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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., Abrams, Barhorst, Brewer, Brownlee, Callender, Cockley, Denson, Dovilla, Ghanbari, Glassburn, Grim, Gross, Hall, D., Hall, T., Holmes, Hoops, Humphrey, Jarrells, John, Kishman, Klopfenstein, Lampton, LaRe, Lear, Lorenz, Manning, Mathews, A., Mathews, T., McNally, Miller, J., Miller, M., Mohamed, Newman, Odioso, Oelslager, Peterson, Plummer, Ray, Robb Blasdel, Rogers, Russo, Salvo, Schmidt, Sigrist, Sims, Somani, Swearingen, Thomas, C., Tims, Troy, White, E., Workman, Young**

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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:**

<b>Section 1.</b> 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

<b>Sec. 3901.21.</b> 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,  
3923.232, 3923.233, or 3923.234 of the Revised Code by engaging  
in any unfair, discriminatory reimbursement practice.

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

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

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

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

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

(2) Nothing in division (Y) (1) of this section shall be

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

The nonrefundable individual coverage health reimbursement 683  
arrangement credit under section 5747.87 of the Revised Code; 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 Revised Code;	687 688
The credit for beginning farmers who participate in a financial management program under division (B) of section 5747.77 of the Revised Code;	689 690 691
The credit for commercial vehicle operator training expenses under section 5747.82 of the Revised Code;	692 693
The nonrefundable welcome home Ohio (WHO) program credit under section 122.633 of the Revised Code;	694 695
The credit for selling or renting agricultural assets to beginning farmers under division (A) of section 5747.77 of the Revised Code;	696 697 698
The credit for purchases of qualifying grape production property under section 5747.28 of the Revised Code;	699 700
The small business investment credit under section 5747.81 of the Revised Code;	701 702
The nonrefundable lead abatement credit under section 5747.26 of the Revised Code;	703 704
The opportunity zone investment credit under section 5747.86 of the Revised Code;	705 706
The enterprise zone credits under section 5709.65 of the Revised Code;	707 708
The research and development credit under section 5747.331 of the Revised Code;	709 710
The credit for rehabilitating a historic building under section 5747.76 of the Revised Code;	711 712
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