

**As Introduced**

**136th General Assembly**

**Regular Session**

**2025-2026**

**H. B. No. 289**

**Representatives Rader, Grim**

**Cosponsors: Representatives Piccolantonio, Brownlee, Rogers, Synenberg,  
Baker, Brennan, Upchurch, White, E., Lett, Cockley, Abdullahi, Brewer, Mohamed,  
Denson, Thomas, C., Somani**

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**A BILL**

To amend section 109.02 and to enact sections	1
3920.01, 3920.02, 3920.03, 3920.04, 3920.05,	2
3920.06, 3920.07, 3920.08, 3920.09, 3920.10,	3
3920.11, 3920.12, 3920.13, 3920.14, 3920.15,	4
3920.21, 3920.22, 3920.23, 3920.24, 3920.25,	5
3920.26, 3920.27, 3920.28, 3920.31, 3920.32, and	6
3920.33 of the Revised Code to establish and	7
operate the Ohio Health Care Plan to provide	8
universal health care coverage to all Ohio	9
residents.	10

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

<b>Section 1.</b> That section 109.02 be amended and sections	11
3920.01, 3920.02, 3920.03, 3920.04, 3920.05, 3920.06, 3920.07,	12
3920.08, 3920.09, 3920.10, 3920.11, 3920.12, 3920.13, 3920.14,	13
3920.15, 3920.21, 3920.22, 3920.23, 3920.24, 3920.25, 3920.26,	14
3920.27, 3920.28, 3920.31, 3920.32, and 3920.33 of the Revised	15
Code be enacted to read as follows:	16

<b>Sec. 109.02.</b> The attorney general is the chief law officer	17
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for the state and all its departments and shall be provided with 18  
adequate office space in Columbus. Except as provided in 19  
division (E) of section 120.06 and in sections 101.55, 107.13, 20  
~~and 3517.152 to 3517.157, and 3920.04~~ of the Revised Code, no 21  
state officer or board, or head of a department or institution 22  
of the state shall employ, or be represented by, other counsel 23  
or attorneys at law. The attorney general shall appear for the 24  
state in the trial and argument of all civil and criminal causes 25  
in the supreme court in which the state is directly or 26  
indirectly interested. When required by the governor or the 27  
general assembly, the attorney general shall appear for the 28  
state in any court or tribunal in a cause in which the state is 29  
a party, or in which the state is directly interested. Upon the 30  
written request of the governor, the attorney general shall 31  
prosecute any person indicted for a crime. 32

**Sec. 3920.01.** As used in this chapter: 33

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

(B) "Provider" means a hospital or other health care 39  
facility, and a physician, podiatrist, dentist, pharmacist, 40  
chiropractor, or other health care personnel, licensed, 41  
certified, accredited, or otherwise authorized in this state to 42  
furnish health care services. 43

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

(2) The Ohio health care plan shall provide universal and 47  
affordable health care coverage for all residents of this state, 48  
consisting of a comprehensive benefit package that includes 49  
benefits for prescription drugs. The Ohio health care plan shall 50  
work simultaneously to control health care costs, control health 51  
care spending, achieve measurable improvement in health care 52  
outcomes, increase all parties' satisfaction with the health 53  
care system, implement policies that strengthen and improve 54  
culturally and linguistically sensitive care, and develop an 55  
integrated health care database to support health care planning. 56

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

(C) Sections 101.82 and 101.83 of the Revised Code do not 66  
apply to the Ohio health care agency. 67

**Sec. 3920.03.** (A) There is hereby created the Ohio health 68  
care board. The Ohio health care board shall consist of fifteen 69  
voting members, consisting of the director of health as an ex 70  
officio voting member and fourteen members elected in accordance 71  
with this section. 72

(B) For purposes of representation on the Ohio health care 73  
board, the state shall be divided into seven regions each 74  
composed of designated counties as follows: 75

<u>(1) Region 1: Ashtabula, Cuyahoga, Geauga, Lake, Lorain;</u>	76
<u>(2) Region 2: Allen, Auglaize, Defiance, Erie, Fulton,</u>	77
<u>Hancock, Henry, Huron, Lucas, Mercer, Ottawa, Paulding, Putnam,</u>	78
<u>Sandusky, Seneca, Van Wert, Williams, Wood;</u>	79
<u>(3) Region 3: Athens, Belmont, Coshocton, Gallia,</u>	80
<u>Guernsey, Harrison, Hocking, Jackson, Jefferson, Lawrence,</u>	81
<u>Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Pike, Ross,</u>	82
<u>Scioto, Vinton, Washington;</u>	83
<u>(4) Region 4: Adams, Brown, Butler, Clermont, Clinton,</u>	84
<u>Hamilton, Highland, Warren;</u>	85
<u>(5) Region 5: Crawford, Delaware, Fairfield, Fayette,</u>	86
<u>Franklin, Hardin, Knox, Licking, Logan, Madison, Marion, Morrow,</u>	87
<u>Pickaway, Union, Wyandot;</u>	88
<u>(6) Region 6: Ashland, Carroll, Columbiana, Holmes,</u>	89
<u>Mahoning, Medina, Portage, Richland, Stark, Summit, Trumbull,</u>	90
<u>Tuscarawas, Wayne;</u>	91
<u>(7) Region 7: Champaign, Clark, Darke, Greene, Miami,</u>	92
<u>Montgomery, Preble, Shelby.</u>	93
<u>(C) (1) The health commissioner of the most populous county</u>	94
<u>in each region shall convene a meeting of all county and city</u>	95
<u>health commissioners in the region within ninety days following</u>	96
<u>the effective date of this section. If there are two or more</u>	97
<u>health districts located wholly or partially in the most</u>	98
<u>populous county of the region, the health commissioner of the</u>	99
<u>health district with the largest territorial jurisdiction in</u>	100
<u>that county shall convene the meeting of all county and city</u>	101
<u>health commissioners within ninety days following the effective</u>	102
<u>date of this section.</u>	103

(2) At the meeting called pursuant to division (C) (1) of 104  
this section, the county and city health commissioners in each 105  
region shall elect one resident from each county in the region 106  
to represent the county on a regional health advisory committee 107  
established for that region. The county and city health 108  
commissioners also shall set a date, not sooner than one hundred 109  
days and not later than one hundred ten days after the effective 110  
date of this section, for the initial meeting of the regional 111  
health advisory committee. 112

(3) Following the initial meetings of county and city 113  
health commissioners called pursuant to division (C) (1) of this 114  
section, the county and city health commissioners in each region 115  
shall convene a meeting every two years to elect representatives 116  
to the regional health advisory committee. Each biennial meeting 117  
shall be held within five days of the same day of the same month 118  
as the initial meeting. 119

(4) Each representative elected under division (C) (2) or 120  
(3) of this section shall hold office for two years, starting on 121  
the date of the representative's election. Any individual 122  
appointed to fill a vacancy occurring prior to the expiration of 123  
the term for which a representative is elected shall hold office 124  
for the remainder of the predecessor's term. 125

(D) (1) At its initial meeting on the date set pursuant to 126  
division (C) (2) of this section, each regional health advisory 127  
committee shall elect a chairperson from among the 128  
representatives to the committee. At the initial meeting, each 129  
committee's representatives shall elect two residents from the 130  
region to represent that region as members of the Ohio health 131  
care board. One of the two residents elected from each region to 132  
serve on the Ohio health care board shall be a resident of the 133

region's most populous county and the other shall be a resident 134  
of any county in the region other than the region's most 135  
populous county. 136

Except for the elections to the Ohio health care board at 137  
the initial meeting of each regional health advisory committee, 138  
each resident elected to the board shall be elected to a two- 139  
year term of office. At the initial meeting, the resident from 140  
the most populous county in the region shall be elected to a 141  
term of three years. 142

(2) Annually, beginning in the second year following the 143  
initial elections to the Ohio health care board, the chairperson 144  
of each regional health advisory committee shall convene a 145  
meeting within five calendar days of the same date of the same 146  
month as the initial meeting of that regional health advisory 147  
committee to elect a resident from the region to serve as a 148  
member of the Ohio health care board. The regional health 149  
advisory committee shall elect a resident of a county as is 150  
necessary to meet the representation requirements set by 151  
division (D) (1) of this section. No individual may serve as a 152  
member of the Ohio health care board for more than four 153  
consecutive terms. 154

(3) In addition to meeting for the election of Ohio health 155  
care board members, each regional health advisory committee 156  
shall meet as necessary to fulfill any functions and 157  
responsibilities assigned under sections 3920.01 to 3920.15 of 158  
the Revised Code. With the exception of the initial meeting 159  
described in division (D) (1) of this section, each meeting shall 160  
be held at the call of the chairperson and as may be provided by 161  
procedures adopted by the regional health advisory committee. 162

(E) (1) The director of health shall set the time, place, 163

and date for the initial meeting of the Ohio health care board 164  
and shall preside over the Ohio health care board's initial 165  
meeting. The initial meeting shall be held not sooner than one 166  
hundred fifteen days and not later than one hundred twenty-five 167  
days after the effective date of this section. 168

(2) The members of the Ohio health care board annually 169  
shall elect a member of the board to serve as chairperson at 170  
meetings of the board. Meetings shall be held upon the call of 171  
the chairperson and as provided by procedures prescribed by the 172  
Ohio health care board. Two-thirds of the members of the Ohio 173  
health care board shall constitute a quorum for the conduct of 174  
business at meetings of the board. Decisions at meetings of the 175  
Ohio health care board shall be reached by majority vote of 176  
those present. 177

(3) All meetings of the Ohio health care board are open to 178  
the public unless questions of patient confidentiality arise. 179  
The Ohio health care board may go into closed executive session 180  
with regard to issues related to confidential patient 181  
information. The fourteen members of the Ohio health care board 182  
elected by the regional health advisory committees shall receive 183  
an annual salary and benefits established in accordance with 184  
division (J) of section 124.15 of the Revised Code. 185

(F) The seven regional health advisory committees shall 186  
act as advisory bodies to the Ohio health care board, 187  
representing their individual regions. The regional health 188  
advisory committees shall oversee the management of consumer and 189  
provider complaints originating in their respective regions and 190  
shall hold a hearing on all such complaints. The regional health 191  
advisory committees shall offer assistance to resolve consumer 192  
and provider disputes and shall seek the agreement of all 193

parties to the dispute to submit the dispute to negotiation or 194  
binding arbitration. A regional health advisory committee shall 195  
transfer any dispute that is not resolved at the regional level 196  
to the director of the Ohio health care agency's department of 197  
consumer affairs within six months of the filing of the 198  
complaint; however, the committee may vote to transfer 199  
individual disputes at an earlier date. 200

(G) (1) If a vacancy occurs on the Ohio health care board 201  
for any reason, resulting in a region being without full 202  
representation on the board, that region's health advisory 203  
committee shall elect a resident of that region to fill the 204  
vacancy. Any resident elected to fill a vacancy shall serve the 205  
remainder of the departing member's term. The health advisory 206  
committee shall elect a resident of a county as necessary to 207  
meet the representation requirements set by division (D) (1) of 208  
this section. 209

(2) A serving member of the Ohio health care board shall 210  
continue to serve following the expiration of the member's term 211  
until a successor takes office or a period of ninety days has 212  
elapsed, whichever occurs first. 213

(H) (1) The members and staff of the Ohio health care board 214  
and employees of the Ohio health care agency, and their 215  
immediate families, are prohibited from having any pecuniary 216  
interest in any business with a contract, or in negotiation for 217  
a contract, with either the Ohio health care board or Ohio 218  
health care agency, or in any business that is subject to the 219  
Ohio health care board's oversight. The members and staff of the 220  
Ohio health care board and employees of the Ohio health care 221  
agency shall not knowingly receive remuneration for health care 222  
services of any kind during their term of service or employment. 223



The members and staff of the Ohio health care board and 224  
employees of the Ohio health care agency, and their immediate 225  
families, shall not knowingly receive consulting fees of any 226  
kind from any source that is directly or indirectly related to 227  
the delivery of health care services pursuant to the Ohio health 228  
care plan. The members and staff of the Ohio health care board 229  
and employees of the Ohio health care agency, and their 230  
immediate families, are prohibited from knowingly owning stock 231  
in, and from investing in mutual funds holding stock in, 232  
pharmaceutical companies, health maintenance organizations, 233  
health insuring corporations, or other businesses that relate 234  
directly or indirectly to the delivery of health care services, 235  
unless the stock or mutual funds are in a blind trust. 236

As used in division (H) (1) of this section, "blind trust" 237  
means an independently managed trust in which the beneficiary 238  
has no management rights and in which the beneficiary is not 239  
given notice of alterations in or other dispositions of the 240  
stock, mutual funds, or other property subject to the trust. 241

(2) No member of the Ohio health care board other than the 242  
director of health shall knowingly hold any other salaried 243  
public position with the state, either elected or appointed, 244  
during the member's tenure on the board. The director of health 245  
shall receive no salary or benefits by virtue of the director's 246  
service on the Ohio health care board. 247

(3) The chairperson of the Ohio health care board may 248  
conduct hearings to determine if a violation of division (H) (1) 249  
or (2) of this section has occurred. If the alleged violator is 250  
the chairperson, the director of health may conduct the 251  
hearings. If the director of health is the chairperson, the 252  
member of the board not alleged to have committed a violation 253

with the greatest seniority may hold the hearings. Notice of any 254  
hearing, the conduct of the hearing, and all other matters 255  
relating to the holding of the hearing shall be governed by 256  
Chapter 119. of the Revised Code. 257

If a member of the Ohio health care board, or of the 258  
member's immediate family, is found to have violated division 259  
(H) (1) of this section, or a member of the Ohio health care 260  
board is found to have violated division (H) (2) of this section, 261  
the chairperson of the Ohio health care board, the director of 262  
health, or senior board member, as applicable, shall remove the 263  
member from the Ohio health care board. 264

If a staffer of the Ohio health care board or an employee 265  
of the Ohio health care agency, or a member of the staffer's or 266  
employee's immediate family, is found to have violated division 267  
(H) (1) of this section, the Ohio health care board or Ohio 268  
health care agency shall take appropriate disciplinary action 269  
against the staffer or employee, which action may include 270  
termination of employment. 271

(I) Sections 101.82 and 101.83 of the Revised Code do not 272  
apply to the Ohio health care board and the regional health 273  
advisory committees. 274

**Sec. 3920.04.** (A) The Ohio health care board shall direct 275  
the Ohio health care agency in the performance of all duties, 276  
the exercise of all powers, and the assumption and discharge of 277  
all functions vested in the Ohio health care agency. The Ohio 278  
health care board shall adopt rules in accordance with Chapter 279  
119. of the Revised Code as needed to carry out the purposes of, 280  
and to enforce, this chapter. 281

(B) The duties and functions of the Ohio health care board 282

<u>include the following:</u>	283
<u>(1) Implementing statutory eligibility standards for</u>	284
<u>benefits;</u>	285
<u>(2) Annually adopting a benefits package for participants</u>	286
<u>of the Ohio health care plan;</u>	287
<u>(3) Acting directly or through one or more contractors as</u>	288
<u>the single payer for all claims for health care services made</u>	289
<u>under the Ohio health care plan;</u>	290
<u>(4) Developing and implementing separate formulas for</u>	291
<u>determining budgets under sections 3920.21 to 3920.28 of the</u>	292
<u>Revised Code;</u>	293
<u>(5) Annually reviewing the formulas for determining the</u>	294
<u>appropriateness and sufficiency of rates, fees, and prices;</u>	295
<u>(6) Providing for timely payments to providers through a</u>	296
<u>structure that is well organized and that eliminates unnecessary</u>	297
<u>administrative costs;</u>	298
<u>(7) Implementing, to the extent permitted by federal law,</u>	299
<u>standardized claims and reporting methods for use by the Ohio</u>	300
<u>health care plan;</u>	301
<u>(8) Developing a system of centralized electronic claims</u>	302
<u>and payments;</u>	303
<u>(9) Establishing an enrollment system that will ensure</u>	304
<u>that all eligible residents of this state, including those who</u>	305
<u>travel frequently, those who cannot read, and those who do not</u>	306
<u>speak English, are aware of their right to health care and are</u>	307
<u>formally enrolled in the Ohio health care plan;</u>	308
<u>(10) Reporting annually to the general assembly and the</u>	309

governor, on or before the first day of October, on the 310  
performance of the Ohio health care plan, the fiscal condition 311  
of the Ohio health care plan, any need for rate adjustments, 312  
recommendations for statutory changes, the receipt of payments 313  
from the federal government, whether current year goals and 314  
priorities were met, future goals and priorities, and major new 315  
technology or prescription drugs that may affect the cost of the 316  
health care services provided by the Ohio health care plan; 317

(11) Administering the revenues of the Ohio health care 318  
fund pursuant to section 3920.09 of the Revised Code; 319

(12) Obtaining appropriate liability and other forms of 320  
insurance to provide coverage for the Ohio health care plan, the 321  
Ohio health care board, the Ohio health care agency, and 322  
employees and agents of the foregoing; 323

(13) Establishing, appointing, and funding appropriate 324  
staff for the Ohio health care agency throughout this state; 325

(14) Procuring requisite office space and administrative 326  
support; 327

(15) Administering aspects of the Ohio health care agency 328  
by taking actions that include the following: 329

(a) Establishing standards and criteria for the allocation 330  
of operating funds; 331

(b) Meeting regularly with the executive director and 332  
administrators of the Ohio health care agency to review the 333  
impact of the agency and its policies on the regions established 334  
under section 3920.03 of the Revised Code; 335

(c) Establishing measurable goals for the health care 336  
system established pursuant to the Ohio health care plan; 337

(d) Establishing statewide health care databases to 338  
support health care services planning; 339

(e) Implementing policies and developing mechanisms and 340  
incentives to assure culturally and linguistically sensitive 341  
care; 342

(f) Establishing standards and criteria for the 343  
determination of appropriate compensation and training for 344  
residents of this state who are displaced from work due to the 345  
implementation of the Ohio health care plan; 346

(g) Establishing methods for the recovery of costs for 347  
health care services provided pursuant to the Ohio health care 348  
plan to a participant that are covered under the terms of a 349  
policy of insurance, a health benefit plan, or other collateral 350  
source available to the participant under which the participant 351  
has a right of action for compensation. Receipt of health care 352  
services pursuant to the Ohio health care plan shall be deemed 353  
an assignment by the participant of any right to payment for 354  
services from any policy, plan, or other source. The other 355  
source of health care benefits shall pay to the Ohio health care 356  
fund all amounts it is obligated to pay to the participant for 357  
covered health care services. The Ohio health care board may 358  
commence any action necessary to recover the amounts due. 359

(16) Appointing a technical and medical advisory board. 360  
The members of the technical and medical advisory board shall 361  
represent a cross section of the medical and provider community 362  
and consumers, and shall include two persons, one being a 363  
provider and the other representing consumers, from each region 364  
designated in section 3920.03 of the Revised Code. The members 365  
of the technical and medical advisory board shall be reimbursed 366  
for actual and necessary expenses incurred in the performance of 367

the members' duties. The technical and medical advisory board's 368  
duties include: 369

(a) Advising the Ohio health care board on the 370  
establishment of policy on medical issues, population-based 371  
public health issues, research priorities, scope of services, 372  
expanding access to health care services, and evaluating the 373  
performance of the Ohio health care plan; 374

(b) Investigating proposals for innovative approaches to 375  
the promotion of health, the prevention of disease and injury, 376  
patient education, research, and health care delivery; 377

(c) Advising the Ohio health care board on the 378  
establishment of standards and criteria to evaluate requests 379  
from health care facilities for capital improvements. 380

(C) The Ohio health care board shall employ and fix the 381  
compensation of Ohio health care agency personnel, with the 382  
approval of the department of administrative services, as needed 383  
by the agency to properly discharge the agency's duties. The 384  
employment of personnel by the Ohio health care board is subject 385  
to the civil service laws of this state. The Ohio health care 386  
board shall employ personnel that include the following: 387

(1) Executive director; 388

(2) Administrator of planning, research, and development; 389

(3) Administrator of consumer affairs; 390

(4) Administrator of quality assurance; 391

(5) Administrator of finance; 392

(6) Legal counsel to represent the Ohio health care agency 393  
and Ohio health care board in any legal action brought by or 394

against the agency or board under or pursuant to any provision 395  
of the Revised Code under the agency's or board's jurisdiction. 396

(D) No member of the Ohio health care board or individual 397  
on the staff of the Ohio health care board or Ohio health care 398  
agency shall use for personal benefit any information filed with 399  
or obtained by the Ohio health care board that is not then 400  
readily available to the public. No member of the Ohio health 401  
care board shall use or in any way attempt to use their position 402  
as a member to influence a decision of any other governmental 403  
body. 404

(E) Sections 101.82 and 101.83 of the Revised Code do not 405  
apply to the technical and medical advisory board established 406  
pursuant to division (B)(16) of this section. 407

**Sec. 3920.05.** The executive director of the Ohio health 408  
care agency is the chief administrator of the Ohio health care 409  
plan and shall administer and enforce this chapter. The 410  
executive director shall oversee the operation of the Ohio 411  
health care agency and the agency's performance of any duties 412  
assigned by the Ohio health care board. 413

**Sec. 3920.06.** (A) The executive director of the Ohio 414  
health care agency shall determine the duties of the 415  
administrator of planning, research, and development. Those 416  
duties shall include the following: 417

(1) Establishing policy on medical issues, population- 418  
based public health issues, research priorities, scope of 419  
services, the expansion of participants' access to health care 420  
services, and evaluating the performance of the Ohio health care 421  
plan; 422

(2) Investigating proposals for innovative approaches for 423

the promotion of health, the prevention of disease and injury, 424  
patient education, research, and the delivery of health care 425  
services; 426

(3) Establishing standards and criteria for evaluating 427  
applications from health care facilities for capital 428  
improvements. 429

(B) (1) The executive director shall determine the duties 430  
of the administrator of consumer affairs. Those duties shall 431  
include the following: 432

(a) Developing educational and informational guides for 433  
consumers that describe consumer rights and responsibilities and 434  
that inform consumers of effective ways to exercise consumer 435  
rights to obtain health care services. The guides must be easy 436  
to read and understand and must be available in English and in 437  
other languages. The Ohio health care agency shall make the 438  
guides available to the public through public outreach and 439  
educational programs and through the internet web site of the 440  
Ohio health care agency. 441

(b) Establishing a toll-free telephone number to receive 442  
questions and complaints regarding the Ohio health care agency 443  
and the agency's services. The Ohio health care agency's 444  
internet web site shall provide complaint forms and instructions 445  
online. 446

(c) Examining suggestions from the public; 447

(d) Making recommendations for improvements to the Ohio 448  
health care board; 449

(e) Examining the extent to which individual health care 450  
facilities in a region meet the needs of the community in which 451  
they are located; 452



(f) Receiving, investigating, and responding to all 453  
complaints about any aspect of the Ohio health care plan and 454  
referring the results of all investigations into the provision 455  
of health care services by health care providers or facilities 456  
to the appropriate provider or health care facility licensing 457  
board, or when appropriate, to a law enforcement agency; 458

(g) Publishing an annual report for the public and the 459  
general assembly that contains a statewide evaluation of the 460  
Ohio health care agency and of the delivery of health care 461  
services in each region established under section 3920.03 of the 462  
Revised Code; 463

(h) Holding public hearings, at least annually, within 464  
each region established under section 3920.03 of the Revised 465  
Code for public suggestions and complaints. 466

(2) The administrator of consumer affairs shall work 467  
closely with the seven regional health advisory committees on 468  
the resolution of complaints. In the discharge of the 469  
administrator's duties, the administrator shall have unlimited 470  
access to all nonconfidential and nonprivileged documents in the 471  
custody and control of the agency. Nothing in this chapter 472  
prohibits a consumer or class of consumers, or the administrator 473  
of consumer affairs, from seeking relief through the courts. 474

(C) The executive director, in consultation with the 475  
technical and medical advisory board, shall determine the duties 476  
of the administrator of quality assurance. Those duties shall 477  
include the following: 478

(1) Studying and reporting on the efficacy of health care 479  
treatments and medications for particular conditions; 480

(2) Identifying causes of medical errors and devising 481

<u>procedures to decrease medical errors;</u>	482
<u>(3) Establishing an evidence-based formulary;</u>	483
<u>(4) Identifying treatments and medications that are unsafe</u> <u>or have no proven value;</u>	484 485
<u>(5) Establishing a process for soliciting information on</u> <u>medical standards from providers and consumers for purposes of</u> <u>division (C) of this section.</u>	486 487 488
<u>(D) The executive director shall determine the duties of</u> <u>the administrator of finance. Those duties shall include the</u> <u>following:</u>	489 490 491
<u>(1) Administering the Ohio health care fund;</u>	492
<u>(2) Making prompt payments to providers;</u>	493
<u>(3) Developing a system of centralized claims and</u> <u>payments;</u>	494 495
<u>(4) Communicating to the treasurer of state when funds are</u> <u>needed for the operation of the Ohio health care plan;</u>	496 497
<u>(5) Developing information systems for utilization review;</u>	498
<u>(6) Investigating possible provider or consumer fraud.</u>	499
<b><u>Sec. 3920.07.</u></b> (A) <u>All residents of this state and</u> <u>individuals employed in this state, including the homeless and</u> <u>migrant workers, are eligible for coverage under the Ohio health</u> <u>care plan. The Ohio health care board shall establish standards</u> <u>and a simplified procedure to demonstrate proof of residency.</u> <u>The Ohio health care board shall establish a procedure to enroll</u> <u>eligible residents and employees and to provide each individual</u> <u>covered under the Ohio health care plan with identification that</u> <u>providers may use to determine eligibility for health care</u>	500 501 502 503 504 505 506 507 508

services under the Ohio health care plan. 509

(B) If waivers are not obtained under sections 3920.31 to 510  
3920.33 of the Revised Code from the medical assistance and 511  
medicare programs operated under Title XVIII or XIX of the 512  
"Social Security Act," 42 U.S.C. 1395 et seq., or whenever a 513  
necessary waiver is not in effect, the medical assistance 514  
program, medicare program, CHIP program, and federal employees 515  
health benefits program, as defined in section 3920.31 of the 516  
Revised Code, shall act as the primary insurers for residents of 517  
this state and individuals employed in this state for health 518  
coverage and the Ohio health care plan shall serve as the 519  
secondary or supplemental plan of health coverage. When the Ohio 520  
health care plan serves as a secondary or supplemental plan of 521  
health coverage the Ohio health care plan shall not provide 522  
coverage to a resident of this state or individual employed in 523  
this state for any covered health care service that the resident 524  
or worker is then eligible to receive under the primary program. 525

(C) A plan of employee health coverage provided by an out- 526  
of-state employer to a resident of this state working outside of 527  
this state shall serve as the employee's primary plan of health 528  
coverage and the Ohio health care plan shall serve as the 529  
employee's secondary plan of health coverage. 530

(D) The Ohio health care agency shall bill an out-of-state 531  
employer or the employer's insurer for the cost of covered 532  
health care services provided in accordance with the Ohio health 533  
care plan to residents of this state employed by the out-of- 534  
state employer when the health care services provided are 535  
covered under the terms of the employer's plan of employee 536  
health coverage. 537

(E) The Ohio health care plan shall reimburse Ohio health 538

care board approved providers practicing outside of this state 539  
at Ohio health care plan rates for health care services rendered 540  
to a plan participant while the participant is out of state. 541

(F) Any employer operating in this state may purchase 542  
coverage under the Ohio health care plan for an employee who 543  
lives out of state but who works in this state. 544

(G) (1) Any institution of higher education located in this 545  
state may purchase coverage under the Ohio health care plan for 546  
a student who does not otherwise have status as a resident of 547  
this state. 548

(2) As used in this section, "institution of higher 549  
education" means an institution of higher education, as defined 550  
in section 3345.12 of the Revised Code, and a private college, 551  
university, or other postsecondary institution located in this 552  
state that possesses a certificate of authorization issued 553  
pursuant to Chapter 1713. of the Revised Code or a certificate 554  
of registration issued by the state board of career colleges and 555  
schools under Chapter 3332. of the Revised Code. 556

(H) Any individual who arrives at a health care facility 557  
unconscious or otherwise unable due to their mental or physical 558  
condition to document eligibility for coverage under the Ohio 559  
health care plan shall be presumed to be eligible. 560

**Sec. 3920.08.** (A) The Ohio health care board shall 561  
establish a single health benefits package that shall include 562  
all of the following: 563

(1) Inpatient and outpatient provider care, both primary 564  
and secondary; 565

(2) Emergency services, as defined in section 3923.65 of 566  
the Revised Code, twenty-four hours each day on a prudent 567

layperson standard. Residents who are temporarily out of state 568  
may receive benefits for emergency services rendered in that 569  
state. The Ohio health care agency shall make timely emergency 570  
services, including hospital care and triage, available to all 571  
residents of this state, including all residents not enrolled in 572  
the Ohio health care plan. 573

(3) Emergency and other transportation to receive covered 574  
health care services, subject to division (B) of this section; 575

(4) Rehabilitation services, including speech, 576  
occupational, and physical therapy; 577

(5) Inpatient and outpatient mental health services and 578  
substance abuse treatment; 579

(6) Hospice care; 580

(7) Prescription drugs and prescribed medical nutrition; 581

(8) Vision care, aids, and equipment; 582

(9) Hearing care, hearing aids, and equipment; 583

(10) Diagnostic medical tests, including laboratory tests 584  
and imaging procedures; 585

(11) Medical supplies and prescribed medical equipment, 586  
both durable and nondurable; 587

(12) Immunizations, preventive care, health maintenance 588  
care, and screening; 589

(13) Dental care; 590

(14) Home health care services. 591

(B) The Ohio health care plan shall provide necessary 592  
transportation in each county to receive covered health care 593

services. Independent transportation providers shall be 594  
reimbursed on a fee-for-service basis. Fee schedules for covered 595  
transportation may take into account the recognized differences 596  
among geographic areas regarding cost. A covered transportation 597  
benefits account is hereby created within the Ohio health care 598  
fund. 599

(C) The Ohio health care plan shall not exclude or limit 600  
coverage of its participants' pre-existing conditions. 601

(D) Residents enrolled in the Ohio health care plan are 602  
not subject to copayments, point-of-service charges, or any 603  
other fee or charge. No provider shall directly bill an enrollee 604  
for a covered health care service. 605

(E) The Ohio health care board, with the consent of the 606  
technical and medical advisory board, shall remove or exclude 607  
procedures and treatments, equipment, and prescription drugs 608  
from the Ohio health care plan's benefit package that the board 609  
finds unsafe, experimental, of no proven value, or that add no 610  
therapeutic value. 611

(F) The Ohio health care board shall exclude coverage for 612  
any surgical, orthodontic, or other medical procedure, or 613  
prescription drug, that the technical and medical advisory board 614  
determines was or will be provided primarily for cosmetic 615  
purposes, unless required to correct a congenital defect, to 616  
restore or correct disfigurements resulting from injury or 617  
disease, or that is determined to be medically necessary by a 618  
qualified, licensed provider. 619

(G) Participants shall have free choice of the providers 620  
eligible to participate in the Ohio health care plan. 621

(H) No provider shall be compelled by the Ohio health care 622

agency to offer any particular service, provided that the 623  
provider does not discriminate among patients in providing 624  
health care services. 625

(I) The Ohio health care plan and the providers 626  
participating in the plan shall not discriminate on the basis of 627  
race, color, religion, national origin, sexual orientation, 628  
health status, employment status, or occupation or sex, military 629  
status, disability, or age. 630

**Sec. 3920.09.** (A) The Ohio health care fund is hereby 631  
established in the state treasury. The administrator of finance 632  
of the Ohio health care agency shall administer and monitor the 633  
Ohio health care fund. All moneys collected and received by the 634  
Ohio health care plan shall be transmitted to the treasurer of 635  
state for deposit into the Ohio health care fund, to be used to 636  
finance the Ohio health care plan and to pay the costs of 637  
compensation and training for displaced workers pursuant to 638  
section 3920.11 of the Revised Code. 639

(B) The treasurer of state may invest the interest earned 640  
by the Ohio health care fund in any manner authorized by the 641  
Revised Code for the investment of state moneys. Any revenue or 642  
interest earned from the investments shall be credited to the 643  
Ohio health care fund. 644

(C) All provider claims for payment for health care 645  
services rendered under the Ohio health care plan shall be 646  
transmitted to the Ohio health care fund by the provider or the 647  
provider's agent. The format of, and the method of transmitting, 648  
provider claims shall be determined by the Ohio health care 649  
board. 650

(D) All payments for health care services rendered under 651

the Ohio health care plan shall be disbursed from the Ohio 652  
health care fund. The administrator of finance of the Ohio 653  
health care agency shall establish a reserve account within the 654  
Ohio health care fund. When the revenue available to the Ohio 655  
health care plan in any biennium exceeds the total amount 656  
expended or obligated during that biennium, the excess revenue 657  
shall be transferred to the reserve account. The Ohio health 658  
care board may use the money in the reserve account for expenses 659  
of the Ohio health care agency or the Ohio health care plan. 660

(E) The administrator of finance of the Ohio health care 661  
agency shall notify the Ohio health care board when the annual 662  
expenditures or anticipated future expenditures of the Ohio 663  
health care plan appear to be in excess of the revenues or 664  
anticipated revenues for the same period. The Ohio health care 665  
board shall implement appropriate cost control measures based on 666  
the notification. The Ohio health care board shall seek a 667  
special appropriation for the Ohio health care fund if the cost 668  
control measures implemented do not reduce the Ohio health care 669  
plan's expenditures to an amount that may be covered by its 670  
revenue. 671

**Sec. 3920.10.** (A) The Ohio health care board shall 672  
establish written procedures for the receipt and resolution of 673  
disputes and grievances. The procedures shall provide for an 674  
initial hearing before the appropriate regional health advisory 675  
committee in accordance with division (F) of section 3920.03 of 676  
the Revised Code. The board shall accord to the complainant and 677  
the person who is the subject of a complaint the right to be 678  
heard at the hearing. 679

(B) Any party aggrieved by an order or decision issued 680  
pursuant to the procedures established in division (A) of this 681



section may appeal the order or decision to the court of common 682  
pleas of the county in which the consumer resides. The appellant 683  
shall file a notice of appeal with the Ohio health care board 684  
within fifteen days of the filing of the appeal with the court 685  
of common pleas. The appellant shall file evidence of the notice 686  
with the court of common pleas within twenty days of the filing. 687  
If the court of common pleas does not receive such evidence, 688  
proceedings shall be stayed until the court receives the 689  
required evidence. 690

(C) Appeals of denied claims may be submitted by Ohio 691  
health care plan beneficiaries or providers, or businesses 692  
selling medical equipment and supplies to the Ohio health care 693  
board. The board shall conduct appeals in compliance with its 694  
written procedures and both laws of this state and federal laws. 695

**Sec. 3920.11.** (A) The department of job and family 696  
services shall determine which residents of this state employed 697  
by a health care insurer, health insuring corporation, or other 698  
health care related business, have lost employment as a result 699  
of the implementation and operation of the Ohio health care 700  
plan. The department also shall determine the amount of monthly 701  
wages that the resident lost due to the plan's implementation. 702  
The department shall attempt to position these displaced workers 703  
in comparable positions of employment with the Ohio health care 704  
agency. 705

(B) The department of job and family services shall 706  
forward the information on the amount of monthly wages lost by 707  
residents of this state due to the implementation of the Ohio 708  
health care plan to the Ohio health care agency. The Ohio health 709  
care agency shall determine the amount of compensation and 710  
training that each displaced worker shall receive and shall 711

submit a claim to the Ohio health care fund for payment. A 712  
displaced worker shall not receive compensation from the Ohio 713  
health care fund in excess of sixty thousand dollars per year 714  
for two years. Compensation paid to the displaced worker under 715  
this section shall serve as a supplement to any compensation the 716  
worker receives from the department of job and family services. 717

**Sec. 3920.12.** (A) Any employer operating in this state and 718  
providing employees with benefits under a public or private 719  
health care policy, plan, or agreement as of the date that 720  
benefits are initially provided pursuant to this chapter, which 721  
benefits are less valuable than those provided by the Ohio 722  
health care plan, may participate in the Ohio health care plan 723  
or shall provide additional benefits so that, until the 724  
expiration of the policy, plan, or agreement, the benefits 725  
provided by the employer at least equal the amount and scope of 726  
the benefits provided by the Ohio health care plan. If an 727  
employer chooses to provide additional benefits to match or 728  
exceed the benefits provided by the Ohio health care plan, the 729  
additional benefits shall include the employer's payment of any 730  
employee premium contributions, copayments, and deductible 731  
payments called for by the policy, contract, or agreement. 732  
Employers are exempt from all health taxes imposed under this 733  
chapter until the expiration of the policy, plan, or agreement, 734  
at which point the employer and the employer's employees become 735  
participants in the Ohio health care plan. 736

(B) A person covered by a health care policy, plan, or 737  
agreement that has its premiums paid for in any part with public 738  
money, including money from the state, a political subdivision, 739  
state educational institution, public school, or other entity, 740  
shall be covered by the Ohio health care plan on the day that 741  
benefits become available under the Ohio health care plan. 742

(C) Health care insurers, health insuring corporations, 743  
and other persons selling or providing health care benefits may 744  
deliver, issue for delivery, renew, or provide health benefit 745  
packages that do not duplicate the health benefit package 746  
provided by the Ohio health care plan, but shall not, except as 747  
provided by division (A) of this section, deliver, issue for 748  
delivery, renew, or provide health benefit packages that 749  
duplicate the health benefit package provided by the Ohio health 750  
care plan. 751

**Sec. 3920.13.** The Ohio health care agency is subrogated to 752  
all rights of a participant who has received benefits, or who 753  
has a right to benefits, under any other policy or contract of 754  
health care. 755

**Sec. 3920.14.** (A) All providers may participate in the 756  
Ohio health care plan. 757

(B) The Ohio health care board and the technical and 758  
medical advisory board shall assess the number of primary and 759  
specialty providers needed to supply adequate health care 760  
services to all participants in the Ohio health care plan, and 761  
shall develop a plan to meet that need. The Ohio health care 762  
board shall develop incentives for providers in order to 763  
increase residents' access to health care services in unserved 764  
or underserved areas of the state. 765

(C) The Ohio health care board annually shall evaluate 766  
residents' access to trauma care, and shall establish measures 767  
to ensure participants have equitable access to trauma care and 768  
to specialized medical procedures and technology. 769

(D) The Ohio health care board, with the advice of the 770  
technical and medical advisory board and the administrator of 771

quality assurance, shall define performance criteria and goals 772  
for the Ohio health care plan and shall report to the general 773  
assembly at least annually on the plan's performance. The Ohio 774  
health care board shall establish a system to monitor the 775  
quality of health care and patient and provider satisfaction 776  
with that care and a system to devise improvements to the 777  
provision of health care services. 778

(E) All providers subject to the Ohio health care plan 779  
shall provide data upon request to the Ohio health care board, 780  
which data the board requires to devise methods to maintain and 781  
improve the provision of health care services. 782

(F) The Ohio health care board, with the advice of the 783  
technical and medical advisory board, shall coordinate the Ohio 784  
health care plan's provision of health care services with any 785  
other state and local agencies that provide health care services 786  
directly to their residents. 787

**Sec. 3920.15.** In the absence of fraud or bad faith, county 788  
and city health commissioners, regional health advisory 789  
committees, and the Ohio health care board and Ohio health care 790  
agency, and their members and employees, shall incur no 791  
liability in relation to the performance of their duties and 792  
responsibilities under sections 3920.01 to 3920.15 of the 793  
Revised Code. The state shall incur no liability in relation to 794  
the implementation and operation of the Ohio health care plan. 795

**Sec. 3920.21.** (A) The Ohio health care board shall prepare 796  
and recommend to the general assembly an annual budget for 797  
health care that specifies and establishes a limit on total 798  
annual state expenditures for health care provided pursuant to 799  
sections 3920.01 to 3920.15 of the Revised Code. The budget 800  
shall include all of the following components: 801

(1) A system budget covering all expenditures for the 802  
system, in accordance with section 3920.22 of the Revised Code; 803

(2) Provider budgets for the fee-for-service and 804  
integrated health delivery systems and for individual health 805  
care facilities and their associated clinics, in accordance with 806  
section 3920.23 of the Revised Code; 807

(3) A capital investment budget in accordance with section 808  
3920.24 of the Revised Code; 809

(4) A purchasing budget in accordance with section 3920.25 810  
of the Revised Code; 811

(5) A research and innovation budget in accordance with 812  
section 3920.26 of the Revised Code. 813

(B) In preparing the budget, the Ohio health care board 814  
shall consider anticipated increased expenditures and savings, 815  
including projected increases in expenditures due to improved 816  
access for underserved populations and improved reimbursement 817  
for primary care, projected administrative savings under the 818  
single-payer mechanism, projected savings in prescription drug 819  
expenditures under competitive bidding and a single buyer, and 820  
projected savings due to provision of primary care rather than 821  
emergency room treatment. 822

**Sec. 3920.22.** (A) The system budget referred to in 823  
division (A)(1) of section 3920.21 of the Revised Code shall 824  
comprise the cost of the system, services and benefits provided, 825  
administration, data gathering, planning and other activities, 826  
and revenues deposited with the system account of the Ohio 827  
health care fund. 828

The Ohio health care board shall limit administrative 829  
costs to five per cent of the system budget and shall annually 830

evaluate methods to reduce administrative costs and report the 831  
results of that evaluation to the general assembly. The board 832  
shall also limit growth of health care costs in the system 833  
budget by reference to changes in state gross domestic product, 834  
population, employment rates, and other demographic indicators, 835  
as appropriate. Money in the reserve account of the Ohio health 836  
care fund shall not be considered as available revenues for 837  
purposes of preparing the system budget. 838

(B) The Ohio health care board shall implement cost 839  
control measures pursuant to division (A) of this section. 840  
However, no cost control measure shall limit access to care that 841  
is needed on an emergency basis or that is determined by a 842  
patient's provider to be medically appropriate for a patient's 843  
condition. 844

Possible mandatory cost control measures shall include the 845  
following: 846

(1) Postponement of the introduction of new benefits or 847  
benefit improvements; 848

(2) Postponement of new capital investment; 849

(3) Adjustment of provider budgets to correct for 850  
inappropriate provider utilization; 851

(4) Establishment of a limit on provider reimbursement 852  
above a specified amount of aggregate billing; 853

(5) Deferred funding of the reserve account; 854

(6) Establishment of a limit on aggregate reimbursements 855  
to pharmaceutical manufacturers; 856

(7) Imposition of an eligibility waiting period in the 857  
event of substantial influx of individuals into the state for 858

purposes of obtaining health care through the Ohio health care 859  
plan. 860

Sec. 3920.23. (A) The provider budgets referred to in 861  
division (A) (2) of section 3920.21 of the Revised Code shall 862  
include allocations for fee-for-service providers and capitated 863  
providers. These allocations shall consider the relative usage 864  
of fee-for-service providers and capitated providers. Each 865  
annual provider budget shall include adjustments to reflect 866  
changes in the utilization of services and the addition or 867  
exclusion of covered services made by the Ohio health care board 868  
upon the recommendation of the technical and medical advisory 869  
board and its staff. 870

(B) A provider shall choose whether the provider will be 871  
compensated as fee-for-service providers or as part of a 872  
capitated provider network. 873

(1) The budget for fee-for-service providers shall be 874  
divided among categories of licensed health care providers in 875  
order to establish a total annual budget for each category. Each 876  
of these category budgets shall be sufficient to cover all 877  
included services anticipated to be required by eligible 878  
individuals choosing fee-for-service at the rates negotiated or 879  
set by the Ohio health care board, except as necessary for cost 880  
containment purposes pursuant to section 3920.22 of the Revised 881  
Code. 882

The board shall negotiate fee-for-service reimbursement 883  
rates or salaries for licensed health care providers. In the 884  
event negotiations are not concluded in a timely manner, the 885  
board shall establish the reimbursement rates. Reimbursement 886  
rates shall reflect the goals of the system. 887

(2) The budget shall detail all operating expenses for 888  
health care facilities or clinics that are not part of a 889  
capitated provider network. In establishing a health care 890  
facility budget, the Ohio health care board shall develop and 891  
utilize separate formulas that reflect the differences in cost 892  
of primary, secondary, and tertiary care services and health 893  
care services provided by academic medical centers. The board 894  
shall negotiate reimbursement rates with facilities and clinics. 895  
Reimbursement rates shall reflect the goals of the system. 896

(C) (1) The budget for capitated providers shall be 897  
sufficient to cover all included services anticipated to be 898  
required by eligible individuals choosing an integrated health 899  
care delivery system at the rates negotiated or set by the Ohio 900  
health care board. All health care facilities, group practices, 901  
and integrated health care systems shall submit annual operating 902  
budget requests to the board and may choose to be reimbursed 903  
through a global facility budget or on a capitated basis. The 904  
board shall adjust budgets on the basis of the health risk of 905  
enrollees; the scope of services provided; proposed innovative 906  
programs that improve quality, workplace safety, or consumer, 907  
provider, or employee satisfaction; costs of providing care for 908  
nonmembers; and an appropriate operating margin. 909

(2) Providers that choose to operate a health care 910  
facility on a capitated basis shall not be paid additionally on 911  
a fee-for-service basis unless they are providing services in a 912  
separate private medical practice or health care facility. 913  
Providers and health care facilities that operate on a capitated 914  
basis shall report immediately any projected operating deficits 915  
to the Ohio health care board. The board shall determine whether 916  
the projected deficits reflect appropriate increases in health 917  
care needs, in which case the board shall adjust the provider or 918



health care facility budget appropriately. If the board 919  
determines that the deficit is not justifiable, no adjustment 920  
shall be made. 921

(3) The board may terminate the funding for health care 922  
facilities, group practices, and integrated health care systems 923  
or particular services provided by them if they fail to meet 924  
standards of care and practice established by the board. The 925  
board shall make future funding contingent on measurable 926  
improvements in quality of care and health care outcomes. 927

(D) The Ohio health care board shall prohibit charges to 928  
the Ohio health care plan or to patients for covered health care 929  
services other than those established by regulation, 930  
negotiation, or the appeals process. Licensed health care 931  
providers who provide services not covered by sections 3920.01 932  
to 3920.15 of the Revised Code may charge patients for those 933  
services. 934

**Sec. 3920.24.** (A) The capital investment budget referred 935  
to in division (A)(3) of section 3920.21 of the Revised Code 936  
shall be established by the Ohio health care board, with the 937  
advice of the technical and medical advisory board and its 938  
staff, and shall provide for capital maintenance and 939  
development. In preparing the budget, the Ohio health care board 940  
shall determine capital investment priorities and evaluate 941  
whether the capital investment program has improved access to 942  
services and has eliminated redundant capital investments. 943

(B) All capital investments valued at five hundred 944  
thousand dollars or greater, including the costs of studies, 945  
surveys, design plans and working drawing specifications, and 946  
other activities essential to planning and execution of capital 947  
investment, and all capital investments that change the bed 948

capacity of a health care facility or add a new service or 949  
license category incurred by any health system entity, shall 950  
require the approval of the Ohio health care board. When a 951  
health care facility, or individual acting on behalf of a health 952  
care facility, or any other purchaser, obtains by lease or 953  
comparable arrangement any health care facility or part of a 954  
health care facility, or any equipment for a health care 955  
facility, the market value of which would have been a capital 956  
expenditure, the lease or arrangement shall be considered a 957  
capital expenditure for purposes of sections 3920.01 to 3920.15 958  
of the Revised Code. 959

(C) Health care facilities shall provide the Ohio health 960  
care board with at least three-months' advance notice of any 961  
planned capital investment of more than fifty thousand dollars 962  
but less than five hundred thousand dollars. These capital 963  
investments shall minimize unneeded expansion of health care 964  
facilities and services based on the priorities and goals for 965  
capital investment established by the board. 966

(D) No capital investment shall be undertaken using funds 967  
from a health care facility operating budget. 968

**Sec. 3920.25.** The purchasing budget referred to in 969  
division (A) (4) of section 3920.21 of the Revised Code shall 970  
provide for the purchase of prescription drugs and durable and 971  
nondurable medical equipment for the system. The Ohio health 972  
care board shall purchase all prescription drugs and durable and 973  
nondurable medical equipment for the system from this budget. 974

**Sec. 3920.26.** The research and innovation budget referred 975  
to in division (A) (5) of section 3920.21 of the Revised Code 976  
shall support research and innovation that has been recommended 977  
by the Ohio health care board, the technical and medical 978

advisory board, or the administrator of consumer affairs. This 979  
research and innovation includes methods for improving the 980  
administration of the system, improving the quality of health 981  
care, educating patients, and improving communication among 982  
health care providers. 983

**Sec. 3920.27.** The Ohio health care board shall establish a 984  
capital account in the Ohio health care fund as part of the Ohio 985  
health care plan. Moneys in the account shall be used solely to 986  
pay for the establishment and maintenance of a loan program for 987  
health care facilities and equipment for use by health care 988  
professionals who desire to establish practices in areas of the 989  
state in which, according to criteria established by the board, 990  
the level of health care services is inadequate. 991

**Sec. 3920.28.** Funding of the Ohio health care plan shall 992  
be obtained from the following sources: 993

(A) Funds made available to the Ohio health care plan 994  
pursuant to sections 3920.31 to 3920.33 of the Revised Code; 995

(B) Funds obtained from other federal, state, and local 996  
governmental sources and programs; 997

(C) Receipts from taxes levied on employers' payrolls to 998  
be paid by employers. The tax rate in the first year shall not 999  
exceed three and eighty-five hundredths per cent of the payroll. 1000

(D) Receipts from additional taxes levied on businesses' 1001  
gross receipts. The tax rate in the first year shall not exceed 1002  
three per cent of the gross receipts. 1003

(E) Receipts from additional income taxes, equal to six 1004  
and two-tenths per cent of an individual's compensation in 1005  
excess of the amount subject to the social security payroll tax; 1006

(F) Receipts from additional income taxes, equal to five 1007  
per cent of all of an individual's Ohio adjusted gross income, 1008  
less the exemptions allowed under section 5747.025 of the 1009  
Revised Code, in excess of two hundred thousand dollars. 1010

**Sec. 3920.31.** (A) As used in sections 3920.31 to 3920.33 1011  
of the Revised Code: 1012

(1) "CHIP" has the same meaning as in section 5161.01 of 1013  
the Revised Code. 1014

(2) "Federal employees health benefits program" means the 1015  
program of health insurance benefits available to employees of 1016  
the federal government that the United States office of 1017  
personnel management is authorized to contract for under 5 1018  
U.S.C. 8902. 1019

(3) "Federal poverty guidelines" has the same meaning as 1020  
in section 5101.46 of the Revised Code. 1021

(4) "Medicaid" and "medicare" have the same meanings as in 1022  
section 5162.01 of the Revised Code. 1023

(B) At the request of the Ohio health care board, the 1024  
executive director of the Ohio health care agency shall seek 1025  
federal financial participation in the Ohio health care plan, 1026  
including funding otherwise available under medicare, medicaid, 1027  
CHIP, and the federal employees health benefits program. The 1028  
executive director shall request that the amount of the federal 1029  
financial participation be at least equal to the medicaid 1030  
federal financial participation rate in effect for this state on 1031  
the effective date of this section. The executive director shall 1032  
periodically seek adjustments to the federal financial 1033  
participation rate for the Ohio health care plan to reflect 1034  
changes in the state gross domestic product, the state's 1035

population including changes in age groups, and the number of 1036  
residents with income below the federal poverty guidelines. 1037

**Sec. 3920.32.** At the request of the Ohio health care 1038  
board, the Ohio health care agency's executive director shall 1039  
negotiate with the United States office of personnel management 1040  
to have included in the Ohio health care plan residents of this 1041  
state who would otherwise be covered by the federal employees 1042  
health benefits program. As part of the negotiations, the 1043  
executive director shall seek to have the federal government 1044  
provide the Ohio health care plan with amounts equal to the 1045  
amount federal employees participating in the Ohio health care 1046  
plan would otherwise pay as premiums under the federal employees 1047  
health benefits program. 1048

**Sec. 3920.33.** At the request of the Ohio health care 1049  
board, the medicaid director shall seek any federal waivers 1050  
necessary for the Ohio health care plan to receive federal 1051  
financial participation under section 3920.31 of the Revised 1052  
Code otherwise available under the medicaid and CHIP programs. 1053  
Upon receipt of federal approval, the medicaid director shall 1054  
implement the medicaid and CHIP programs in accordance with the 1055  
waiver. 1056

**Section 2.** That existing section 109.02 of the Revised 1057  
Code is hereby repealed. 1058

**Section 3.** In the first two years following the effective 1059  
date of sections 3920.01 to 3920.33 of the Revised Code, the 1060  
Ohio Health Care Board shall prepare for the delivery of 1061  
universal, affordable health care coverage to all eligible Ohio 1062  
residents and individuals employed in Ohio. The Ohio Health Care 1063  
Board shall appoint a Transition Advisory Group to assist with 1064  
the transition to the provision of care under the Ohio Health 1065

Care Plan. The Transition Advisory Group shall include a broad 1066  
selection of experts in health care finance and administration, 1067  
providers from a variety of medical fields, representatives of 1068  
Ohio's counties, employers and employees, representatives of 1069  
hospitals and clinics, and representatives from state regulatory 1070  
bodies. Members of the Transition Advisory Group shall be 1071  
reimbursed by the Ohio Health Care Agency for necessary and 1072  
actual expenses incurred in the performance of their duties as 1073  
members. 1074