio health care fund if the cost 677  
control measures implemented do not reduce the Ohio health care 678  
plan's expenditures to an amount that may be covered by its 679  
revenue. 680

Sec. 3920.10. (A) The Ohio health care board shall 681  
establish written procedures for the receipt and resolution of 682  
disputes and grievances. The procedures shall provide for an 683  
initial hearing before the appropriate regional health advisory 684  
committee in accordance with division (F) of section 3920.03 of 685  
the Revised Code. The board shall accord to plaintiffs the right 686  
to be heard at the hearing. 687

(B) Any party aggrieved by an order or decision issued 688  
pursuant to the procedures established in division (A) of this 689  
section may appeal the order or decision to the court of common 690  
pleas of the county in which the consumer resides. The appellant 691  
shall file a notice of appeal with the Ohio health care board 692  
within fifteen days of the filing of the appeal with the court 693  
of common pleas. The appellant shall file evidence of the notice 694  
with the court of common pleas within twenty days of the filing. 695  
If the court of common pleas does not receive such evidence, 696  
proceedings shall be stayed until the court receives the 697  
required evidence. 698

(C) Appeals of denied claims may be submitted by Ohio 699  
health care plan beneficiaries or providers, or businesses 700  
selling medical equipment and supplies to the Ohio health care 701  
board. The board shall conduct appeals in compliance with its 702  
written procedures and both laws of this state and federal laws. 703

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

The department shall attempt to position these displaced workers 711  
in comparable positions of employment with the Ohio health care 712  
agency. 713

(B) The department of job and family services shall 714  
forward the information on the amount of monthly wages lost by 715  
residents of this state due to the implementation of the Ohio 716  
health care plan to the Ohio health care agency. The Ohio health 717  
care agency shall determine the amount of compensation and 718  
training that each displaced worker shall receive and shall 719  
submit a claim to the Ohio health care fund for payment. A 720  
displaced worker, however, shall not receive compensation from 721  
the Ohio health care fund in excess of sixty thousand dollars 722  
per year for two years. Compensation paid to the displaced 723  
worker under this section shall serve as a supplement to any 724  
compensation the worker receives from the department of job and 725  
family services. 726

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

Employers are exempt from all health taxes imposed under this 742  
chapter until the expiration of the policy, plan, or agreement, 743  
at which point the employer and the employer's employees become 744  
participants in the Ohio health care plan. 745

(B) A person covered by a health care policy, plan, or 746  
agreement that has its premiums paid for in any part with public 747  
money, including money from the state, a political subdivision, 748  
state educational institution, public school, or other entity, 749  
shall be covered by the Ohio health care plan on the day that 750  
benefits become available under the Ohio health care plan. 751

(C) Health care insurers, health insuring corporations, 752  
and other persons selling or providing health care benefits may 753  
deliver, issue for delivery, renew, or provide health benefit 754  
packages that do not duplicate the health benefit package 755  
provided by the Ohio health care plan, but shall not, except as 756  
provided by division (A) of this section, deliver, issue for 757  
delivery, renew, or provide health benefit packages that 758  
duplicate the health benefit package provided by the Ohio health 759  
care plan. 760

**Sec. 3920.13.** The Ohio health care agency is subrogated to 761  
all rights of a participant who has received benefits, or who 762  
has a right to benefits, under any other policy or contract of 763  
health care. 764

**Sec. 3920.14.** (A) All providers may participate in the 765  
Ohio health care plan. 766

(B) The Ohio health care board and the technical and 767  
medical advisory board shall assess the number of primary and 768  
specialty providers needed to supply adequate health care 769  
services to all participants in the Ohio health care plan, and 770

shall develop a plan to meet that need. The Ohio health care 771  
board shall develop incentives for providers in order to 772  
increase residents' access to health care services in unserved 773  
or underserved areas of the state. 774

(C) The Ohio health care board annually shall evaluate 775  
residents' access to trauma care, and shall establish measures 776  
to ensure participants have equitable access to trauma care and 777  
to specialized medical procedures and technology. 778

(D) The Ohio health care board, with the advice of the 779  
technical and medical advisory board and the administrator of 780  
quality assurance, shall define performance criteria and goals 781  
for the Ohio health care plan and shall report to the general 782  
assembly at least annually on the plan's performance. The Ohio 783  
health care board shall establish a system to monitor the 784  
quality of health care and patient and provider satisfaction 785  
with that care and a system to devise improvements to the 786  
provision of health care services. 787

(E) All providers subject to the Ohio health care plan 788  
shall provide data upon request to the Ohio health care board, 789  
which data the board requires to devise methods to maintain and 790  
improve the provision of health care services. 791

(F) The Ohio health care board, with the advice of the 792  
technical and medical advisory board, shall coordinate the Ohio 793  
health care plan's provision of health care services with any 794  
other state and local agencies that provide health care services 795  
directly to their residents. 796

**Sec. 3920.15.** In the absence of fraud or bad faith, county 797  
and city health commissioners, regional health advisory 798  
committees, and the Ohio health care board and Ohio health care 799

agency, and their members and employees, shall incur no 800  
liability in relation to the performance of their duties and 801  
responsibilities under sections 3920.01 to 3920.15 of the 802  
Revised Code. The state shall incur no liability in relation to 803  
the implementation and operation of the Ohio health care plan. 804

Sec. 3920.21. (A) The Ohio health care board shall prepare 805  
and recommend to the general assembly an annual budget for 806  
health care that specifies and establishes a limit on total 807  
annual state expenditures for health care provided pursuant to 808  
sections 3920.01 to 3920.15 of the Revised Code. The budget 809  
shall include all of the following components: 810

(1) A system budget covering all expenditures for the 811  
system, in accordance with section 3920.22 of the Revised Code; 812

(2) Provider budgets for the fee-for-service and 813  
integrated health delivery system and for individual health care 814  
facilities and their associated clinics, in accordance with 815  
section 3920.23 of the Revised Code; 816

(3) A capital investment budget in accordance with section 817  
3920.24 of the Revised Code; 818

(4) A purchasing budget in accordance with section 3920.25 819  
of the Revised Code; 820

(5) A research and innovation budget in accordance with 821  
section 3920.26 of the Revised Code. 822

(B) In preparing the budget, the Ohio health care board 823  
shall consider anticipated increased expenditures and savings, 824  
including projected increases in expenditures due to improved 825  
access for underserved populations and improved reimbursement 826  
for primary care, projected administrative savings under the 827  
single-payer mechanism, projected savings in prescription drug 828

expenditures under competitive bidding and a single buyer, and 829  
projected savings due to provision of primary care rather than 830  
emergency room treatment. 831

**Sec. 3920.22.** (A) The system budget referred to in 832  
division (A) (1) of section 3920.21 of the Revised Code shall 833  
comprise the cost of the system, services and benefits provided, 834  
administration, data gathering, planning and other activities, 835  
and revenues deposited with the system account of the Ohio 836  
health care fund. 837

The Ohio health care board shall limit administrative 838  
costs to five per cent of the system budget and shall annually 839  
evaluate methods to reduce administrative costs and report the 840  
results of that evaluation to the general assembly. The board 841  
shall also limit growth of health care costs in the system 842  
budget by reference to changes in state gross domestic product, 843  
population, employment rates, and other demographic indicators, 844  
as appropriate. Moneys in the reserve account of the Ohio health 845  
care fund shall not be considered as available revenues for 846  
purposes of preparing the system budget. 847

(B) The Ohio health care board shall implement cost 848  
control measures pursuant to division (A) of this section. 849  
However, no cost control measure shall limit access to care that 850  
is needed on an emergency basis or that is determined by a 851  
patient's provider to be medically appropriate for a patient's 852  
condition. 853

Possible mandatory cost control measures include the 854  
following: 855

(1) Postponement of the introduction of new benefits or 856  
benefit improvements; 857

<u>(2) Postponement of new capital investment;</u>	858
<u>(3) Adjustment of provider budgets to correct for inappropriate provider utilization;</u>	859
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<u>(4) Establishment of a limit on provider reimbursement above a specified amount of aggregate billing;</u>	861
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<u>(5) Deferred funding of the reserve account;</u>	863
<u>(6) Establishment of a limit on aggregate reimbursements to pharmaceutical manufacturers;</u>	864
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<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>	866
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<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>	870
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<u>(B) Providers shall choose whether they will be compensated as fee-for-service providers or as part of a capitated provider network.</u>	880
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<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</u>	883
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of these category budgets shall be sufficient to cover all 886  
included services anticipated to be required by eligible 887  
individuals choosing fee-for-service at the rates negotiated or 888  
set by the Ohio health care board, except as necessary for cost 889  
containment purposes pursuant to section 3920.22 of the Revised 890  
Code. 891

The board shall negotiate fee-for-service reimbursement 892  
rates or salaries for licensed health care providers. In the 893  
event negotiations are not concluded in a timely manner, the 894  
board shall establish the reimbursement rates. Reimbursement 895  
rates shall reflect the goals of the system. 896

(2) The budget shall detail all operating expenses for 897  
health care facilities or clinics that are not part of a 898  
capitated provider network. In establishing a health care 899  
facility budget, the Ohio health care board shall develop and 900  
utilize separate formulas that reflect the differences in cost 901  
of primary, secondary, and tertiary care services and health 902  
care services provided by academic medical centers. The board 903  
shall negotiate reimbursement rates with facilities and clinics. 904  
Reimbursement rates shall reflect the goals of the system. 905

(C)(1) The budget for capitated providers shall be 906  
sufficient to cover all included services anticipated to be 907  
required by eligible individuals choosing an integrated health 908  
care delivery system at the rates negotiated or set by the Ohio 909  
health care board. All health care facilities, group practices, 910  
and integrated health care systems shall submit annual operating 911  
budget requests to the board and may choose to be reimbursed 912  
through a global facility budget or on a capitated basis. The 913  
board shall adjust budgets on the basis of the health risk of 914  
enrollees; the scope of services provided; proposed innovative 915

programs that improve quality, workplace safety, or consumer, 916  
provider, or employee satisfaction; costs of providing care for 917  
nonmembers; and an appropriate operating margin. 918

(2) Providers that choose to operate a health care 919  
facility on a capitated basis shall not be paid additionally on 920  
a fee-for-service basis unless they are providing services in a 921  
separate private medical practice or health care facility. 922  
Providers and health care facilities that operate on a capitated 923  
basis shall report immediately any projected operating deficits 924  
to the Ohio health care board. The board shall determine whether 925  
the projected deficits reflect appropriate increases in health 926  
care needs, in which case the board shall adjust the provider or 927  
health care facility budget appropriately. If the board 928  
determines that the deficit is not justifiable, no adjustment 929  
shall be made. 930

(3) The board may terminate the funding for health care 931  
facilities, group practices, and integrated health care systems 932  
or particular services provided by them if they fail to meet 933  
standards of care and practice established by the board. The 934  
board shall make future funding contingent on measurable 935  
improvements in quality of care and health care outcomes. 936

(D) The Ohio health care board shall prohibit charges to 937  
the Ohio health care plan or to patients for covered health care 938  
services other than those established by regulation, 939  
negotiation, or the appeals process. Licensed health care 940  
providers who provide services not covered by sections 3920.01 941  
to 3920.15 of the Revised Code may charge patients for those 942  
services. 943

**Sec. 3920.24.** (A) The capital investment budget referred 944  
to in division (A) (3) of section 3920.21 of the Revised Code 945

shall be established by the Ohio health care board, with the 946  
advice of the technical and medical advisory board and its 947  
staff, and shall provide for capital maintenance and 948  
development. In preparing the budget, the Ohio health care board 949  
shall determine capital investment priorities and evaluate 950  
whether the capital investment program has improved access to 951  
services and has eliminated redundant capital investments. 952

(B) All capital investments valued at five hundred 953  
thousand dollars or greater, including the costs of studies, 954  
surveys, design plans and working drawing specifications, and 955  
other activities essential to planning and execution of capital 956  
investment, and all capital investments that change the bed 957  
capacity of a health care facility or add a new service or 958  
license category incurred by any health system entity, shall 959  
require the approval of the Ohio health care board. When a 960  
health care facility, or individual acting on behalf of a health 961  
care facility, or any other purchaser, obtains by lease or 962  
comparable arrangement any health care facility or part of a 963  
health care facility, or any equipment for a health care 964  
facility, the market value of which would have been a capital 965  
expenditure, the lease or arrangement shall be considered a 966  
capital expenditure for purposes of sections 3920.01 to 3920.15 967  
of the Revised Code. 968

(C) Health care facilities shall provide the Ohio health 969  
care board with at least three-months' advance notice of any 970  
planned capital investment of more than fifty thousand dollars 971  
but less than five hundred thousand dollars. These capital 972  
investments shall minimize unneeded expansion of health care 973  
facilities and services based on the priorities and goals for 974  
capital investment established by the board. 975

(D) No capital investment shall be undertaken using funds 976  
from a health care facility operating budget. 977

Sec. 3920.25. The purchasing budget referred to in 978  
division (A) (4) of section 3920.21 of the Revised Code shall 979  
provide for the purchase of prescription drugs and durable and 980  
nondurable medical equipment for the system. The Ohio health 981  
care board shall purchase all prescription drugs and durable and 982  
nondurable medical equipment for the system from this budget. 983

Sec. 3920.26. The research and innovation budget referred 984  
to in division (A) (5) of section 3920.21 of the Revised Code 985  
shall support research and innovation that has been recommended 986  
by the Ohio health care board, the technical and medical 987  
advisory board, or the administrator of consumer affairs. This 988  
research and innovation includes methods for improving the 989  
administration of the system, improving the quality of health 990  
care, educating patients, and improving communication among 991  
health care providers. 992

Sec. 3920.27. The Ohio health care board shall establish a 993  
capital account in the Ohio health care fund as part of the Ohio 994  
health care plan. Moneys in the account shall be used solely to 995  
pay for the establishment and maintenance of a loan program for 996  
health care facilities and equipment for use by health care 997  
professionals who desire to establish practices in areas of the 998  
state in which, according to criteria established by the board, 999  
the level of health care services is inadequate. 1000

Sec. 3920.28. Funding of the Ohio health care plan shall 1001  
be obtained from the following sources: 1002

(A) Funds made available to the Ohio health care plan 1003  
pursuant to sections 3920.31 to 3920.33 of the Revised Code; 1004

(B) Funds obtained from other federal, state, and local governmental sources and programs; 1005  
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(C) Receipts from taxes levied on employers' payrolls to be paid by employers. The tax rate in the first year shall not exceed three and eighty-five hundredths per cent of the payroll. 1007  
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(D) Receipts from additional taxes levied on businesses' gross receipts. The tax rate in the first year shall not exceed three per cent of the gross receipts. 1010  
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(E) Receipts from additional income taxes, equal to six and two-tenths per cent of an individual's compensation in excess of the amount subject to the social security payroll tax; 1013  
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(F) Receipts from additional income taxes, equal to five per cent of all of an individual's Ohio adjusted gross income, less the exemptions allowed under section 5747.025 of the Revised Code, in excess of two hundred thousand dollars. 1016  
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**Sec. 3920.31.** (A) As used in sections 3920.31 to 3920.33 of the Revised Code: 1020  
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(1) "CHIP" has the same meaning as in section 5161.01 of the Revised Code. 1022  
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(2) "Federal employees health benefits program" means the program of health insurance benefits available to employees of the federal government that the United States office of personnel management is authorized to contract for under 5 U.S.C. 8902. 1024  
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(3) "Federal poverty guidelines" has the same meaning as in section 5101.46 of the Revised Code. 1029  
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(4) "Medicaid" and "medicare" have the same meanings as in section 5162.01 of the Revised Code. 1031  
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(B) At the request of the Ohio health care board, the Ohio health care agency's executive director shall seek federal financial participation in the Ohio health care plan, including funding otherwise available under medicare, medicaid, CHIP, and the federal employees health benefits program. The executive director shall request that the amount of the federal financial participation be at least equal to the medicaid federal financial participation rate in effect for this state on the effective date of this section. The executive director shall periodically seek adjustments to the federal financial participation rate for the Ohio health care plan to reflect changes in the state domestic gross product, the state's population, including changes in age groups, and the number of residents with income below the federal poverty guidelines.

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

Sec. 3920.33. At the request of the Ohio health care board, the medicaid director shall seek any federal waivers necessary for the Ohio health care plan to receive federal financial participation under section 3920.31 of the Revised Code otherwise available under the medicaid and CHIP programs. Upon receipt of federal approval, the medicaid director shall

implement the medicaid and CHIP programs in accordance with the 1064  
waiver. 1065

**Section 2.** That existing section 109.02 of the Revised 1066  
Code is hereby repealed. 1067

**Section 3.** In the first two years following the effective 1068  
date of sections 3920.01 to 3920.33 of the Revised Code, the 1069  
Ohio Health Care Board shall prepare for the delivery of 1070  
universal, affordable health care coverage to all eligible Ohio 1071  
residents and individuals employed in Ohio. The Ohio Health Care 1072  
Board shall appoint a Transition Advisory Group to assist with 1073  
the transition to the provision of care under the Ohio Health 1074  
Care Plan. The Transition Advisory Group shall include a broad 1075  
selection of experts in health care finance and administration, 1076  
providers from a variety of medical fields, representatives of 1077  
Ohio's counties, employers and employees, representatives of 1078  
hospitals and clinics, and representatives from state regulatory 1079  
bodies. Members of the Transition Advisory Group shall be 1080  
reimbursed by the Ohio Health Care Agency for necessary and 1081  
actual expenses incurred in the performance of their duties as 1082  
members. 1083