

As Reported by the Committee of Conference

134th General Assembly

Regular Session

2021-2022

Am. Sub. H. B. No. 75

Representative Oelslager

Cosponsors: Representatives Baldrige, Callender, Carruthers, Edwards, Fraizer, Galonski, Holmes, Householder, John, Jones, Lanese, Lepore-Hagan, Miller, J., O'Brien, Plummer, Richardson, Riedel, Russo, White, Young, T. Senators Huffman, S., Antonio, Blessing, Cirino, Craig, Fedor, Gavarone, Hackett, Johnson, Kunze, Lang, Peterson, Reineke, Rulli, Sykes, Thomas, Williams, Wilson, Yuko

A BILL

To amend sections 4121.43, 4123.57, 4123.58, 1
4123.85, 4123.88, 4133.03, 4133.07, and 4133.08 2
of the Revised Code to make appropriations for 3
the Bureau of Workers' Compensation for the 4
biennium beginning July 1, 2021, and ending June 5
30, 2023, to provide authorization and 6
conditions for the operation of the Bureau's 7
programs, and to make changes to the Workers' 8
Compensation Law. 9

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

Section 1. All items in this act are hereby appropriated 10
out of any moneys in the state treasury to the credit of the 11
designated fund. For all appropriations made in this act, those 12
in the first column are for fiscal year 2022, and those in the 13
second column are for fiscal year 2023. The appropriations made 14
in this act are in addition to any other appropriations made for 15
the biennium beginning July 1, 2021, and ending June 30, 2023. 16

	1	2	3	4	5
A			BWC BUREAU OF WORKERS' COMPENSATION		
B			Dedicated Purpose Fund Group		
C	7023	855407	Claims, Risk and Medical Management	\$118,006,090	\$121,583,115
D	7023	855408	Fraud Prevention	\$15,936,735	\$18,011,577
E	7023	855409	Administrative Services	\$124,325,665	\$129,108,432
F	7023	855410	Attorney General Payments	\$6,080,080	\$6,080,080
G	8220	855606	Coal Workers' Fund	\$190,090	\$190,100
H	8230	855608	Marine Industry	\$79,273	\$79,276
I	8250	855605	Disabled Workers Relief Fund	\$197,612	\$197,621
J	8260	855609	Safety and Hygiene Operating	\$25,343,000	\$25,085,000
K	8260	855610	Safety Grants	\$35,000,000	\$35,000,000
L	8260	855611	Health and Safety Initiative	\$3,000,000	\$3,000,000
M	8260	855612	Safety Campaign	\$1,500,000	\$1,500,000
N	8260	855613	Research Grants	\$3,000,000	\$1,000,000

O	8260	855618	Substance Use Recovery and Workplace Safety Program	\$3,500,000	\$4,000,000
P	8260	855619	Safety and Health Center of Excellence	\$15,000,000	\$15,000,000
Q	TOTAL DPF Dedicated Purpose Fund Group			\$351,158,545	\$359,835,201
R	Federal Fund Group				
S	3490	855601	OSHA Enforcement	\$1,869,212	\$1,876,338
T	3FW0	855614	BLS SOII Grant	\$195,104	\$195,104
U	TOTAL FED Federal Fund Group			\$2,064,316	\$2,071,442
V	TOTAL ALL BUDGET FUND GROUPS			\$353,222,861	\$361,906,643

WORKERS' COMPENSATION FRAUD UNIT 18

Of the foregoing appropriation item 855410, Attorney 19
 General Payments, \$828,200 in each fiscal year shall be used to 20
 fund the expenses of the Workers' Compensation Fraud Unit within 21
 the Attorney General's Office. These payments shall be processed 22
 at the beginning of each quarter of each fiscal year and 23
 deposited into the Workers' Compensation Section Fund (Fund 24
 1950) used by the Attorney General. 25

SAFETY AND HYGIENE 26

Notwithstanding section 4121.37 of the Revised Code, the 27
 Treasurer of State shall remit \$25,343,000 cash in fiscal year 28
 2022 and \$25,085,000 cash in fiscal year 2023 from the State 29
 Insurance Fund to the state treasury to the credit of the Safety 30

and Hygiene Fund (Fund 8260).	31
SAFETY GRANTS	32
Notwithstanding section 4121.37 of the Revised Code, the	33
Treasurer of State shall remit \$35,000,000 cash in fiscal year	34
2022 and \$35,000,000 cash in fiscal year 2023 from the State	35
Insurance Fund to the state treasury to the credit of the Safety	36
and Hygiene Fund (Fund 8260) to be used for Safety Grants.	37
HEALTH AND SAFETY INITIATIVE	38
Notwithstanding section 4121.37 of Revised Code, the	39
Treasurer of State shall remit \$3,000,000 cash in fiscal year	40
2022 and \$3,000,000 cash in fiscal year 2023 from the State	41
Insurance Fund to the state treasury to the credit of the Safety	42
and Hygiene Fund (Fund 8260). These amounts shall be used under	43
appropriation item 855611, Health and Safety Initiative, for the	44
purpose of creating and operating a health and wellness program.	45
SAFETY CAMPAIGN	46
Notwithstanding section 4121.37 of the Revised Code, the	47
Treasurer of State shall remit \$1,500,000 cash in fiscal year	48
2022 and \$1,500,000 cash in fiscal year 2023 from the State	49
Insurance Fund to the state treasury to the credit of the Safety	50
and Hygiene Fund (Fund 8260). These amounts shall be used under	51
appropriation item 855612, Safety Campaign, for the purpose of	52
creating and operating a statewide safety awareness and	53
education campaign.	54
FEDERAL GRANT PROGRAMS	55
The foregoing appropriation item 855609, Safety and	56
Hygiene Operating, may be used to provide the state match for	57
federal grant funding received by the Division of Safety and	58

Hygiene.	59
VOCATIONAL REHABILITATION	60
The Bureau of Workers' Compensation and the Opportunities	61
for Ohioans with Disabilities Agency may enter into an	62
interagency agreement for the provision of vocational	63
rehabilitation services and staff to mutually eligible clients.	64
The Bureau may provide funds from the State Insurance Fund to	65
fund vocational rehabilitation services and staff in accordance	66
with the interagency agreement.	67
RESEARCH GRANTS	68
Notwithstanding section 4121.37 of the Revised Code, the	69
Treasurer of State shall remit \$3,000,000 cash in fiscal year	70
2022 and \$1,000,000 cash in fiscal year 2023 from the State	71
Insurance Fund to the state treasury to the credit of the Safety	72
and Hygiene Fund (Fund 8260). These amounts shall be used under	73
appropriation item 855613, Research Grants, for the purpose of	74
creating and operating the occupational safety and health	75
research program.	76
SUBSTANCE USE RECOVERY AND WORKPLACE SAFETY PROGRAM	77
Notwithstanding section 4121.37 of the Revised Code, the	78
Treasurer of State shall remit \$3,500,000 cash in fiscal year	79
2022 and \$4,000,000 cash in fiscal year 2023 from the State	80
Insurance Fund to the state treasury to the credit of the Safety	81
and Hygiene Fund (Fund 8260). These amounts shall be used under	82
appropriation item 855618, Substance Use Recovery and Workplace	83
Safety Program, for the purpose of creating and operating the	84
opioid workplace safety program.	85
SAFETY AND HEALTH CENTER OF EXCELLENCE	86

Notwithstanding section 4121.37 of the Revised Code, the
Treasurer of State shall remit \$15,000,000 cash in fiscal year
2022 and \$15,000,000 cash in fiscal year 2023 from the State
Insurance Fund to the state treasury to the credit of the Safety
and Hygiene Fund (Fund 8260). These amounts shall be used under
appropriation item 855619, Safety and Health Center of
Excellence, for the purpose of creating a center of excellence
at the Ohio Center of Occupational Safety and Health.

ADMINISTRATIVE COST FUND 95

Notwithstanding section 4123.341 of the Revised Code, the
Treasurer of State shall remit up to \$25,000,000 cash in fiscal
year 2022 and \$25,000,000 cash in fiscal year 2023 from the
State Insurance Fund to the state treasury to the credit of the
Workers' Compensation Fund (Fund 7023).

Section 2. DEPUTY INSPECTOR GENERAL FOR BWC AND OIC 101
FUNDING 102

To pay for the FY 2022 costs related to the Deputy
Inspector General for the Bureau of Workers' Compensation and
Industrial Commission, on July 1, 2021, and January 1, 2022, or
as soon as possible thereafter, the Director of Budget and
Management shall transfer \$212,500 cash from the Workers'
Compensation Fund (Fund 7023) to the Deputy Inspector General
for the Bureau of Workers' Compensation and Industrial
Commission Fund (Fund 5FT0).

To pay for the FY 2023 costs related to the Deputy
Inspector General for the Bureau of Workers' Compensation and
Industrial Commission, on July 1, 2022, and January 1, 2023, or
as soon as possible thereafter, the Director of Budget and
Management shall transfer \$212,500 cash from the Workers'

Compensation Fund (Fund 7023) to the Deputy Inspector General 116
for the Bureau of Workers' Compensation and Industrial 117
Commission Fund (Fund 5FT0). 118

If additional amounts are needed, the Inspector General 119
may seek Controlling Board approval for additional transfers of 120
cash and to increase the amount appropriated in appropriation 121
item 965604, Deputy Inspector General for the Bureau of Workers' 122
Compensation and Industrial Commission. 123

Section 3. Law contained in the Main Operating 124
Appropriations Act of the 134th General Assembly that applies 125
generally to the appropriations made in that act also applies 126
generally to the appropriations made in this act. 127

Section 4. The provisions of law contained in this act, 128
and their applications, are severable. If any provision of law 129
contained in this act, or if any application of any provision of 130
law contained in this act, is held invalid, the invalidity does 131
not affect other provisions of law contained in this act and 132
their applications that can be given effect without the invalid 133
provision or application. 134

Section 5. Sections 1 to 5 of this act are exempt from the 135
referendum under Ohio Constitution, Article II, Section 1d and 136
section 1.471 of the Revised Code and therefore take effect 137
immediately when this act becomes law. 138

Section 6. That sections 4121.43, 4123.57, 4123.58, 139
4123.85, 4123.88, 4133.03, 4133.07, and 4133.08 of the Revised 140
Code be amended to read as follows: 141

Sec. 4121.43. The administrator of workers' compensation 142
shall: 143

(A) Adopt rules to ensure that all compensation payments 144

are accompanied by information which clearly indicates the 145
source of payment, type of payment, method of computation, 146
inclusive days of payment, reason for changes in payment, and 147
telephone number or address for inquiries; 148

(B) Adopt rules to govern the method of issuing and 149
delivering checks, including time limits for issuance of checks; 150

(C) Set standards and inform claimant of procedure for 151
attorney or other representative pick-up of compensation payment 152
check, and ensure that claimant has recently executed a proper 153
authorization to pick up the check; 154

~~(D) Prohibit any power of attorney allowing an attorney or 155
employee to cash or endorse a check on behalf of claimant;~~ 156

~~(E)~~ Implement a written procedure for effectively 157
obtaining notices of death of claimant and terminating 158
compensation payments; 159

~~(F)~~ (E) Adopt rules to require that a claimant of whom 160
medical examinations have been requested by ~~his~~the claimant's 161
employer shall submit to such examinations and shall be 162
reimbursed by ~~his~~the employer for reasonable expenses incurred 163
in submitting to the examination and provide that the claimant 164
shall be reimbursed by ~~his~~the employer in an amount equal to the 165
wages lost during the time required to attend any such 166
examination, in the event said claimant sustains lost wages as a 167
result of any such examination. 168

Sec. 4123.57. Partial disability compensation shall be 169
paid as follows. 170

Except as provided in this section, not earlier than 171
twenty-six weeks after the date of termination of the latest 172
period of payments under section 4123.56 of the Revised Code or 173

twenty-six weeks after the termination of wages in lieu of those 174
payments, or not earlier than twenty-six weeks after the date of 175
the injury or contraction of an occupational disease in the 176
absence of payments under section 4123.56 of the Revised Code or 177
wages in lieu of those payments, the employee may file an 178
application with the bureau of workers' compensation for the 179
determination of the percentage of the employee's permanent 180
partial disability resulting from an injury or occupational 181
disease. 182

Whenever the application is filed, the bureau shall send a 183
copy of the application to the employee's employer or the 184
employer's representative and shall schedule the employee for a 185
medical examination by the bureau medical section. The bureau 186
shall send a copy of the report of the medical examination to 187
the employee, the employer, and their representatives. 188
Thereafter, the administrator of workers' compensation shall 189
review the employee's claim file and make a tentative order as 190
the evidence before the administrator at the time of the making 191
of the order warrants. If the administrator determines that 192
there is a conflict of evidence, the administrator shall send 193
the application, along with the claimant's file, to the district 194
hearing officer who shall set the application for a hearing. 195

If an employee fails to respond to an attempt to schedule 196
a medical examination by the bureau medical section, or fails to 197
attend a medical examination scheduled under this section 198
without notice or explanation, the employee's application for a 199
finding shall be dismissed without prejudice. The employee may 200
refile the application. A dismissed application does not toll 201
the continuing jurisdiction of the industrial commission under 202
section 4123.52 of the Revised Code. The administrator shall 203
adopt rules addressing the manner in which an employee will be 204

notified of a possible dismissal and how an employee may refile 205
an application for a determination. 206

The administrator shall notify the employee, the employer, 207
and their representatives, in writing, of the tentative order 208
and of the parties' right to request a hearing. Unless the 209
employee, the employer, or their representative notifies the 210
administrator, in writing, of an objection to the tentative 211
order within twenty days after receipt of the notice thereof, 212
the tentative order shall go into effect and the employee shall 213
receive the compensation provided in the order. In no event 214
shall there be a reconsideration of a tentative order issued 215
under this division. 216

If the employee, the employer, or their representatives 217
timely notify the administrator of an objection to the tentative 218
order, the matter shall be referred to a district hearing 219
officer who shall set the application for hearing with written 220
notices to all interested persons. Upon referral to a district 221
hearing officer, the employer may obtain a medical examination 222
of the employee, pursuant to rules of the industrial commission. 223

(A) The district hearing officer, upon the application, 224
shall determine the percentage of the employee's permanent 225
disability, except as is subject to division (B) of this 226
section, based upon that condition of the employee resulting 227
from the injury or occupational disease and causing permanent 228
impairment evidenced by medical or clinical findings reasonably 229
demonstrable. The employee shall receive sixty-six and two- 230
thirds per cent of the employee's average weekly wage, but not 231
more than a maximum of thirty-three and one-third per cent of 232
the statewide average weekly wage as defined in division (C) of 233
section 4123.62 of the Revised Code, per week regardless of the 234

average weekly wage, for the number of weeks which equals the 235
percentage of two hundred weeks. Except on application for 236
reconsideration, review, or modification, which is filed within 237
ten days after the date of receipt of the decision of the 238
district hearing officer, in no instance shall the former award 239
be modified unless it is found from medical or clinical findings 240
that the condition of the claimant resulting from the injury has 241
so progressed as to have increased the percentage of permanent 242
partial disability. A staff hearing officer shall hear an 243
application for reconsideration filed and the staff hearing 244
officer's decision is final. An employee may file an application 245
for a subsequent determination of the percentage of the 246
employee's permanent disability. If such an application is 247
filed, the bureau shall send a copy of the application to the 248
employer or the employer's representative. No sooner than sixty 249
days from the date of the mailing of the application to the 250
employer or the employer's representative, the administrator 251
shall review the application. The administrator may require a 252
medical examination or medical review of the employee. The 253
administrator shall issue a tentative order based upon the 254
evidence before the administrator, provided that if the 255
administrator requires a medical examination or medical review, 256
the administrator shall not issue the tentative order until the 257
completion of the examination or review. 258

The employer may obtain a medical examination of the 259
employee and may submit medical evidence at any stage of the 260
process up to a hearing before the district hearing officer, 261
pursuant to rules of the commission. The administrator shall 262
notify the employee, the employer, and their representatives, in 263
writing, of the nature and amount of any tentative order issued 264
on an application requesting a subsequent determination of the 265

percentage of an employee's permanent disability. An employee, 266
employer, or their representatives may object to the tentative 267
order within twenty days after the receipt of the notice 268
thereof. If no timely objection is made, the tentative order 269
shall go into effect. In no event shall there be a 270
reconsideration of a tentative order issued under this division. 271
If an objection is timely made, the application for a subsequent 272
determination shall be referred to a district hearing officer 273
who shall set the application for a hearing with written notice 274
to all interested persons. No application for subsequent 275
percentage determinations on the same claim for injury or 276
occupational disease shall be accepted for review by the 277
district hearing officer unless supported by substantial 278
evidence of new and changed circumstances developing since the 279
time of the hearing on the original or last determination. 280

No award shall be made under this division based upon a 281
percentage of disability which, when taken with all other 282
percentages of permanent disability, exceeds one hundred per 283
cent. If the percentage of the permanent disability of the 284
employee equals or exceeds ninety per cent, compensation for 285
permanent partial disability shall be paid for two hundred 286
weeks. 287

Compensation payable under this division accrues and is 288
payable to the employee from the date of last payment of 289
compensation, or, in cases where no previous compensation has 290
been paid, from the date of the injury or the date of the 291
diagnosis of the occupational disease. 292

When an award under this division has been made prior to 293
the death of an employee, all unpaid installments accrued or to 294
accrue under the provisions of the award are payable to the 295

surviving spouse, or if there is no surviving spouse, to the 296
dependent children of the employee, and if there are no children 297
surviving, then to other dependents as the administrator 298
determines. 299

(B) For purposes of this division, "payable per week" 300
means the seven-consecutive-day period in which compensation is 301
paid in installments according to the schedule associated with 302
the applicable injury as set forth in this division. 303

Compensation paid in weekly installments according to the 304
schedule described in this division may only be commuted to one 305
or more lump sum payments pursuant to the procedure set forth in 306
section 4123.64 of the Revised Code. 307

In cases included in the following schedule the 308
compensation payable per week to the employee is the statewide 309
average weekly wage as defined in division (C) of section 310
4123.62 of the Revised Code per week and shall be paid in 311
installments according to the following schedule: 312

For the loss of a first finger, commonly known as a thumb, 313
sixty weeks. 314

For the loss of a second finger, commonly called index 315
finger, thirty-five weeks. 316

For the loss of a third finger, thirty weeks. 317

For the loss of a fourth finger, twenty weeks. 318

For the loss of a fifth finger, commonly known as the 319
little finger, fifteen weeks. 320

The loss of a second, or distal, phalange of the thumb is 321
considered equal to the loss of one half of such thumb; the loss 322
of more than one half of such thumb is considered equal to the 323

loss of the whole thumb.	324
The loss of the third, or distal, phalange of any finger	325
is considered equal to the loss of one-third of the finger.	326
The loss of the middle, or second, phalange of any finger	327
is considered equal to the loss of two-thirds of the finger.	328
The loss of more than the middle and distal phalanges of	329
any finger is considered equal to the loss of the whole finger.	330
In no case shall the amount received for more than one finger	331
exceed the amount provided in this schedule for the loss of a	332
hand.	333
For the loss of the metacarpal bone (bones of the palm)	334
for the corresponding thumb, or fingers, add ten weeks to the	335
number of weeks under this division.	336
For ankylosis (total stiffness of) or contractures (due to	337
scars or injuries) which makes any of the fingers, thumbs, or	338
parts of either useless, the same number of weeks apply to the	339
members or parts thereof as given for the loss thereof.	340
If the claimant has suffered the loss of two or more	341
fingers by amputation or ankylosis and the nature of the	342
claimant's employment in the course of which the claimant was	343
working at the time of the injury or occupational disease is	344
such that the handicap or disability resulting from the loss of	345
fingers, or loss of use of fingers, exceeds the normal handicap	346
or disability resulting from the loss of fingers, or loss of use	347
of fingers, the administrator may take that fact into	348
consideration and increase the award of compensation	349
accordingly, but the award made shall not exceed the amount of	350
compensation for loss of a hand.	351
For the loss of a hand, one hundred seventy-five weeks.	352

For the loss of an arm, two hundred twenty-five weeks.	353
For the loss of a great toe, thirty weeks.	354
For the loss of one of the toes other than the great toe, ten weeks.	355 356
The loss of more than two-thirds of any toe is considered equal to the loss of the whole toe.	357 358
The loss of less than two-thirds of any toe is considered no loss, except as to the great toe; the loss of the great toe up to the interphalangeal joint is co-equal to the loss of one- half of the great toe; the loss of the great toe beyond the interphalangeal joint is considered equal to the loss of the whole great toe.	359 360 361 362 363 364
For the loss of a foot, one hundred fifty weeks.	365
For the loss of a leg, two hundred weeks.	366
For the loss of the sight of an eye, one hundred twenty- five weeks.	367 368
For the permanent partial loss of sight of an eye, the portion of one hundred twenty-five weeks as the administrator in each case determines, based upon the percentage of vision actually lost as a result of the injury or occupational disease, but, in no case shall an award of compensation be made for less than twenty-five per cent loss of uncorrected vision. "Loss of uncorrected vision" means the percentage of vision actually lost as the result of the injury or occupational disease.	369 370 371 372 373 374 375 376
For the permanent and total loss of hearing of one ear, twenty-five weeks; but in no case shall an award of compensation be made for less than permanent and total loss of hearing of one ear.	377 378 379 380

For the permanent and total loss of hearing, one hundred 381
twenty-five weeks; but, except pursuant to the next preceding 382
paragraph, in no case shall an award of compensation be made for 383
less than permanent and total loss of hearing. 384

In case an injury or occupational disease results in 385
serious facial or head disfigurement which either impairs or may 386
in the future impair the opportunities to secure or retain 387
employment, the administrator shall make an award of 388
compensation as it deems proper and equitable, in view of the 389
nature of the disfigurement, and not to exceed the sum of ten 390
thousand dollars. For the purpose of making the award, it is not 391
material whether the employee is gainfully employed in any 392
occupation or trade at the time of the administrator's 393
determination. 394

When an award under this division has been made prior to 395
the death of an employee all unpaid installments accrued or to 396
accrue under the provisions of the award shall be payable to the 397
surviving spouse, or if there is no surviving spouse, to the 398
dependent children of the employee and if there are no such 399
children, then to such dependents as the administrator 400
determines. 401

When an employee has sustained the loss of a member by 402
severance, but no award has been made on account thereof prior 403
to the employee's death, the administrator shall make an award 404
in accordance with this division for the loss which shall be 405
payable to the surviving spouse, or if there is no surviving 406
spouse, to the dependent children of the employee and if there 407
are no such children, then to such dependents as the 408
administrator determines. 409

(C) Compensation for partial impairment under divisions 410

(A) and (B) of this section is in addition to the compensation 411
paid the employee pursuant to section 4123.56 of the Revised 412
Code. A claimant may receive compensation under divisions (A) 413
and (B) of this section. 414

In all cases arising under division (B) of this section, 415
if it is determined by any one of the following: (1) the amputee 416
clinic at University hospital, Ohio state university; (2) the 417
opportunities for Ohioans with disabilities agency; (3) an 418
amputee clinic or prescribing physician approved by the 419
administrator or the administrator's designee, that an injured 420
or disabled employee is in need of an artificial appliance, or 421
in need of a repair thereof, regardless of whether the appliance 422
or its repair will be serviceable in the vocational 423
rehabilitation of the injured employee, and regardless of 424
whether the employee has returned to or can ever again return to 425
any gainful employment, the bureau shall pay the cost of the 426
artificial appliance or its repair out of the surplus created by 427
division (B) of section 4123.34 of the Revised Code. 428

In those cases where an opportunities for Ohioans with 429
disabilities agency's recommendation that an injured or disabled 430
employee is in need of an artificial appliance would conflict 431
with their state plan, adopted pursuant to the "Rehabilitation 432
Act of 1973," 87 Stat. 355, 29 U.S.C.A. 701, the administrator 433
or the administrator's designee or the bureau may obtain a 434
recommendation from an amputee clinic or prescribing physician 435
that they determine appropriate. 436

(D) If an employee of a state fund employer makes 437
application for a finding and the administrator finds that the 438
employee has contracted silicosis as defined in division (Y), or 439
coal miners' pneumoconiosis as defined in division (Z), or 440

asbestosis as defined in division (BB) of section 4123.68 of the Revised Code, and that a change of such employee's occupation is medically advisable in order to decrease substantially further exposure to silica dust, asbestos, or coal dust and if the employee, after the finding, has changed or shall change the employee's occupation to an occupation in which the exposure to silica dust, asbestos, or coal dust is substantially decreased, the administrator shall allow to the employee an amount equal to fifty per cent of the statewide average weekly wage per week for a period of thirty weeks, commencing as of the date of the discontinuance or change, and for a period of one hundred weeks immediately following the expiration of the period of thirty weeks, the employee shall receive sixty-six and two-thirds per cent of the loss of wages resulting directly and solely from the change of occupation but not to exceed a maximum of an amount equal to fifty per cent of the statewide average weekly wage per week. No such employee is entitled to receive more than one allowance on account of discontinuance of employment or change of occupation and benefits shall cease for any period during which the employee is employed in an occupation in which the exposure to silica dust, asbestos, or coal dust is not substantially less than the exposure in the occupation in which the employee was formerly employed or for any period during which the employee may be entitled to receive compensation or benefits under section 4123.68 of the Revised Code on account of disability from silicosis, asbestosis, or coal miners' pneumoconiosis. An award for change of occupation for a coal miner who has contracted coal miners' pneumoconiosis may be granted under this division even though the coal miner continues employment with the same employer, so long as the coal miner's employment subsequent to the change is such that the coal miner's exposure to coal dust is substantially decreased and a

change of occupation is certified by the claimant as permanent. 473
The administrator may accord to the employee medical and other 474
benefits in accordance with section 4123.66 of the Revised Code. 475

(E) If a firefighter or police officer makes application 476
for a finding and the administrator finds that the firefighter 477
or police officer has contracted a cardiovascular and pulmonary 478
disease as defined in division (W) of section 4123.68 of the 479
Revised Code, and that a change of the firefighter's or police 480
officer's occupation is medically advisable in order to decrease 481
substantially further exposure to smoke, toxic gases, chemical 482
fumes, and other toxic vapors, and if the firefighter, or police 483
officer, after the finding, has changed or changes occupation to 484
an occupation in which the exposure to smoke, toxic gases, 485
chemical fumes, and other toxic vapors is substantially 486
decreased, the administrator shall allow to the firefighter or 487
police officer an amount equal to fifty per cent of the 488
statewide average weekly wage per week for a period of thirty 489
weeks, commencing as of the date of the discontinuance or 490
change, and for a period of seventy-five weeks immediately 491
following the expiration of the period of thirty weeks the 492
administrator shall allow the firefighter or police officer 493
sixty-six and two-thirds per cent of the loss of wages resulting 494
directly and solely from the change of occupation but not to 495
exceed a maximum of an amount equal to fifty per cent of the 496
statewide average weekly wage per week. No such firefighter or 497
police officer is entitled to receive more than one allowance on 498
account of discontinuance of employment or change of occupation 499
and benefits shall cease for any period during which the 500
firefighter or police officer is employed in an occupation in 501
which the exposure to smoke, toxic gases, chemical fumes, and 502
other toxic vapors is not substantially less than the exposure 503

in the occupation in which the firefighter or police officer was 504
formerly employed or for any period during which the firefighter 505
or police officer may be entitled to receive compensation or 506
benefits under section 4123.68 of the Revised Code on account of 507
disability from a cardiovascular and pulmonary disease. The 508
administrator may accord to the firefighter or police officer 509
medical and other benefits in accordance with section 4123.66 of 510
the Revised Code. 511

(F) An order issued under this section is appealable 512
pursuant to section 4123.511 of the Revised Code but is not 513
appealable to court under section 4123.512 of the Revised Code. 514

Sec. 4123.58. (A) In cases of permanent total disability, 515
the employee shall receive an award to continue until the 516
employee's death in the amount of sixty-six and two-thirds per 517
cent of the employee's average weekly wage, but, except as 518
otherwise provided in division (B) of this section, not more 519
than a maximum amount of weekly compensation which is equal to 520
sixty-six and two-thirds per cent of the statewide average 521
weekly wage as defined in division (C) of section 4123.62 of the 522
Revised Code in effect on the date of injury or on the date the 523
disability due to the occupational disease begins, nor not less 524
than a minimum amount of weekly compensation which is equal to 525
fifty per cent of the statewide average weekly wage as defined 526
in division (C) of section 4123.62 of the Revised Code in effect 527
on the date of injury or on the date the disability due to the 528
occupational disease begins, unless the employee's average 529
weekly wage is less than fifty per cent of the statewide average 530
weekly wage at the time of the injury, in which event the 531
employee shall receive compensation in an amount equal to the 532
employee's average weekly wage. 533

(B) In the event the weekly workers' compensation amount 534
when combined with disability benefits received pursuant to the 535
Social Security Act is less than the statewide average weekly 536
wage as defined in division (C) of section 4123.62 of the 537
Revised Code, then the maximum amount of weekly compensation 538
shall be the statewide average weekly wage as defined in 539
division (C) of section 4123.62 of the Revised Code. At any time 540
that social security disability benefits terminate or are 541
reduced, the workers' compensation award shall be recomputed to 542
pay the maximum amount permitted under this division. 543

(C) Permanent total disability shall be compensated 544
according to this section only when at least one of the 545
following applies to the claimant: 546

(1) The claimant has lost, or lost the use of both hands 547
or both arms, or both feet or both legs, or both eyes, or of any 548
two thereof; however, the loss or loss of use of one limb does 549
not constitute the loss or loss of use of two body parts; 550

(2) The impairment resulting from the employee's injury or 551
occupational disease prevents the employee from engaging in 552
sustained remunerative employment utilizing the employment 553
skills that the employee has or may reasonably be expected to 554
develop. 555

(D) Permanent total disability shall not be compensated 556
when the reason the employee is unable to engage in sustained 557
remunerative employment is due to any of the following reasons, 558
whether individually or in combination: 559

(1) Impairments of the employee that are not the result of 560
an allowed injury or occupational disease; 561

(2) Solely the employee's age or aging; 562

(3) The employee retired or otherwise is not working for 563
reasons unrelated to the allowed injury or occupational disease. 564

(4) The employee has not engaged in educational or 565
rehabilitative efforts to enhance the employee's employability, 566
unless such efforts are determined to be in vain. 567

(E) Compensation payable under this section for permanent 568
total disability is in addition to benefits payable under 569
division (B) of section 4123.57 of the Revised Code. 570

(F) If an employee is awarded compensation for permanent 571
total disability under this section because the employee 572
sustained a traumatic brain injury, the employee is entitled to 573
that compensation regardless of the employee's employment in a 574
sheltered workshop subsequent to the award, on the condition 575
that the employee does not receive income, compensation, or 576
remuneration from that employment in excess of two thousand 577
dollars in any calendar quarter. As used in this division, 578
"sheltered workshop" means a state agency or nonprofit 579
organization established to carry out a program of 580
rehabilitation for handicapped individuals or to provide these 581
individuals with remunerative employment or other occupational 582
rehabilitating activity. 583

(G) If the industrial commission has adjudicated a 584
claimant's application for compensation payable under this 585
section for permanent total disability and issued a final order 586
denying compensation for that application, the claimant shall 587
present evidence of new and changed circumstances before the 588
industrial commission may consider a subsequent application 589
filed by the claimant for compensation under this section for 590
the same injury or occupational disease identified in the 591
previous application. 592

Sec. 4123.85. In all cases of occupational disease, or 593
death resulting from occupational disease, claims for 594
compensation or benefits are forever barred unless, within ~~two~~ 595
~~years~~ one year after the disability due to the disease began, or 596
within such longer period as does not exceed six months after 597
diagnosis of the occupational disease by a licensed physician or 598
within ~~two years~~ one year after death occurs, application is 599
made to the industrial commission or the bureau of workers' 600
compensation or to the employer if ~~he~~ the employer is a self- 601
insuring employer. 602

Sec. 4123.88. (A) No person shall orally or in writing, 603
directly or indirectly, or through any agent or other person 604
fraudulently hold the person's self out or represent the 605
person's self or any of the person's partners or associates as 606
authorized by a claimant or employer to take charge of, or 607
represent the claimant or employer in respect of, any claim or 608
matter in connection therewith before the bureau of workers' 609
compensation or the industrial commission or its district or 610
staff hearing officers. ~~No person shall directly or indirectly~~ 611
~~solicit authority, or pay or give anything of value to another~~ 612
~~person to solicit authority, or accept or receive pay or~~ 613
~~anything of value from another person for soliciting authority,~~ 614
~~from a claimant or employer to take charge of, or represent the~~ 615
~~claimant or employer in respect of, any claim or appeal which is~~ 616
~~or may be filed with the bureau or commission.~~ No person shall, 617
without prior authority from the bureau, a member of the 618
commission, the claimant, or the employer, examine or directly 619
or indirectly cause or employ another person to examine any 620
claim file or any other file pertaining thereto. No person shall 621
forge an authorization for the purpose of examining or cause 622
another person to examine any such file. No district or staff 623

hearing officer or other employee of the bureau or commission, 624
notwithstanding the provisions of section 4123.27 of the Revised 625
Code, shall divulge any information in respect of any claim or 626
appeal which is or may be filed with a district or staff hearing 627
officer, the bureau, or commission to any person other than 628
members of the commission or to the superior of the employee 629
except upon authorization of the administrator of workers' 630
compensation or a member of the commission or upon authorization 631
of the claimant or employer. 632

(B) The records described or referred to in division (A) 633
of this section are not public records as defined in division 634
(A) (1) of section 149.43 of the Revised Code. Any information 635
directly or indirectly identifying the name, address, or 636
telephone number of a claimant, regardless of whether the 637
claimant's claim is active or closed, is not a public record. No 638
person shall solicit or obtain any such information from any 639
such employee without first having obtained an authorization 640
therefor as provided in this section. 641

(C) Except as otherwise specified in division (D) of this 642
section, information kept by the commission or the bureau 643
pursuant to this section is for the exclusive use and 644
information of the commission and the bureau in the discharge of 645
their official duties, and shall not be open to the public nor 646
be used in any court in any action or proceeding pending 647
therein, unless the commission or the bureau is a party to the 648
action or proceeding. The information, however, may be tabulated 649
and published by the commission or the bureau in statistical 650
form for the use and information of other state agencies and the 651
public. 652

(D) (1) ~~Upon~~ Except as provided in division (G) of this 653

section, upon receiving a written request made and signed by an 654
individual whose primary occupation is as a journalist, the 655
commission or the bureau shall disclose to the individual the 656
name or names, address or addresses, and telephone number or 657
numbers of claimants, regardless of whether their claims are 658
active or closed. 659

(2) An individual described in division (D)(1) of this 660
section is permitted to request the information described in 661
that division for multiple claimants in one written request. 662

(3) An individual described in division (D)(1) of this 663
section shall include all of the following in the written 664
request: 665

(a) The individual's name, title, and signature; 666

(b) The name and title of the individual's employer; 667

(c) A statement that the disclosure of the information 668
sought is in the public interest; 669

(d) A statement that the individual acknowledges that the 670
information is not a public record and that the individual will 671
not disclose the information to any other person for any reason 672
unrelated to journalism. 673

(4) Neither the commission nor the bureau may inquire as 674
to the specific public interest served by the disclosure of 675
information requested by an individual under division (D) of 676
this section. 677

(E) No person who receives information under division (D) 678
of this section shall recklessly disclose the information to any 679
other person for any reason unrelated to journalism. 680

(F) No person who obtains or receives records in violation 681

of this section shall recklessly use that information to 682
solicit, directly or indirectly, authority from a claimant or 683
employer to take charge of, or represent the claimant or 684
employer in respect of, any claim or appeal that is or may be 685
filed with the bureau or commission. 686

(G) Neither the commission nor the bureau shall disclose 687
to an individual described in division (D) (1) of this section 688
the name, address, or telephone number of a claimant if the 689
disclosure would reveal that the claim is for a condition that 690
arose from sexual conduct in which the claimant was forced by 691
threat of physical harm to engage or participate. 692

(H) As used in this section, "journalist" has the same 693
meaning as in division (B) (9) of section 149.43 of the Revised 694
Code. 695

Sec. 4133.03. (A) The alternate employer organization with 696
whom a worksite employee is employed shall do all of the 697
following: 698

(1) Process and pay all wages and applicable state and 699
federal payroll taxes associated with the worksite employee, 700
irrespective of payments made by the client employer, pursuant 701
to the terms and conditions of compensation in the alternate 702
employer organization agreement between the alternate employer 703
organization and the client employer; 704

(2) Pay all related payroll taxes associated with a 705
worksite employee independent of the terms and conditions 706
contained in the alternate employer organization agreement 707
between the alternate employer organization and the client 708
employer; 709

(3) Maintain workers' compensation coverage, pay all 710

workers' compensation premiums, and manage all workers' 711
compensation claims, filings, and related procedures associated 712
with a worksite employee in compliance with Chapters 4121. and 713
4123. of the Revised Code, except that when worksite employees 714
include family farm officers, ordained ministers, or corporate 715
officers of the client employer, payroll reports shall include 716
the entire amount of payroll associated with those persons; 717

(4) Annually provide written notice to each worksite 718
employee it assigns to perform services to a client employer of 719
the relationship between and the responsibilities of the 720
alternate employer organization and the client employer; 721

(5) Maintain complete records separately listing the 722
manual classifications of each client employer and the payroll 723
reported to each manual classification for each client employer 724
for each payroll reporting period during the time period covered 725
in the alternate employer organization agreement; 726

(6) Maintain a record of workers' compensation claims for 727
each client employer; 728

(7) Make periodic reports, as determined by the 729
administrator of workers' compensation, of client employers and 730
total workforce to the administrator; 731

(8) Report individual client employer payroll, claims, and 732
classification data under a separate and unique subaccount to 733
the administrator; 734

(9) Within fourteen days after receiving notice from the 735
bureau of workers' compensation that a refund or rebate will be 736
applied to workers' compensation premiums, provide a copy of 737
that notice to any client employer to whom that notice is 738
relevant; 739

(10) Annually certify to the administrator that all client 740
employer federal payroll taxes have been timely and 741
appropriately paid, and on request of the administrator, provide 742
proof of payment. 743

(B) In any alternate employer organization agreement 744
between an alternate employer organization and a client 745
employer, the client employer shall be listed as the employer on 746
the W-2 forms of the worksite employees, but the alternate 747
employer organization remains jointly and severally liable for 748
all applicable local, state, and federal withholding and 749
employer-paid taxes with respect to the worksite employees. 750

(C) An alternate employer organization shall file federal 751
payroll taxes entirely under the tax identification number of 752
the client employer, but shall remain jointly and severally 753
liable for all wages and payroll taxes associated with worksite 754
employees. In addition, if any of the alternate employer 755
organization's clients fail to transmit payment to the alternate 756
employer organization sufficient to cover payment of all wages 757
and employer-paid taxes, the alternate employer organization 758
shall keep a record of the nonpayment or underpayment and a 759
record that the alternate employer organization nonetheless paid 760
the wages and taxes owed. 761

(D) An alternate employer organization may not provide 762
partial or split workers' compensation coverage for worksite 763
employees in which the client employer provides that coverage 764
for some, but not all, of the client employer's worksite 765
employees. On entering into an alternate employer organization 766
agreement, all worksite employees shall be covered under the 767
workers' compensation policy of the alternate employer 768
organization. 769

(E) The alternate employer organization with whom a worksite employee is employed shall provide a list of all of the following information to the client employer on the written request of the client employer:

(1) All workers' compensation claims, premiums, and payroll associated with that client employer;

(2) Compensation and benefits paid and reserves established for each claim listed under division (E) (1) of this section;

(3) Any other information available to the alternate employer organization from the bureau of workers' compensation regarding that client employer.

(F) (1) An alternate employer organization shall provide the information required under division (E) of this section in writing to the requesting client employer within forty-five days after receiving a written request from the client employer.

(2) For purposes of division (F) of this section, an alternate employer organization has provided the required information to the client employer when the information is received by the United States postal service or when the information is personally delivered, in writing, directly to the client employer.

(G) Except as provided in section 4133.11 of the Revised Code and unless otherwise agreed to in the alternate employer organization agreement, the alternate employer organization with whom a worksite employee is employed has a right of direction and control over each worksite employee assigned to a client employer's location. However, a client employer shall retain sufficient direction and control over a worksite employee as is

necessary to do any of the following:	799
(1) Conduct the client employer's business, including training and supervising worksite employees;	800 801
(2) Ensure the quality, adequacy, and safety of the goods or services produced or sold in the client employer's business;	802 803
(3) Discharge any fiduciary responsibility that the client employer may have;	804 805
(4) Comply with any applicable licensure, regulatory, or statutory requirement of the client employer.	806 807
(H) Unless otherwise agreed to in the alternate employer organization agreement, liability for acts, errors, and omissions shall be determined as follows:	808 809 810
(1) An alternate employer organization shall not be liable for the acts, errors, and omissions of a client employer or a worksite employee when those acts, errors, and omissions occur under the direction and control of the client employer.	811 812 813 814
(2) A client employer shall not be liable for the acts, errors, and omissions of an alternate employer organization or a worksite employee when those acts, errors, and omissions occur under the direction and control of the alternate employer organization.	815 816 817 818 819
(I) Nothing in divisions (G) and (H) of this section shall be construed to limit any liability or obligation specifically agreed to in the alternate employer organization agreement.	820 821 822
(J) An alternate employer organization is not, and shall not be considered, a professional employer organization, as defined in section 4125.01 of the Revised Code. <u>An Beginning on and after January 1, 2022, an alternate employer organization</u>	823 824 825 826

may not hold itself out, advertise, or otherwise identify itself 827
in any way as a professional employer organization. 828

(K) In an alternate employer organization agreement, both 829
the client employer and alternate employer organization are 830
jointly and severally liable for the payment of employee wages 831
and taxes. The alternate employer organization and client 832
employer share in the employer responsibilities and liabilities 833
with respect to a worksite employee, pursuant to the alternate 834
employer organization agreement. 835

(L) The use of a client employer's tax identification 836
number for federal payroll tax purposes as required under 837
division (C) of this section shall not be construed to absolve 838
the alternate employer organization of any responsibilities or 839
liabilities applicable to an ~~alternative~~-alternate employer 840
organization, including those under federal law. 841

Sec. 4133.07. (A) Not later than thirty days after its 842
formation, an alternate employer organization operating in this 843
state shall register with the administrator of workers' 844
compensation on forms provided by the administrator. Following 845
initial registration, each alternate employer organization shall 846
register with the administrator annually on or before the 847
thirty-first day of December. 848

(B) Initial registration and each annual registration 849
renewal shall include all of the following: 850

(1) A list of each of the alternate employer 851
organization's client employers current as of the date of 852
registration for purposes of initial registration or current as 853
of the date of annual registration renewal, or within fourteen 854
days of adding or releasing a client, that includes the client 855

employer's name, address, federal tax identification number, and	856
bureau of workers' compensation risk number;	857
(2) A fee as determined by the administrator;	858
(3) The name or names under which the alternate employer	859
organization conducts business;	860
(4) The address of the alternate employer organization's	861
principal place of business and the address of each office it	862
maintains in this state;	863
(5) The alternate employer organization's taxpayer or	864
employer identification number;	865
(6) A list of each state in which the alternate employer	866
organization has operated in the preceding five years, and the	867
name, corresponding with each state, under which the alternate	868
employer organization operated in each state, including any	869
alternative names, names of predecessors, and if known,	870
successor business entities;	871
(7) The most recent financial statement prepared and	872
audited pursuant to division (B) of section 4133.08 of the	873
Revised Code;	874
(8) A bond or letter of credit in accordance with division	875
(D) (1) of this section;	876
(9) An attestation of the accuracy of the data submissions	877
from the chief executive officer, president, or other individual	878
who serves as the controlling person of the alternate employer	879
organization.	880
(C) Upon terms and for periods that the administrator	881
considers appropriate, the administrator may issue a limited	882
registration to an alternate employer organization that provides	883

all of the following items:	884
(1) A properly executed request for limited registration	885
on a form provided by the administrator;	886
(2) All information and materials required for	887
registration in divisions (B)(1) to (6) of this section;	888
(3) Information and documentation necessary to show that	889
the alternate employer organization satisfies all of the	890
following criteria:	891
(a) It is domiciled outside of this state.	892
(b) It is licensed or registered as an alternate employer	893
organization in another state.	894
(c) It does not maintain an office in this state.	895
(d) It does not participate in direct solicitations for	896
client employers located or domiciled in this state.	897
(e) It has fifty or fewer worksite employees employed or	898
domiciled in this state on any given day.	899
(D)(1) An alternate employer organization shall provide	900
security in the form of a bond or letter of credit assignable to	901
the Ohio bureau of workers' compensation in an amount necessary	902
to meet the financial obligations of the alternate employer	903
organization pursuant to this chapter and Chapters 4121. and	904
4123. of the Revised Code. The administrator shall determine the	905
amount of the bond <u>letter of credit</u> required under this division	906
for each registrant, which shall be at least one million	907
dollars.	908
(2) An alternate employer organization may appeal the	909
amount of the security required pursuant to rules adopted under	910

division (D) (1) of this section in accordance with section 911
4123.291 of the Revised Code. 912

(3) An alternate employer organization shall pay premiums 913
and assessments for purposes of Chapters 4121. and 4123. of the 914
Revised Code on a monthly basis pursuant to division (A) of 915
section 4123.35 of the Revised Code. 916

(E) Notwithstanding division (D) of this section, an 917
alternate employer organization that qualifies for self- 918
insurance or retrospective rating under section 4123.29 or 919
4123.35 of the Revised Code shall abide by the financial 920
disclosure and security requirements pursuant to those sections 921
and the rules adopted under those sections in place of the 922
requirements specified in division (D) of this section or 923
specified in rules adopted pursuant to that division. 924

(F) Except to the extent necessary for the administrator 925
to administer the statutory duties of the administrator and for 926
employees of the state to perform their official duties, all 927
records, reports, client lists, and other information obtained 928
from an alternate employer organization under divisions (A), 929
(B), and (C) of this section are confidential and shall be 930
considered trade secrets and shall not be published or open to 931
public inspection. 932

(G) The list described in division (B) (1) of this section 933
shall be considered a trade secret. 934

(H) The administrator shall establish the fee described in 935
division (B) (2) of this section in an amount that does not 936
exceed the cost of the administration of the initial and renewal 937
registration process. 938

(I) A financial statement required under division (B) (7) 939

of this section for initial registration shall be the most 940
recent financial statement of the alternate employer 941
organization and shall not be older than thirteen months. For 942
each registration renewal, the alternate employer organization 943
shall file the required financial statement within one hundred 944
eighty days after the end of the alternate employer 945
organization's entity's fiscal year. An alternate employer 946
organization may apply to the administrator for an extension 947
beyond that time if the alternate employer organization provides 948
the administrator with a letter from the alternate employer 949
organization's auditor stating the reason for delay and the 950
anticipated completion date. 951

(J) Multiple, unrelated alternate employer organizations 952
shall not combine together for purposes of obtaining workers' 953
compensation coverage or for forming any type of self-insurance 954
arrangement available under this chapter. 955

(K) An alternate employer organization may not own or co- 956
own an affiliated professional employer organization or 957
alternate employer organization. 958

(L) The administrator shall maintain a list of alternate 959
employer organizations registered under this section that is 960
readily available to the public by electronic or other means. 961

(M) (1) An alternate employer organization may assist a 962
client employer in procuring a health benefit plan as a broker 963
or otherwise, but shall not act as the employer or sponsor of a 964
health benefit plan. 965

(2) As used in this division: 966

(a) "Health benefit plan" means a policy, contract, 967
certificate, agreement, or other program offered to provide, 968

deliver, arrange for, pay for, or reimburse any of the costs of 969
health care services, including benefit plans marketed in the 970
individual or group market by all associations, whether bona 971
fide or non-bona fide. "Health benefit plan" also means a 972
limited benefit plan. 973

(b) "Health care services" has the same meaning as in 974
section 3922.01 of the Revised Code. 975

Sec. 4133.08. (A) An alternate employer organization shall 976
maintain positive working capital at initial or annual 977
registration, as reflected in the financial statements submitted 978
to the bureau of workers' compensation. If a deficit in working 979
capital is reflected in the financial statements submitted to 980
the bureau, the alternate employer organization shall submit to 981
the administrator of workers' compensation a quarterly financial 982
statement for each calendar quarter during which there is a 983
deficit in working capital, accompanied by an attestation of the 984
chief executive officer, president, or other individual who 985
serves as the controlling person of the alternate employer 986
organization that all wages, taxes, workers' compensation 987
premiums, and employee benefits have been paid by the alternate 988
employer organization. The ~~bond or~~ letter of credit required 989
under division (D) (1) of section 4133.07 of the Revised Code 990
shall be held by a depository designated by the administrator 991
and shall secure payment by the alternate employer organization 992
of all taxes, wages, benefits, or other entitlements due or 993
otherwise pertaining to worksite employees, if the alternate 994
employer organization does not make those payments when due. 995

(B) An alternate employer organization shall prepare 996
financial statements in accordance with generally accepted 997
accounting principles and submit them for registration and 998

registration renewal under section 4133.07 of the Revised Code. 999
The financial statements shall be audited by an independent 1000
alternate public accountant authorized to practice in the 1001
jurisdiction in which that accountant is located. 1002

(1) The resulting report of the auditor shall not include 1003
either of the following: 1004

(a) A qualification or disclaimer of opinion as to 1005
adherence to generally accepted accounting principles; 1006

(b) A statement expressing substantial doubt about the 1007
ability of the alternate employer organization to continue as a 1008
going concern. 1009

(2) However, if an alternate employer organization does 1010
not have at least twelve months of operating history on which to 1011
base financial statements, the financial statements shall be 1012
reviewed by a certified public accountant. 1013

(3) Notwithstanding division (B) (1) (a) of this section, if 1014
an alternate employer organization is a subsidiary or is related 1015
to a variable interest entity, the alternate employer 1016
organization or alternate employer organization entity may 1017
submit financial statements of the alternate employer 1018
organization. 1019

(C) The bureau shall deny initial or annual registration 1020
to an applicant that does not meet the requirements of this 1021
section. 1022

Section 7. That existing sections 4121.43, 4123.57, 1023
4123.58, 4123.85, 4123.88, 4133.03, 4133.07, and 4133.08 of the 1024
Revised Code are hereby repealed. 1025

Section 8. Section 4123.85 of the Revised Code, as amended 1026

by this act, applies to all claims pursuant to Chapters 4121., 1027
4123., 4127., and 4131. of the Revised Code arising on or after 1028
the effective date of this section. 1029

Sections 4123.57 and 4123.58 of the Revised Code, as 1030
amended by this act, apply to claims pending on or arising on or 1031
after the effective date of this section. 1032