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Sub. H. B. No. 133

Representative Craig

**Cosponsors: Representatives Brennan, Daniels, Deeter, Fischer, Hiner, King,
Thomas, D., White, A., Williams, Roemer, Click, Thomas, J.**

To amend sections 3901.21, 3901.22, 3937.19, and 1
5747.98 and to enact section 5747.87 of the 2
Revised Code to authorize a nonrefundable income 3
tax credit for small employers that cover their 4
employees with an individual coverage health 5
reimbursement arrangement and to prohibit 6
certain acts or practices intended to steer an 7
individual away from employer-provided 8
insurance. 9

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

Section 1. That sections 3901.21, 3901.22, 3937.19, and 10
5747.98 be amended and section 5747.87 of the Revised Code be 11
enacted to read as follows: 12

Sec. 3901.21. The following are hereby defined as unfair 13
and deceptive acts or practices in the business of insurance: 14

(A) Making, issuing, circulating, or causing or permitting 15
to be made, issued, or circulated, or preparing with intent to 16
so use, any estimate, illustration, circular, or statement 17
misrepresenting the terms of any policy issued or to be issued 18
or the benefits or advantages promised thereby or the dividends 19

or share of the surplus to be received thereon, or making any 20
false or misleading statements as to the dividends or share of 21
surplus previously paid on similar policies, or making any 22
misleading representation or any misrepresentation as to the 23
financial condition of any insurer as shown by the last 24
preceding verified statement made by it to the insurance 25
department of this state, or as to the legal reserve system upon 26
which any life insurer operates, or using any name or title of 27
any policy or class of policies misrepresenting the true nature 28
thereof, or making any misrepresentation or incomplete 29
comparison to any person for the purpose of inducing or tending 30
to induce such person to purchase, amend, lapse, forfeit, 31
change, or surrender insurance. 32

Any written statement concerning the premiums for a policy 33
which refers to the net cost after credit for an assumed 34
dividend, without an accurate written statement of the gross 35
premiums, cash values, and dividends based on the insurer's 36
current dividend scale, which are used to compute the net cost 37
for such policy, and a prominent warning that the rate of 38
dividend is not guaranteed, is a misrepresentation for the 39
purposes of this division. 40

(B) Making, publishing, disseminating, circulating, or 41
placing before the public or causing, directly or indirectly, to 42
be made, published, disseminated, circulated, or placed before 43
the public, in a newspaper, magazine, or other publication, or 44
in the form of a notice, circular, pamphlet, letter, or poster, 45
or over any radio station, or in any other way, or preparing 46
with intent to so use, an advertisement, announcement, or 47
statement containing any assertion, representation, or 48
statement, with respect to the business of insurance or with 49
respect to any person in the conduct of the person's insurance 50

business, which is untrue, deceptive, or misleading. 51

(C) Making, publishing, disseminating, or circulating, 52
directly or indirectly, or aiding, abetting, or encouraging the 53
making, publishing, disseminating, or circulating, or preparing 54
with intent to so use, any statement, pamphlet, circular, 55
article, or literature, which is false as to the financial 56
condition of an insurer and which is calculated to injure any 57
person engaged in the business of insurance. 58

(D) Filing with any supervisory or other public official, 59
or making, publishing, disseminating, circulating, or delivering 60
to any person, or placing before the public, or causing directly 61
or indirectly to be made, published, disseminated, circulated, 62
delivered to any person, or placed before the public, any false 63
statement of financial condition of an insurer. 64

Making any false entry in any book, report, or statement 65
of any insurer with intent to deceive any agent or examiner 66
lawfully appointed to examine into its condition or into any of 67
its affairs, or any public official to whom such insurer is 68
required by law to report, or who has authority by law to 69
examine into its condition or into any of its affairs, or, with 70
like intent, willfully omitting to make a true entry of any 71
material fact pertaining to the business of such insurer in any 72
book, report, or statement of such insurer, or mutilating, 73
destroying, suppressing, withholding, or concealing any of its 74
records. 75

(E) Issuing or delivering or permitting agents, officers, 76
or employees to issue or deliver agency company stock or other 77
capital stock or benefit certificates or shares in any common- 78
law corporation or securities or any special or advisory board 79
contracts or other contracts of any kind promising returns and 80

profits as an inducement to insurance. 81

(F) Except as provided in section 3901.213 of the Revised 82
Code, making or permitting any unfair discrimination among 83
individuals of the same class and equal expectation of life in 84
the rates charged for any contract of life insurance or of life 85
annuity or in the dividends or other benefits payable thereon, 86
or in any other of the terms and conditions of such contract. 87

(G) (1) Except as otherwise expressly provided by law, 88
including as provided in section 3901.213 of the Revised Code, 89
knowingly permitting or offering to make or making any contract 90
of life insurance, life annuity or accident and health 91
insurance, or agreement as to such contract other than as 92
plainly expressed in the contract issued thereon, or paying or 93
allowing, or giving or offering to pay, allow, or give, directly 94
or indirectly, as inducement to such insurance, or annuity, any 95
rebate of premiums payable on the contract, or any special favor 96
or advantage in the dividends or other benefits thereon, or any 97
valuable consideration or inducement whatever not specified in 98
the contract; or giving, or selling, or purchasing, or offering 99
to give, sell, or purchase, as inducement to such insurance or 100
annuity or in connection therewith, any stocks, bonds, or other 101
securities, or other obligations of any insurance company or 102
other corporation, association, or partnership, or any dividends 103
or profits accrued thereon, or anything of value whatsoever not 104
specified in the contract. 105

(2) An insurer, producer, or representative of either 106
shall not offer or provide insurance as an inducement to the 107
purchase of another policy of insurance and shall not use the 108
words "free" or "no cost," or words of similar import, to such 109
effect in an advertisement. 110

(H) Making, issuing, circulating, or causing or permitting 111
to be made, issued, or circulated, or preparing with intent to 112
so use, any statement to the effect that a policy of life 113
insurance is, is the equivalent of, or represents shares of 114
capital stock or any rights or options to subscribe for or 115
otherwise acquire any such shares in the life insurance company 116
issuing that policy or any other company. 117

(I) Making, issuing, circulating, or causing or permitting 118
to be made, issued or circulated, or preparing with intent to so 119
issue, any statement to the effect that payments to a 120
policyholder of the principal amounts of a pure endowment are 121
other than payments of a specific benefit for which specific 122
premiums have been paid. 123

(J) Making, issuing, circulating, or causing or permitting 124
to be made, issued, or circulated, or preparing with intent to 125
so use, any statement to the effect that any insurance company 126
was required to change a policy form or related material to 127
comply with Title XXXIX of the Revised Code or any regulation of 128
the superintendent of insurance, for the purpose of inducing or 129
intending to induce any policyholder or prospective policyholder 130
to purchase, amend, lapse, forfeit, change, or surrender 131
insurance. 132

(K) Aiding or abetting another to violate this section. 133

(L) Refusing to issue any policy of insurance, or 134
canceling or declining to renew such policy because of the sex 135
or marital status of the applicant, prospective insured, 136
insured, or policyholder. 137

(M) Making or permitting any unfair discrimination between 138
individuals of the same class and of essentially the same hazard 139

in the amount of premium, policy fees, or rates charged for any 140
policy or contract of insurance, other than life insurance, or 141
in the benefits payable thereunder, or in underwriting standards 142
and practices or eligibility requirements, or in any of the 143
terms or conditions of such contract, or in any other manner 144
whatever. 145

(N) Refusing to make available disability income insurance 146
solely because the applicant's principal occupation is that of 147
managing a household. 148

(O) Refusing, when offering maternity benefits under any 149
individual or group sickness and accident insurance policy, to 150
make maternity benefits available to the policyholder for the 151
individual or individuals to be covered under any comparable 152
policy to be issued for delivery in this state, including family 153
members if the policy otherwise provides coverage for family 154
members. Nothing in this division shall be construed to prohibit 155
an insurer from imposing a reasonable waiting period for such 156
benefits under an individual sickness and accident insurance 157
policy issued to an individual who is not a federally eligible 158
individual or a nonemployer-related group sickness and accident 159
insurance policy, but in no event shall such waiting period 160
exceed two hundred seventy days. 161

For purposes of division (O) of this section, "federally 162
eligible individual" means an eligible individual as defined in 163
45 C.F.R. 148.103. 164

(P) Using, or permitting to be used, a pattern settlement 165
as the basis of any offer of settlement. As used in this 166
division, "pattern settlement" means a method by which liability 167
is routinely imputed to a claimant without an investigation of 168
the particular occurrence upon which the claim is based and by 169

using a predetermined formula for the assignment of liability 170
arising out of occurrences of a similar nature. Nothing in this 171
division shall be construed to prohibit an insurer from 172
determining a claimant's liability by applying formulas or 173
guidelines to the facts and circumstances disclosed by the 174
insurer's investigation of the particular occurrence upon which 175
a claim is based. 176

(Q) Refusing to insure, or refusing to continue to insure, 177
or limiting the amount, extent, or kind of life or sickness and 178
accident insurance or annuity coverage available to an 179
individual, or charging an individual a different rate for the 180
same coverage solely because of blindness or partial blindness. 181
With respect to all other conditions, including the underlying 182
cause of blindness or partial blindness, persons who are blind 183
or partially blind shall be subject to the same standards of 184
sound actuarial principles or actual or reasonably anticipated 185
actuarial experience as are sighted persons. Refusal to insure 186
includes, but is not limited to, denial by an insurer of 187
disability insurance coverage on the grounds that the policy 188
defines "disability" as being presumed in the event that the 189
eyesight of the insured is lost. However, an insurer may exclude 190
from coverage disabilities consisting solely of blindness or 191
partial blindness when such conditions existed at the time the 192
policy was issued. To the extent that the provisions of this 193
division may appear to conflict with any provision of section 194
3999.16 of the Revised Code, this division applies. 195

(R) (1) Directly or indirectly offering to sell, selling, 196
or delivering, issuing for delivery, renewing, or using or 197
otherwise marketing any policy of insurance or insurance product 198
in connection with or in any way related to the grant of a 199
student loan guaranteed in whole or in part by an agency or 200

commission of this state or the United States, except insurance 201
that is required under federal or state law as a condition for 202
obtaining such a loan and the premium for which is included in 203
the fees and charges applicable to the loan; or, in the case of 204
an insurer or insurance agent, knowingly permitting any lender 205
making such loans to engage in such acts or practices in 206
connection with the insurer's or agent's insurance business. 207

(2) Except in the case of a violation of division (G) of 208
this section, division (R) (1) of this section does not apply to 209
either of the following: 210

(a) Acts or practices of an insurer, its agents, 211
representatives, or employees in connection with the grant of a 212
guaranteed student loan to its insured or the insured's spouse 213
or dependent children where such acts or practices take place 214
more than ninety days after the effective date of the insurance; 215

(b) Acts or practices of an insurer, its agents, 216
representatives, or employees in connection with the 217
solicitation, processing, or issuance of an insurance policy or 218
product covering the student loan borrower or the borrower's 219
spouse or dependent children, where such acts or practices take 220
place more than one hundred eighty days after the date on which 221
the borrower is notified that the student loan was approved. 222

(S) Denying coverage, under any health insurance or health 223
care policy, contract, or plan providing family coverage, to any 224
natural or adopted child of the named insured or subscriber 225
solely on the basis that the child does not reside in the 226
household of the named insured or subscriber. 227

(T) (1) Using any underwriting standard or engaging in any 228
other act or practice that, directly or indirectly, due solely 229

to any health status-related factor in relation to one or more 230
individuals, does ~~either~~ any of the following: 231

(a) Terminates or fails to renew an existing individual 232
~~policy, contract, or plan of health benefits, or a employer-~~ 233
~~provided~~ health benefit plan ~~issued to an employer,~~ for which an 234
individual or employer would otherwise be eligible; 235

(b) ~~With respect to a health benefit plan issued to an~~ 236
~~employer, excludes~~ Excludes, induces to exclude, or causes the 237
exclusion of an individual from coverage under an existing 238
employer-provided ~~policy, contract, or plan of health~~ 239
~~benefits.~~ health benefit plan; 240

(c) Steers an individual from coverage under an existing 241
employer-provided health benefit plan to coverage under an 242
individual health benefit plan; 243

(d) Offers employers or individuals financial or other 244
benefits as incentives for individuals to not enroll in, or to 245
terminate enrollment in, an employer-provided health benefit 246
plan, including by offering individuals an alternative to an 247
employer-provided health benefit plan. 248

(2) Division (T)(1) of this section does not prohibit 249
either of the following: 250

(a) Providing information to an employer about an 251
individual coverage health reimbursement arrangement or related 252
tax credits available under section 5747.87 of the Revised Code; 253

(b) Establishing or advising an employer in the 254
establishment of an individual coverage health reimbursement 255
arrangement in accordance with 45 C.F.R. 146.123, et seq. 256

(3) The superintendent of insurance may adopt rules in 257

accordance with Chapter 119. of the Revised Code for purposes of 258
implementing division ~~(T)(1)~~(T) of this section. 259

~~(3)~~(4) For purposes of division ~~(T)(1)~~(T) of this section, 260
"health status-related factor" means any of the following: 261

(a) Health status; 262

(b) Medical condition, including both physical and mental 263
illnesses; 264

(c) Claims experience; 265

(d) Receipt of health care; 266

(e) Medical history; 267

(f) Genetic information; 268

(g) Evidence of insurability, including conditions arising 269
out of acts of domestic violence; 270

(h) Disability. 271

(U) With respect to a health benefit plan issued to a— 272
~~small an employer, as those terms are defined in section 3924.01~~ 273
~~of the Revised Code,~~ negligently or willfully placing coverage 274
for adverse risks with a certain ~~carrier, as defined in section~~ 275
~~3924.01 of the Revised Code~~ health plan issuer. 276

(V) Using any program, scheme, device, or other unfair act 277
or practice that, directly or indirectly, causes or results in 278
the placing of coverage for adverse risks with another carrier, 279
as defined in section 3924.01 of the Revised Code. 280

(W) Failing to comply with section 3923.23, 3923.231, 281
3923.232, 3923.233, or 3923.234 of the Revised Code by engaging 282
in any unfair, discriminatory reimbursement practice. 283

(X) Intentionally establishing an unfair premium for, or 284
misrepresenting the cost of, any insurance policy financed under 285
a premium finance agreement of an insurance premium finance 286
company. 287

(Y) (1) (a) Limiting coverage under, refusing to issue, 288
canceling, or refusing to renew, any individual policy or 289
contract of life insurance, or limiting coverage under or 290
refusing to issue any individual policy or contract of health 291
insurance, for the reason that the insured or applicant for 292
insurance is or has been a victim of domestic violence; 293

(b) Adding a surcharge or rating factor to a premium of 294
any individual policy or contract of life or health insurance 295
for the reason that the insured or applicant for insurance is or 296
has been a victim of domestic violence; 297

(c) Denying coverage under, or limiting coverage under, 298
any policy or contract of life or health insurance, for the 299
reason that a claim under the policy or contract arises from an 300
incident of domestic violence; 301

(d) Inquiring, directly or indirectly, of an insured 302
under, or of an applicant for, a policy or contract of life or 303
health insurance, as to whether the insured or applicant is or 304
has been a victim of domestic violence, or inquiring as to 305
whether the insured or applicant has sought shelter or 306
protection from domestic violence or has sought medical or 307
psychological treatment as a victim of domestic violence. 308

(2) Nothing in division (Y) (1) of this section shall be 309
construed to prohibit an insurer from inquiring as to, or from 310
underwriting or rating a risk on the basis of, a person's 311
physical or mental condition, even if the condition has been 312

caused by domestic violence, provided that all of the following 313
apply: 314

(a) The insurer routinely considers the condition in 315
underwriting or in rating risks, and does so in the same manner 316
for a victim of domestic violence as for an insured or applicant 317
who is not a victim of domestic violence; 318

(b) The insurer does not refuse to issue any policy or 319
contract of life or health insurance or cancel or refuse to 320
renew any policy or contract of life insurance, solely on the 321
basis of the condition, except where such refusal to issue, 322
cancellation, or refusal to renew is based on sound actuarial 323
principles or is related to actual or reasonably anticipated 324
experience; 325

(c) The insurer does not consider a person's status as 326
being or as having been a victim of domestic violence, in 327
itself, to be a physical or mental condition; 328

(d) The underwriting or rating of a risk on the basis of 329
the condition is not used to evade the intent of division (Y) (1) 330
of this section, or of any other provision of the Revised Code. 331

(3) (a) Nothing in division (Y) (1) of this section shall be 332
construed to prohibit an insurer from refusing to issue a policy 333
or contract of life insurance insuring the life of a person who 334
is or has been a victim of domestic violence if the person who 335
committed the act of domestic violence is the applicant for the 336
insurance or would be the owner of the insurance policy or 337
contract. 338

(b) Nothing in division (Y) (2) of this section shall be 339
construed to permit an insurer to cancel or refuse to renew any 340
policy or contract of health insurance in violation of the 341

"Health Insurance Portability and Accountability Act of 1996," 342
110 Stat. 1955, 42 U.S.C.A. 300gg-41(b), as amended, or in a 343
manner that violates or is inconsistent with any provision of 344
the Revised Code that implements the "Health Insurance 345
Portability and Accountability Act of 1996." 346

(4) An insurer is immune from any civil or criminal 347
liability that otherwise might be incurred or imposed as a 348
result of any action taken by the insurer to comply with 349
division (Y) of this section. 350

(5) As used in division (Y) of this section, "domestic 351
violence" means any of the following acts: 352

(a) Knowingly causing or attempting to cause physical harm 353
to a family or household member; 354

(b) Recklessly causing serious physical harm to a family 355
or household member; 356

(c) Knowingly causing, by threat of force, a family or 357
household member to believe that the person will cause imminent 358
physical harm to the family or household member. 359

For the purpose of division (Y) (5) of this section, 360
"family or household member" has the same meaning as in section 361
2919.25 of the Revised Code. 362

Nothing in division (Y) (5) of this section shall be 363
construed to require, as a condition to the application of 364
division (Y) of this section, that the act described in division 365
(Y) (5) of this section be the basis of a criminal prosecution. 366

(Z) Disclosing a coroner's records by an insurer in 367
violation of section 313.10 of the Revised Code. 368

(AA) Making, issuing, circulating, or causing or 369

permitting to be made, issued, or circulated any statement or 370
representation that a life insurance policy or annuity is a 371
contract for the purchase of funeral goods or services. 372

(BB) With respect to a health care contract as defined in 373
section 3963.01 of the Revised Code that covers vision or dental 374
services, as defined in that section, including any of the 375
contract terms prohibited under or failing to make the 376
disclosures required under division (E) or (F) of section 377
3963.02 of the Revised Code. 378

(CC) With respect to private passenger automobile 379
insurance, charging premium rates that are excessive, 380
inadequate, or unfairly discriminatory, pursuant to division (D) 381
of section 3937.02 of the Revised Code, based solely on the 382
location of the residence of the insured. 383

The enumeration in sections 3901.19 to 3901.26 of the 384
Revised Code of specific unfair or deceptive acts or practices 385
in the business of insurance is not exclusive or restrictive or 386
intended to limit the powers of the superintendent of insurance 387
to adopt rules to implement this section, or to take action 388
under other sections of the Revised Code. 389

This section does not prohibit the sale of shares of any 390
investment company registered under the "Investment Company Act 391
of 1940," 54 Stat. 789, 15 U.S.C.A. 80a-1, as amended, or any 392
policies, annuities, or other contracts described in section 393
3907.15 of the Revised Code. 394

As used in this section, "estimate," "statement," 395
"representation," "misrepresentation," "advertisement," or 396
"announcement" includes oral or written occurrences. As used in 397
this section, "health benefit plan" and "health plan issuer" 398

have the same meanings as in section 3922.01 of the Revised 399
Code. 400

Sec. 3901.22. (A) The superintendent of insurance may 401
conduct hearings to determine whether violations of section 402
3901.20 of the Revised Code have occurred. Any person aggrieved 403
with respect to any act that the person believes to be an unfair 404
or deceptive act or practice in the business of insurance, as 405
defined in section 3901.21 or 3901.211 of the Revised Code or in 406
any rule of the superintendent, may make written application to 407
the superintendent for a hearing to determine if there has been 408
a violation of section 3901.20 of the Revised Code. The 409
application shall specify the grounds to be relied upon by the 410
applicant. If the superintendent finds that the application is 411
made in good faith, that the applicant would be so aggrieved if 412
the applicant's grounds are established, and that such grounds 413
otherwise justify holding such a hearing, the superintendent 414
shall hold a hearing to determine whether the act specified in 415
the application is a violation of section 3901.20 of the Revised 416
Code. Notice of any hearing held under the authority of this 417
section, the conduct of the hearing, the orders issued pursuant 418
to it, the review of the orders and all other matters relating 419
to the holding of the hearing shall be governed by Chapter 119. 420
of the Revised Code. 421

(B) Upon good cause shown, the superintendent shall permit 422
any person to intervene, appear, and be heard at the hearing, 423
either in person or by counsel. 424

(C) The superintendent shall send a copy of the order to 425
those persons intervening in the hearing. 426

(D) If the superintendent, by written order, finds that 427
any person has violated section 3901.20 of the Revised Code, the 428

superintendent shall issue an order requiring that person to 429
cease and desist from engaging in the violation. In addition, 430
the superintendent may impose any or all of the following 431
administrative remedies upon the person: 432

(1) The superintendent may suspend or revoke the person's 433
license to engage in the business of insurance; 434

(2) The superintendent may order that an insurance company 435
or insurance agency not employ the person or permit the person 436
to serve as a director, consultant, or in any other capacity for 437
such time as the superintendent determines would serve the 438
public interest. No application for termination of such an order 439
for an indefinite time shall be filed within two years of its 440
effective date. 441

(3) The superintendent may order the person to return any 442
payments received by the person as a result of the violation; 443

(4) For each violation described in division (T) of 444
section 3901.21 of the Revised Code, the superintendent may 445
impose a civil penalty of up to twenty-five thousand dollars 446
plus administrative costs to cover the expenses incurred by the 447
department of insurance in the administrative action, including 448
costs incurred in the investigation and hearing processes; 449

(5) If the superintendent issues an order pursuant to 450
division (D) (3) of this section, the superintendent shall order 451
the person to pay statutory interest on such payments. 452

If the superintendent does not issue orders pursuant to 453
divisions (D) (3) and ~~(4)~~ (5) of this section, the superintendent 454
shall expressly state in the cease-and-desist order the reasons 455
for not issuing such orders. 456

~~(5)~~ (6) The superintendent may order the person to pay to 457

the state treasury for credit to the department's operating fund 458
an amount, not in excess of one hundred thousand dollars, equal 459
to one-half of the expenses reasonably incurred by the 460
superintendent to retain attorneys, actuaries, accountants, and 461
other experts not otherwise a part of the superintendent's staff 462
to assist directly in the conduct of any investigations and 463
hearings conducted with respect to violations committed by the 464
person. 465

(E) If the superintendent has reasonable cause to believe 466
that an order issued pursuant to division (D) of this section 467
has been violated in whole or in part, the superintendent may, 468
unless such order is stayed by a court of competent 469
jurisdiction, request the attorney general to commence and 470
prosecute any appropriate action or proceeding in the name of 471
the state against the person. 472

Such action may include, but need not be limited to, the 473
commencement of a class action under Civil Rule 23 on behalf of 474
policyholders, subscribers, applicants for policies or 475
contracts, or other insurance consumers for damages caused by or 476
unjust enrichment received as a result of the violation. 477

(F) In addition to any penalties imposed pursuant to this 478
chapter, the court may, in an action brought pursuant to 479
division (E) of this section, impose any of the following: 480

(1) For each act or practice found to be in violation of 481
section 3901.20 of the Revised Code, a civil penalty of not more 482
than three thousand five hundred dollars for each violation but 483
not to exceed an aggregate penalty of thirty-five thousand 484
dollars in any six-month period, provided that a series of 485
similar acts or practices prohibited by section 3901.20 of the 486
Revised Code and committed by the same person but not in 487

separate insurance sales transactions shall be considered a 488
single violation; 489

(2) For each violation of a cease and desist order issued 490
by the superintendent pursuant to this section, a civil penalty 491
of not more than ten thousand dollars; 492

(3) In addition to any other appropriate relief, the court 493
may order any or all of the remedies specified in division (D) 494
of this section. 495

(G) The superintendent, under a settlement agreement to 496
which a person has consented in writing for the purpose of 497
assuring the person's correction of a series of offenses and 498
future compliance with the laws of this state relating to the 499
business of insurance, may impose a single penalty in whatever 500
amount the parties determine to be justified under the 501
circumstances. 502

(H) A court of common pleas, in a civil action commenced 503
by the attorney general on behalf of the superintendent under 504
Civil Rule 65, may grant a temporary restraining order, 505
preliminary injunction, or permanent injunction to restrain or 506
prevent a violation or threatened violation of any provision of 507
section 3901.20 of the Revised Code, if the court finds that the 508
defendant has violated, is violating, or is threatening to 509
violate such provision, that immediate and irreparable injury, 510
loss, or damage will result if such relief is not granted, and 511
that no adequate remedy at law exists to prevent such 512
irreparable injury, loss, or damage. 513

(I) If the superintendent's position in initiating a 514
matter in controversy pursuant to this section and section 515
3901.221 of the Revised Code was not substantially justified, 516

upon motion of the person who prevailed in the hearing or in the 517
appropriate court, if an adjudication order was appealed or a 518
civil action was commenced, the superintendent or the court 519
shall order the department of insurance to pay such person an 520
amount, not in excess of one hundred thousand dollars, equal to 521
one-half of the expenses reasonably incurred by the person in 522
connection with the related proceedings. An award pursuant to 523
this division may be reduced or denied if special circumstances 524
make an award unjust or if the person engaged in conduct that 525
unduly and unreasonably protracted the final resolution of the 526
matter in controversy. If the department does not pay such award 527
or no such funds are available, the award shall be treated as if 528
it were a judgment under Chapter 2743. of the Revised Code and 529
be payable in accordance with the procedures specified in 530
section 2743.19 of the Revised Code, except that interest shall 531
not be paid in relation to the award. 532

Sec. 3937.19. (A) As used in this section: 533

(1) "Personal lines policy of insurance" means a policy of 534
property and casualty insurance issued to a natural person 535
primarily for personal or family protection for personal 536
automobile, homeowner's, tenant's, mobile-homeowner's, non- 537
commercial dwelling fire or personal umbrella coverage. 538

(2) "Customer" has the same meaning as in section 3901.19 539
of the Revised Code. 540

(B) (1) An insurer may, but is not required to, provide or 541
make a policy summary of material coverages and exclusions in a 542
personal lines policy of insurance available to a customer. If 543
an insurer chooses to provide or make any such policy summary 544
available, the summary shall include at a minimum all of the 545
following: 546

(a) A brief description of the principal benefits provided	547
under the policy for which a premium is charged;	548
(b) A brief description of the principal exclusions,	549
provided under the policy;	550
(c) A statement of the loss valuation methods provided	551
under the policy;	552
(d) The following notice, or a substantially similar	553
notice, prominently displayed in conjunction with the policy	554
summary:	555
"You should read your insurance policy and get assistance	556
in understanding the coverages and any exclusions directly from	557
your agent or the insurance company issuing your policy. This	558
policy summary is for informational purposes only and is	559
designed to provide a basic description of insurance coverages	560
and exclusions in your policy. This summary does not reflect all	561
the coverages and exclusions contained in your policy and is	562
qualified in its entirety to the policy terms.	563
State law prohibits this policy summary from replacing,	564
modifying, altering, amending, or changing any of the terms or	565
provisions of the insurance policy that is the subject of this	566
summary."	567
(2) A policy summary, as described in division (B) (1) of	568
this section, does not include the policy declarations page and	569
any notations contained therein.	570
(C) Nothing contained in this section shall be construed	571
to prohibit an insurer from providing information related to an	572
insurance policy that does not meet the requirements prescribed	573
in division (B) of this section.	574

(D) An insurer may display sections of a policy summary 575
individually, in any combination or in any order, as long as the 576
summary meets the requirements prescribed in division (B) of 577
this section and the notice contained in division (B) (1) (d) of 578
this section appears in each section of the policy summary. If 579
the policy summary is paginated, then the notice contained in 580
division (B) (1) (d) of this section shall appear on each page. 581

(E) An insurer's election to provide or make a policy 582
summary available to a customer does not obligate the insurer to 583
provide a policy summary upon the renewal of the policy or for 584
any other policies issued to the same customer. 585

(F) If an insurer elects to provide or make a policy 586
summary available for a personal lines policy of insurance, the 587
insurer shall provide a policy summary for the named insured 588
under a policy for that product. 589

(G) A policy summary provided or made available under this 590
section shall not be considered a replacement for the terms of 591
the policy of insurance, shall not have the effect of altering 592
the coverage afforded by the policy, and shall not confer new or 593
additional rights beyond those expressly provided for in the 594
policy. Nothing in this section shall be construed to create or 595
imply a private cause of action for a violation of this section. 596
A policy summary provided or made available pursuant to this 597
section shall not be admissible in court or in any other legal 598
or administrative proceeding, except to enforce division (H) of 599
this section. 600

(H) No person doing the business of insurance in this 601
state shall provide or use a policy summary that contains any 602
false, misleading, or deceptive representation or statement. 603

(I) Any violation of this section is an unfair and 604
deceptive act or practice in the business of insurance under 605
sections 3901.19 to 3901.26 of the Revised Code. If the 606
superintendent, by written order, finds that any person is about 607
to engage, is engaging, or has engaged in a violation of this 608
section, the superintendent may impose any or all of the 609
administrative remedies set forth in divisions (D) (1) to ~~(5)~~ (6) 610
of section 3901.22 of the Revised Code, as applicable. If the 611
superintendent finds that the violation was due to gross or 612
willful misconduct, the superintendent may order that person to 613
reimburse any customer harmed by the violation or violations, 614
including reimbursement or payment of insurance claims for which 615
a loss occurred as a result of a customer's reliance upon a 616
policy summary containing any false, misleading, or deceptive 617
representation or statement. 618

Sec. 5747.87. (A) As used in this section, "individual 619
coverage health reimbursement arrangement" means a health 620
reimbursement arrangement established pursuant to 45 C.F.R. 621
146.123. 622

(B) There is allowed a nonrefundable credit against a 623
taxpayer's aggregate tax liability under section 5747.02 of the 624
Revised Code for a taxpayer that, during the taxable year is 625
either of the following: 626

(1) An employer that employs more than one and less than 627
fifty-one total employees, cumulatively and regardless of any 628
particular employee's length of tenure, provides an individual 629
coverage health reimbursement arrangement to some or all of the 630
employer's employees, and contributes at least four hundred 631
dollars per employee to that arrangement during the taxable 632
year; 633

(2) The owner of a direct or indirect interest in such an 634
employer that is a pass-through entity. 635

The credit shall equal four hundred dollars multiplied by 636
the number of the employer's employees who were provided 637
benefits under an individual coverage health reimbursement 638
arrangement, cumulatively and regardless of any particular 639
employee's length of tenure, during the taxpayer's taxable year. 640

The credit shall be claimed in the order prescribed by 641
section 5747.98 of the Revised Code. A taxpayer described in 642
division (B) (2) of this section may claim its proportionate or 643
distributive share of the credit allowed under this section. 644

The tax commissioner may request that a taxpayer claiming 645
a credit under this section furnish information as is necessary 646
to support the claim for the credit under this section, and no 647
credit shall be allowed unless the requested information is 648
provided. 649

Sec. 5747.98. (A) To provide a uniform procedure for 650
calculating a taxpayer's aggregate tax liability under section 651
5747.02 of the Revised Code, a taxpayer shall claim any credits 652
to which the taxpayer is entitled in the following order: 653

Either the retirement income credit under division (B) of 654
section 5747.055 of the Revised Code or the lump sum retirement 655
income credits under divisions (C), (D), and (E) of that 656
section; 657

Either the senior citizen credit under division (F) of 658
section 5747.055 of the Revised Code or the lump sum 659
distribution credit under division (G) of that section; 660

The dependent care credit under section 5747.054 of the 661
Revised Code; 662

The credit for displaced workers who pay for job training	663
under section 5747.27 of the Revised Code;	664
The campaign contribution credit under section 5747.29 of	665
the Revised Code;	666
The twenty-dollar personal exemption credit under section	667
5747.022 of the Revised Code;	668
The joint filing credit under division (G) (E) of section	669
5747.05 of the Revised Code;	670
The earned income credit under section 5747.71 of the	671
Revised Code;	672
The nonrefundable credit for education expenses under	673
section 5747.72 of the Revised Code;	674
The nonrefundable credit for donations to scholarship	675
granting organizations under section 5747.73 of the Revised	676
Code;	677
The nonrefundable credit for tuition paid to a	678
nonchartered nonpublic school under section 5747.75 of the	679
Revised Code;	680
The nonrefundable vocational job credit under section	681
5747.057 of the Revised Code;	682
<u>The nonrefundable individual coverage health reimbursement</u>	683
<u>arrangement credit under section 5747.87 of the Revised Code;</u>	684
The nonrefundable job retention credit under division (B)	685
of section 5747.058 of the Revised Code;	686
The enterprise zone credit under section 5709.66 of the	687
Revised Code;	688
The credit for beginning farmers who participate in a	689

financial management program under division (B) of section	690
5747.77 of the Revised Code;	691
The credit for commercial vehicle operator training	692
expenses under section 5747.82 of the Revised Code;	693
The nonrefundable welcome home Ohio (WHO) program credit	694
under section 122.633 of the Revised Code;	695
The credit for selling or renting agricultural assets to	696
beginning farmers under division (A) of section 5747.77 of the	697
Revised Code;	698
The credit for purchases of qualifying grape production	699
property under section 5747.28 of the Revised Code;	700
The small business investment credit under section 5747.81	701
of the Revised Code;	702
The nonrefundable lead abatement credit under section	703
5747.26 of the Revised Code;	704
The opportunity zone investment credit under section	705
5747.86 of the Revised Code;	706
The enterprise zone credits under section 5709.65 of the	707
Revised Code;	708
The research and development credit under section 5747.331	709
of the Revised Code;	710
The credit for rehabilitating a historic building under	711
section 5747.76 of the Revised Code;	712
The nonrefundable Ohio low-income housing tax credit under	713
section 5747.83 of the Revised Code;	714
The nonrefundable affordable single-family home credit	715
under section 5747.84 of the Revised Code;	716

The nonresident credit under division (A) of section	717
5747.05 of the Revised Code;	718
 The credit for a resident's out-of-state income under	719
division (B) of section 5747.05 of the Revised Code;	720
 The refundable motion picture and Broadway theatrical	721
production credit under section 5747.66 of the Revised Code;	722
 The refundable credit for film and theater capital	723
improvement projects under section 5747.67 of the Revised Code;	724
 The refundable jobs creation credit or job retention	725
credit under division (A) of section 5747.058 of the Revised	726
Code;	727
 The refundable credit for taxes paid by a qualifying	728
entity granted under section 5747.059 of the Revised Code;	729
 The refundable credits for taxes paid by a qualifying	730
pass-through entity granted under division (I) of section	731
5747.08 of the Revised Code;	732
 The refundable credit under section 5747.80 of the Revised	733
Code for losses on loans made to the Ohio venture capital	734
program under sections 150.01 to 150.10 of the Revised Code;	735
 The refundable credit for rehabilitating a historic	736
building under section 5747.76 of the Revised Code;	737
 The refundable credit under section 5747.39 of the Revised	738
Code for taxes levied under section 5747.38 of the Revised Code	739
paid by an electing pass-through entity.	740
 (B) For any credit, except the refundable credits	741
enumerated in this section and the credit granted under division	742
(H) of section 5747.08 of the Revised Code, the amount of the	743

credit for a taxable year shall not exceed the taxpayer's 744
aggregate amount of tax due under section 5747.02 of the Revised 745
Code, after allowing for any other credit that precedes it in 746
the order required under this section. Any excess amount of a 747
particular credit may be carried forward if authorized under the 748
section creating that credit. Nothing in this chapter shall be 749
construed to allow a taxpayer to claim, directly or indirectly, 750
a credit more than once for a taxable year. 751

Section 2. That existing sections 3901.21, 3901.22, 752
3937.19, and 5747.98 of the Revised Code are hereby repealed. 753

Section 3. The enactment of section 5747.87 of the Revised 754
Code by this act applies to taxable years ending on or after the 755
effective date of this section. 756