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**136th General Assembly
Regular Session
2025-2026**

Sub. H. B. No. 795

To amend sections 109.71, 109.77, 109.85, 117.10, 117.103, 121.483, 2903.216, 2913.40, 2923.31, 2929.01, 2935.01, 3712.01, 3712.03, 3712.04, 3712.06, 3712.062, 4113.52, 5164.32, 5164.33, 5164.36, 5164.57, 5166.04, and 5167.18 and to enact sections 103.413, 109.851, 109.852, 117.104, 3712.20, 3712.21, 3901.93, 5101.5411, 5101.88, 5162.138, 5162.139, 5162.1311, 5162.17, 5162.18, 5162.19, 5162.85, 5162.86, 5162.87, 5162.88, 5162.89, 5163.05, 5164.12, 5164.13, 5164.292, 5164.302, 5164.331, 5164.332, 5164.40, 5164.401, 5164.402, 5164.403, 5164.404, 5164.405, 5164.406, 5164.407, 5164.41, 5164.42, 5164.43, 5164.54, and 5167.23 of the Revised Code regarding program integrity for certain components of the Medicaid program and other public assistance programs, regarding the authority of the Attorney General and Auditor of State, regarding the regulation of hospice care programs, to establish the Medicaid Program Integrity fund, to establish the Fraud Reporting Fund, and to name this act the Ohio Medicaid Program Integrity and Fraud Prevention Act.



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

Section 1. That sections 109.71, 109.77, 109.85, 117.10, 24
117.103, 121.483, 2903.216, 2913.40, 2923.31, 2929.01, 2935.01, 25
3712.01, 3712.03, 3712.04, 3712.06, 3712.062, 4113.52, 5164.32, 26
5164.33, 5164.36, 5164.57, 5166.04, and 5167.18 be amended and 27
sections 103.413, 109.851, 109.852, 117.104, 3712.20, 3712.21, 28
3901.93, 5101.5411, 5101.88, 5162.138, 5162.139, 5162.1311, 29
5162.17, 5162.18, 5162.19, 5162.85, 5162.86, 5162.87, 5162.88, 30
5162.89, 5163.05, 5164.12, 5164.13, 5164.292, 5164.302, 31
5164.331, 5164.332, 5164.40, 5164.401, 5164.402, 5164.403, 32
5164.404, 5164.405, 5164.406, 5164.407, 5164.41, 5164.42, 33
5164.43, 5164.54, and 5167.23 of the Revised Code be enacted to 34
read as follows: 35

Sec. 103.413. Annually, the standing committees of the 36
house of representatives and the senate that primarily consider 37
legislation governing the medicaid program shall meet jointly 38
and conduct a review of one-quarter of the medicaid waiver 39
components as defined in section 5166.01 of the Revised Code 40
operating within the medicaid program. The review shall focus on 41
the waiver's purpose and evaluate the waiver's success at 42
achieving the desired purpose. The standing committees shall 43
review all medicaid waiver components within the medicaid 44
program before conducting a subsequent review of any medicaid 45
waiver component. 46

Sec. 109.71. There is hereby created in the office of the 47
attorney general the Ohio peace officer training commission. The 48
commission shall consist of ten members appointed by the 49
governor with the advice and consent of the senate and selected 50
as follows: one member representing the public; one member who 51

represents a fraternal organization representing law enforcement 52
officers; two members who are incumbent sheriffs; two members 53
who are incumbent chiefs of police; one member from the bureau 54
of criminal identification and investigation; one member from 55
the state highway patrol; one member who is the special agent in 56
charge of a field office of the federal bureau of investigation 57
in this state; and one member from the department of education 58
and workforce, trade and industrial education services, law 59
enforcement training. 60

This section does not confer any arrest authority or any 61
ability or authority to detain a person, write or issue any 62
citation, or provide any disposition alternative, as granted 63
under Chapter 2935. of the Revised Code. 64

The commission is exempt from the requirements of sections 65
101.82 to 101.87 of the Revised Code. 66

As used in sections 109.71 to 109.801 of the Revised Code: 67

(A) "Peace officer" means: 68

(1) A deputy sheriff, marshal, deputy marshal, member of 69
the organized police department of a township or municipal 70
corporation, member of a township police district or joint 71
police district police force, member of a police force employed 72
by a metropolitan housing authority under division (D) of 73
section 3735.31 of the Revised Code, or township constable, who 74
is commissioned and employed as a peace officer by a political 75
subdivision of this state or by a metropolitan housing 76
authority, and whose primary duties are to preserve the peace, 77
to protect life and property, and to enforce the laws of this 78
state, ordinances of a municipal corporation, resolutions of a 79
township, or regulations of a board of county commissioners or 80

board of township trustees, or any of those laws, ordinances,	81
resolutions, or regulations;	82
(2) A police officer who is employed by a railroad company	83
and appointed and commissioned by the secretary of state	84
pursuant to sections 4973.17 to 4973.22 of the Revised Code;	85
(3) Employees of the department of taxation engaged in the	86
enforcement of Chapter 5743. of the Revised Code and designated	87
by the tax commissioner for peace officer training for purposes	88
of the delegation of investigation powers under section 5743.45	89
of the Revised Code;	90
(4) An undercover drug agent;	91
(5) Enforcement agents of the department of public safety	92
whom the director of public safety designates under section	93
5502.14 of the Revised Code;	94
(6) An employee of the department of natural resources who	95
is a natural resources law enforcement staff officer designated	96
pursuant to section 1501.013, a natural resources officer	97
appointed pursuant to section 1501.24, a forest-fire	98
investigator appointed pursuant to section 1503.09, or a	99
wildlife officer designated pursuant to section 1531.13 of the	100
Revised Code;	101
(7) An employee of a park district who is designated	102
pursuant to section 511.232 or 1545.13 of the Revised Code;	103
(8) An employee of a conservancy district who is	104
designated pursuant to section 6101.75 of the Revised Code;	105
(9) A police officer who is employed by a hospital that	106
employs and maintains its own proprietary police department or	107
security department, and who is appointed and commissioned by	108

the secretary of state pursuant to sections 4973.17 to 4973.22	109
of the Revised Code;	110
(10) Veterans' homes police officers designated under	111
section 5907.02 of the Revised Code;	112
(11) A police officer who is employed by a qualified	113
nonprofit corporation police department pursuant to section	114
1702.80 of the Revised Code;	115
(12) A state university law enforcement officer appointed	116
under section 3345.04 of the Revised Code or a person serving as	117
a state university law enforcement officer on a permanent basis	118
on June 19, 1978, who has been awarded a certificate by the	119
executive director of the Ohio peace officer training commission	120
attesting to the person's satisfactory completion of an approved	121
state, county, municipal, or department of natural resources	122
peace officer basic training program;	123
(13) A special police officer employed by the department	124
of mental health and addiction services <u>behavioral health</u>	125
pursuant to section 5119.08 of the Revised Code or the	126
department of developmental disabilities pursuant to section	127
5123.13 of the Revised Code;	128
(14) A member of a campus police department appointed	129
under section 1713.50 of the Revised Code;	130
(15) A member of a police force employed by a regional	131
transit authority under division (Y) of section 306.35 of the	132
Revised Code;	133
(16) Investigators appointed by the auditor of state	134
pursuant to section 117.091 of the Revised Code and engaged in	135
the enforcement of Chapter 117. of the Revised Code;	136

(17) A special police officer designated by the 137
superintendent of the state highway patrol pursuant to section 138
5503.09 of the Revised Code or a person who was serving as a 139
special police officer pursuant to that section on a permanent 140
basis on October 21, 1997, and who has been awarded a 141
certificate by the executive director of the Ohio peace officer 142
training commission attesting to the person's satisfactory 143
completion of an approved state, county, municipal, or 144
department of natural resources peace officer basic training 145
program; 146

(18) A special police officer employed by a port authority 147
under section 4582.04 or 4582.28 of the Revised Code or a person 148
serving as a special police officer employed by a port authority 149
on a permanent basis on May 17, 2000, who has been awarded a 150
certificate by the executive director of the Ohio peace officer 151
training commission attesting to the person's satisfactory 152
completion of an approved state, county, municipal, or 153
department of natural resources peace officer basic training 154
program; 155

(19) A special police officer employed by a municipal 156
corporation who has been awarded a certificate by the executive 157
director of the Ohio peace officer training commission for 158
satisfactory completion of an approved peace officer basic 159
training program and who is employed on a permanent basis on or 160
after March 19, 2003, at a municipal airport, or other municipal 161
air navigation facility, that has scheduled operations, as 162
defined in section 119.3 of Title 14 of the Code of Federal 163
Regulations, 14 C.F.R. 119.3, as amended, and that is required 164
to be under a security program and is governed by aviation 165
security rules of the transportation security administration of 166
the United States department of transportation as provided in 167

Parts 1542. and 1544. of Title 49 of the Code of Federal Regulations, as amended; 168
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(20) A police officer who is employed by an owner or operator of an amusement park that has an average yearly attendance in excess of six hundred thousand guests and that employs and maintains its own proprietary police department or security department, and who is appointed and commissioned by a judge of the appropriate municipal court or county court pursuant to section 4973.17 of the Revised Code; 170
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(21) A police officer who is employed by a bank, savings and loan association, savings bank, credit union, or association of banks, savings and loan associations, savings banks, or credit unions, who has been appointed and commissioned by the secretary of state pursuant to sections 4973.17 to 4973.22 of the Revised Code, and who has been awarded a certificate by the executive director of the Ohio peace officer training commission attesting to the person's satisfactory completion of a state, county, municipal, or department of natural resources peace officer basic training program; 177
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(22) An investigator, as defined in section 109.541 of the Revised Code, of the bureau of criminal identification and investigation who is commissioned by the superintendent of the bureau as a special agent for the purpose of assisting law enforcement officers or providing emergency assistance to peace officers pursuant to authority granted under that section; 187
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(23) A state fire marshal law enforcement officer appointed under section 3737.22 of the Revised Code or a person serving as a state fire marshal law enforcement officer on a permanent basis on or after July 1, 1982, who has been awarded a certificate by the executive director of the Ohio peace officer 193
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training commission attesting to the person's satisfactory 198
completion of an approved state, county, municipal, or 199
department of natural resources peace officer basic training 200
program; 201

(24) A gaming agent employed under section 3772.03 of the 202
Revised Code; 203

(25) An employee of the state board of pharmacy designated 204
by the executive director of the board pursuant to section 205
4729.04 of the Revised Code to investigate violations of 206
Chapters 2925., 3715., 3719., 3796., 4729., and 4752. of the 207
Revised Code and rules adopted thereunder; 208

(26) The inspector general or a deputy inspector general 209
appointed pursuant to section 121.48 of the Revised Code who has 210
been awarded a certificate by the executive director of the Ohio 211
peace officer training commission attesting to the person's 212
satisfactory completion of an approved state, county, municipal, 213
or department of natural resources peace officer basic training 214
program, while the inspector general or deputy inspector general 215
is engaged in the scope of the inspector general's or deputy 216
inspector general's duties under sections 121.42 to 121.52 of 217
the Revised Code as they pertain to investigation of medicaid 218
fraud. 219

(B) "Undercover drug agent" has the same meaning as in 220
division (B) (2) of section 109.79 of the Revised Code. 221

(C) "Crisis intervention training" means training in the 222
use of interpersonal and communication skills to most 223
effectively and sensitively interview victims of rape. 224

(D) "Missing children" has the same meaning as in section 225
2901.30 of the Revised Code. 226

(E) "Tactical medical professional" means an EMT, EMT-	227
basic, AEMT, EMT-I, paramedic, nurse, or physician who is	228
trained and certified in a nationally recognized tactical	229
medical training program that is equivalent to "tactical combat	230
casualty care" (TCCC) and "tactical emergency medical support"	231
(TEMS) and who functions in the tactical or austere environment	232
while attached to a law enforcement agency of either this state	233
or a political subdivision of this state.	234
(F) "EMT-basic," "EMT-I," and "paramedic" have the same	235
meanings as in section 4765.01 of the Revised Code and "EMT" and	236
"AEMT" have the same meanings as in section 4765.011 of the	237
Revised Code.	238
(G) "Nurse" means any of the following:	239
(1) Any person who is licensed to practice nursing as a	240
registered nurse by the board of nursing;	241
(2) Any certified nurse practitioner, clinical nurse	242
specialist, certified registered nurse anesthetist, or certified	243
nurse-midwife who holds a certificate of authority issued by the	244
board of nursing under Chapter 4723. of the Revised Code;	245
(3) Any person who is licensed to practice nursing as a	246
licensed practical nurse by the board of nursing pursuant to	247
Chapter 4723. of the Revised Code.	248
(H) "Physician" means a person who is licensed pursuant to	249
Chapter 4731. of the Revised Code to practice medicine and	250
surgery or osteopathic medicine and surgery.	251
(I) "County correctional officer" has the same meaning as	252
in section 341.41 of the Revised Code.	253
(J) (1) "Fire investigator" means an employee of a fire	254

department charged with investigating fires and explosions who 255
has been authorized, in accordance with sections 737.27 and 256
3737.24 of the Revised Code, to perform the duties of 257
investigating the origin and cause of fires and explosions using 258
the scientific method to investigate elements of the event 259
including the circumstances, actions, persons, means, and 260
motives that resulted in the fire or explosion or the report of 261
a fire or explosion within this state. 262

(2) "Fire investigator" does not include a person who is 263
acting as a fire investigator on behalf of an insurance company 264
or any other privately owned or operated enterprise. 265

(K) "Fire department" means a fire department of the state 266
or an instrumentality of the state or of a municipal 267
corporation, township, joint fire district, or other political 268
subdivision. 269

(L) "At-risk youth" means an individual who is all of the 270
following: 271

(1) Under twenty-one years of age; 272

(2) One of the following: 273

(a) At risk of becoming an abused, neglected, or dependent 274
child, delinquent or unruly child, or juvenile traffic offender; 275

(b) An abused, neglected, or dependent child, delinquent 276
or unruly child, or juvenile traffic offender. 277

(3) Residing in a state correctional institution, a 278
department of youth services institution, or a residential 279
facility. 280

(M) "Residential facility" has the same meaning as in 281
section 2151.46 of the Revised Code. 282

Sec. 109.77. (A) As used in this section:	283
(1) "Felony" has the same meaning as in section 109.511 of the Revised Code.	284 285
(2) "Companion animal" has the same meaning as in section 959.131 of the Revised Code.	286 287
(B)(1) Notwithstanding any general, special, or local law or charter to the contrary, and except as otherwise provided in this section, no person shall receive an original appointment on a permanent basis as any of the following unless the person previously has been awarded a certificate by the executive director of the Ohio peace officer training commission attesting to the person's satisfactory completion of an approved state, county, municipal, or department of natural resources peace officer basic training program:	288 289 290 291 292 293 294 295 296
(a) A peace officer of any county, township, municipal corporation, regional transit authority, or metropolitan housing authority;	297 298 299
(b) A natural resources law enforcement staff officer, forest-fire investigator, wildlife officer, or natural resources officer of the department of natural resources;	300 301 302
(c) An employee of a park district under section 511.232 or 1545.13 of the Revised Code;	303 304
(d) An employee of a conservancy district who is designated pursuant to section 6101.75 of the Revised Code;	305 306
(e) A state university law enforcement officer;	307
(f) A special police officer employed by the department of mental health and addiction services <u>behavioral health</u> pursuant to section 5119.08 of the Revised Code or the department of	308 309 310

developmental disabilities pursuant to section 5123.13 of the Revised Code; 311
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(g) An enforcement agent of the department of public safety whom the director of public safety designates under section 5502.14 of the Revised Code; 313
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(h) A special police officer employed by a port authority under section 4582.04 or 4582.28 of the Revised Code; 316
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(i) A special police officer employed by a municipal corporation at a municipal airport, or other municipal air navigation facility, that has scheduled operations, as defined in section 119.3 of Title 14 of the Code of Federal Regulations, 14 C.F.R. 119.3, as amended, and that is required to be under a security program and is governed by aviation security rules of the transportation security administration of the United States department of transportation as provided in Parts 1542. and 1544. of Title 49 of the Code of Federal Regulations, as amended; 318
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(j) A gaming agent employed under section 3772.03 of the Revised Code; 328
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(k) The inspector general or a deputy inspector general appointed pursuant to section 121.48 of the Revised Code. 330
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(2) Every person who is appointed on a temporary basis or for a probationary term or on other than a permanent basis as any of the following shall forfeit the appointed position unless the person previously has completed satisfactorily or, within the time prescribed by rules adopted by the attorney general pursuant to section 109.74 of the Revised Code, satisfactorily completes a state, county, municipal, or department of natural resources peace officer basic training program for temporary or 332
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probationary officers and is awarded a certificate by the 340
director attesting to the satisfactory completion of the 341
program: 342

(a) A peace officer of any county, township, municipal 343
corporation, regional transit authority, or metropolitan housing 344
authority; 345

(b) A natural resources law enforcement staff officer, 346
park officer, forest officer, preserve officer, wildlife 347
officer, or state watercraft officer of the department of 348
natural resources; 349

(c) An employee of a park district under section 511.232 350
or 1545.13 of the Revised Code; 351

(d) An employee of a conservancy district who is 352
designated pursuant to section 6101.75 of the Revised Code; 353

(e) A special police officer employed by the department of 354
~~mental health and addiction services~~ behavioral health pursuant 355
to section 5119.08 of the Revised Code or the department of 356
developmental disabilities pursuant to section 5123.13 of the 357
Revised Code; 358

(f) An enforcement agent of the department of public 359
safety whom the director of public safety designates under 360
section 5502.14 of the Revised Code; 361

(g) A special police officer employed by a port authority 362
under section 4582.04 or 4582.28 of the Revised Code; 363

(h) A special police officer employed by a municipal 364
corporation at a municipal airport, or other municipal air 365
navigation facility, that has scheduled operations, as defined 366
in section 119.3 of Title 14 of the Code of Federal Regulations, 367

14 C.F.R. 119.3, as amended, and that is required to be under a 368
security program and is governed by aviation security rules of 369
the transportation security administration of the United States 370
department of transportation as provided in Parts 1542. and 371
1544. of Title 49 of the Code of Federal Regulations, as 372
amended. 373

(3) For purposes of division (B) of this section, a state, 374
county, municipal, or department of natural resources peace 375
officer basic training program, regardless of whether the 376
program is to be completed by peace officers appointed on a 377
permanent or temporary, probationary, or other nonpermanent 378
basis, shall include training in the handling of the offense of 379
domestic violence, other types of domestic violence-related 380
offenses and incidents, protection orders and consent agreements 381
issued or approved under section 2919.26 or 3113.31 of the 382
Revised Code, crisis intervention training, and training on 383
companion animal encounters and companion animal behavior. The 384
requirement to complete training in the handling of the offense 385
of domestic violence, other types of domestic violence-related 386
offenses and incidents, and protection orders and consent 387
agreements issued or approved under section 2919.26 or 3113.31 388
of the Revised Code does not apply to any person serving as a 389
peace officer on March 27, 1979, and the requirement to complete 390
training in crisis intervention does not apply to any person 391
serving as a peace officer on April 4, 1985. Any person who is 392
serving as a peace officer on April 4, 1985, who terminates that 393
employment after that date, and who subsequently is hired as a 394
peace officer by the same or another law enforcement agency 395
shall complete training in crisis intervention as prescribed by 396
rules adopted by the attorney general pursuant to section 397
109.742 of the Revised Code. No peace officer shall have 398

employment as a peace officer terminated and then be reinstated 399
with intent to circumvent this section. 400

(4) Division (B) of this section does not apply to any 401
person serving on a permanent basis on March 28, 1985, as a park 402
officer, forest officer, preserve officer, wildlife officer, or 403
state watercraft officer of the department of natural resources 404
or as an employee of a park district under section 511.232 or 405
1545.13 of the Revised Code, to any person serving on a 406
permanent basis on March 6, 1986, as an employee of a 407
conservancy district designated pursuant to section 6101.75 of 408
the Revised Code, to any person serving on a permanent basis on 409
January 10, 1991, as a preserve officer of the department of 410
natural resources, to any person employed on a permanent basis 411
on July 2, 1992, as a special police officer by the department 412
of ~~mental health and addiction services~~ behavioral health 413
pursuant to section 5119.08 of the Revised Code or by the 414
department of developmental disabilities pursuant to section 415
5123.13 of the Revised Code, to any person serving on a 416
permanent basis on May 17, 2000, as a special police officer 417
employed by a port authority under section 4582.04 or 4582.28 of 418
the Revised Code, to any person serving on a permanent basis on 419
March 19, 2003, as a special police officer employed by a 420
municipal corporation at a municipal airport or other municipal 421
air navigation facility described in division (A)(19) of section 422
109.71 of the Revised Code, to any person serving on a permanent 423
basis on June 19, 1978, as a state university law enforcement 424
officer pursuant to section 3345.04 of the Revised Code and who, 425
immediately prior to June 19, 1978, was serving as a special 426
police officer designated under authority of that section, or to 427
any person serving on a permanent basis on September 20, 1984, 428
as a liquor control investigator, known after June 30, 1999, as 429

an enforcement agent of the department of public safety, engaged 430
in the enforcement of Chapters 4301. and 4303. of the Revised 431
Code. 432

(5) Division (B) of this section does not apply to any 433
person who is appointed as a regional transit authority police 434
officer pursuant to division (Y) of section 306.35 of the 435
Revised Code if, on or before July 1, 1996, the person has 436
completed satisfactorily an approved state, county, municipal, 437
or department of natural resources peace officer basic training 438
program and has been awarded a certificate by the executive 439
director of the Ohio peace officer training commission attesting 440
to the person's satisfactory completion of such an approved 441
program and if, on July 1, 1996, the person is performing peace 442
officer functions for a regional transit authority. 443

(C) No person, after September 20, 1984, shall receive an 444
original appointment on a permanent basis as a veterans' home 445
police officer designated under section 5907.02 of the Revised 446
Code unless the person previously has been awarded a certificate 447
by the executive director of the Ohio peace officer training 448
commission attesting to the person's satisfactory completion of 449
an approved police officer basic training program. Every person 450
who is appointed on a temporary basis or for a probationary term 451
or on other than a permanent basis as a veterans' home police 452
officer designated under section 5907.02 of the Revised Code 453
shall forfeit that position unless the person previously has 454
completed satisfactorily or, within one year from the time of 455
appointment, satisfactorily completes an approved police officer 456
basic training program. 457

(D) No bailiff or deputy bailiff of a court of record of 458
this state and no criminal investigator who is employed by the 459

state public defender shall carry a firearm, as defined in 460
section 2923.11 of the Revised Code, while on duty unless the 461
bailiff, deputy bailiff, or criminal investigator has done or 462
received one of the following: 463

(1) Has been awarded a certificate by the executive 464
director of the Ohio peace officer training commission, which 465
certificate attests to satisfactory completion of an approved 466
state, county, or municipal basic training program for bailiffs 467
and deputy bailiffs of courts of record and for criminal 468
investigators employed by the state public defender that has 469
been recommended by the Ohio peace officer training commission; 470

(2) Has successfully completed a firearms training program 471
approved by the Ohio peace officer training commission prior to 472
employment as a bailiff, deputy bailiff, or criminal 473
investigator; 474

(3) Prior to June 6, 1986, was authorized to carry a 475
firearm by the court that employed the bailiff or deputy bailiff 476
or, in the case of a criminal investigator, by the state public 477
defender and has received training in the use of firearms that 478
the Ohio peace officer training commission determines is 479
equivalent to the training that otherwise is required by 480
division (D) of this section. 481

(E) (1) Before a person seeking a certificate completes an 482
approved peace officer basic training program, the executive 483
director of the Ohio peace officer training commission shall 484
request the person to disclose, and the person shall disclose, 485
any previous criminal conviction of or plea of guilty of that 486
person to a felony. 487

(2) Before a person seeking a certificate completes an 488

approved peace officer basic training program, the executive 489
director shall request a criminal history records check on the 490
person. The executive director shall submit the person's 491
fingerprints to the bureau of criminal identification and 492
investigation, which shall submit the fingerprints to the 493
federal bureau of investigation for a national criminal history 494
records check. 495

Upon receipt of the executive director's request, the 496
bureau of criminal identification and investigation and the 497
federal bureau of investigation shall conduct a criminal history 498
records check on the person and, upon completion of the check, 499
shall provide a copy of the criminal history records check to 500
the executive director. The executive director shall not award 501
any certificate prescribed in this section unless the executive 502
director has received a copy of the criminal history records 503
check on the person to whom the certificate is to be awarded. 504

(3) The executive director of the commission shall not 505
award a certificate prescribed in this section to a person who 506
has been convicted of or has pleaded guilty to a felony or who 507
fails to disclose any previous criminal conviction of or plea of 508
guilty to a felony as required under division (E) (1) of this 509
section. 510

(4) The executive director of the commission shall revoke 511
the certificate awarded to a person as prescribed in this 512
section, and that person shall forfeit all of the benefits 513
derived from being certified as a peace officer under this 514
section, if the person, before completion of an approved peace 515
officer basic training program, failed to disclose any previous 516
criminal conviction of or plea of guilty to a felony as required 517
under division (E) (1) of this section. 518

(F) (1) Regardless of whether the person has been awarded 519
the certificate or has been classified as a peace officer prior 520
to, on, or after October 16, 1996, the executive director of the 521
Ohio peace officer training commission shall revoke any 522
certificate that has been awarded to a person as prescribed in 523
this section if the person does either of the following: 524

(a) Pleads guilty to a felony committed on or after 525
January 1, 1997; 526

(b) Pleads guilty to a misdemeanor committed on or after 527
January 1, 1997, pursuant to a negotiated plea agreement as 528
provided in division (D) of section 2929.43 of the Revised Code 529
in which the person agrees to surrender the certificate awarded 530
to the person under this section. 531

(2) The executive director of the commission shall suspend 532
any certificate that has been awarded to a person as prescribed 533
in this section if the person is convicted, after trial, of a 534
felony committed on or after January 1, 1997. The executive 535
director shall suspend the certificate pursuant to division (F) 536
(2) of this section pending the outcome of an appeal by the 537
person from that conviction to the highest court to which the 538
appeal is taken or until the expiration of the period in which 539
an appeal is required to be filed. If the person files an appeal 540
that results in that person's acquittal of the felony or 541
conviction of a misdemeanor, or in the dismissal of the felony 542
charge against that person, the executive director shall 543
reinstate the certificate awarded to the person under this 544
section. If the person files an appeal from that person's 545
conviction of the felony and the conviction is upheld by the 546
highest court to which the appeal is taken or if the person does 547
not file a timely appeal, the executive director shall revoke 548

the certificate awarded to the person under this section. 549

(G) (1) If a person is awarded a certificate under this 550
section and the certificate is revoked pursuant to division (E) 551
(4) or (F) of this section, the person shall not be eligible to 552
receive, at any time, a certificate attesting to the person's 553
satisfactory completion of a peace officer basic training 554
program. 555

(2) The revocation or suspension of a certificate under 556
division (E) (4) or (F) of this section shall be in accordance 557
with Chapter 119. of the Revised Code. 558

(H) (1) A person who was employed as a peace officer of a 559
county, township, or municipal corporation of the state on 560
January 1, 1966, and who has completed at least sixteen years of 561
full-time active service as such a peace officer, or equivalent 562
service as determined by the executive director of the Ohio 563
peace officer training commission, may receive an original 564
appointment on a permanent basis and serve as a peace officer of 565
a county, township, or municipal corporation, or as a state 566
university law enforcement officer, without complying with the 567
requirements of division (B) of this section. 568

(2) Any person who held an appointment as a state highway 569
trooper on January 1, 1966, may receive an original appointment 570
on a permanent basis and serve as a peace officer of a county, 571
township, or municipal corporation, or as a state university law 572
enforcement officer, without complying with the requirements of 573
division (B) of this section. 574

(I) No person who is appointed as a peace officer of a 575
county, township, or municipal corporation on or after April 9, 576
1985, shall serve as a peace officer of that county, township, 577

or municipal corporation unless the person has received training 578
in the handling of missing children and child abuse and neglect 579
cases from an approved state, county, township, or municipal 580
police officer basic training program or receives the training 581
within the time prescribed by rules adopted by the attorney 582
general pursuant to section 109.741 of the Revised Code. 583

(J) No part of any approved state, county, or municipal 584
basic training program for bailiffs and deputy bailiffs of 585
courts of record and no part of any approved state, county, or 586
municipal basic training program for criminal investigators 587
employed by the state public defender shall be used as credit 588
toward the completion by a peace officer of any part of the 589
approved state, county, or municipal peace officer basic 590
training program that the peace officer is required by this 591
section to complete satisfactorily. 592

(K) This section does not apply to any member of the 593
police department of a municipal corporation in an adjoining 594
state serving in this state under a contract pursuant to section 595
737.04 of the Revised Code. 596

(L) The executive director of the commission shall issue a 597
certificate of completion of a training program required under 598
this section in accordance with Chapter 4796. of the Revised 599
Code to an individual if either of the following applies: 600

(1) The individual holds a certificate of completion of 601
such a program in another state. 602

(2) The individual has satisfactory work experience, a 603
government certification, or a private certification as 604
described in that chapter in the same profession, occupation, or 605
occupational activity as the profession, occupation, or 606

occupational activity for which the certificate is required in 607
this state in a state that does not require completion of such a 608
training program. 609

(M) (1) Except as provided in division (M) (2) of this 610
section, no certificate awarded by the executive director of the 611
Ohio peace officer training commission attesting to a person's 612
satisfactory completion of an approved state, county, municipal, 613
or department of natural resources peace officer basic training 614
program shall be deemed insufficient for an appointment to a 615
position listed in division (B) (1) of this section because of a 616
lapse in the person's service as a peace officer. 617

(2) The Ohio peace officer training commission shall 618
require a re-appointed peace officer to complete refresher 619
training of the following duration prior to performing the 620
functions of a peace officer, if the peace officer, having 621
previously been awarded a certificate by the executive director 622
of the commission attesting to the person's satisfactory 623
completion of an approved state, county, municipal, or 624
department of natural resources peace officer basic training 625
program or pursuant to Chapter 4796. of the Revised Code, for at 626
least one year prior to an appointment, was not employed as a 627
peace officer: 628

(a) If the period of lapse was at least one year, but less 629
than four years, up to forty hours; 630

(b) If the period of lapse was four years or longer, 631
eighty hours. 632

Sec. 109.85. (A) Upon the written request of the governor, 633
the general assembly, the auditor of state, the medicaid 634
director, the director of health, or the director of budget and 635

management, or upon the attorney general's becoming aware of 636
criminal or improper activity related to Chapter 3721. of the 637
Revised Code and the medicaid program, the attorney general 638
shall investigate any criminal or civil violation of law related 639
to Chapter 3721. of the Revised Code or the medicaid program. In 640
any investigation conducted pursuant to this section the 641
attorney general may administer oaths, subpoena witnesses, 642
adduce evidence, and subpoena the production of any book, 643
document, record, or other relevant matter. 644

~~(B)~~ (B) (1) If the attorney general under division (A) of 645
this section subpoenas the production of any relevant matter 646
that is located outside this state, the attorney general may 647
designate a representative, including an official of the state 648
in which that relevant matter is located, to inspect the 649
relevant matter on the attorney general's behalf. The attorney 650
general may carry out similar requests received from officials 651
of other states. 652

(2) Any person who is subpoenaed to produce relevant 653
matter pursuant to division (A) of this section shall make that 654
relevant matter available at a convenient location within this 655
state or the state of the representative designated under 656
division (B) (1) of this section. 657

(C) Any person who is subpoenaed as a witness or to 658
produce relevant matter pursuant to division (A) of this section 659
may file in the court of common pleas of Franklin county, the 660
county in this state in which the person resides, or the county 661
in this state in which the person's principal place of business 662
is located a petition to extend for good cause shown the date on 663
which the subpoena is to be returned or to modify or quash for 664
good cause shown that subpoena. The person may file the petition 665

at any time prior to the date specified for the return of the 666
subpoena or within twenty days after the service of the 667
subpoena, whichever is earlier. 668

(D) Any person who is subpoenaed as a witness or to 669
produce relevant matter pursuant to division (A) of this section 670
shall comply with the terms of the subpoena unless the court 671
orders otherwise prior to the date specified for the return of 672
the subpoena or, if applicable, that date as extended. If a 673
person fails without lawful excuse to obey a subpoena, the 674
attorney general may apply to the same court of common pleas as 675
designated in division (C) of this section for an order that 676
does one or more of the following: 677

(1) Compels the requested discovery; 678

(2) Adjudges the person in contempt of court; 679

(3) Grants other relief that may be required until the 680
person obeys the subpoena. 681

(E) If the court finds that a person's failure to comply 682
with a subpoena issued under this section was in bad faith or 683
for the purpose of delay, it may order the person to pay to the 684
attorney general the reasonable expenses incurred in obtaining 685
the order, including attorney's fees, and may invoke the 686
sanctions provided by Rule 37 of the Rules of Civil Procedure. 687

(F) When it appears to the attorney general, as a result 688
of an investigation under division (A) of this section, that 689
there is cause to prosecute for the commission of a crime or to 690
pursue a civil remedy, the attorney general may refer the 691
evidence to the prosecuting attorney having jurisdiction of the 692
matter, or to a regular grand jury drawn and impaneled pursuant 693
to sections 2939.01 to 2939.24 of the Revised Code, or to a 694

special grand jury drawn and impaneled pursuant to section 695
2939.17 of the Revised Code, or the attorney general may 696
initiate and prosecute any necessary criminal or civil actions 697
in any court or tribunal of competent jurisdiction in this 698
state. When proceeding under this section, the attorney general, 699
and any assistant or special counsel designated by the attorney 700
general for that purpose, have all rights, privileges, and 701
powers of prosecuting attorneys. The attorney general shall have 702
exclusive supervision and control of all investigations and 703
prosecutions initiated by the attorney general under this 704
section. The forfeiture provisions of Chapter 2981. of the 705
Revised Code apply in relation to any such criminal action 706
initiated and prosecuted by the attorney general. 707

~~(C)~~(G) Nothing in this section shall prevent a county 708
prosecuting attorney from investigating and prosecuting criminal 709
activity related to Chapter 3721. of the Revised Code and the 710
medicaid program. The forfeiture provisions of Chapter 2981. of 711
the Revised Code apply in relation to any prosecution of 712
criminal activity related to the medicaid program undertaken by 713
the prosecuting attorney. 714

Sec. 109.851. (A) Not later than the first day of February 715
of each year, the attorney general, in collaboration with the 716
auditor of state, shall provide to the director of commerce a 717
list of all individuals against whom a finding for recovery or 718
improper payments has been issued for actions related to the 719
medicaid program. 720

(B) Not later than the first day of March of each year, 721
the director of commerce shall provide to the attorney general a 722
list of any individual included in a request sent by the 723
attorney general pursuant to division (A) of this section who 724

has unclaimed funds delivered or reported to the state under 725
Chapter 169. of the Revised Code. 726

(C) If the information the director of commerce provides 727
identifies or results in identifying unclaimed funds held by the 728
state for an individual described in division (A) of this 729
section, the attorney general shall file a claim under section 730
169.08 of the Revised Code to recover the unclaimed funds. If 731
the director of commerce allows the claim, the director shall 732
pay the claim directly to the attorney general. The director of 733
commerce shall not disallow a claim made by the attorney general 734
because the attorney general is not the owner of the unclaimed 735
funds according to the report made pursuant to section 169.03 of 736
the Revised Code. The director of commerce shall not pay a claim 737
amount that exceeds the amount of funds owed by an individual 738
described in division (A) of this section. The attorney general 739
shall adjust any amounts owed by an individual described in 740
division (A) of this section if the director of commerce pays 741
unclaimed funds to the attorney general otherwise owed to the 742
individual. 743

(D) Claims paid in accordance with this section shall be 744
deposited into the medicaid program integrity fund established 745
under section 109.852 of the Revised Code. 746

Sec. 109.852. (A) The medicaid program integrity fund is 747
created in the state treasury. The fund shall consist of all 748
money recovered as a result of medicaid fraud under section 749
2913.40 of the Revised Code, including restitution, civil 750
settlements, forfeitures, and any other fraud-related 751
recoveries. The attorney general shall use the money in the fund 752
for medicaid fraud enforcement, fraud analytics, whistleblower 753
administration, verification oversight, and program integrity 754

operations. 755

(B) It is the intent of the general assembly in 756
establishing the medicaid program integrity fund to establish a 757
mechanism for providing funding for medicaid fraud investigation 758
that does not require general revenue funds. 759

Sec. 117.10. (A) The auditor of state shall audit all 760
public offices as provided in this chapter. The auditor of state 761
also may audit the specific funds or accounts of private 762
institutions, associations, boards, and corporations into which 763
has been placed or deposited public money from a public office 764
and may require of them annual reports in such form as the 765
auditor of state prescribes. The auditor of state may audit some 766
or all of the other funds or accounts of a private institution, 767
association, board, or corporation that has received public 768
money from a public office only if one or more of the following 769
applies: 770

(1) The audit is specifically required or authorized by 771
the Revised Code; 772

(2) The private institution, association, board, or 773
corporation requests that the auditor of state audit some or all 774
of its other funds or accounts; 775

(3) All of the revenue of the private institution, 776
association, board, or corporation is composed of public money; 777

(4) The private institution, association, board, or 778
corporation failed to separately and independently account for 779
the public money in its possession, in violation of section 780
117.431 of the Revised Code; 781

(5) The auditor of state has a reasonable belief that the 782
private institution, association, board, or corporation 783

illegally expended, converted, misappropriated, or otherwise 784
cannot account for the public money it received from a public 785
office and that it is necessary to audit its other funds or 786
accounts to make that determination. 787

(B) If the auditor of state performs or contracts for the 788
performance of an audit, including a special audit, of the 789
public employees retirement system, school employees retirement 790
system, state teachers retirement system, state highway patrol 791
retirement system, or Ohio police and fire pension fund, the 792
auditor of state shall make a timely report of the results of 793
the audit to the Ohio retirement study council. 794

(C) The auditor of state may audit the accounts of any 795
medicaid provider, as defined in section 5164.01 of the Revised 796
Code. 797

(D) If a public office has been audited by an agency of 798
the United States government, the auditor of state may, if 799
satisfied that the federal audit has been conducted according to 800
principles and procedures not contrary to those of the auditor 801
of state, use and adopt the federal audit and report in lieu of 802
an audit by the auditor of state's own office. 803

(E) Within thirty days after the creation or dissolution 804
or the winding up of the affairs of any public office, that 805
public office shall notify the auditor of state in writing that 806
this action has occurred. 807

(F) The auditor of state may issue subpoenas compelling 808
the production of books, records, accounts, documents, 809
electronically-stored information, testimony, or other 810
information relevant to any audit, examination, special audit, 811
investigation, or review within the authority of the auditor of 812

state under this chapter. Upon request of the auditor of state, 813
the attorney general shall bring an action in a court of 814
competent jurisdiction to enforce compliance with any subpoena 815
issued pursuant to this section. 816

(G) Nothing in this section precludes the auditor of state 817
from issuing to a private institution, association, board, or 818
corporation a subpoena and compulsory process for the attendance 819
of witnesses or the production of records under section 117.18 820
of the Revised Code if the subpoena and compulsory process is in 821
furtherance of an audit the auditor of state is authorized by 822
law to perform. 823

Sec. 117.103. (A) (1) The auditor of state shall establish 824
and maintain a system for the reporting of fraud, including 825
misuse and misappropriation of public money, by any public 826
office or public official. The system shall allow Ohio residents 827
and the employees of any public office to make ~~anonymous~~ 828
complaints through a toll-free telephone number, the auditor of 829
state's web site, or the United States mail to the auditor of 830
state's office. The person making the complaint may provide the 831
complainant's name or remain anonymous. The auditor of state 832
shall review all complaints in a timely manner. 833

(2) (a) Subject to division (A) (2) (b) of this section, the 834
auditor of state shall keep a log of all complaints filed under 835
this section, which is a public record under section 149.43 of 836
the Revised Code. The log shall include the date the complaint 837
was received, a general description of the nature of the 838
complaint, the name of the public office or agency with regard 839
to which the complaint is directed, and a general description of 840
the status of the review by the auditor of state. If section 841
149.43 of the Revised Code or another statute provides for an 842

applicable exemption from the definition of public record for 843
the information recorded on the log, that information may be 844
redacted. 845

(b) The auditor shall not log a complaint regarding an 846
ongoing criminal investigation, but shall log the complaint not 847
later than thirty days after the investigation is complete. 848

(c) If the auditor of state determines that a report made 849
under division (A) (1) of this section involves probable fraud or 850
theft, including misuse and misappropriation of public money by 851
any public office or public official, the auditor of state shall 852
promptly notify the prosecuting attorney, director of law, 853
village solicitor, or similar chief legal officer of the 854
municipal corporation in whose jurisdiction the probable fraud 855
or theft occurred, unless the prosecuting attorney, director of 856
law, village solicitor, or similar chief legal officer of the 857
municipal corporation is identified in the report as the alleged 858
perpetrator of the fraud or theft. 859

(B) The auditor of state shall create training material 860
detailing Ohio's fraud-reporting system and the means of 861
reporting fraud, waste, and abuse. The department of 862
administrative services shall provide the auditor of state's 863
training material to each state employee, statewide elected 864
official, and member of the general assembly. Such materials 865
shall be as concise as practicable. The auditor of state shall 866
provide the training material to employees and elected officials 867
of a political subdivision. Current employees and elected 868
officials as of ~~the effective date of this amendment~~ October 3, 869
2023, shall complete the training within ninety days of a date 870
specified by the auditor of state unless good cause exists for 871
noncompliance. Each new employee or elected official shall 872

confirm receipt of this material within thirty days after taking 873
office or beginning employment. The training shall be required 874
every four years for each employee or elected official. The 875
auditor of state shall provide a model form on the auditor of 876
state's web site to be printed and used by public employees and 877
elected officials to sign and verify their receipt of material 878
as required by this section. The auditor of state shall confirm, 879
when conducting an audit under section 117.11 of the Revised 880
Code, that public employees and elected officials have been 881
provided material as required by this division. 882

Sec. 117.104. (A) As used in this section: 883

(1) "Misappropriation of public money" and "misuse of 884
public money" have the same meanings as in section 4113.52 of 885
the Revised Code. 886

(2) "Fraud" means fraud, theft in office, or the misuse or 887
misappropriation of public money by any public office or public 888
official. 889

(3) "Fraud recovery" means a judgment or settlement that 890
is both of the following: 891

(a) Awarded to a public office or other entity harmed by 892
fraud; 893

(b) Paid to and collected by the public office or other 894
entity harmed by fraud. 895

(4) "Prosecutor" means a prosecuting attorney or a city 896
director of law, village solicitor, or similar chief legal 897
officer of a municipal corporation. 898

(B) A person who satisfies all of the following criteria 899
may be eligible to receive an award for reporting fraud: 900

(1) The person reports fraud to the auditor of state's fraud-reporting system under section 117.103 of the Revised Code. 901
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903

(2) The report of fraud materially contributes to an audit for fraud, an investigation of fraud, the discovery of fraud, or the filing of a civil or criminal action for fraud. 904
905
906

(3) The report of fraud results in a fraud recovery. 907

(4) The person who reports fraud is not found liable for or convicted of, and does not plead guilty to or otherwise is found to have participated in, the fraud. 908
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(5) The person who reports fraud satisfies any additional eligibility requirements established by the attorney general under division (G) of this section. 911
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(C) (1) The attorney general shall determine whether the criteria in division (B) of this section are satisfied. In making this determination, the attorney general may consult with the auditor of state, the prosecutor, the public office or entity harmed by the fraud, or any other appropriate entity. 914
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(2) If the attorney general finds that the criteria in division (B) of this section are satisfied, the attorney general shall determine whether or not the person who reported the fraud shall receive an award. 919
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(3) Subject to divisions (D) and (E) of this section, if the attorney general determines that the person who reported the fraud shall receive an award, the attorney general shall determine the amount of the award. The amount of the award shall not exceed ten per cent of the amount of the fraud recovery and shall be subject to the availability of money in the fraud reporting fund created by division (F) of this section. The 923
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award shall be paid to the person who reported the fraud from 930
the fraud reporting fund created by division (F) of this 931
section. 932

(4) The attorney general's determinations under division 933
(C) of this section are final and not subject to appeal. 934

(D) No award shall be made under division (C) of this 935
section that will reduce, redirect, delay, or otherwise 936
interfere with any of the following: 937

(1) A restitution order; 938

(2) A finding of recovery issued by the auditor of state; 939

(3) The recovery of audit costs, including any costs owed 940
to the auditor of state; 941

(4) Fines, courts costs, or attorney's fees; 942

(5) Investigation costs. 943

(E) No award shall be made under division (C) of this 944
section before a public office or other entity harmed by fraud 945
is fully reimbursed for harm caused by the fraud, unless the 946
attorney general determines the award will not reduce, redirect, 947
delay, or otherwise interfere with the public office or other 948
entity being fully reimbursed for harm caused by the fraud. 949

(F) The fraud reporting fund is created in the state 950
treasury. The fund shall consist of all money appropriated to 951
the fund and such other money as may be provided by law. The 952
attorney general shall use the money in the fund only for the 953
purposes of paying awards to persons who report fraud as 954
described in division (C) (3) of this section. 955

(G) The attorney general may adopt, in accordance with 956

Chapter 119. of the Revised Code, rules establishing eligibility 957
requirements for a person to receive an award for reporting 958
fraud, procedures for determining award amounts for reporting 959
fraud, and standards for protecting the confidentiality of a 960
person reporting fraud. 961

Sec. 121.483. ~~A~~ The inspector general or a deputy 962
inspector general appointed under section 121.48 of the Revised 963
Code, who has been awarded a certificate by the executive 964
director of the Ohio peace officer training commission attesting 965
to the person's satisfactory completion of an approved state, 966
county, ~~or~~ municipal, or department of natural resources peace 967
officer basic training program, ~~shall, during the term of the~~ 968
~~deputy inspector general's appointment, be considered a peace-~~ 969
~~officer for the purpose of maintaining a current and valid basic~~ 970
~~training certificate pursuant to rules adopted under section-~~ 971
~~109.74 of the Revised Code~~ under section 109.77 of the Revised 972
Code has the same arrest authority as a peace officer. The 973
inspector general or a deputy inspector general may exercise 974
this arrest authority only while the inspector general or a 975
deputy inspector general is engaged in the scope of the 976
inspector general's or deputy inspector general's duties under 977
sections 121.42 to 121.52 of the Revised Code as they pertain to 978
investigation of medicaid fraud. 979

Sec. 2903.216. (A) As used in this section: 980

(1) "Business entity" means any form of corporation, 981
partnership, association, cooperative, joint venture, business 982
trust, or sole proprietorship that conducts business in this 983
state. 984

(2) "Business of private investigation" and "private 985
investigator" have the same meanings as in section 4749.01 of 986

the Revised Code.	987
(3) "Disabled adult" and "elderly person" have the same meanings as in section 2913.01 of the Revised Code.	988 989
(4) "Electronic monitoring" and "electronic monitoring device" have the same meanings as in section 2929.01 of the Revised Code.	990 991 992
(5) "Law enforcement agency" means any organization or unit comprised of law enforcement officers, and also includes any federal or military law enforcement agency.	993 994 995
(6) "Person" means an individual, but does not include a business entity.	996 997
(7) "Ohio protection order" means a protection order filed or issued or a consent agreement approved pursuant to section 2919.26 or 3113.31 of the Revised Code, a protection order filed or issued pursuant to section 2151.34, 2903.213, or 2903.214 of the Revised Code, or a no contact order issued as any of the following:	998 999 1000 1001 1002 1003
(a) As part of a person's sentence under a community control sanction imposed under section 2929.16, 2929.17, 2929.26, or 2929.27 of the Revised Code;	1004 1005 1006
(b) As a term or condition of a person's release under section 2929.20 of the Revised Code;	1007 1008
(c) As a post-release control sanction imposed as a condition of a person's post-release control under section 2967.28 of the Revised Code;	1009 1010 1011
(d) As a term of supervision for a person transferred to transitional control under section 2967.26 of the Revised Code;	1012 1013

(e) As a term or condition of the intervention plan of a 1014
person granted intervention in lieu of conviction under section 1015
2951.041 of the Revised Code. 1016

(8) "Protection order issued by a court of another state" 1017
has the same meaning as in section 2919.27 of the Revised Code. 1018

(9) "Tracking application" means any software program that 1019
permits a person to remotely determine or track the position or 1020
movement of another person or another person's property. 1021

(10) "Tracking device" means an electronic or mechanical 1022
device that permits a person to remotely determine or track the 1023
position or movement of another person or another person's 1024
property, including an electronic monitoring device. 1025

(B) Except as otherwise provided in division (D) of this 1026
section, no person shall knowingly do either of the following: 1027

(1) Install a tracking device or tracking application on 1028
another person's property without the other person's consent or 1029
cause a tracking device or tracking application to track the 1030
position or movement of another person or another person's 1031
property without the other person's consent; 1032

(2) If the person installed a tracking device or tracking 1033
application on another's property with the other person's 1034
consent and the other person subsequently revokes that consent, 1035
fail to remove or ensure the removal of the device or 1036
application after the other person revokes the consent. 1037

(C) (1) For purposes of this section, if a person has given 1038
consent for another to install a tracking device or tracking 1039
application on the consenting person's property, it is presumed 1040
that the consenting person has revoked that consent if any of 1041
the following applies: 1042

(a) The consenting person and the person to whom consent was given are lawfully married and one of them files a complaint for divorce or a petition for dissolution of marriage from the other. Not later than seventy-two hours after being served with a complaint for divorce or a petition for dissolution of marriage, the person to whom consent was given shall lawfully uninstall or discontinue use of the tracking device or tracking application. If the person to whom consent was given cannot lawfully uninstall or discontinue use of the tracking device or tracking application, the person to whom consent was given shall notify the court in which the complaint for divorce or the petition for dissolution of marriage was filed in writing.

(b) The consenting person or the person to whom consent was given files an Ohio protection order against the other person or an Ohio protection order is issued against the other person, and the person to be protected under the order is the consenting person. Not later than seventy-two hours after being served with the Ohio protection order, the person to whom consent was given shall lawfully uninstall or discontinue use of the tracking device or tracking application. If the person to whom consent was given cannot lawfully uninstall or discontinue use of the tracking device or tracking application, the person to whom consent was given shall notify the court that issued the Ohio protection order in writing that the person to whom consent was given has installed or is using a tracking device or tracking application on the previously consenting person's person or the person's property and cannot uninstall or discontinue its use without violating the Ohio protection order.

(2) Revocation of consent under this division is effective upon the service of the petition or motion or an Ohio protection order.

- (D) This section does not apply to any of the following: 1074
- (1) A law enforcement officer, or any law enforcement 1075
agency, that installs a tracking device or tracking application 1076
on another person's property or causes a tracking device or 1077
tracking application to track the position or movement of 1078
another person or another person's property as part of a 1079
criminal investigation, or a probation officer, parole officer, 1080
or employee of the department of rehabilitation and correction, 1081
a halfway house, or a community-based correctional facility when 1082
engaged in the lawful performance of the officer's or employee's 1083
official duties; 1084
- (2) A parent or legal guardian of a minor child who 1085
installs or uses a tracking device or tracking application to 1086
track the minor child if any of the following applies: 1087
- (a) The parents or legal guardians of the child are 1088
lawfully married to each other and are not separated or 1089
otherwise living apart, and either of those parents or legal 1090
guardians consents to the installation of the tracking device or 1091
tracking application; 1092
- (b) The parent or legal guardian of the child is the sole 1093
surviving parent or legal guardian of the child; 1094
- (c) The parent or legal guardian of the child has sole 1095
custody of the child; 1096
- (d) The parents or legal guardians of the child are 1097
divorced, separated, or otherwise living apart and neither 1098
parent has sole custody of the child, and both consent to the 1099
installation of the tracking device or tracking application; 1100
- (e) The parents or legal guardians of the child are 1101
divorced, separated, or otherwise living apart, neither parent 1102

has sole custody of the child, and either only one parent 1103
consents to the installation of the tracking device or tracking 1104
application or one parent revokes consent, if the consenting 1105
parent only uses the tracking device or tracking application 1106
during that parent's parenting or custodial time and disables or 1107
removes the tracking device or application during the 1108
nonconsenting parent's parenting or custodial time. 1109

(3) A caregiver of an elderly person or disabled adult, if 1110
the elderly person's or disabled adult's treating physician 1111
certifies that the installation of a tracking device or tracking 1112
application onto the elderly person's or disabled adult's 1113
property is necessary to ensure the safety of the elderly person 1114
or disabled adult; 1115

(4) A person acting in good faith on behalf of a business 1116
entity for a legitimate business purpose, provided that this 1117
division does not apply to a private investigator engaged in the 1118
business of private investigation on behalf of another person; 1119

(5) (a) A private investigator or other person licensed 1120
under section 4749.03 of the Revised Code, who is acting in the 1121
normal course of the investigator's business of private 1122
investigation on behalf of another person and who has the 1123
consent of the owner of the property upon which the tracking 1124
device or tracking application is installed, for the purpose of 1125
obtaining information with reference to any of the following: 1126

(i) Criminal offenses committed, threatened, or suspected 1127
against the United States, a territory of the United States, a 1128
state, or any person or legal entity; 1129

(ii) Locating an individual known to be a fugitive from 1130
justice; 1131

(iii) Locating lost or stolen property or other assets 1132
that have been awarded by the court; 1133

(iv) Investigating claims related to workers' 1134
compensation. 1135

(b) This division does not apply if the person on whose 1136
behalf the private investigator is working is the subject of an 1137
Ohio protection order or a protection order issued by a court of 1138
another state or if the private investigator knows or reasonably 1139
should know that the person on whose behalf the private 1140
investigator is working seeks the investigator's services to aid 1141
in the commission of a crime. 1142

(6) An owner or lessee of a motor vehicle who installs, or 1143
directs the installation of, a tracking device or tracking 1144
application on the vehicle during the period of ownership or 1145
lease, if any of the following applies: 1146

(a) The tracking device or tracking application is removed 1147
before the vehicle's title is transferred or the vehicle's lease 1148
expires; 1149

(b) The new owner of the vehicle, in the case of a sale, 1150
or the lessor of the vehicle, in the case of an expired lease, 1151
consents in writing to the non-removal of the tracking device or 1152
tracking application; 1153

(c) The owner of the vehicle at the time of the 1154
installation of the tracking device or tracking application was 1155
the original manufacturer of the vehicle. 1156

(7) A person who installs a tracking device or application 1157
on property in which the person has an ownership or contractual 1158
interest, unless the person is the subject of a protective order 1159
and the property is likely to be used by the person who obtained 1160

the protective order; 1161

(8) A person or business entity that installs a tracking 1162
device or tracking application on any fixed wing aircraft or 1163
rotorcraft operated or managed by the person or business entity 1164
pursuant to 14 C.F.R. part 91 or part 135 to track the position 1165
or movement of the fixed wing aircraft or rotorcraft; 1166

(9) A surety bail bond agent, or any employee or 1167
contractor of a surety bail bond agent, that installs a tracking 1168
device or tracking application on another person's property or 1169
causes a tracking device or tracking application to track the 1170
position or movement of another person or another person's 1171
property as part of the surety bail bond agent's, employee's, or 1172
contractor's official responsibilities or duties; 1173

(10) The use of location verification technology by the 1174
department of medicaid, a medicaid provider, a provider's 1175
employee or contractor, or an electronic visit verification 1176
vendor when the technology is used solely to comply with 1177
electronic visit verification requirements under state or 1178
federal law including all of the following, provided that 1179
verification technology is not used for continuous tracking 1180
outside of the delivery of medicaid-covered services: 1181

(a) Verification of the beginning or ending of a medicaid- 1182
covered service; 1183

(b) Validating a claim for medicaid payment; 1184

(c) Support for integrity of the medicaid program 1185
including audit, investigation, payment, or recovery activities. 1186

(E) For purposes of division (D) (1) of this section, a 1187
probation officer, parole officer, or employee of the department 1188
of rehabilitation and correction, a halfway house, or a 1189

community-based correctional facility is engaged in the lawful 1190
performance of the officer's or employee's duties if both of the 1191
following apply: 1192

(1) The court or the department of rehabilitation and 1193
correction imposes electronic monitoring on a person. 1194

(2) The officer or employee installs or uses an electronic 1195
monitoring device on that person in accordance with the court's 1196
or department's imposition of electronic monitoring of that 1197
person. 1198

(F) Whoever violates this section is guilty of illegal use 1199
of a tracking device or application. 1200

(1) Except as otherwise provided in division (F) (2) of 1201
this section, illegal use of a tracking device or application is 1202
a misdemeanor of the first degree. 1203

(2) Illegal use of a tracking device or application is a 1204
felony of the fourth degree if any of the following applies: 1205

(a) The offender previously has been convicted of or 1206
pleaded guilty to a violation of this section or section 1207
2903.211 of the Revised Code. 1208

(b) At the time of the commission of the offense, the 1209
offender was the subject of a protection order issued under 1210
section 2903.213 or 2903.214 of the Revised Code, regardless of 1211
whether the person to be protected under the order is the victim 1212
of the offense or another person. 1213

(c) Prior to committing the offense, the offender had been 1214
determined to represent a substantial risk of physical harm to 1215
others as manifested by evidence of then-recent homicidal or 1216
other violent behavior, evidence of then-recent threats that 1217

placed another in reasonable fear of violent behavior and 1218
serious physical harm, or other evidence of then-present 1219
dangerousness. 1220

(d) The offender has a history of violence toward the 1221
victim or a history of other violent acts towards the victim. 1222

Sec. 2913.40. (A) As used in this section: 1223

(1) "Statement or representation" means any oral, written, 1224
electronic, electronic impulse, or magnetic communication that 1225
is used to identify an item of goods or a service for which 1226
reimbursement may be made under the medicaid program or that 1227
states income and expense and is or may be used to determine a 1228
rate of reimbursement under the medicaid program. 1229

(2) "Provider" means any person who has signed a provider 1230
agreement with the department of medicaid to provide goods or 1231
services pursuant to the medicaid program or any person who has 1232
signed an agreement with a party to such a provider agreement 1233
under which the person agrees to provide goods or services that 1234
are reimbursable under the medicaid program. 1235

(3) "Provider agreement" has the same meaning as in 1236
section 5164.01 of the Revised Code. 1237

(4) "Recipient" means any individual who receives goods or 1238
services from a provider under the medicaid program. 1239

(5) "Records" means any medical, professional, financial, 1240
or business records relating to the treatment or care of any 1241
recipient, to goods or services provided to any recipient, or to 1242
rates paid for goods or services provided to any recipient and 1243
any records that are required by the rules of the medicaid 1244
director to be kept for the medicaid program. 1245

(6) "Mandatory prison term" has the same meaning as 1246
defined in section 2929.01 of the Revised Code. 1247

(7) "Presumption that a prison term shall be imposed" 1248
means a presumption, as described in division (D) of section 1249
2929.13 of the Revised Code, that a prison term is a necessary 1250
sanction for a felony in order to comply with the purposes and 1251
principles of sentencing under section 2929.11 of the Revised 1252
Code. 1253

(B) No person shall knowingly make or cause to be made a 1254
false or misleading statement or representation for use in 1255
obtaining reimbursement from the medicaid program. 1256

(C) No person, with purpose to commit fraud or knowing 1257
that the person is facilitating a fraud, shall do either of the 1258
following: 1259

(1) Contrary to the terms of the person's provider 1260
agreement, charge, solicit, accept, or receive for goods or 1261
services that the person provides under the medicaid program any 1262
property, money, or other consideration in addition to the 1263
amount of reimbursement under the medicaid program and the 1264
person's provider agreement for the goods or services and any 1265
cost-sharing expenses authorized by section 5162.20 of the 1266
Revised Code or rules adopted by the medicaid director regarding 1267
the medicaid program. 1268

(2) Solicit, offer, or receive any remuneration, other 1269
than any cost-sharing expenses authorized by section 5162.20 of 1270
the Revised Code or rules adopted by the medicaid director 1271
regarding the medicaid program, in cash or in kind, including, 1272
but not limited to, a kickback or rebate, in connection with the 1273
furnishing of goods or services for which whole or partial 1274

reimbursement is or may be made under the medicaid program. 1275

(D) No person, having submitted a claim for or provided 1276
goods or services under the medicaid program, shall do either of 1277
the following for a period of at least six years after a 1278
reimbursement pursuant to that claim, or a reimbursement for 1279
those goods or services, is received under the medicaid program: 1280

(1) Knowingly alter, falsify, destroy, conceal, or remove 1281
any records that are necessary to fully disclose the nature of 1282
all goods or services for which the claim was submitted, or for 1283
which reimbursement was received, by the person; 1284

(2) Knowingly alter, falsify, destroy, conceal, or remove 1285
any records that are necessary to disclose fully all income and 1286
expenditures upon which rates of reimbursements were based for 1287
the person. 1288

~~(E)~~ (E) (1) Whoever violates this section is guilty of 1289
medicaid fraud. Except as otherwise provided in ~~this division~~ 1290
(E) (1) of this section, medicaid fraud is a ~~misdemeanor of the~~ 1291
~~first~~ felony of the fifth degree and, notwithstanding section 1292
2929.18 of the Revised Code, the court shall impose as the fine 1293
for the offense a fine of one thousand dollars. ~~If~~ 1294

(a) If the value of property, services, or funds obtained 1295
in violation of this section is one thousand dollars or more and 1296
is less than ~~seven thousand five hundred dollars~~ five thousand 1297
dollars, medicaid fraud is a felony of the ~~fifth~~ fourth degree 1298
and, notwithstanding section 2929.18 of the Revised Code, the 1299
court shall impose as the fine for the offense a fine of five 1300
thousand dollars. ~~If~~ 1301

(b) If the value of property, services, or funds obtained 1302
in violation of this section is ~~seven thousand five hundred~~ five 1303

thousand dollars or more and is less than ~~one hundred fifty~~ 1304
twenty-five thousand dollars, medicaid fraud is a felony of the 1305
~~fourth~~ third degree and, notwithstanding section 2929.18 of the 1306
Revised Code, the court shall impose as the fine for the offense 1307
a fine of twenty-five thousand dollars. ~~If~~ 1308

(c) If the value of the property, services, or funds 1309
obtained in violation of this section is ~~one hundred fifty~~ 1310
twenty-five thousand dollars or more and is less than seventy- 1311
five thousand dollars, medicaid fraud is a felony of the third 1312
degree and there is a presumption for a prison term. 1313
Notwithstanding section 2929.18 of the Revised Code, the court 1314
shall impose as the fine for the offense a fine of seventy-five 1315
thousand dollars. 1316

(d) If the value of the property, services, or funds 1317
obtained in violation of this section is seventy-five thousand 1318
dollars or more and is less than one hundred fifty thousand 1319
dollars, medicaid fraud is a felony of the second degree and, if 1320
the court imposes a prison term for the offense, the court shall 1321
impose on the offender as a mandatory prison term one of the 1322
prison terms prescribed for a felony of the second degree. 1323
Notwithstanding section 2929.18 of the Revised Code, the court 1324
shall impose as the fine for the offense a fine of one hundred 1325
fifty thousand dollars. 1326

(e) If the value of the property or services stolen is one 1327
hundred fifty thousand dollars or more, medicaid fraud is a 1328
felony of the first degree and, if the court imposes a prison 1329
term for the offense, the court shall impose on the offender as 1330
a mandatory prison term one of the prison terms prescribed for a 1331
felony of the first degree. Notwithstanding section 2929.18 of 1332
the Revised Code, the court shall impose as the fine for the 1333

offense a fine of one hundred fifty thousand dollars. 1334

(2) In addition to the penalties specified in division (E) 1335
(1) of this section, a court may require a person who violates 1336
this section to pay restitution in an amount not to exceed two 1337
hundred per cent of the value of the property, services, or 1338
funds obtained in violation of this section. Any restitution 1339
required under this section shall be paid to the medicaid 1340
program integrity fund established under section 109.852 of the 1341
Revised Code. 1342

(F) Upon application of the governmental agency, office, 1343
or other entity that conducted the investigation and prosecution 1344
in a case under this section, the court shall order any person 1345
who is convicted of a violation of this section for receiving 1346
any reimbursement for furnishing goods or services under the 1347
medicaid program to which the person is not entitled to pay to 1348
the applicant its cost of investigating and prosecuting the 1349
case. The costs of investigation and prosecution that a 1350
defendant is ordered to pay pursuant to this division shall be 1351
in addition to any other penalties for the receipt of that 1352
reimbursement that are provided in this section, section 5164.35 1353
of the Revised Code, or any other provision of law. 1354

(G) The provisions of this section are not intended to be 1355
exclusive remedies and do not preclude the use of any other 1356
criminal or civil remedy for any act that is in violation of 1357
this section. 1358

Sec. 2923.31. As used in sections 2923.31 to 2923.36 of 1359
the Revised Code: 1360

(A) "Beneficial interest" means any of the following: 1361

(1) The interest of a person as a beneficiary under a 1362

trust in which the trustee holds title to personal or real 1363
property; 1364

(2) The interest of a person as a beneficiary under any 1365
other trust arrangement under which any other person holds title 1366
to personal or real property for the benefit of such person; 1367

(3) The interest of a person under any other form of 1368
express fiduciary arrangement under which any other person holds 1369
title to personal or real property for the benefit of such 1370
person. 1371

"Beneficial interest" does not include the interest of a 1372
stockholder in a corporation or the interest of a partner in 1373
either a general or limited partnership. 1374

(B) "Costs of investigation and prosecution" and "costs of 1375
investigation and litigation" mean all of the costs incurred by 1376
the state or a county or municipal corporation under sections 1377
2923.31 to 2923.36 of the Revised Code in the prosecution and 1378
investigation of any criminal action or in the litigation and 1379
investigation of any civil action, and includes, but is not 1380
limited to, the costs of resources and personnel. 1381

(C) "Enterprise" includes any individual, sole 1382
proprietorship, partnership, limited partnership, corporation, 1383
trust, union, government agency, or other legal entity, or any 1384
organization, association, or group of persons associated in 1385
fact although not a legal entity. "Enterprise" includes illicit 1386
as well as licit enterprises. 1387

(D) "Innocent person" includes any bona fide purchaser of 1388
property that is allegedly involved in a violation of section 1389
2923.32 of the Revised Code, including any person who 1390
establishes a valid claim to or interest in the property in 1391

accordance with division (E) of section 2981.04 of the Revised Code, and any victim of an alleged violation of that section or of any underlying offense involved in an alleged violation of that section.

(E) "Pattern of corrupt activity" means two or more incidents of corrupt activity, whether or not there has been a prior conviction, that are related to the affairs of the same enterprise, are not isolated, and are not so closely related to each other and connected in time and place that they constitute a single event.

At least one of the incidents forming the pattern shall occur on or after January 1, 1986. Unless any incident was an aggravated murder or murder, the last of the incidents forming the pattern shall occur within six years after the commission of any prior incident forming the pattern, excluding any period of imprisonment served by any person engaging in the corrupt activity.

For the purposes of the criminal penalties that may be imposed pursuant to section 2923.32 of the Revised Code, at least one of the incidents forming the pattern shall constitute a felony under the laws of this state in existence at the time it was committed or, if committed in violation of the laws of the United States or of any other state, shall constitute a felony under the law of the United States or the other state and would be a criminal offense under the law of this state if committed in this state.

(F) "Pecuniary value" means money, a negotiable instrument, a commercial interest, or anything of value, as defined in section 1.03 of the Revised Code, or any other property or service that has a value in excess of one hundred

dollars. 1422

(G) "Person" means any person, as defined in section 1.59 1423
of the Revised Code, and any governmental officer, employee, or 1424
entity. 1425

(H) "Personal property" means any personal property, any 1426
interest in personal property, or any right, including, but not 1427
limited to, bank accounts, debts, corporate stocks, patents, or 1428
copyrights. Personal property and any beneficial interest in 1429
personal property are deemed to be located where the trustee of 1430
the property, the personal property, or the instrument 1431
evidencing the right is located. 1432

(I) "Corrupt activity" means engaging in, attempting to 1433
engage in, conspiring to engage in, or soliciting, coercing, or 1434
intimidating another person to engage in any of the following: 1435

(1) Conduct defined as "racketeering activity" under the 1436
"Organized Crime Control Act of 1970," 84 Stat. 941, 18 U.S.C. 1437
1961(1)(B), (1)(C), (1)(D), and (1)(E), as amended; 1438

(2) Conduct constituting any of the following: 1439

(a) A violation of section 1315.55, 1322.07, 2903.01, 1440
2903.02, 2903.03, 2903.04, 2903.11, 2903.12, 2905.01, 2905.02, 1441
2905.11, 2905.22, 2905.32 as specified in division (I)(2)(g) of 1442
this section, 2907.321, 2907.322, 2907.323, 2909.02, 2909.03, 1443
2909.22, 2909.23, 2909.24, 2909.26, 2909.27, 2909.28, 2909.29, 1444
2911.01, 2911.02, 2911.11, 2911.12, 2911.13, 2911.31, 2913.05, 1445
2913.06, 2913.30, 2921.02, 2921.03, 2921.04, 2921.11, 2921.12, 1446
2921.32, 2921.41, 2921.42, 2921.43, 2923.12, or 2923.17; 1447
division (F)(1)(a), (b), or (c) of section 1315.53; division (A) 1448
(1) or (2) of section 1707.042; division (B), (C)(4), (D), (E), 1449
or (F) of section 1707.44; division (A)(1) or (2) of section 1450

2923.20; division (E) or (G) of section 3772.99; division (J) (1) 1451
of section 4712.02; section 4719.02, 4719.05, or 4719.06; 1452
division (C), (D), or (E) of section 4719.07; section 4719.08; 1453
or division (A) of section 4719.09 of the Revised Code. 1454

(b) Any violation of section 3769.11, 3769.15, 3769.16, or 1455
3769.19 of the Revised Code as it existed prior to July 1, 1996, 1456
any violation of section 2915.02 of the Revised Code that occurs 1457
on or after July 1, 1996, and that, had it occurred prior to 1458
that date, would have been a violation of section 3769.11 of the 1459
Revised Code as it existed prior to that date, or any violation 1460
of section 2915.05 of the Revised Code that occurs on or after 1461
July 1, 1996, and that, had it occurred prior to that date, 1462
would have been a violation of section 3769.15, 3769.16, or 1463
3769.19 of the Revised Code as it existed prior to that date. 1464

(c) Any violation of section 2907.21, 2907.22, 2907.31, 1465
2913.02, 2913.11, 2913.21, 2913.31, 2913.32, 2913.34, 2913.40, 1466
2913.42, 2913.47, 2913.51, 2915.03, 2925.03, 2925.04, 2925.05, 1467
or 2925.37 of the Revised Code, any violation of section 2925.11 1468
of the Revised Code that is a felony of the first, second, 1469
third, or fourth degree and that occurs on or after July 1, 1470
1996, any violation of section 2915.02 of the Revised Code that 1471
occurred prior to July 1, 1996, any violation of section 2915.02 1472
of the Revised Code that occurs on or after July 1, 1996, and 1473
that, had it occurred prior to that date, would not have been a 1474
violation of section 3769.11 of the Revised Code as it existed 1475
prior to that date, any violation of section 2915.06 of the 1476
Revised Code as it existed prior to July 1, 1996, or any 1477
violation of division (B) of section 2915.05 of the Revised Code 1478
as it exists on and after July 1, 1996, when the proceeds of the 1479
violation, the payments made in the violation, the amount of a 1480
claim for payment or for any other benefit that is false or 1481

deceptive and that is involved in the violation, or the value of 1482
the contraband or other property illegally possessed, sold, or 1483
purchased in the violation exceeds one thousand dollars, or any 1484
combination of violations described in division (I) (2) (c) of 1485
this section when the total proceeds of the combination of 1486
violations, payments made in the combination of violations, 1487
amount of the claims for payment or for other benefits that is 1488
false or deceptive and that is involved in the combination of 1489
violations, or value of the contraband or other property 1490
illegally possessed, sold, or purchased in the combination of 1491
violations exceeds one thousand dollars; 1492

(d) Any violation of section 5743.112 of the Revised Code 1493
when the amount of unpaid tax exceeds one hundred dollars; 1494

(e) Any violation or combination of violations of section 1495
2907.32 of the Revised Code involving any material or 1496
performance containing a display of bestiality or of sexual 1497
conduct, as defined in section 2907.01 of the Revised Code, that 1498
is explicit and depicted with clearly visible penetration of the 1499
genitals or clearly visible penetration by the penis of any 1500
orifice when the total proceeds of the violation or combination 1501
of violations, the payments made in the violation or combination 1502
of violations, or the value of the contraband or other property 1503
illegally possessed, sold, or purchased in the violation or 1504
combination of violations exceeds one thousand dollars; 1505

(f) Any combination of violations described in division 1506
(I) (2) (c) of this section and violations of section 2907.32 of 1507
the Revised Code involving any material or performance 1508
containing a display of bestiality or of sexual conduct, as 1509
defined in section 2907.01 of the Revised Code, that is explicit 1510
and depicted with clearly visible penetration of the genitals or 1511

clearly visible penetration by the penis of any orifice when the 1512
total proceeds of the combination of violations, payments made 1513
in the combination of violations, amount of the claims for 1514
payment or for other benefits that is false or deceptive and 1515
that is involved in the combination of violations, or value of 1516
the contraband or other property illegally possessed, sold, or 1517
purchased in the combination of violations exceeds one thousand 1518
dollars; 1519

(g) Any violation of section 2905.32 of the Revised Code 1520
to the extent the violation is not based solely on the same 1521
conduct that constitutes corrupt activity pursuant to division 1522
(I) (2) (c) of this section due to the conduct being in violation 1523
of section 2907.21 of the Revised Code. 1524

(3) Conduct constituting a violation of any law of any 1525
state other than this state that is substantially similar to the 1526
conduct described in division (I) (2) of this section, provided 1527
the defendant was convicted of the conduct in a criminal 1528
proceeding in the other state; 1529

(4) Animal or ecological terrorism; 1530

(5) (a) Conduct constituting any of the following: 1531

(i) Organized retail theft; 1532

(ii) Conduct that constitutes one or more violations of 1533
any law of any state other than this state, that is 1534
substantially similar to organized retail theft, and that if 1535
committed in this state would be organized retail theft, if the 1536
defendant was convicted of or pleaded guilty to the conduct in a 1537
criminal proceeding in the other state. 1538

(b) By enacting division (I) (5) (a) of this section, it is 1539
the intent of the general assembly to add organized retail theft 1540

and the conduct described in division (I) (5) (a) (ii) of this 1541
section as conduct constituting corrupt activity. The enactment 1542
of division (I) (5) (a) of this section and the addition by 1543
division (I) (5) (a) of this section of organized retail theft and 1544
the conduct described in division (I) (5) (a) (ii) of this section 1545
as conduct constituting corrupt activity does not limit or 1546
preclude, and shall not be construed as limiting or precluding, 1547
any prosecution for a violation of section 2923.32 of the 1548
Revised Code that is based on one or more violations of section 1549
2913.02 or 2913.51 of the Revised Code, one or more similar 1550
offenses under the laws of this state or any other state, or any 1551
combination of any of those violations or similar offenses, even 1552
though the conduct constituting the basis for those violations 1553
or offenses could be construed as also constituting organized 1554
retail theft or conduct of the type described in division (I) (5) 1555
(a) (ii) of this section. 1556

(J) "Real property" means any real property or any 1557
interest in real property, including, but not limited to, any 1558
lease of, or mortgage upon, real property. Real property and any 1559
beneficial interest in it is deemed to be located where the real 1560
property is located. 1561

(K) "Trustee" means any of the following: 1562

(1) Any person acting as trustee under a trust in which 1563
the trustee holds title to personal or real property; 1564

(2) Any person who holds title to personal or real 1565
property for which any other person has a beneficial interest; 1566

(3) Any successor trustee. 1567

"Trustee" does not include an assignee or trustee for an 1568
insolvent debtor or an executor, administrator, administrator 1569

with the will annexed, testamentary trustee, guardian, or 1570
committee, appointed by, under the control of, or accountable to 1571
a court. 1572

(L) "Unlawful debt" means any money or other thing of 1573
value constituting principal or interest of a debt that is 1574
legally unenforceable in this state in whole or in part because 1575
the debt was incurred or contracted in violation of any federal 1576
or state law relating to the business of gambling activity or 1577
relating to the business of lending money at an usurious rate 1578
unless the creditor proves, by a preponderance of the evidence, 1579
that the usurious rate was not intentionally set and that it 1580
resulted from a good faith error by the creditor, 1581
notwithstanding the maintenance of procedures that were adopted 1582
by the creditor to avoid an error of that nature. 1583

(M) "Animal activity" means any activity that involves the 1584
use of animals or animal parts, including, but not limited to, 1585
hunting, fishing, trapping, traveling, camping, the production, 1586
preparation, or processing of food or food products, clothing or 1587
garment manufacturing, medical research, other research, 1588
entertainment, recreation, agriculture, biotechnology, or 1589
service activity that involves the use of animals or animal 1590
parts. 1591

(N) "Animal facility" means a vehicle, building, 1592
structure, nature preserve, or other premises in which an animal 1593
is lawfully kept, handled, housed, exhibited, bred, or offered 1594
for sale, including, but not limited to, a zoo, rodeo, circus, 1595
amusement park, hunting preserve, or premises in which a horse 1596
or dog event is held. 1597

(O) "Animal or ecological terrorism" means the commission 1598
of any felony that involves causing or creating a substantial 1599

risk of physical harm to any property of another, the use of a 1600
deadly weapon or dangerous ordnance, or purposely, knowingly, or 1601
recklessly causing serious physical harm to property and that 1602
involves an intent to obstruct, impede, or deter any person from 1603
participating in a lawful animal activity, from mining, 1604
forestry, harvesting, gathering, or processing natural 1605
resources, or from being lawfully present in or on an animal 1606
facility or research facility. 1607

(P) "Research facility" means a place, laboratory, 1608
institution, medical care facility, government facility, or 1609
public or private educational institution in which a scientific 1610
test, experiment, or investigation involving the use of animals 1611
or other living organisms is lawfully carried out, conducted, or 1612
attempted. 1613

(Q) "Organized retail theft" means the theft of retail 1614
property with a retail value of one thousand dollars or more 1615
from one or more retail establishments with the intent to sell, 1616
deliver, or transfer that property to a retail property fence. 1617

(R) "Retail property" means any tangible personal property 1618
displayed, held, stored, or offered for sale in or by a retail 1619
establishment. 1620

(S) "Retail property fence" means a person who possesses, 1621
procures, receives, or conceals retail property that was 1622
represented to the person as being stolen or that the person 1623
knows or believes to be stolen. 1624

(T) "Retail value" means the full retail value of the 1625
retail property. In determining whether the retail value of 1626
retail property equals or exceeds one thousand dollars, the 1627
value of all retail property stolen from the retail 1628

establishment or retail establishments by the same person or 1629
persons within any one-hundred-eighty-day period shall be 1630
aggregated. 1631

Sec. 2929.01. As used in this chapter: 1632

(A) (1) "Alternative residential facility" means, subject 1633
to divisions (A) (2) and (3) of this section, any facility other 1634
than an offender's home or residence in which an offender is 1635
assigned to live and that satisfies all of the following 1636
criteria: 1637

(a) It provides programs through which the offender may 1638
seek or maintain employment or may receive education, training, 1639
treatment, or habilitation. 1640

(b) It has received the appropriate license or certificate 1641
for any specialized education, training, treatment, 1642
habilitation, or other service that it provides from the 1643
government agency that is responsible for licensing or 1644
certifying that type of education, training, treatment, 1645
habilitation, or service. 1646

(2) "Alternative residential facility" does not include a 1647
community-based correctional facility, jail, halfway house, or 1648
prison. 1649

(3) "Alternative residential facility" includes a 1650
community alternative sentencing center or district community 1651
alternative sentencing center when authorized by section 307.932 1652
of the Revised Code and when the center is being used for an OVI 1653
term of confinement, as defined by that section. 1654

(B) "Basic probation supervision" means a requirement that 1655
the offender maintain contact with a person appointed to 1656
supervise the offender in accordance with sanctions imposed by 1657

the court or imposed by the parole board pursuant to section 1658
2967.28 of the Revised Code. "Basic probation supervision" 1659
includes basic parole supervision and basic post-release control 1660
supervision. 1661

(C) "Cocaine," "fentanyl-related compound," "hashish," 1662
"L.S.D.," and "unit dose" have the same meanings as in section 1663
2925.01 of the Revised Code. 1664

(D) "Community-based correctional facility" means a 1665
community-based correctional facility and program or district 1666
community-based correctional facility and program developed 1667
pursuant to sections 2301.51 to 2301.58 of the Revised Code. 1668

(E) "Community control sanction" means a sanction that is 1669
not a prison term and that is described in section 2929.15, 1670
2929.16, 2929.17, or 2929.18 of the Revised Code or a sanction 1671
that is not a jail term and that is described in section 1672
2929.26, 2929.27, or 2929.28 of the Revised Code. "Community 1673
control sanction" includes probation if the sentence involved 1674
was imposed for a felony that was committed prior to July 1, 1675
1996, or if the sentence involved was imposed for a misdemeanor 1676
that was committed prior to January 1, 2004. 1677

(F) "Controlled substance," "marihuana," "schedule I," and 1678
"schedule II" have the same meanings as in section 3719.01 of 1679
the Revised Code. 1680

(G) "Curfew" means a requirement that an offender during a 1681
specified period of time be at a designated place. 1682

(H) "Day reporting" means a sanction pursuant to which an 1683
offender is required each day to report to and leave a center or 1684
other approved reporting location at specified times in order to 1685
participate in work, education or training, treatment, and other 1686

approved programs at the center or outside the center. 1687

(I) "Deadly weapon" has the same meaning as in section 1688
2923.11 of the Revised Code. 1689

(J) "Drug and alcohol use monitoring" means a program 1690
under which an offender agrees to submit to random chemical 1691
analysis of the offender's blood, breath, or urine to determine 1692
whether the offender has ingested any alcohol or other drugs. 1693

(K) "Drug treatment program" means any program under which 1694
a person undergoes assessment and treatment designed to reduce 1695
or completely eliminate the person's physical or emotional 1696
reliance upon alcohol, another drug, or alcohol and another drug 1697
and under which the person may be required to receive assessment 1698
and treatment on an outpatient basis or may be required to 1699
reside at a facility other than the person's home or residence 1700
while undergoing assessment and treatment. 1701

(L) "Economic loss" means any economic detriment suffered 1702
by a victim as a direct and proximate result of the commission 1703
of an offense and includes any loss of income due to lost time 1704
at work because of any injury caused to the victim, any property 1705
loss, medical cost, or funeral expense incurred as a result of 1706
the commission of the offense, and the cost of any accounting or 1707
auditing done to determine the extent of loss if the cost is 1708
incurred and payable by the victim. "Economic loss" does not 1709
include non-economic loss or any punitive or exemplary damages. 1710

(M) "Education or training" includes study at, or in 1711
conjunction with a program offered by, a university, college, or 1712
technical college or vocational study and also includes the 1713
completion of primary school, secondary school, and literacy 1714
curricula or their equivalent. 1715

(N) "Firearm" has the same meaning as in section 2923.11 1716
of the Revised Code. 1717

(O) "Halfway house" means a facility licensed by the 1718
division of parole and community services of the department of 1719
rehabilitation and correction pursuant to section 2967.14 of the 1720
Revised Code as a suitable facility for the care and treatment 1721
of adult offenders. 1722

(P) "House arrest" means a period of confinement of an 1723
offender that is in the offender's home or in other premises 1724
specified by the sentencing court or by the parole board 1725
pursuant to section 2967.28 of the Revised Code and during which 1726
all of the following apply: 1727

(1) The offender is required to remain in the offender's 1728
home or other specified premises for the specified period of 1729
confinement, except for periods of time during which the 1730
offender is at the offender's place of employment or at other 1731
premises as authorized by the sentencing court or by the parole 1732
board. 1733

(2) The offender is required to report periodically to a 1734
person designated by the court or parole board. 1735

(3) The offender is subject to any other restrictions and 1736
requirements that may be imposed by the sentencing court or by 1737
the parole board. 1738

(Q) "Intensive probation supervision" means a requirement 1739
that an offender maintain frequent contact with a person 1740
appointed by the court, or by the parole board pursuant to 1741
section 2967.28 of the Revised Code, to supervise the offender 1742
while the offender is seeking or maintaining necessary 1743
employment and participating in training, education, and 1744

treatment programs as required in the court's or parole board's 1745
order. "Intensive probation supervision" includes intensive 1746
parole supervision and intensive post-release control 1747
supervision. 1748

(R) "Jail" means a jail, workhouse, minimum security jail, 1749
or other residential facility used for the confinement of 1750
alleged or convicted offenders that is operated by a political 1751
subdivision or a combination of political subdivisions of this 1752
state. 1753

(S) "Jail term" means the term in a jail that a sentencing 1754
court imposes or is authorized to impose pursuant to section 1755
2929.24 or 2929.25 of the Revised Code or pursuant to any other 1756
provision of the Revised Code that authorizes a term in a jail 1757
for a misdemeanor conviction. 1758

(T) "Mandatory jail term" means the term in a jail that a 1759
sentencing court is required to impose pursuant to division (G) 1760
of section 1547.99 of the Revised Code, division (E) of section 1761
2903.06 or division (D) of section 2903.08 of the Revised Code, 1762
division (F) of section 2929.24 of the Revised Code, division 1763
(B) of section 4510.14 of the Revised Code, or division (G) of 1764
section 4511.19 of the Revised Code or pursuant to any other 1765
provision of the Revised Code that requires a term in a jail for 1766
a misdemeanor conviction. 1767

(U) "Delinquent child" has the same meaning as in section 1768
2152.02 of the Revised Code. 1769

(V) "License violation report" means a report that is made 1770
by a sentencing court, or by the parole board pursuant to 1771
section 2967.28 of the Revised Code, to the regulatory or 1772
licensing board or agency that issued an offender a professional 1773

license or a license or permit to do business in this state and 1774
that specifies that the offender has been convicted of or 1775
pleaded guilty to an offense that may violate the conditions 1776
under which the offender's professional license or license or 1777
permit to do business in this state was granted or an offense 1778
for which the offender's professional license or license or 1779
permit to do business in this state may be revoked or suspended. 1780

(W) "Major drug offender" means an offender who is 1781
convicted of or pleads guilty to the possession of, sale of, or 1782
offer to sell any drug, compound, mixture, preparation, or 1783
substance that consists of or contains at least one thousand 1784
grams of hashish; at least one hundred grams of cocaine; at 1785
least one thousand unit doses or one hundred grams of heroin; at 1786
least five thousand unit doses of L.S.D. or five hundred grams 1787
of L.S.D. in a liquid concentrate, liquid extract, or liquid 1788
distillate form; at least fifty grams of a controlled substance 1789
analog; at least one thousand unit doses or one hundred grams of 1790
a fentanyl-related compound; or at least one hundred times the 1791
amount of any other schedule I or II controlled substance other 1792
than marihuana that is necessary to commit a felony of the third 1793
degree pursuant to section 2925.03, 2925.04, 2925.05, or 2925.11 1794
of the Revised Code that is based on the possession of, sale of, 1795
or offer to sell the controlled substance. 1796

(X) "Mandatory prison term" means any of the following: 1797

(1) Subject to division (X)(2) of this section, the term 1798
in prison that must be imposed for the offenses or circumstances 1799
set forth in divisions (F)(1) to (8) or (F)(12) to (21) of 1800
section 2929.13 and division (B) of section 2929.14 of the 1801
Revised Code. Except as provided in sections 2925.02, 2925.03, 1802
2925.04, 2925.05, and 2925.11 of the Revised Code, unless the 1803

maximum or another specific term is required under section 1804
2929.14 or 2929.142 of the Revised Code, a mandatory prison term 1805
described in this division may be any prison term authorized for 1806
the level of offense except that if the offense is a felony of 1807
the first or second degree committed on or after March 22, 2019, 1808
a mandatory prison term described in this division may be one of 1809
the terms prescribed in division (A)(1)(a) or (2)(a) of section 1810
2929.14 of the Revised Code, whichever is applicable, that is 1811
authorized as the minimum term for the offense. 1812

(2) The term of sixty or one hundred twenty days in prison 1813
that a sentencing court is required to impose for a third or 1814
fourth degree felony OVI offense pursuant to division (G)(2) of 1815
section 2929.13 and division (G)(1)(d) or (e) of section 4511.19 1816
of the Revised Code or the term of one, two, three, four, or 1817
five years in prison that a sentencing court is required to 1818
impose pursuant to division (G)(2) of section 2929.13 of the 1819
Revised Code. 1820

(3) The term in prison imposed pursuant to division (A) of 1821
section 2971.03 of the Revised Code for the offenses and in the 1822
circumstances described in division (F)(11) of section 2929.13 1823
of the Revised Code or pursuant to division (B)(1)(a), (b), or 1824
(c), (B)(2)(a), (b), or (c), or (B)(3)(a), (b), (c), or (d) of 1825
section 2971.03 of the Revised Code and that term as modified or 1826
terminated pursuant to section 2971.05 of the Revised Code. 1827

(4) A term of imprisonment imposed pursuant to divisions 1828
(E)(1)(d) and (e) of section 2913.40 of the Revised Code. 1829

(Y) "Monitored time" means a period of time during which 1830
an offender continues to be under the control of the sentencing 1831
court or parole board, subject to no conditions other than 1832
leading a law-abiding life. 1833

(Z) "Offender" means a person who, in this state, is convicted of or pleads guilty to a felony or a misdemeanor.

(AA) "Prison" means a residential facility used for the confinement of convicted felony offenders that is under the control of the department of rehabilitation and correction and includes a violation sanction center operated under authority of section 2967.141 of the Revised Code.

(BB) (1) "Prison term" includes either of the following sanctions for an offender:

(a) A stated prison term;

(b) A term in a prison shortened by, or with the approval of, the sentencing court pursuant to section 2929.143, 2929.20, 5120.031, 5120.032, or 5120.073 of the Revised Code or shortened pursuant to section 2967.26 of the Revised Code.

(2) With respect to a non-life felony indefinite prison term, references in any provision of law to a reduction of, or deduction from, the prison term mean a reduction in, or deduction from, the minimum term imposed as part of the indefinite term.

(CC) "Repeat violent offender" means a person about whom both of the following apply:

(1) The person is being sentenced for committing or for complicity in committing any of the following:

(a) Aggravated murder, murder, any felony of the first or second degree that is an offense of violence, or an attempt to commit any of these offenses if the attempt is a felony of the first or second degree;

(b) An offense under an existing or former law of this

state, another state, or the United States that is or was 1862
substantially equivalent to an offense described in division 1863
(CC) (1) (a) of this section. 1864

(2) The person previously was convicted of or pleaded 1865
guilty to an offense described in division (CC) (1) (a) or (b) of 1866
this section. 1867

(DD) "Sanction" means any penalty imposed upon an offender 1868
who is convicted of or pleads guilty to an offense, as 1869
punishment for the offense. "Sanction" includes any sanction 1870
imposed pursuant to any provision of sections 2929.14 to 2929.18 1871
or 2929.24 to 2929.28 of the Revised Code. 1872

(EE) "Sentence" means the sanction or combination of 1873
sanctions imposed by the sentencing court on an offender who is 1874
convicted of or pleads guilty to an offense. 1875

(FF) (1) "Stated prison term" means the prison term, 1876
mandatory prison term, or combination of all prison terms and 1877
mandatory prison terms imposed by the sentencing court pursuant 1878
to section 2929.14, 2929.142, or 2971.03 of the Revised Code or 1879
under section 2919.25 of the Revised Code. "Stated prison term" 1880
includes any credit received by the offender for time spent in 1881
jail awaiting trial, sentencing, or transfer to prison for the 1882
offense and any time spent under house arrest or house arrest 1883
with electronic monitoring imposed after earning credits 1884
pursuant to section 2967.193 or 2967.194 of the Revised Code. If 1885
an offender is serving a prison term as a risk reduction 1886
sentence under sections 2929.143 and 5120.036 of the Revised 1887
Code, "stated prison term" includes any period of time by which 1888
the prison term imposed upon the offender is shortened by the 1889
offender's successful completion of all assessment and treatment 1890
or programming pursuant to those sections. 1891

(2) As used in the definition of "stated prison term" set forth in division (FF) (1) of this section, a prison term is a definite prison term imposed under section 2929.14 of the Revised Code or any other provision of law, is the minimum and maximum prison terms under a non-life felony indefinite prison term, or is a term of life imprisonment except to the extent that the use of that definition in a section of the Revised Code clearly is not intended to include a term of life imprisonment. With respect to an offender sentenced to a non-life felony indefinite prison term, references in section 2967.191, 2967.193, or 2967.194 of the Revised Code or any other provision of law to a reduction of, or deduction from, the offender's stated prison term or to release of the offender before the expiration of the offender's stated prison term mean a reduction in, or deduction from, the minimum term imposed as part of the indefinite term or a release of the offender before the expiration of that minimum term, references in section 2929.19 or 2967.28 of the Revised Code to a stated prison term with respect to a prison term imposed for a violation of a post-release control sanction mean the minimum term so imposed, and references in any provision of law to an offender's service of the offender's stated prison term or the expiration of the offender's stated prison term mean service or expiration of the minimum term so imposed plus any additional period of incarceration under the sentence that is required under section 2967.271 of the Revised Code.

(GG) "Victim-offender mediation" means a reconciliation or mediation program that involves an offender and the victim of the offense committed by the offender and that includes a meeting in which the offender and the victim may discuss the offense, discuss restitution, and consider other sanctions for

the offense. 1923

(HH) "Fourth degree felony OVI offense" means a violation 1924
of division (A) of section 4511.19 of the Revised Code that, 1925
under division (G) of that section, is a felony of the fourth 1926
degree. 1927

(II) "Mandatory term of local incarceration" means the 1928
term of sixty or one hundred twenty days in a jail, a community- 1929
based correctional facility, a halfway house, or an alternative 1930
residential facility that a sentencing court may impose upon a 1931
person who is convicted of or pleads guilty to a fourth degree 1932
felony OVI offense pursuant to division (G) (1) of section 1933
2929.13 of the Revised Code and division (G) (1) (d) or (e) of 1934
section 4511.19 of the Revised Code. 1935

(JJ) "Designated homicide, assault, or kidnapping 1936
offense," "violent sex offense," "sexual motivation 1937
specification," "sexually violent offense," "sexually violent 1938
predator," and "sexually violent predator specification" have 1939
the same meanings as in section 2971.01 of the Revised Code. 1940

(KK) "Sexually oriented offense," "child-victim oriented 1941
offense," and "tier III sex offender/child-victim offender" have 1942
the same meanings as in section 2950.01 of the Revised Code. 1943

(LL) An offense is "committed in the vicinity of a child" 1944
if the offender commits the offense within thirty feet of or 1945
within the same residential unit as a child who is under 1946
eighteen years of age, regardless of whether the offender knows 1947
the age of the child or whether the offender knows the offense 1948
is being committed within thirty feet of or within the same 1949
residential unit as the child and regardless of whether the 1950
child actually views the commission of the offense. 1951

(MM) "Family or household member" has the same meaning as 1952
in section 2919.25 of the Revised Code. 1953

(NN) "Motor vehicle" and "manufactured home" have the same 1954
meanings as in section 4501.01 of the Revised Code. 1955

(OO) "Detention" and "detention facility" have the same 1956
meanings as in section 2921.01 of the Revised Code. 1957

(PP) "Third degree felony OVI offense" means a violation 1958
of division (A) of section 4511.19 of the Revised Code that, 1959
under division (G) of that section, is a felony of the third 1960
degree. 1961

(QQ) "Random drug testing" has the same meaning as in 1962
section 5120.63 of the Revised Code. 1963

(RR) "Felony sex offense" has the same meaning as in 1964
section 2967.28 of the Revised Code. 1965

(SS) "Body armor" has the same meaning as in section 1966
2941.1411 of the Revised Code. 1967

(TT) "Electronic monitoring" means monitoring through the 1968
use of an electronic monitoring device. 1969

(UU) "Electronic monitoring device" means any of the 1970
following: 1971

(1) Any device that can be operated by electrical or 1972
battery power and that conforms with all of the following: 1973

(a) The device has a transmitter that can be attached to a 1974
person, that will transmit a specified signal to a receiver of 1975
the type described in division (UU) (1) (b) of this section if the 1976
transmitter is removed from the person, turned off, or altered 1977
in any manner without prior court approval in relation to 1978

electronic monitoring or without prior approval of the 1979
department of rehabilitation and correction in relation to the 1980
use of an electronic monitoring device for an inmate on 1981
transitional control or otherwise is tampered with, that can 1982
transmit continuously and periodically a signal to that receiver 1983
when the person is within a specified distance from the 1984
receiver, and that can transmit an appropriate signal to that 1985
receiver if the person to whom it is attached travels a 1986
specified distance from that receiver. 1987

(b) The device has a receiver that can receive 1988
continuously the signals transmitted by a transmitter of the 1989
type described in division (UU) (1) (a) of this section, can 1990
transmit continuously those signals by a wireless or landline 1991
telephone connection to a central monitoring computer of the 1992
type described in division (UU) (1) (c) of this section, and can 1993
transmit continuously an appropriate signal to that central 1994
monitoring computer if the device has been turned off or altered 1995
without prior court approval or otherwise tampered with. The 1996
device is designed specifically for use in electronic 1997
monitoring, is not a converted wireless phone or another 1998
tracking device that is clearly not designed for electronic 1999
monitoring, and provides a means of text-based or voice 2000
communication with the person. 2001

(c) The device has a central monitoring computer that can 2002
receive continuously the signals transmitted by a wireless or 2003
landline telephone connection by a receiver of the type 2004
described in division (UU) (1) (b) of this section and can monitor 2005
continuously the person to whom an electronic monitoring device 2006
of the type described in division (UU) (1) (a) of this section is 2007
attached. 2008

(2) Any device that is not a device of the type described 2009
in division (UU) (1) of this section and that conforms with all 2010
of the following: 2011

(a) The device includes a transmitter and receiver that 2012
can monitor and determine the location of a subject person at 2013
any time, or at a designated point in time, through the use of a 2014
central monitoring computer or through other electronic means. 2015

(b) The device includes a transmitter and receiver that 2016
can determine at any time, or at a designated point in time, 2017
through the use of a central monitoring computer or other 2018
electronic means the fact that the transmitter is turned off or 2019
altered in any manner without prior approval of the court in 2020
relation to the electronic monitoring or without prior approval 2021
of the department of rehabilitation and correction in relation 2022
to the use of an electronic monitoring device for an inmate on 2023
transitional control or otherwise is tampered with. 2024

(3) Any type of technology that can adequately track or 2025
determine the location of a subject person at any time and that 2026
is approved by the director of rehabilitation and correction, 2027
including, but not limited to, any satellite technology, voice 2028
tracking system, or retinal scanning system that is so approved. 2029

(VV) "Non-economic loss" means nonpecuniary harm suffered 2030
by a victim of an offense as a result of or related to the 2031
commission of the offense, including, but not limited to, pain 2032
and suffering; loss of society, consortium, companionship, care, 2033
assistance, attention, protection, advice, guidance, counsel, 2034
instruction, training, or education; mental anguish; and any 2035
other intangible loss. 2036

(WW) "Prosecutor" has the same meaning as in section 2037

2935.01 of the Revised Code. 2038

(XX) "Continuous alcohol monitoring" means the ability to 2039
automatically test and periodically transmit alcohol consumption 2040
levels and tamper attempts at least every hour, regardless of 2041
the location of the person who is being monitored. 2042

(YY) A person is "adjudicated a sexually violent predator" 2043
if the person is convicted of or pleads guilty to a violent sex 2044
offense and also is convicted of or pleads guilty to a sexually 2045
violent predator specification that was included in the 2046
indictment, count in the indictment, or information charging 2047
that violent sex offense or if the person is convicted of or 2048
pleads guilty to a designated homicide, assault, or kidnapping 2049
offense and also is convicted of or pleads guilty to both a 2050
sexual motivation specification and a sexually violent predator 2051
specification that were included in the indictment, count in the 2052
indictment, or information charging that designated homicide, 2053
assault, or kidnapping offense. 2054

(ZZ) An offense is "committed in proximity to a school" if 2055
the offender commits the offense in a school safety zone or 2056
within five hundred feet of any school building or the 2057
boundaries of any school premises, regardless of whether the 2058
offender knows the offense is being committed in a school safety 2059
zone or within five hundred feet of any school building or the 2060
boundaries of any school premises. 2061

(AAA) "Human trafficking" means a scheme or plan to which 2062
all of the following apply: 2063

(1) Its object is one or both of the following: 2064

(a) To subject a victim or victims to involuntary 2065
servitude, as defined in section 2905.31 of the Revised Code or 2066

to compel a victim or victims to engage in sexual activity for 2067
hire, to engage in a performance that is obscene, sexually 2068
oriented, or nudity oriented, or to be a model or participant in 2069
the production of material that is obscene, sexually oriented, 2070
or nudity oriented; 2071

(b) To facilitate, encourage, or recruit a victim who is a 2072
minor or is a person with a developmental disability, or victims 2073
who are minors or are persons with developmental disabilities, 2074
for any purpose listed in divisions (A) (2) (a) to (c) of section 2075
2905.32 of the Revised Code. 2076

(2) It involves at least two felony offenses, whether or 2077
not there has been a prior conviction for any of the felony 2078
offenses, to which all of the following apply: 2079

(a) Each of the felony offenses is a violation of section 2080
2905.01, 2905.02, 2905.32, 2907.21, 2907.22, or 2923.32, 2081
division (A) (1) or (2) of section 2907.323, or division (B) (1), 2082
(2), (3), (4), or (5) of section 2919.22 of the Revised Code or 2083
is a violation of a law of any state other than this state that 2084
is substantially similar to any of the sections or divisions of 2085
the Revised Code identified in this division. 2086

(b) At least one of the felony offenses was committed in 2087
this state. 2088

(c) The felony offenses are related to the same scheme or 2089
plan and are not isolated instances. 2090

(BBB) "Material," "nudity," "obscene," "performance," and 2091
"sexual activity" have the same meanings as in section 2907.01 2092
of the Revised Code. 2093

(CCC) "Material that is obscene, sexually oriented, or 2094
nudity oriented" means any material that is obscene, that shows 2095

a person participating or engaging in sexual activity, 2096
masturbation, or bestiality, or that shows a person in a state 2097
of nudity. 2098

(DDD) "Performance that is obscene, sexually oriented, or 2099
nudity oriented" means any performance that is obscene, that 2100
shows a person participating or engaging in sexual activity, 2101
masturbation, or bestiality, or that shows a person in a state 2102
of nudity. 2103

(EEE) "Accelerant" means a fuel or oxidizing agent, such 2104
as an ignitable liquid, used to initiate a fire or increase the 2105
rate of growth or spread of a fire. 2106

(FFF) "Permanent disabling harm" means serious physical 2107
harm that results in permanent injury to the intellectual, 2108
physical, or sensory functions and that permanently and 2109
substantially impairs a person's ability to meet one or more of 2110
the ordinary demands of life, including the functions of caring 2111
for one's self, performing manual tasks, walking, seeing, 2112
hearing, speaking, breathing, learning, and working. 2113

(GGG) "Non-life felony indefinite prison term" means a 2114
prison term imposed under division (A) (1) (a) or (2) (a) of 2115
section 2929.14 and section 2929.144 of the Revised Code for a 2116
felony of the first or second degree committed on or after March 2117
22, 2019. 2118

Sec. 2935.01. As used in this chapter: 2119

(A) "Magistrate" has the same meaning as in section 2120
2931.01 of the Revised Code. 2121

(B) "Peace officer" includes, except as provided in 2122
section 2935.081 of the Revised Code, a sheriff; deputy sheriff; 2123
marshal; deputy marshal; member of the organized police 2124

department of any municipal corporation, including a member of 2125
the organized police department of a municipal corporation in an 2126
adjoining state serving in Ohio under a contract pursuant to 2127
section 737.04 of the Revised Code; member of a police force 2128
employed by a metropolitan housing authority under division (D) 2129
of section 3735.31 of the Revised Code; member of a police force 2130
employed by a regional transit authority under division (Y) of 2131
section 306.35 of the Revised Code; state university law 2132
enforcement officer appointed under section 3345.04 of the 2133
Revised Code; enforcement agent of the department of public 2134
safety designated under section 5502.14 of the Revised Code; 2135
employee of the department of taxation to whom investigation 2136
powers have been delegated under section 5743.45 of the Revised 2137
Code; employee of the department of natural resources who is a 2138
natural resources law enforcement staff officer designated 2139
pursuant to section 1501.013 of the Revised Code, a forest-fire 2140
investigator appointed pursuant to section 1503.09 of the 2141
Revised Code, a natural resources officer appointed pursuant to 2142
section 1501.24 of the Revised Code, or a wildlife officer 2143
designated pursuant to section 1531.13 of the Revised Code; 2144
individual designated to perform law enforcement duties under 2145
section 511.232, 1545.13, or 6101.75 of the Revised Code; 2146
veterans' home police officer appointed under section 5907.02 of 2147
the Revised Code; special police officer employed by a port 2148
authority under section 4582.04 or 4582.28 of the Revised Code; 2149
police constable of any township; police officer of a township 2150
or joint police district; a special police officer employed by a 2151
municipal corporation at a municipal airport, or other municipal 2152
air navigation facility, that has scheduled operations, as 2153
defined in section 119.3 of Title 14 of the Code of Federal 2154
Regulations, 14 C.F.R. 119.3, as amended, and that is required 2155
to be under a security program and is governed by aviation 2156

security rules of the transportation security administration of 2157
the United States department of transportation as provided in 2158
Parts 1542. and 1544. of Title 49 of the Code of Federal 2159
Regulations, as amended; the house of representatives sergeant 2160
at arms if the house of representatives sergeant at arms has 2161
arrest authority pursuant to division (E)(1) of section 101.311 2162
of the Revised Code; an assistant house of representatives 2163
sergeant at arms; the senate sergeant at arms; an assistant 2164
senate sergeant at arms; officer or employee of the bureau of 2165
criminal identification and investigation established pursuant 2166
to section 109.51 of the Revised Code who has been awarded a 2167
certificate by the executive director of the Ohio peace officer 2168
training commission attesting to the officer's or employee's 2169
satisfactory completion of an approved state, county, municipal, 2170
or department of natural resources peace officer basic training 2171
program and who is providing assistance upon request to a law 2172
enforcement officer or emergency assistance to a peace officer 2173
pursuant to section 109.54 or 109.541 of the Revised Code; a 2174
state fire marshal law enforcement officer described in division 2175
(A)(23) of section 109.71 of the Revised Code; a gaming agent, 2176
as defined in section 3772.01 of the Revised Code; the inspector 2177
general or a deputy inspector general appointed pursuant to 2178
section 121.48 of the Revised Code while the inspector general 2179
or a deputy inspector general is engaged in the scope of the 2180
inspector general's or deputy inspector general's duties under 2181
sections 121.42 to 121.52 of the Revised Code as they pertain to 2182
investigation of medicaid fraud; and, for the purpose of arrests 2183
within those areas, for the purposes of Chapter 5503. of the 2184
Revised Code, and the filing of and service of process relating 2185
to those offenses witnessed or investigated by them, the 2186
superintendent and troopers of the state highway patrol. 2187

(C) "Prosecutor" includes the county prosecuting attorney 2188
and any assistant prosecutor designated to assist the county 2189
prosecuting attorney, and, in the case of courts inferior to 2190
courts of common pleas, includes the village solicitor, city 2191
director of law, or similar chief legal officer of a municipal 2192
corporation, any such officer's assistants, or any attorney 2193
designated by the prosecuting attorney of the county to appear 2194
for the prosecution of a given case. 2195

(D) "Offense," except where the context specifically 2196
indicates otherwise, includes felonies, misdemeanors, and 2197
violations of ordinances of municipal corporations and other 2198
public bodies authorized by law to adopt penal regulations. 2199

(E) "Tier one offense" means a violation of section 2200
2903.01, 2903.02, 2903.03, 2903.04, 2903.06, 2903.11, 2903.12, 2201
2903.21, 2903.211, 2905.01, 2905.02, 2905.32, 2907.02, 2907.03, 2202
2907.04, 2907.05, 2907.321, 2907.322, 2907.323, 2909.02, 2203
2909.03, 2909.24, 2911.01, 2911.02, 2911.11, 2919.25, 2921.34, 2204
2923.161, 2950.04, 2950.041, 2950.05, or 2950.06 of the Revised 2205
Code. 2206

Sec. 3712.01. As used in this chapter: 2207

(A) "Hospice care program" means a coordinated program of 2208
home, outpatient, and inpatient care and services that is 2209
operated by a person or public agency and that provides the 2210
following care and services to hospice patients, including 2211
services as indicated below to hospice patients' families, 2212
through a medically directed interdisciplinary team, under 2213
interdisciplinary plans of care established pursuant to section 2214
3712.06 of the Revised Code, in order to meet the physical, 2215
psychological, social, spiritual, and other special needs that 2216
are experienced during the final stages of illness, dying, and 2217

bereavement:	2218
(1) Nursing care by or under the supervision of a registered nurse;	2219 2220
(2) Physical, occupational, or speech or language therapy, unless waived by the department of health pursuant to rules adopted under division (A) of section 3712.03 of the Revised Code;	2221 2222 2223 2224
(3) Medical social services by a social worker under the direction of a physician;	2225 2226
(4) Services of a home health aide;	2227
(5) Medical supplies, including drugs and biologicals, and the use of medical appliances;	2228 2229
(6) Physician's services;	2230
(7) Short-term inpatient care, including both palliative and respite care and procedures;	2231 2232
(8) Counseling for hospice patients and hospice patients' families;	2233 2234
(9) Services of volunteers under the direction of the provider of the hospice care program;	2235 2236
(10) Bereavement services for hospice patients' families.	2237
"Hospice care program" does not include a pediatric respite care program or a pediatric transition care program.	2238 2239
(B) "Hospice patient" means a patient, other than a pediatric respite care patient, who has been diagnosed as terminally ill, has an anticipated life expectancy of six months or less, and has voluntarily requested and is receiving care from a person or public agency licensed under this chapter to	2240 2241 2242 2243 2244

provide a hospice care program. 2245

(C) "Hospice patient's family" means a hospice patient's 2246
immediate family members, including a spouse, brother, sister, 2247
child, or parent, and any other relative or individual who has 2248
significant personal ties to the patient and who is designated 2249
as a member of the patient's family by mutual agreement of the 2250
patient, the relative or individual, and the patient's 2251
interdisciplinary team. 2252

(D) "Interdisciplinary team" means a working unit composed 2253
of professional and lay persons that includes at least a 2254
physician, a registered nurse, a social worker, a member of the 2255
clergy or a counselor, and a volunteer. 2256

(E) "Palliative care" means specialized care for a patient 2257
of any age who has been diagnosed with a serious or life- 2258
threatening illness that is provided at any stage of the illness 2259
by an interdisciplinary team working in consultation with other 2260
health care professionals, including those who may be seeking to 2261
cure the illness, and that aims to do all of the following: 2262

(1) Relieve the symptoms, stress, and suffering resulting 2263
from the illness; 2264

(2) Improve the quality of life of the patient and the 2265
patient's family; 2266

(3) Address the patient's physical, emotional, social, and 2267
spiritual needs; 2268

(4) Facilitate patient autonomy, access to information, 2269
and medical decision making. 2270

(F) "Physician" means a person authorized under Chapter 2271
4731. of the Revised Code to practice medicine and surgery or 2272

osteopathic medicine and surgery. 2273

(G) "Attending physician" means the physician identified 2274
by the hospice patient, pediatric respite care patient, hospice 2275
patient's family, or pediatric respite care patient's family as 2276
having primary responsibility for the medical care of the 2277
hospice patient or pediatric respite care patient. 2278

(H) "Registered nurse" means a person registered under 2279
Chapter 4723. of the Revised Code to practice professional 2280
nursing. 2281

(I) "Social worker" means a person licensed under Chapter 2282
4757. of the Revised Code to practice as a social worker or 2283
independent social worker. 2284

(J) "Pediatric respite care program" means a program 2285
operated by a person or public agency that provides inpatient 2286
respite care and related services, including all of the 2287
following services, only to pediatric respite care patients and, 2288
as indicated below, pediatric respite care patients' families, 2289
in order to meet the physical, psychological, social, spiritual, 2290
and other special needs that are experienced during or leading 2291
up to the final stages of illness, dying, and bereavement: 2292

(1) Short-term inpatient care, including both palliative 2293
and respite care and procedures; 2294

(2) Nursing care by or under the supervision of a 2295
registered nurse; 2296

(3) Physician's services; 2297

(4) Medical social services by a social worker under the 2298
direction of a physician; 2299

(5) Medical supplies, including drugs and biologicals, and 2300

the use of medical appliances;	2301
(6) Counseling for pediatric respite care patients and pediatric respite care patients' families;	2302 2303
(7) Bereavement services for respite care patients' families.	2304 2305
"Pediatric respite care program" does not include a pediatric transition care program or hospice care program.	2306 2307
(K) "Pediatric transition care program" means a program operated by a person or public agency that arranges for the provision of health care and related services in a private home setting, including all of the following services, only to pediatric transition care patients, who are not related by birth or adoption to the person that arranges for the provision of health care and related services, and, as indicated below, the parents of pediatric transition care patients, in order to meet the physical, psychological, social, spiritual, and other special needs of children who have been diagnosed with life- threatening diseases and conditions:	2308 2309 2310 2311 2312 2313 2314 2315 2316 2317 2318
(1) Inpatient care and procedures;	2319
(2) Skilled nursing care;	2320
(3) Nursing care by or under the supervision of a registered nurse;	2321 2322
(4) Physician's services;	2323
(5) Medical supplies, including drugs and biologicals, and the use of medical appliances;	2324 2325
(6) For a pediatric transition care patients' parents, counseling, education, and visitation to promote reunification.	2326 2327

"Pediatric transition care program" does not include a hospice care program or a pediatric respite care program.

(L) "Pediatric respite care patient" means a patient, other than a hospice patient, who is less than twenty-seven years of age and to whom all of the following conditions apply:

(1) The patient has been diagnosed with a disease or condition that is life-threatening and is expected to shorten the life expectancy that would have applied to the patient absent the patient's diagnosis, regardless of whether the patient is terminally ill.

(2) The diagnosis described in division (L) (1) of this section occurred while the patient was less than eighteen years of age.

(3) The patient, or the parent or guardian of the patient if the patient is under eighteen years of age or under guardianship, has voluntarily requested and is receiving care from a person or public agency licensed under this chapter to provide a pediatric respite care program.

(M) "Pediatric transition care patient" means a patient, other than a hospice patient, who is less than twenty-seven years of age and to whom all of the following conditions apply:

(1) The patient has been diagnosed with a disease or condition that is life-threatening and is expected to shorten the life expectancy that would have applied to the patient absent the patient's diagnosis, regardless of whether the patient is terminally ill.

(2) The diagnosis described in division (M) (1) of this section occurred when the patient was less than eighteen years of age.

(3) The patient, or the parent or guardian of the patient 2357
if the patient is under eighteen years of age or under 2358
guardianship, has voluntarily requested and is receiving care 2359
from a person or public agency registered under this chapter to 2360
provide a pediatric transition care program. 2361

(N) "Pediatric respite care patient's family" means a 2362
pediatric respite care patient's family members, including a 2363
spouse, brother, sister, child, or parent, and any other 2364
relative or individual who has significant personal ties to the 2365
patient and who is designated as a member of the patient's 2366
family by mutual agreement of the patient, the relative or 2367
individual, and the patient's interdisciplinary team. 2368

(O) "Skilled nursing care" means procedures that require 2369
technical skills and knowledge beyond those the untrained person 2370
possesses and that are commonly employed in providing for the 2371
physical, mental, and emotional needs of the ill or otherwise 2372
incapacitated. "Skilled nursing care" includes the following: 2373

(1) Irrigations, catheterizations, application of 2374
dressings, and supervision of special diets; 2375

(2) Objective observation of changes in the patient's 2376
condition as a means of analyzing and determining the nursing 2377
care required and the need for further medical diagnosis and 2378
treatment; 2379

(3) Special procedures contributing to rehabilitation; 2380

(4) Administration of medication by any method ordered by 2381
a physician, such as hypodermically, rectally, or orally, 2382
including observation of the patient after receipt of the 2383
medication; 2384

(5) Carrying out other treatments prescribed by the 2385

physician that involve a similar level of complexity and skill 2386
in administration. 2387

(P) "Medical director" means the physician responsible for 2388
overseeing the clinical care, regulatory compliance, and medical 2389
quality of a hospice care program. 2390

(Q) "Chief administrator" means an individual employed by 2391
a hospice care program in accordance with this chapter and 2392
federal regulations to oversee the daily operations of the 2393
program. 2394

(R) "Geographic service area" means the geographic area, 2395
identified by county or by another method prescribed by the 2396
department of health, in which a hospice care program provides 2397
or proposes to provide hospice care and services. 2398

Sec. 3712.03. (A) In accordance with Chapter 119. of the 2399
Revised Code, the director of health shall adopt, and may amend 2400
and rescind, rules: 2401

(1) Providing for the licensing of persons or public 2402
agencies providing hospice care programs within this state by 2403
the department of health and for the suspension and revocation 2404
of licenses; 2405

~~(2) Establishing a license fee and license renewal fee for~~ 2406
~~hospice care programs, neither of which shall, except as~~ 2407
~~provided in division (B) of this section, exceed six hundred~~ 2408
~~dollars. The fees shall cover the three-year period during which~~ 2409
~~an existing license is valid as provided in division (B) of~~ 2410
~~section 3712.04 of the Revised Code.~~ 2411

~~(3) Establishing an inspection fee for hospice care~~ 2412
~~programs not to exceed, except as provided in division (B) of~~ 2413
~~this section, one thousand seven hundred fifty dollars;~~ 2414

(4) <u>(3)</u> Establishing requirements for hospice care program facilities and services;	2415 2416
(5) <u>(4)</u> Establishing procedures a hospice care program must follow while investigating a sign of suspected diversion of controlled substances containing opioids pursuant to division (B) (5) of section 3712.062 of the Revised Code;	2417 2418 2419 2420
(6) <u>(5)</u> Establishing requirements for reporting to a local law enforcement agency pursuant to division (B) (6) of section 3712.062 of the Revised Code the results of an investigation of suspected diversion;	2421 2422 2423 2424
(7) <u>(6)</u> Providing for a waiver of the requirement for the provision of physical, occupational, or speech or language therapy contained in division (A) (2) of section 3712.01 of the Revised Code when the requirement would create a hardship because such therapy is not readily available in the geographic area served by the provider of a hospice care program;	2425 2426 2427 2428 2429 2430
(8) <u>(7)</u> Providing for the granting of licenses to provide hospice care programs to persons and public agencies that are accredited or certified to provide such programs by an entity whose standards for accreditation or certification equal or exceed those provided for licensure under this chapter and rules adopted under it;	2431 2432 2433 2434 2435 2436
(9) <u>(8)</u> Establishing interpretive guidelines for each rule adopted under this section.	2437 2438
(B) Subject to the approval of the controlling board, the director may establish fees in excess of the maximum amounts specified in this section, provided that the fees do not exceed those amounts by greater than fifty per cent <u>The director of health may adopt rules:</u>	2439 2440 2441 2442 2443

(1) Exempting hospice care programs located in rural areas 2444
from the prohibition against an individual serving as the 2445
medical director for more than two hospice care programs 2446
pursuant to section 3712.20 of the Revised Code; 2447

(2) Establishing procedures for the review, approval, or 2448
denial of applications for change in ownership required under 2449
section 3712.04 of the Revised Code, including procedures for 2450
placing conditions on the approval of applications. 2451

(C) The department of health shall: 2452

(1) Grant, suspend, and revoke licenses for hospice care 2453
programs in accordance with this chapter and rules adopted under 2454
it; 2455

(2) Make such inspections as are necessary to determine 2456
whether hospice care program facilities and services meet the 2457
requirements of this chapter and rules adopted under it; and 2458

(3) Implement and enforce provisions of this chapter and 2459
rules adopted under it as such provisions apply to hospice care 2460
programs. 2461

Sec. 3712.04. (A) Every person or public agency that 2462
proposes to provide a hospice care program shall apply to the 2463
department of health for a license. Application shall be made on 2464
forms prescribed and provided by the department, ~~shall include~~ 2465
~~such information as the department requires,~~ and shall be 2466
accompanied by ~~the~~ a license fee established by rules of the 2467
~~director of health adopted under division (A) of section 3712.03~~ 2468
~~of the Revised Code~~ of seven hundred dollars. The name of the 2469
hospice care program on the application shall match the name of 2470
the program listed on any certification through the United 2471
States centers for medicare and medicaid services, and the 2472

<u>application shall include all of the following information:</u>	2473
<u>(1) The name of any person owning thirty per cent or more</u>	2474
<u>of the hospice care program;</u>	2475
<u>(2) The name of the chief administrator of the hospice</u>	2476
<u>care program;</u>	2477
<u>(3) The name of the medical director;</u>	2478
<u>(4) Any other names the program uses;</u>	2479
<u>(5) The following information pertaining to any person</u>	2480
<u>that owns thirty per cent or more of the hospice care program,</u>	2481
<u>the chief administrator, and the medical director:</u>	2482
<u>(a) Professional discipline;</u>	2483
<u>(b) Suspension or revocation of the health care facility</u>	2484
<u>license of a facility that was owned in whole or in part by the</u>	2485
<u>person or where the chief administrator or medical director</u>	2486
<u>served as an administrator or medical director;</u>	2487
<u>(c) Whether the person, chief administrator, or medical</u>	2488
<u>director has been charged with, convicted of, or pleaded guilty</u>	2489
<u>to a crime pertaining to health care fraud or abuse.</u>	2490
<u>(6) Evidence that a criminal records check has been</u>	2491
<u>requested pursuant to division (F) of this section for each</u>	2492
<u>person that owns thirty per cent or more of the hospice care</u>	2493
<u>program, the chief administrator, and the medical director;</u>	2494
<u>(7) Identification of the geographic service area in which</u>	2495
<u>the applicant proposes to operate the hospice care program and</u>	2496
<u>documentation, in a form and manner prescribed by the</u>	2497
<u>department, demonstrating that the applicant has sufficient</u>	2498
<u>administrative, clinical, and financial capacity to provide</u>	2499

hospice care and services throughout the geographic service 2500
area, including staffing, contracts, administrative support, and 2501
operational infrastructure; 2502

(8) Any other information required by the department, 2503
including information described in division (G) of this section. 2504

The department shall grant a license to the applicant if 2505
the applicant is in compliance with this chapter and rules 2506
adopted under it. The department shall not grant a license to 2507
the applicant if the department has evidence that the applicant 2508
or any person that owns thirty per cent or more of the hospice 2509
care program, the chief administrator, or the medical director 2510
has been excluded from participation in medicare or medicaid or 2511
convicted of or pleaded guilty to a crime pertaining to health 2512
care fraud or abuse. 2513

(B) Each person or public agency applying for a hospice 2514
care program license under this section shall, upon license 2515
approval, immediately post a surety bond with the department in 2516
the amount of one hundred thousand dollars and shall maintain 2517
the bond for five years after the initial license is granted. 2518
The bond shall be for the payment of civil penalties or costs 2519
resulting from enforcement actions. 2520

(C) A license granted under this section shall be valid 2521
for ~~three years~~ one year. Application for renewal of a license 2522
shall be accompanied by a seven hundred dollar renewal fee and 2523
shall be made at least ninety days before the expiration of the 2524
license in the same manner as for an initial license, except 2525
that, if the program provides hospice care and services in a 2526
hospice patient's home, the application for renewal shall 2527
include written evidence demonstrating that the applicant is in 2528
compliance with section 3712.062 of the Revised Code. The 2529

application for renewal shall include all information required 2530
for initial licensure under division (A) of this section. The 2531
department shall renew the license if the applicant meets the 2532
requirements of this chapter and rules adopted under it. 2533

~~(C)~~ (D) Subject to Chapter 119. of the Revised Code, the 2534
department may suspend or revoke a license ~~if the~~ for any of the 2535
following reasons: 2536

(1) The licensee made any material misrepresentation in 2537
the application for the license or no longer meets the 2538
requirements of this chapter or rules adopted under it. 2539

(2) Any person that owns thirty per cent or more of the 2540
hospice care program has been excluded from participation in 2541
medicare or medicaid or has been convicted of or pleaded guilty 2542
to a crime pertaining to health care fraud or abuse. 2543

(3) Another hospice care program is licensed at the same 2544
business address. 2545

(4) The hospice care program was subject to a reduced 2546
annual payment penalty by the United States centers for medicare 2547
and medicaid services for failure to meet hospice quality 2548
reporting requirements. 2549

(5) In the preceding twelve months, the hospice care 2550
program did not provide services to any patient. 2551

(6) The chief administrator of the hospice care program is 2552
recorded as the chief administrator for another hospice care 2553
program in violation of section 3712.20 of the Revised Code. 2554

(7) Except as permitted by rule, the medical director is 2555
recorded as the medical director for more than two hospice care 2556
programs in violation of section 3712.20 of the Revised Code. 2557

~~(D)~~—(E) Prior to suspending or revoking a license under 2558
division (D) (3), (6), or (7) of this section, the department 2559
shall provide written notice to the hospice care program of the 2560
suspension or revocation and shall allow a reasonable 2561
opportunity for the program to submit any of the following to 2562
avoid license suspension or revocation: 2563

(1) For a violation of division (D) (3) of this section, 2564
documentation confirming either of the following: 2565

(a) That each program licensed at the same address shares 2566
common ownership; 2567

(b) That the information indicating that multiple hospice 2568
care programs are licensed at the same address is inaccurate or 2569
outdated. 2570

(2) For a violation of division (D) (6) of this section, 2571
documentation that the information indicating that the chief 2572
administrator of the hospice care program serves as the chief 2573
administrator of another hospice care program is inaccurate, 2574
outdated, permitted by common ownership, or otherwise not 2575
indicative of a violation of section 3712.20 of the Revised 2576
Code, including documentation showing the chief administrator is 2577
no longer employed by, affiliated with, or serving as the chief 2578
administrator of another hospice care program. 2579

(3) For a violation of division (D) (7) of this section, 2580
documentation that the information indicating that the medical 2581
director of the hospice serves as the medical director of more 2582
hospice care programs than permitted under section 3712.20 of 2583
the Revised Code is inaccurate, outdated, permitted by common 2584
ownership, permitted by rule, or otherwise not indicative of a 2585
violation of that section. 2586

(F) Each person or public agency applying for a hospice care program license under this section shall request that the superintendent of the bureau of criminal identification and investigation conduct a criminal records check of each person owning thirty per cent or more of the hospice care program, the chief administrator of the hospice care program, and the medical director in the same manner as a criminal records check is requested for an applicant pursuant to section 3712.09 of the Revised Code. 2587
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(G) If the person or public agency applying for a hospice care program license under this section has a primary residence or business address that is located outside of this state, the department may require the submission of both of the following: 2596
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(1) The results of any inspection or survey conducted on a hospice care program that shares at least thirty per cent ownership with the hospice care program for which the person or public agency is seeking a license; 2600
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(2) Disclosure of negative performance history for any chief administrator of the hospice care program or medical director in the ten years preceding the date of application, including professional discipline and any charge, conviction, or guilty plea for a crime pertaining to health care fraud or abuse. 2604
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(H) A hospital, nursing home, home for the aged, county medical care facility, or other health facility or agency that provides a hospice care program shall be licensed to provide a hospice care program under this section. 2610
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~~(E)~~ (I) A nursing home licensed under Chapter 3721. of the Revised Code that does not hold itself out to be a hospice, does 2614
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not hold itself out as providing a hospice care program, does 2616
not use the term hospice to describe or refer to its activities 2617
or facilities, and that does not provide all of the services 2618
enumerated in division (A) of section 3712.01 of the Revised 2619
Code is not subject to the licensing provisions of this chapter. 2620

(J) (1) A hospice care program licensed under this section 2621
shall not undergo any change in ownership for at least five 2622
years after the date the license is first issued, unless an 2623
owner is deceased. Any change in ownership of more than thirty 2624
per cent ownership interest shall be accompanied by a change in 2625
ownership application. The application shall be made on forms 2626
prescribed and provided by the department and shall include all 2627
information required for initial licensure under division (A) of 2628
this section. 2629

(2) If the hospice care program applying for a change in 2630
ownership has a surety bond with the department pursuant to 2631
division (B) of this section, that surety bond shall be 2632
maintained for five years after the change in ownership 2633
application is approved by the department. If the hospice care 2634
program does not have a surety bond with the department, the 2635
license holder shall post a surety bond with the department in 2636
the amount of one hundred thousand dollars and shall maintain 2637
the bond for five years after the change in ownership 2638
application is approved by the department. The bond shall be for 2639
the payment of civil penalties or costs resulting from 2640
enforcement actions. 2641

(3) Within six months after approving a change in 2642
ownership application, the department shall conduct a survey of 2643
the hospice care program for compliance with the requirements of 2644
this chapter or rules adopted under it. 2645

Sec. 3712.06. Any person or public agency licensed under 2646
section 3712.04 of the Revised Code to provide a hospice care 2647
program shall: 2648

(A) Provide a planned and continuous hospice care program, 2649
the medical components of which shall be under the direction of 2650
a physician; 2651

(B) Ensure that care from a nurse licensed under Chapter 2652
4723. of the Revised Code is available twenty-four hours a day 2653
and seven days a week; 2654

(C) Maintain adequate staffing to provide coverage to 2655
patients within the hospice care program's geographic service 2656
area; 2657

(D) Accept new patients only if a nurse licensed under 2658
Chapter 4723. of the Revised Code and employed by the hospice is 2659
geographically located within an approximate two hour travel 2660
radius of the patient's residence at the time of admission; 2661

(E) Establish an interdisciplinary plan of care for each 2662
hospice patient and the patient's family that: 2663

(1) Is coordinated by one designated individual who shall 2664
ensure that all components of the plan of care are addressed and 2665
implemented; 2666

(2) Addresses maintenance of patient-family participation 2667
in decision making; and 2668

(3) Is periodically reviewed by the patient's attending 2669
physician and by the patient's interdisciplinary team. 2670

~~(D)~~ (F) Have an interdisciplinary team or teams that 2671
provide or supervise the provision of care and establish the 2672
policies governing the provision of the care; 2673

~~(E)~~(G) Provide bereavement counseling for hospice patients' families; 2674
2675

~~(F)~~(H) Not discontinue care because of a hospice patient's inability to pay for the care; 2676
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~~(G)~~(I) Maintain central clinical records on all hospice patients under its care; and 2678
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~~(H)~~(J) Provide care in individuals' homes, on an outpatient basis, and on a short-term inpatient basis. 2680
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A provider of a hospice care program may include pharmacist services among the other services that are made available to its hospice patients. 2682
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A provider of a hospice care program may arrange for another person or public agency to furnish a component or components of the hospice care program pursuant to a written contract. When a provider of a hospice care program arranges for a hospital, a home providing nursing care, or home health agency to furnish a component or components of the hospice care program to its patient, the care shall be provided by a licensed, certified, or accredited hospital, home providing nursing care, or home health agency pursuant to a written contract under which: 2685
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(1) The provider of a hospice care program furnishes to the contractor a copy of the hospice patient's interdisciplinary plan of care that is established under division ~~(C)~~(E) of this section and specifies the care that is to be furnished by the contractor; 2695
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(2) The regimen described in the established plan of care is continued while the hospice patient receives care from the contractor, subject to the patient's needs, and with approval of 2700
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the coordinator of the interdisciplinary team designated 2703
pursuant to division ~~(C) (1)~~ (E) (1) of this section; 2704

(3) All care, treatment, and services furnished by the 2705
contractor are entered into the hospice patient's medical 2706
record; 2707

(4) The designated coordinator of the interdisciplinary 2708
team ensures conformance with the established plan of care; and 2709

(5) A copy of the contractor's medical record and 2710
discharge summary is retained as part of the hospice patient's 2711
medical record. 2712

Any hospital contracting for inpatient care shall be 2713
encouraged to offer temporary limited privileges to the hospice 2714
patient's attending physician while the hospice patient is 2715
receiving inpatient care from the hospital. 2716

~~(I)~~ (K) Notify a veteran, spouse, surviving spouse, or 2717
representative on behalf of the veteran, seeking services from 2718
the hospice care agency that the veteran, spouse, or surviving 2719
spouse, may be eligible for health care or financial benefits 2720
through the United States department of veterans affairs and 2721
provide the veteran, spouse, surviving spouse, or representative 2722
with information about congressionally chartered veterans 2723
service organizations or the county veterans service office that 2724
can assist with investigating and applying for benefits through 2725
the United States department of veterans affairs. As used in 2726
this division, "veteran" has the same meaning as in section 2727
5901.01 of the Revised Code. 2728

(L) Maintain a commercial office independent from any 2729
other business that has both: 2730

(1) Visible signage; 2731

(2) Basic operational infrastructure including secure file storage and a telephone line that is answered twenty-four hours a day and seven days a week. 2732
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(M) Notify the department, in a form and manner prescribed by the department, of any change in the geographic service area in which the hospice care program provides hospice care and services. 2735
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Sec. 3712.062. (A) Each hospice care program licensed under this chapter that provides hospice care and services in a hospice patient's home shall establish a written policy establishing procedures to be followed in preventing the diversion of controlled substances containing opioids that are prescribed to its hospice patients. The policy shall include procedures for the disposal of any such drugs prescribed to a hospice patient as part of the patient's interdisciplinary plan of care that are relinquished to the program after the patient's death or that otherwise are no longer needed by the patient. The policy shall require that the disposal be documented by a program employee and conducted in any of the following ways: 2739
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(1) Performed by a program employee and witnessed by the patient or patient's family member; 2751
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(2) Performed by the patient or patient's family member and witnessed by a program employee; 2753
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(3) Performed by a program employee and witnessed by another program employee. 2755
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(B) As part of a hospice patient's interdisciplinary plan of care required by section 3712.06 of the Revised Code, each hospice care program that provides hospice care and services in the patient's home shall do all of the following: 2757
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- (1) Before providing hospice care and services, distribute 2761
a copy of the written policy established under division (A) of 2762
this section to the patient and patient's family and discuss the 2763
procedures included in the policy with the patient and patient's 2764
family; 2765
- (2) Assess the patient, the patient's family, and the care 2766
environment for any risk factors associated with diversion; 2767
- (3) Maintain records of controlled substances containing 2768
opioids prescribed to the patient and included in the patient's 2769
interdisciplinary plan of care, including accurate counts of the 2770
numbers dispensed and used; 2771
- (4) Monitor the use and consumption of controlled 2772
substances containing opioids prescribed to the patient and 2773
included in the patient's interdisciplinary plan of care, 2774
including prescription refills, for signs of diversion; 2775
- (5) Investigate any sign of suspected diversion in 2776
accordance with rules adopted under division (A) (5) of section 2777
3712.03 of the Revised Code. 2778
- (6) Report the results of an investigation of suspected 2779
diversion to the local law enforcement agency with jurisdiction 2780
over the territory in which the hospice patient's home is 2781
located in accordance with rules adopted under division (A) (6) 2782
of section 3712.03 of the Revised Code; 2783
- (7) Before providing hospice care and services, inform the 2784
patient and the patient's family that the hospice care program 2785
will dispose of any controlled substances containing opioids 2786
that are no longer needed by the patient and were included in 2787
the patient's interdisciplinary plan of care; 2788
- (8) After the patient's death or when no longer needed by 2789

the patient, request, in writing, that the patient or patient's 2790
family relinquish to the program for disposal any remaining 2791
controlled substances containing opioids that were included in 2792
the patient's interdisciplinary plan of care to the program; 2793

(9) Report to the local law enforcement agency with 2794
jurisdiction over the territory in which the hospice patient's 2795
home is located the quantity and type of any remaining 2796
controlled substances containing opioids that were included in 2797
the patient's interdisciplinary plan of care and were not 2798
relinquished to the program by the patient or patient's family. 2799

(C) If a hospice care program complies with divisions (B) 2800
(8) and (9) of this section, none of the following shall be 2801
liable in damages to any person or government entity in a civil 2802
action for injury, death, or loss to person or property that 2803
allegedly arises from an action or omission relative to this 2804
section unless the action or omission constitutes willful or 2805
wanton misconduct: the program; a program employee, officer, or 2806
director; or a prescriber of controlled substances containing 2807
opioids that were included in the patient's interdisciplinary 2808
plan of care. 2809

(D) No person who receives a written request under 2810
division (B)(8) of this section shall fail to relinquish 2811
controlled substances containing opioids that were included in a 2812
patient's interdisciplinary plan of care. 2813

(E) Following a report from a hospice program under 2814
division (B)(9) of this section, the local law enforcement 2815
agency with jurisdiction over the territory in which the hospice 2816
patient's home is located shall investigate and dispose of the 2817
remaining controlled substances containing opioids that were 2818
reported to the agency pursuant to division (B)(9) of this 2819

section. 2820

(F) After a review of the written evidence submitted under 2821
division ~~(B)~~(C) of section 3712.04 of the Revised Code with an 2822
application for license renewal, if the department determines 2823
that the program is not in compliance with this section, the 2824
department may suspend the program's license for not more than 2825
six months and impose a fine not to exceed twenty thousand 2826
dollars. 2827

(G) Not later than one year after the effective date of 2828
this section, the director of health shall adopt rules in 2829
accordance with Chapter 119. of the Revised Code establishing 2830
standards and procedures for the submission and review of the 2831
written evidence required by division ~~(B)~~(C) of section 3712.04 2832
of the Revised Code for renewal of a hospice care program 2833
license. 2834

Sec. 3712.20. (A) (1) No individual shall serve as the 2835
chief administrator for more than one hospice care program 2836
licensed under section 3712.04 of the Revised Code unless each 2837
hospice care program for whom the individual serves as the chief 2838
administrator shares at least fifty per cent ownership in 2839
common. 2840

(2) No individual shall serve as the medical director for 2841
more than two hospice care programs licensed under section 2842
3712.04 of the Revised Code unless each hospice care program for 2843
whom the individual serves as the medical director shares at 2844
least fifty per cent ownership in common, except that the 2845
department of health may adopt rules exempting hospice care 2846
programs located in rural areas from this prohibition. 2847

(B) Any person or public agency licensed under section 2848

3712.04 of the Revised Code to provide a hospice care program 2849
shall notify the department of health within ten calendar days 2850
of employing a new chief administrator or medical director. 2851

(C) The department of health shall establish a process 2852
through which a hospice care program may update, correct, or 2853
challenge department records identifying the chief administrator 2854
or medical director of the program. The process shall include an 2855
opportunity to submit documentation that an individual 2856
identified in department records is no longer employed by, 2857
affiliated with, or serving as chief administrator or medical 2858
director for the hospice care program. 2859

Sec. 3712.21. (A)The department of health, in consultation 2860
with associations representing hospice care programs, shall do 2861
both of the following: 2862

(1) Select a set of hospice care measures to be monitored 2863
by the department using data available through the United States 2864
centers for medicare and medicaid services, including measures 2865
that capture: 2866

(a) Live discharge rates; 2867

(b) Family satisfaction; 2868

(c) Service delivery; 2869

(d) Transitions of care; 2870

(e) Any other measures selected by the department. 2871

(2) Establish thresholds for measures selected under 2872
division (A)(1) of this section that require the department to 2873
conduct a survey of the program within six months for compliance 2874
with the requirements of this chapter and rules adopted under 2875
it. 2876

(B) On a quarterly basis, the department shall monitor the 2877
measures selected under division (A) (1) of this section for 2878
hospice care programs licensed under section 3712.04 of the 2879
Revised Code and may contract with a data management company to 2880
fulfill this requirement. 2881

(C) On an annual basis, the department shall monitor the 2882
utilization rate of the hospice aggregate cap set by the United 2883
States centers for medicare and medicaid services for hospice 2884
care programs licensed under section 3712.04 of the Revised Code 2885
and shall do both of the following: 2886

(1) Submit a report identifying the hospice care programs 2887
that exceed one hundred per cent of the hospice aggregate cap to 2888
the secretary of the United States department of health and 2889
human services; 2890

(2) Establish a threshold for the aggregate cap 2891
utilization rate that requires the department to conduct a 2892
survey of the program within six months for compliance with the 2893
requirements of this chapter and rules adopted under it. 2894

Sec. 3901.93. (A) As used in this section: 2895

(1) "Department" has the same meaning as in section 121.01 2896
of the Revised Code. 2897

(2) "Health plan issuer" has the same meaning as in 2898
section 3922.01 of the Revised Code. 2899

(3) "Medicaid managed care organization" has the same 2900
meaning as in section 5167.01 of the Revised Code. 2901

(4) "Payer" includes a health plan issuer, a medicaid 2902
managed care organization, the medicaid program, and the 2903
medicare program. 2904

(B) (1) Not later than one year after the effective date of this section, the superintendent of insurance shall establish and administer an all-payer claims database. 2905
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(2) To the extent permitted by federal law and except as otherwise provided in this division, each payer shall submit its claims to the superintendent for inclusion in the database. Such claims shall be submitted in the format and according to the schedule prescribed by the superintendent in rule. 2908
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In the case of a payer that is a health plan issuer, the requirement to submit claims begins January 1, 2028. 2913
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(3) The superintendent shall include in the database each claim the superintendent receives. 2915
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(4) The superintendent shall make claims information included in the database available to any person or government entity. The superintendent shall require a person to obtain a subscription with the department of insurance to access information included in the database. No subscription shall be required for a statewide elected officer, or a state agency, both as defined in section 107.43 of the Revised Code, to access information included in the database. 2917
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(C) The superintendent shall adopt rules to implement this section, including rules establishing standards and procedures for the following: 2925
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(1) Submitting claims for inclusion in the database, including the prescribed format and schedule; 2928
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(2) Maintaining the privacy and security of personal and health information contained in claims; 2930
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(3) Making available to persons or government entities 2932

<u>claims information from the database;</u>	2933
<u>(4) Imposing penalties when claims are not submitted.</u>	2934
<u>The superintendent may adopt any other rules the</u>	2935
<u>superintendent considers necessary to implement this section.</u>	2936
<u>All rules shall be adopted in accordance with Chapter 119. of</u>	2937
<u>the Revised Code.</u>	2938
<u>(D) Notwithstanding any provision of section 121.95 of the</u>	2939
<u>Revised Code to the contrary, a regulatory restriction contained</u>	2940
<u>in a rule adopted under division (C) of this section is not</u>	2941
<u>subject to sections 121.95 to 121.953 of the Revised Code.</u>	2942
Sec. 4113.52. (A) (1) (a) All state officials and employees	2943
employed by or appointed to a state agency as defined in	2944
division (D) of section 121.41 of the Revised Code shall report	2945
alleged fraud, theft in office, or the misuse or	2946
misappropriation of public money by a state official or employee	2947
to the inspector general. All other state employees and elected	2948
officials shall report fraud, theft in office, or the misuse or	2949
misappropriation of public money to the auditor of state's	2950
fraud-reporting system under section 117.103 of the Revised	2951
Code. <u>An official or employee of the auditor of state may report</u>	2952
<u>alleged fraud, theft in office, or the misuse or</u>	2953
<u>misappropriation of public money to the inspector general.</u>	2954
<u>Nothing in this division prohibits the auditor of state or the</u>	2955
<u>inspector general from referring a report to the other office</u>	2956
<u>when appropriate.</u>	2957
(b) A person is required to make a report under division	2958
(A) (1) (c) of this section if the person meets any of the	2959
following:	2960
(i) The person is elected to local public office.	2961

(ii) The person is appointed to or within a local public office.	2962 2963
(iii) The person has a fiduciary duty to a local public office.	2964 2965
(iv) The person holds a supervisory position within a local public office.	2966 2967
(v) The person is employed in the department or office responsible for processing any revenue or expenses of the local public office.	2968 2969 2970
(c) If a person identified in division (A) (1) (b) of this section, during the person's term of office or in the course of the person's employment, becomes aware of fraud, theft in office, or the misuse or misappropriation of public money, the person shall timely notify the auditor of state via the auditor of state's fraud-reporting system under section 117.103 of the Revised Code or via other means.	2971 2972 2973 2974 2975 2976 2977
(d) A person who serves as legal counsel, or who is employed as legal counsel, for a local public office or a state official or employee employed by or appointed to a state agency is not required to make a report under division (A) (1) (a) or (c) of this section concerning any communication received from a client in an attorney-client relationship.	2978 2979 2980 2981 2982 2983
(e) Divisions (A) (1) (a), (b), and (c) of this section do not apply to a prosecuting attorney, director of law, village solicitor, or similar chief legal officer of a municipal corporation, or to any employee of the prosecuting attorney, director of law, village solicitor, or similar chief legal officer of a municipal corporation.	2984 2985 2986 2987 2988 2989
(f) If a person becomes aware in the course of the	2990

person's employment of a violation of any state or federal 2991
statute or any ordinance or regulation of a political 2992
subdivision that the person's employer has authority to correct, 2993
and the person reasonably believes that the violation is a 2994
criminal offense that is likely to cause an imminent risk of 2995
physical harm to persons or a hazard to public health or safety, 2996
a felony, or an improper solicitation for a contribution, the 2997
person orally shall notify the person's supervisor or other 2998
responsible officer of the person's employer of the violation 2999
and subsequently shall file with that supervisor or officer a 3000
written report that provides sufficient detail to identify and 3001
describe the violation. If the employer does not correct the 3002
violation or make a reasonable and good faith effort to correct 3003
the violation within twenty-four hours after the oral 3004
notification or the receipt of the report, whichever is earlier, 3005
the person may file a written report that provides sufficient 3006
detail to identify and describe the violation with the 3007
prosecuting authority of the county or municipal corporation 3008
where the violation occurred, with a peace officer, with the 3009
inspector general if the violation is within the inspector 3010
general's jurisdiction, with the auditor of state's fraud- 3011
reporting system under section 117.103 of the Revised Code if 3012
applicable, or with any other appropriate public official or 3013
agency that has regulatory authority over the employer and the 3014
industry, trade, or business in which the employer is engaged. 3015

(g) If a person makes a report under division (A) (1) (f) of 3016
this section, the employer, within twenty-four hours after the 3017
oral notification was made or the report was received or by the 3018
close of business on the next regular business day following the 3019
day on which the oral notification was made or the report was 3020
received, whichever is later, shall notify the person, in 3021

writing, of any effort of the employer to correct the alleged 3022
violation or hazard or of the absence of the alleged violation 3023
or hazard. 3024

(2) If a person becomes aware in the course of the 3025
person's employment of a violation of Chapter 3704., 3734., 3026
6109., or 6111. of the Revised Code that is a criminal offense, 3027
the person directly may notify, either orally or in writing, any 3028
appropriate public official or agency that has regulatory 3029
authority over the employer and the industry, trade, or business 3030
in which the employer is engaged. 3031

(3) If a person becomes aware in the course of the 3032
person's employment of a violation by a fellow employee of any 3033
state or federal statute, any ordinance or regulation of a 3034
political subdivision, or any work rule or company policy of the 3035
person's employer and the person reasonably believes that the 3036
violation is a criminal offense that is likely to cause an 3037
imminent risk of physical harm to persons or a hazard to public 3038
health or safety, a felony, or an improper solicitation for a 3039
contribution, the person orally shall notify the person's 3040
supervisor or other responsible officer of the person's employer 3041
of the violation and subsequently shall file with that 3042
supervisor or officer a written report that provides sufficient 3043
detail to identify and describe the violation. 3044

(4) The reporting requirements under division (A) of this 3045
section are not intended to infringe, and should not be 3046
interpreted as infringing on, the constitutional right against 3047
self-incrimination. 3048

(B) Except as otherwise provided in division (C) of this 3049
section, no employer shall take any disciplinary or retaliatory 3050
action against ~~an~~ a person for making any report authorized by 3051

division (A) (1) or (2) of this section, or as a result of the
person's having made any inquiry or taken any other action to
ensure the accuracy of any information reported under either
such division. No employer shall take any disciplinary or
retaliatory action against a person for making any report
authorized by division (A) (3) of this section if the person made
a reasonable and good faith effort to determine the accuracy of
any information so reported, or as a result of the person's
having made any inquiry or taken any other action to ensure the
accuracy of any information reported under that division. For
purposes of this division, disciplinary or retaliatory action by
the employer includes, without limitation, doing any of the
following:

- (1) Removing or suspending the person from employment;
- (2) Withholding from the person salary increases or
employee benefits to which the person is otherwise entitled;
- (3) Transferring or reassigning the person;
- (4) Denying the person a promotion that otherwise would
have been received;
- (5) Reducing the person in pay or position.

(C) A person shall make a reasonable and good faith effort
to determine the accuracy of any information reported under
division (A) (1) or (2) of this section. If the person who makes
a report under either division fails to make such an effort, the
person may be subject to disciplinary action by the person's
employer, including suspension or removal, for reporting
information without a reasonable basis to do so under division
(A) (1) or (2) of this section.

(D) If an employer takes any disciplinary or retaliatory

action against ~~an~~a person as a result of the person's having 3081
filed a report under division (A) of this section, the person 3082
may bring a civil action for appropriate injunctive relief or 3083
for the remedies set forth in division (E) of this section, or 3084
both, within one hundred eighty days after the date the 3085
disciplinary or retaliatory action was taken, in a court of 3086
common pleas in accordance with the Rules of Civil Procedure. A 3087
civil action under this division is not available to a person as 3088
a remedy for any disciplinary or retaliatory action taken by an 3089
appointing authority against the person as a result of the 3090
person's having filed a report under division (A) of section 3091
124.341 of the Revised Code. 3092

(E) The court, in rendering a judgment for the person in 3093
an action brought pursuant to division (D) of this section, may 3094
order, as it determines appropriate, reinstatement of the person 3095
to the same position that the person held at the time of the 3096
disciplinary or retaliatory action and at the same site of 3097
employment or to a comparable position at that site, the payment 3098
of back wages, full reinstatement of fringe benefits and 3099
seniority rights, or any combination of these remedies. The 3100
court also may award the prevailing party all or a portion of 3101
the costs of litigation and, if the person who brought the 3102
action prevails in the action, may award the prevailing person 3103
reasonable attorney's fees, witness fees, and fees for experts 3104
who testify at trial, in an amount the court determines 3105
appropriate. If the court determines that an employer 3106
deliberately has violated division (B) of this section, the 3107
court, in making an award of back pay, may include interest at 3108
the rate specified in section 1343.03 of the Revised Code. 3109

(F) Any report filed with the inspector general under this 3110
section shall be filed as a complaint in accordance with section 3111

121.46 of the Revised Code.	3112
(G) As used in this section:	3113
(1) "Contribution" has the same meaning as in section 3517.01 of the Revised Code.	3114 3115
(2) "Improper solicitation for a contribution" means a solicitation for a contribution that satisfies all of the following:	3116 3117 3118
(a) The solicitation violates division (B), (C), or (D) of section 3517.092 of the Revised Code;	3119 3120
(b) The solicitation is made in person by a public official or by an employee who has a supervisory role within the public office;	3121 3122 3123
(c) The public official or employee knowingly made the solicitation, and the solicitation violates division (B), (C), or (D) of section 3517.092 of the Revised Code;	3124 3125 3126
(d) The employee reporting the solicitation is an employee of the same public office as the public official or the employee with the supervisory role who is making the solicitation.	3127 3128 3129
(3) "Misappropriation of public money" means knowingly using public money or public property for an unauthorized, improper, or unlawful purpose to serve a private or personal benefit or interest.	3130 3131 3132 3133
(4) "Misuse of public money" means knowingly using public money or public property in a manner not authorized by law.	3134 3135
(5) "Public office" has the same meaning as in section 117.01 of the Revised Code.	3136 3137
(H) Nothing in this section shall be construed to limit	3138

the authority of an auditor to make inquiries or interview state 3139
or local government employees or officials or otherwise perform 3140
audit procedures related to fraud during the course of an audit 3141
or attestation engagement. 3142

Sec. 5101.5411. (A) As used in this section, 3143
"categorically eligible household" means a household that is 3144
categorically eligible for supplemental nutrition assistance 3145
program benefits under 7 C.F.R. 273.2(j) (2) or (j) (4). 3146

(B) Unless required by federal law, the gross income 3147
limits for an eligible household under the supplemental 3148
nutrition assistance program shall not exceed the standards 3149
specified in section (5) (c) of the "Food and Nutrition Act of 3150
2008," 7 U.S.C. 2014(c). 3151

(C) Unless required by federal law, a household shall not 3152
be a categorically eligible household if any members receive or 3153
are authorized to receive any noncash, in-kind, or other similar 3154
benefit. 3155

Sec. 5101.88. (A) Not later than the first day of February 3156
of each year, the director of job and family services shall 3157
provide to the director of commerce a list of all providers 3158
licensed by the department of job and family services who have 3159
had a provider agreement suspended or terminated due to 3160
fraudulent activity. 3161

(B) Not later than the first day of March of each year, 3162
the director of commerce shall provide to the director of job 3163
and family service a list of any individual included in a 3164
request sent by the director of job and family services pursuant 3165
to division (A) of this section who has unclaimed funds 3166
delivered or reported to the state under Chapter 169. of the 3167

Revised Code. 3168

(C) If the information the director of commerce provides 3169
identifies or results in identifying unclaimed funds held by the 3170
state for a licensed provider described in division (A) of this 3171
section, the department of job and family services shall file a 3172
claim under section 169.08 of the Revised Code to recover the 3173
unclaimed funds. If the director of commerce allows the claim, 3174
the director of commerce shall pay the claim directly to the 3175
department of job and family services. The director of commerce 3176
shall not disallow a claim made by the department of job and 3177
family services because the department of job and family 3178
services is not the owner of the unclaimed funds according to 3179
the report made pursuant to section 169.03 of the Revised Code. 3180
The director of commerce shall not pay a claim amount that 3181
exceeds the amount of funds owed to the department of job and 3182
family services by a licensed provider. The director of job and 3183
family services shall adjust any amount owed by a licensed 3184
provider described in division (A) of this section if the 3185
director of commerce pays unclaimed funds to the director of job 3186
and family services otherwise owed to the provider. 3187

Sec. 5162.138. The department of medicaid shall annually 3188
prepare and submit a report to the chairpersons and ranking 3189
members of the committees of the house of representatives and 3190
senate with jurisdiction over medicaid detailing the 3191
department's efforts to ensure integrity within the medicaid 3192
program. 3193

Sec. 5162.139. (A) As used in this section, "electronic 3194
visit verification" or "EVV" has the same meaning as in section 3195
1903(1) of the "Social Security Act," 42 U.S.C. 1903(1). 3196

(B) Not later than the first day of March annually, the 3197

medicaid director shall submit a report to the governor, the 3198
speaker of the house of representatives, the president of the 3199
senate, and the auditor of state regarding electronic visit 3200
verification utilization and compliance for the immediately 3201
preceding calendar year. The report shall, at a minimum, include 3202
all of the following: 3203

(1) Provider utilization rates; 3204

(2) Provider compliance rates; 3205

(3) The number and percentage of claims or service visits 3206
with complete EVV data; 3207

(4) The number and percentage of claims or service visits 3208
with missing, incomplete, manually entered, modified, late, or 3209
unmatched EVV data; 3210

(5) The number of claims denied or paid due to EVV 3211
compliance status; 3212

(6) Compliance trends by provider type and geographic 3213
region; 3214

(7) Enforcement or corrective actions taken by the 3215
department; 3216

(8) Any recommendations to improve EVV utilization, 3217
compliance, payment integrity, and fraud prevention. 3218

(C) The department of medicaid shall make the report 3219
publicly available on the department's internet web site not 3220
later than thirty days after submitting the report in accordance 3221
with division (B) of this section, except that the department 3222
shall redact any information that is confidential under state or 3223
federal law or would otherwise compromise an ongoing audit, 3224
investigation, or enforcement action. 3225

(D) Nothing in this section shall be construed to limit 3226
the authority of the auditor of state under Chapter 117. of the 3227
Revised Code. 3228

Sec. 5162.1311. The department of medicaid shall prepare 3229
and submit an annual report to the general assembly in 3230
accordance with section 101.68 of the Revised Code that details 3231
any billing code that represents an increase or decrease of 3232
greater than fifty per cent in the utilization rate or total 3233
expenditures for a particular service from the previous state 3234
fiscal year. As part of the report, the department shall also 3235
provide data concerning any identified billing code or 3236
utilization rate or expenditure data for an identified service 3237
from the five years preceding the report. 3238

Sec. 5162.17. (A) As used in this section: 3239

(1) "Electronic visit verification" or "EVV" has the same 3240
meaning as in section 1903(1) of the "Social Security Act," 42 3241
U.S.C. 1903(1). 3242

(2) "Provider" means a medicaid provider required by state 3243
or federal law to utilize an electronic visit verification 3244
system as a condition of payment for services provided under the 3245
medicaid program. 3246

(B) The department of medicaid shall maintain a statewide 3247
electronic visit verification performance dashboard. The 3248
dashboard shall include all of the following information, 3249
updated not less than quarterly: 3250

(1) Statewide utilization rates of electronic visit 3251
verification; 3252

(2) Rates of successful matching between EVV records and 3253
submitted claims for medicaid payment; 3254

<u>(3) Provider compliance trends;</u>	3255
<u>(4) The percentage of claims that are supported by verified EVV documentation;</u>	3256 3257
<u>(5) Aggregate statistics regarding manually adjusted EVV entries;</u>	3258 3259
<u>(6) Any other metrics the department determines appropriate for monitoring compliance, fraud prevention, and program integrity.</u>	3260 3261 3262
<u>(C) The department shall make aggregate statewide data available to the public on the department's internet web site.</u>	3263 3264
<u>(D) The department shall use information collected and maintained under this section to identify providers that may require technical assistance, additional training, corrective action, or program integrity review. The department may provide provider-specific compliance information through a secure provider portal or dashboard.</u>	3265 3266 3267 3268 3269 3270
<u>(E) The medicaid director may adopt rules under section 5162.02 of the Revised Code to implement this section.</u>	3271 3272
<u>Sec. 5162.18. The department of medicaid shall contract with a vendor to establish a risk matrix. The matrix shall be used to connect individuals with national provider identifier records associated with providers. The matrix shall include identity proofing, financial distress among providers, and information concerning a provider's ties to a foreign organization.</u>	3273 3274 3275 3276 3277 3278 3279
<u>Sec. 5162.19. (A) As used in this section, "alternative primary insurance coverage source" means an insurance coverage source that is not coverage under the medicaid program,</u>	3280 3281 3282

including coverage under the medicare program or coverage under 3283
a health benefit plan as defined in section 3922.01 of the 3284
Revised Code. 3285

(B) Prior to the issuance of any payment on a claim for 3286
services provided under either the fee-for-service component of 3287
the medicaid program or the care management system established 3288
under Chapter 5167. of the Revised Code, the department of 3289
medicaid shall require that all claims be electronically 3290
evaluated to determine whether an alternative primary insurance 3291
coverage source exists that is responsible for payment of the 3292
claim. 3293

(C) An evaluation conducted under division (B) of this 3294
section shall use automated algorithmic analysis and insurance 3295
discovery engines capable of identifying alternative primary 3296
insurance coverage sources associated with the medicaid 3297
recipient prior to any payment being issued. 3298

(D) Neither the department nor a medicaid managed care 3299
organization shall issue payment for a claim that has not been 3300
subjected to an evaluation under this section. 3301

(E) If an alternative primary insurance coverage source is 3302
identified, the claim shall be redirected to the identified 3303
alternative primary insurance coverage source prior to any 3304
medicaid payment for the claim, consistent with all medicaid 3305
payer-of-last-resort requirements under state and federal law. 3306

(F) The department shall adopt rules in accordance with 3307
Chapter 119. of the Revised Code as necessary to implement the 3308
requirements of this section, including standards for approved 3309
insurance discovery engines, claims processing timelines, and 3310
reporting requirements. 3311

<u>Sec. 5162.85. As used sections 5162.86 to 5162.89 of the</u>	3312
<u>Revised Code:</u>	3313
<u>(A) "Affiliated person" means:</u>	3314
<u>(1) A subcontractor, subsidiary, or parent organization of</u>	3315
<u>a risk contractor;</u>	3316
<u>(2) A party with a substantial relationship to a risk</u>	3317
<u>contractor, including the following:</u>	3318
<u>(a) An officer, director, trustee, general partner,</u>	3319
<u>managing employee, or other individual who holds a similar</u>	3320
<u>position of authority or responsibility, whether through</u>	3321
<u>employment or by contract;</u>	3322
<u>(b) A shareholder, member, or equity holder that owns,</u>	3323
<u>directly or indirectly, five per cent or more of any class of</u>	3324
<u>equity interest, or any person who would own that interest upon</u>	3325
<u>conversion, exercise, or exchange of a convertible security,</u>	3326
<u>option, warrant, or similar instrument;</u>	3327
<u>(c) A risk contractor's key employee;</u>	3328
<u>(d) An immediate family member of a person described in</u>	3329
<u>divisions (A) (2) (a) to (c) of this section;</u>	3330
<u>(e) An entity in which a person described in divisions (A)</u>	3331
<u>(2) (a) to (d) of this section has an ownership interest of five</u>	3332
<u>per cent or more, or for which an individual described in</u>	3333
<u>divisions (A) (2) (a) to (d) of this section serves as an officer,</u>	3334
<u>director, or key employee;</u>	3335
<u>(f) A person acting on behalf of, in concert with, or as</u>	3336
<u>an agent of a risk contractor with respect to any duties,</u>	3337
<u>functions, activities, or decision-making under the risk</u>	3338
<u>contractor's contract with the department or compliance with</u>	3339

state or federal laws, regulations, or guidance. 3340

(B) "Agent" means a person that has express or implied 3341
authority to obligate or act on behalf of another person. 3342

(C) "Claim" means a request or demand for payment for a 3343
service provided to an enrollee. 3344

(D) "Conflict of interest" means a circumstance or 3345
appearance of a circumstance where an interest in, or arising 3346
from, an arrangement, relationship, transaction, or activity 3347
could or does adversely affect a risk contractor's ability to, 3348
as viewed by a reasonable person with knowledge of the relevant 3349
facts, diligently, effectively, and efficiently perform the risk 3350
contractor's duties and responsibilities under the risk 3351
contractor's contract with the department, comply with federal 3352
and state law, or act impartially and in the best interest of 3353
the medicaid program, taxpayers, and medicaid beneficiaries. 3354

(E) "Control" means a person's authority or significant 3355
influence over another person's decisions, governance, 3356
management, operations, finances, policies, business 3357
arrangements, staffing, medicaid participation or contracts, or 3358
compliance with federal and state law. 3359

(F) "Covered service" means a health or medical service or 3360
benefit covered through the medicaid program. 3361

(G) "HIPAA" means the "Health Insurance Portability and 3362
Accountability Act of 1996," 42 U.S.C. 1320d, et seq., and 3363
includes the "HIPAA privacy rule" as defined in section 3798.01 3364
of the Revised Code. 3365

(H) "Immediate family member" has the same meaning as in 3366
42 C.F.R. Sec. 1001.2. 3367

<u>(I) "Improper payment" means any of the following:</u>	3368
<u>(1) A payment that the department of medicaid makes to a risk contractor in error or in excess;</u>	3369 3370
<u>(2) A payment that a risk contractor makes, or another person makes on behalf of a risk contractor, that should otherwise not be made or falls into any of the following categories:</u>	3371 3372 3373 3374
<u>(a) That is made in an incorrect or duplicate amount;</u>	3375
<u>(b) That is inconsistent with the risk contractor's contract with the department, applicable federal and state law, evidence-based clinical guidelines the department approves, generally accepted accounting principles, or guidance issued by the department;</u>	3376 3377 3378 3379 3380
<u>(c) To or on behalf of a medicaid provider, or the medicaid provider's affiliated person, agent, or subcontractor who was deceased on the date the cost was accrued;</u>	3381 3382 3383
<u>(d) For a covered service for an individual or service that is any of the following:</u>	3384 3385
<u>(i) Was deceased at the time the service was received or performed;</u>	3386 3387
<u>(ii) Was incarcerated and ineligible for the service received;</u>	3388 3389
<u>(iii) Was not a medicaid-covered service within the scope of the risk contractor's contract;</u>	3390 3391
<u>(iv) Was not received by the intended individual as indicated on the claim;</u>	3392 3393
<u>(v) Was not medically necessary;</u>	3394

<u>(vi) Was in a setting or place of service contrary to the</u>	3395
<u>medicaid program;</u>	3396
<u>(vii) Was not clearly, accurately, and sufficiently</u>	3397
<u>supported by the medical record of the individual receiving the</u>	3398
<u>covered service;</u>	3399
<u>(viii) Was not supported by a clean claim that is</u>	3400
<u>complete, accurate, timely, properly coded and formatted, and</u>	3401
<u>submitted consistent with applicable claims standards and</u>	3402
<u>billing instructions.</u>	3403
<u>(e) For services, items, or transactions for which the</u>	3404
<u>risk contractor failed to submit to the department timely,</u>	3405
<u>complete, and accurate encounter data, or other required data.</u>	3406
<u>(3) A payment made to a medicaid provider under a sub-</u>	3407
<u>capitation or risk-sharing arrangement for which the medicaid</u>	3408
<u>provider failed to submit timely, complete, and accurate data</u>	3409
<u>necessary to support encounter data reporting;</u>	3410
<u>(4) A payment made to a medicaid provider that, on the</u>	3411
<u>date of service, was not properly enrolled or certified to</u>	3412
<u>participate in the medicaid program, did not have a valid</u>	3413
<u>medicaid provider agreement, or was not certified as meeting</u>	3414
<u>applicable requirements or conditions of participation;</u>	3415
<u>(5) A payment made to a medicaid provider for a covered</u>	3416
<u>service associated with missing, incomplete, erroneous, or</u>	3417
<u>encounter data that has not been validated;</u>	3418
<u>(6) A cost or expense a risk contractor, or risk</u>	3419
<u>contractor's subcontractor or agent on the risk contractor's</u>	3420
<u>behalf, incurs in error, by omission, as a result of a</u>	3421
<u>deficiency in claims adjudication, accounting systems and</u>	3422
<u>procedures, internal controls over financial reporting,</u>	3423

information systems, or electronic data interchange with 3424
medicaid providers, or as a result of incomplete or inadequate 3425
adherence to generally accepted accounting principles; 3426

(7) A payment, incurred expense, transfer, or other 3427
transaction for which an independent auditor, the inspector 3428
general, or the department determines, consistent with generally 3429
accepted accounting principles and generally accepted auditing 3430
standards, that a risk contractor lacks sufficient audit 3431
evidence, or financial information about the payment, expense, 3432
transfer, or transaction is misrepresented, misstated, 3433
unreliable, falsified, erroneous, incomplete, or missing, 3434
regardless of the pervasiveness or materiality to the risk 3435
contractor's financial statements or financial position; 3436

(8) A risk contractor's payment, incurred expense, 3437
transfer, or transaction during the period covered by an 3438
independent auditor's adverse opinion; 3439

(9) The payments, expenses, transfers, and transactions an 3440
independent auditor who gives an adverse opinion, in 3441
consultation with the medicaid director, is able to reasonably 3442
determine resulted in the adverse opinion; 3443

(10) If an independent auditor issues a disclaimer of 3444
opinion, all payments made, expenses incurred, transfers, and 3445
transactions of a risk contractor during the intended period of 3446
the uncompleted or prevented audit, unless, not more than sixty 3447
days after the date on which the independent auditor issues the 3448
disclaimer, all of the following are the case: 3449

(a) All impediments to the performance of an independent 3450
audit are eliminated to the satisfaction of the independent 3451
auditor and the medicaid director. 3452

(b) The independent auditor conducts and completes a full, independent audit consistent with generally accepted auditing standards. 3453
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(c) The independent auditor issues a complete audit report with a qualified or unqualified opinion. 3456
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(11) A payment, expense incurred, transfer, or transaction incident to or contributing to, directly or indirectly, the exceptions or qualified matters identified in an independent auditor's qualified opinion; 3458
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(12) A payment, incurred expense, transfer, or transaction made as a result, in whole or in part, of a conflict of interest; 3462
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(13) The excess amount of a payment that a medicaid provider makes to a related party as a result of higher rates, favorable reimbursement policies or practices, financial incentives, more favorable terms and conditions, a preference in medical and utilization management practices, or preferences in market shares; 3465
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(14) A payment made as follows: 3471

(a) For goods or services, or intracompany or intercompany services, determined on any basis other than or higher than a market-competitive, arm's length arrangement, with no financial favoritism; 3472
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3475

(b) By or on behalf of a risk contractor for the risk contractor's parent organization, subcontractor, supplier, manufacturer, distributor, or vendor. 3476
3477
3478

(15) A payment made to, or for the costs of, a person listed in any of the following: 3479
3480

<u>(a) The United States department of health and human services' office of inspector general's list of excluded individuals or entities;</u>	3481
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	3483
<u>(b) The federal centers for medicare and medicaid services national plan and provider enumeration system exclusion list;</u>	3484
	3485
<u>(c) The United States social security administration death master file;</u>	3486
	3487
<u>(d) Exclusions or disqualifications from the United States general services administration's system for award management;</u>	3488
	3489
<u>(e) Any other database described in an agreement between the department and a managed care organization to provide goods and services under the medicaid program or in federal or state law or regulations.</u>	3490
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<u>(J) "Key employee" means an employee with authority over clinical operations, medical management, compliance, reporting, program integrity, contracting, network management, claims processing, utilization review, financial management, medicaid provider relations, government relations, or any other function material to the administration of a medicaid risk contract.</u>	3494
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<u>(K) "Managing employee" means an individual who exercises operational or managerial control over the employing entity's functions, activities, or units or directly or indirectly conducts the employing entity's day-to-day operations, functions, activities, or units.</u>	3500
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<u>(L) "National drug code identifier" has the same meaning as in 21 C.F.R. part 207.</u>	3505
	3506
<u>(M) "Ownership interest" means possession of, in an entity, any of the following:</u>	3507
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<u>(1) Legal or beneficial ownership;</u>	3509
<u>(2) Capital interest;</u>	3510
<u>(3) Profit interest;</u>	3511
<u>(4) Controlling interest;</u>	3512
<u>(5) Any combination of the interests described in</u> <u>divisions (M) (1) to (4) of this section;</u>	3513 3514
<u>(6) Indirect interest through another entity that has an</u> <u>interest described in divisions (M) (1) to (4) of this section in</u> <u>the entity;</u>	3515 3516 3517
<u>(7) The right to acquire an interest described in</u> <u>divisions (M) (1) to (4) of this section in the entity upon</u> <u>conversion, exercise, or exchange of a convertible security,</u> <u>option, warrant, or similar instrument.</u>	3518 3519 3520 3521
<u>(N) "Parent organization" means an entity that, directly</u> <u>or indirectly, has a majority or greater ownership interest in</u> <u>and control of another entity.</u>	3522 3523 3524
<u>(O) "Pass through payment" has the same meaning as in 42</u> <u>C.F.R. 438.6.</u>	3525 3526
<u>(P) "Protected health information" has the same meaning as</u> <u>in 45 C.F.R. 160.103.</u>	3527 3528
<u>(Q) "Related party" means any of the following:</u>	3529
<u>(1) A risk contractor's parent organization;</u>	3530
<u>(2) The subordinate holding company, subsidiary, agent,</u> <u>instrumentality, partnership, joint venture, affiliated person,</u> <u>or subordinate business unit of a risk contractor, a risk</u> <u>contractor's parent organization, a subcontractor, a risk</u> <u>contractor's agent, or a medicaid provider that is an entity</u>	3531 3532 3533 3534 3535

described in divisions (Q) (1) to (7) of this section; 3536

(3) An entity that controls, is controlled by, or is in 3537
common control with a risk contractor, a risk contractor's 3538
parent organization, a subcontractor, a risk contractor's agent, 3539
or a medicaid provider that is an entity described in divisions 3540
(Q) (1) to (7) of this section; 3541

(4) An entity that, directly or indirectly, has an 3542
ownership interest in a risk contractor, a risk contractor's 3543
parent organization, a subcontractor, a risk contractor's agent, 3544
or a medicaid provider that is an entity described in divisions 3545
(Q) (1) to (7) of this section; 3546

(5) A medicaid provider that, directly or indirectly, has 3547
an ownership interest in a risk contractor, a risk contractor's 3548
parent organization, a subcontractor, a risk contractor's agent, 3549
or a medicaid provider that is an entity described in divisions 3550
(Q) (1) to (7) of this section; 3551

(6) A medicaid provider with a sub-capitation, risk- 3552
sharing, or shared-savings payment arrangement with a risk 3553
contractor; 3554

(7) An entity described in divisions (Q) (1) to (6) of this 3555
section that is identified in disclosures, financial statements, 3556
an audit, regulatory filings, administrative proceedings, court 3557
proceedings, federal or state oversight, compliance, 3558
enforcement, or investigative activities, or state legislative 3559
oversight activities. 3560

(R) "Risk contractor" means any entity participating in 3561
the medicaid program. 3562

(S) "State directed payment" means a contract arrangement 3563
that directs the expenditures of a managed care organization, 3564

<u>including to implement value-based purchasing models for the</u>	3565
<u>following:</u>	3566
<u>(1) Medicaid provider reimbursement;</u>	3567
<u>(2) Multi-payer reform;</u>	3568
<u>(3) Medicaid-specific delivery system reform;</u>	3569
<u>(4) Performance improvement incentives, which may include,</u>	3570
<u>for medicaid providers that provide a specific service under the</u>	3571
<u>agreement a minimum fee schedule, a uniform dollar amount or</u>	3572
<u>percentage increase in reimbursement, or a maximum fee schedule.</u>	3573
<u>(T) "Subcontractor" means a person that contracts with a</u>	3574
<u>risk contractor to provide, arrange for, manage, or perform a</u>	3575
<u>good or service under the risk contractor's agreement with the</u>	3576
<u>department, including:</u>	3577
<u>(1) A pharmacy benefit manager;</u>	3578
<u>(2) A behavioral health organization;</u>	3579
<u>(3) A dental benefit administrator;</u>	3580
<u>(4) A transportation broker;</u>	3581
<u>(5) A utilization management organization;</u>	3582
<u>(6) An entity that performs financial management services,</u>	3583
<u>claims processing, decision support and analytics, care</u>	3584
<u>management, medical policy and utilization review services,</u>	3585
<u>quality improvement activities, provider network management,</u>	3586
<u>member services, information systems and technology services,</u>	3587
<u>marketing, staffing services, or government relations.</u>	3588
<u>(U) "Value-add benefits" means benefits offered by a</u>	3589
<u>managed care organization in addition to standard coverage</u>	3590
<u>offered through the medicaid program.</u>	3591

(V) "Value-based purchasing model" means a model for 3592
medicaid provider reimbursement that recognizes value or 3593
outcomes over volume of services, including pay for performance 3594
or bundled payments. 3595

Sec. 5162.86. (A) (1) The department of medicaid shall 3596
establish and maintain a database to collect, process, store, 3597
and report on covered services provided to all enrollees 3598
participating in the medicaid program, which shall be known as 3599
the medicaid encounter data system. 3600

(2) For each medicaid MCO plan, a medicaid managed care 3601
organization shall quarterly submit all of the following to the 3602
department, in a format that complies with HIPAA and any rules 3603
adopted by the medicaid director under this section: 3604

(a) Total number of services rendered, by billing code and 3605
medicaid provider; 3606

(b) Total spending on medical claims, non-claims 3607
expenditures, and non-benefit services; 3608

(c) Total spending on pass through payments and state 3609
directed payments by medicaid provider; 3610

(d) Total spending, including funds from state and federal 3611
sources: 3612

(i) By billing code; 3613

(ii) By medicaid provider, including public and private 3614
medicaid providers; 3615

(iii) On mandatory medicaid benefits; 3616

(iv) On optional medicaid benefits, including value-add 3617
benefits. 3618

<u>(e) Total number and share of enrollees receiving care in an emergency room;</u>	3619
	3620
<u>(f) Total claims and spending on services delivered in an emergency room;</u>	3621
	3622
<u>(g) Total spending on services delivered by a subcontractor, provider, or medicaid managed care organization's related party, by service type;</u>	3623
	3624
	3625
<u>(h) Total spending on prescription drugs for each national drug code identifier;</u>	3626
	3627
<u>(i) Total number and share of enrollees who did not file any claims.</u>	3628
	3629
<u>(B) (1) A medicaid managed care organization shall submit to the department complete copies of all data, reports, and disclosures the managed care organization submits to the federal centers for medicare and medicaid services not later than thirty days after the date on which the managed care organization submits such data, reports, and disclosures to the centers for medicare and medicaid services.</u>	3630
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<u>(2) Not later than thirty days after the date on which the department receives a submission described in division (B) (1) of this section, the department shall post the submission on the internet web site maintained by the department. Before posting a submission, the department shall redact protected health information from the submission.</u>	3637
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<u>(3) A medicaid managed care organization shall certify in writing that the data, reports, and disclosures submitted as described in this division are accurate and complete.</u>	3643
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<u>(4) If a medicaid managed care organization contracts with</u>	3646

a subcontractor to provide products or services for medical 3647
assistance, and the subcontractor collects the data described in 3648
division (B) (1) of this section, the managed care organization 3649
shall collect the data from the subcontractor to submit to the 3650
department and the subcontractor shall provide to the managed 3651
care organization access to the data in a manner that complies 3652
with HIPAA. 3653

(C) The department shall require that each contract 3654
entered into after the effective date of this section under 3655
section 5167.10 of the Revised Code include a requirement that 3656
the medicaid managed care organization and medicaid MCO plan 3657
comply with this section and any rules the medicaid director 3658
adopts under this section or risk the contract's termination. In 3659
the event of a termination, the managed care organization is not 3660
eligible to enter into a new contract with the department until 3661
five years after the date on which the contract was terminated 3662
or unless the managed care organization submits to the 3663
department a written explanation of action the managed care 3664
organization has taken to ensure the managed care organization's 3665
compliance with this section. 3666

(D) (1) The department shall annually publish a report that 3667
includes a summary of, and managed care organization-specific 3668
measures of, medicaid managed care organizations' performance 3669
and service utilization. 3670

(2) On or before the first day of November of each year, 3671
the department shall submit the report described in division (D) 3672
(1) of this section to the chairpersons of the standing 3673
committees of the senate and house of representatives primarily 3674
responsible for considering matters related to medicaid. 3675

(E) (1) The department shall make all of the following 3676

<u>publicly available in the medicaid encounter data system</u>	3677
<u>database:</u>	3678
<u>(a) The data described in division (A) of this section;</u>	3679
<u>(b) Medical loss ratio audited reports;</u>	3680
<u>(c) Audited financial statements for all medicaid managed</u>	3681
<u>care organizations and any subcontractor or managed care</u>	3682
<u>organization's related party that provides products or services</u>	3683
<u>to a managed care organization;</u>	3684
<u>(d) The report described in division (D) of this section.</u>	3685
<u>(2) The department shall ensure that financial data and</u>	3686
<u>encounter data published under this section does not identify or</u>	3687
<u>tend to identify any particular individual.</u>	3688
<u>(3) The medicaid encounter data system database shall be</u>	3689
<u>easily accessible to the public through a link posted in a</u>	3690
<u>conspicuous place on the internet web site maintained by the</u>	3691
<u>department.</u>	3692
<u>(F) (1) To the extent permitted by federal law or as</u>	3693
<u>otherwise provided for in the Revised Code, any data,</u>	3694
<u>information, reports, and disclosures submitted by a medicaid</u>	3695
<u>managed care organization to the department in accordance with</u>	3696
<u>this section is a public record under section 149.43 of the</u>	3697
<u>Revised Code.</u>	3698
<u>(2) Except as provided in division (F) (3) of this section,</u>	3699
<u>a risk contractor, subcontractor, parent organization, medicaid</u>	3700
<u>provider, or person may not make a claim of business</u>	3701
<u>confidentiality for any data, information, report, or disclosure</u>	3702
<u>submitted to the department under this section.</u>	3703
<u>(3) Division (F) (2) of this section does not apply to any</u>	3704

trade secrets, commercial information, or nonindividual 3705
financial information. 3706

(G) The department shall also maintain the information 3707
described in division (A) of this section for the fee-for- 3708
service component and all medicaid waiver components of the 3709
medicaid program. 3710

(1) When publishing information on the department's 3711
internet web site in accordance with division (B)(2) of this 3712
section, the department shall include the information maintained 3713
under division (G) of this section in the publication. 3714

(2) When preparing an annual report under division (D) of 3715
this section, the department shall include the information 3716
maintained under division (G) of this section. 3717

(3) When making information publicly available in the 3718
medicaid encounter data system database in accordance with 3719
division (E) of this section, the department shall make the 3720
information maintained under division (G) of this section 3721
publicly available in the database. 3722

(H) Nothing in this section shall be construed to alter or 3723
preempt the requirements for protecting health information under 3724
HIPAA. 3725

(I) The medicaid director shall adopt rules in accordance 3726
with Chapter 119. of the Revised Code to implement this section, 3727
including rules establishing the following: 3728

(1) The timelines and procedures for submitting the data, 3729
information, reports, and disclosures required under this 3730
section; 3731

(2) The required format and redactions for submissions 3732

required under this section. 3733

Sec. 5162.87. (A) Each risk contractor and subcontractor 3734
shall annually contract with an independent auditor to conduct 3735
an independent audit, performed in accordance with generally 3736
accepted auditing standards, of all of the following: 3737

(1) The risk contractor and subcontractor's financial 3738
statements; 3739

(2) The risk contractor and subcontractor's compliance 3740
with federal and state law; 3741

(3) The risk contractor and subcontractor's internal 3742
controls. 3743

(B) An independent auditor that conducts an audit as 3744
described in this section shall meet all of the following 3745
criteria: 3746

(1) Be independent; 3747

(2) Have no relationship to any of the following within 3748
the five years before the audit: 3749

(a) The risk contractor's parent organization, 3750
subcontractor, related party, or affiliated person; 3751

(b) The subcontractor's risk contractor, parent 3752
organization, related party, or affiliated person. 3753

(C) An independent audit conducted under this section is 3754
in addition to audits and investigations conducted by the 3755
department under this chapter or Chapter 5164. or 5167. of the 3756
Revised Code. 3757

(D) (1) A risk contractor shall repay any payment, expense, 3758
transfer, or transaction that contributes to, directly or 3759

indirectly, the exceptions or qualified matters identified in a 3760
qualified opinion that an independent auditor issues for an 3761
audit under this section. 3762

(2) The risk contractor shall make the repayment described 3763
in division (D) (1) of this section not later than thirty days 3764
after the date on which the independent auditor issues the 3765
qualified opinion. 3766

(E) Before an audit under this section begins, the risk 3767
contractor or subcontractor shall do both of the following: 3768

(1) Provide the independent auditor with a written waiver 3769
of confidentiality; 3770

(2) Authorize and direct the independent auditor to share 3771
the auditor's progress, findings, reports, opinions, management 3772
letters, and working papers with the department, the inspector 3773
general, and the auditor of state. 3774

(F) (1) Audit reports, findings, opinions, management 3775
letters, and working papers that an independent auditor provides 3776
to the department under this section are public records under 3777
section 149.43 of the Revised Code. 3778

(2) Except as provided in division (F) (3) of this section, 3779
the department shall publish on the internet web site maintained 3780
by the department, without redaction, the records described in 3781
division (F) (1) of this section not later than fifteen business 3782
days after the date on which the department receives the 3783
records. 3784

(3) The department may delay the publication of records 3785
described in division (F) (1) of this section of a forensic audit 3786
if a state or federal investigation requires a delay. 3787

(G) The medicaid director shall adopt rules in accordance 3788
with Chapter 119. of the Revised Code establishing sanctions to 3789
be imposed on a risk contractor receiving any of the following 3790
from an independent audit: 3791

(1) A qualified audit opinion, which shall require 3792
resolution not later than one hundred eighty days after the date 3793
on which the independent auditor issues the qualified audit 3794
opinion; 3795

(2) A disclaimer of opinion, which shall require: 3796

(a) A resolution not later than ninety days after the date 3797
on which the independent auditor issues the disclaimer of 3798
opinion; 3799

(b) Additional sanctions if the risk contractor does not 3800
complete resolution as described in division (G) (2) (a) of this 3801
section. 3802

(3) An adverse opinion. 3803

Sec. 5162.88. (A) Each risk contractor and subcontractor 3804
shall do all of the following on a quarterly basis: 3805

(1) Identify and document all improper payments; 3806

(2) Conduct a root cause analysis for each type of 3807
improper payment; 3808

(3) Repay all improper payments not later than thirty days 3809
after the date on which the report described in division (B) of 3810
this section is due; 3811

(4) Develop and implement a corrective action plan that 3812
includes improvements in policies, procedures, accounting, 3813
financial management, internal controls, information systems, 3814

reporting, staffing, or training necessary to address improper 3815
payments. 3816

(B) (1) Each risk contractor and subcontractor shall 3817
quarterly submit to the department of medicaid a report of the 3818
risk contractor's or subcontractor's improper payments, root 3819
cause analyses, and corrective action plan. 3820

(2) The department shall publish the reports described in 3821
division (B) (1) of this section on the internet web site 3822
maintained by the department. 3823

(C) The medicaid director shall adopt rules in accordance 3824
with Chapter 119. of the Revised Code establishing the 3825
following: 3826

(1) Dates for submitting reports as required by this 3827
section; 3828

(2) Sanctions to be imposed on a risk contractor or 3829
subcontractor for failing to repay as described in this section. 3830

Sec. 5162.89. (A) A risk contractor or subcontractor may 3831
not engage, employ, or contract with, either directly or through 3832
the risk contractor's or subcontractor's parent organization or 3833
affiliated person, an actuary or actuarial firm that meets any 3834
of the following: 3835

(1) Provides or has provided actuarial services to the 3836
department of medicaid related to the medicaid program within 3837
the preceding five years, another risk contractor or 3838
subcontractor that participates in the medicaid program or has 3839
participated in or sought to participate in the medicaid program 3840
within the preceding three years, or a parent organization of a 3841
risk contractor or subcontractor within the preceding three 3842
years; 3843

(2) Has any ownership interest in, control in, or 3844
compensation arrangement with the department or any other risk 3845
contractor or subcontractor that participates in or is seeking 3846
to participate in the medicaid program. 3847

(B) (1) A relationship described in division (A) of this 3848
section is a conflict of interest. 3849

(2) A conflict described in this section is not cured by 3850
any policy or practice of the actuary or actuarial firm, 3851
including informational barriers or ethical walls. 3852

(C) Before engaging, employing, or contracting with an 3853
actuary or actuarial firm, a risk contractor or subcontractor 3854
shall verify and certify to the department that the actuary or 3855
actuarial firm does not have a conflict of interest described in 3856
division (A) of this section. 3857

(D) If a risk contractor or subcontractor engages, 3858
employs, or contracts with an actuary or actuarial firm with a 3859
conflict of interest described in division (A) of this section, 3860
the department shall impose on the risk contractor or 3861
subcontractor any of the sanctions established in rules adopted 3862
under division (F) of this section. 3863

(E) If an actuary or actuarial firm with a conflict of 3864
interest described in division (A) of this section produces 3865
actuarial work for a risk contractor or subcontractor, then both 3866
of the following apply: 3867

(1) The actuarial work is void. 3868

(2) No party, including a risk contractor, a 3869
subcontractor, or the department, may rely on the actuarial 3870
work. 3871

(F) The medicaid director shall adopt rules in accordance 3872
with Chapter 119. of the Revised Code establishing sanctions to 3873
be imposed on a risk contractor or subcontractor for failing to 3874
comply with division (D) of this section. 3875

Sec. 5163.05. No individual is eligible to participate in 3876
the medicaid program in this state unless that individual is 3877
eligible to participate in the medicaid program under section 3878
1903(v) (5) of the "Social Security Act," 42 U.S.C. 1396b(v) (5) . 3879

Sec. 5164.12. The department of medicaid shall impose a 3880
prior authorization requirement on all therapeutic behavioral 3881
services that are provided under the medicaid program. 3882

Sec. 5164.13. (A) As used in this section: 3883

(1) "Personal care services" means any service reimbursed 3884
under the medicaid program that assists a recipient who is not 3885
an inpatient in a hospital or a resident of a nursing facility 3886
or ICF/IID with activities of daily living, instrumental 3887
activities of daily living, supervision, homemaker tasks, 3888
attendant care, personal support services, or substantially 3889
similar in-home support services that are not medical services. 3890

(2) "Prior authorization" means advance written approval 3891
issued by the department of medicaid, a medicaid managed care 3892
organization, or other entity contracted to perform utilization 3893
review functions before medicaid payment may be made. 3894

(B) Subject to division (I) of this section, no payment 3895
for personal care services provided under the medicaid program 3896
shall be made unless the services were approved through prior 3897
authorization in accordance with this section before the 3898
services were provided. 3899

(C) (1) The department, a medicaid managed care 3900

organization, or a contracted utilization review entity shall 3901
authorize only the minimum amount of service time for personal 3902
care services necessary to safely address a recipient's 3903
documented functional limitations and support needs. 3904

(2) (a) Prior authorization approvals under this section 3905
shall be valid only for the shortest duration reasonably 3906
necessary based upon a recipient's documented condition and 3907
support needs. An authorization shall not exceed ninety days, 3908
unless the department determines that a longer authorization 3909
period is justified by evidence of a stable long-term condition. 3910

(b) The department shall require periodic reassessments 3911
before approving any renewal, extension, increase, or 3912
continuation of personal care services. 3913

(D) (1) Prior authorization determinations required under 3914
this section shall be based on all of the following: 3915

(a) The recipient's documented functional impairments and 3916
demonstrated levels of independence; 3917

(b) The specific task or service requested; 3918

(c) The actual amount of time reasonably necessary to 3919
complete each task or service; 3920

(d) The availability of family assistance, household 3921
support, community resources, assistive technology, or less 3922
intensive service alternatives; 3923

(e) Standardized task-based time limitations established 3924
by the department; 3925

(f) Any history of excessive utilization, overbilling, 3926
fraud, waste, or abuse. 3927

(2) Personal care services provided under the medicaid 3928
program shall not be authorized based solely upon convenience, 3929
historical service levels, generalized care plans, provider or 3930
recipient preference, precautionary requests, or requests for 3931
standby or unspecified service time. 3932

(E) (1) The department shall establish standardized maximum 3933
time allowances for common personal care tasks and services, 3934
including bathing, dressing, toileting, meal preparation, 3935
mobility assistance, housekeeping, supervision, transportation 3936
support, and medication reminders. 3937

(2) A request for service time that exceeds the 3938
standardized maximum time allowances established under division 3939
(E) (1) of this section may be approved only upon the submission 3940
of clear and convincing documentation demonstrating 3941
extraordinary circumstances requiring additional time. 3942

(F) Every prior authorization approval issued under this 3943
section shall specifically identify all of the following: 3944

(1) Each approved task or service; 3945

(2) The maximum amount of authorized service time for each 3946
task or service; 3947

(3) The total approved service hours or units; 3948

(4) The duration of the authorization period; 3949

(5) The documentation relied upon in approving the 3950
authorization; 3951

(6) A finding that the approved services represent the 3952
minimum amount of service time necessary in accordance with 3953
division (C) (1) of this section. 3954

(G) (1) No provider shall submit a claim for medicaid 3955
payment, and the department shall not make a medicaid payment, 3956
for personal care services that exceeds the amount approved 3957
through prior authorization. The department, a medicaid managed 3958
care organization, or contracted utilization review entity shall 3959
reduce, modify, or deny any request for personal care services 3960
that exceeds the minimum amount of service time permitted under 3961
this section. 3962

(2) A provider that knowingly bills for unauthorized 3963
service time or exceeds approved service limits established 3964
under this section is subject to payment denial, recoupment, 3965
administrative sanctions, termination from participation in the 3966
medicaid program, referral to the attorney general, and any 3967
applicable civil or criminal penalties authorized by law. 3968

(H) The department shall establish auditing and 3969
utilization review procedures to verify that billed services do 3970
not exceed authorized service amounts and that approved services 3971
remain limited to the minimum amount necessary under this 3972
section. 3973

(I) This section does not apply to personal care services 3974
provided under a medicaid waiver component administered by the 3975
department of developmental disabilities. 3976

(J) The medicaid director shall adopt rules in accordance 3977
with Chapter 119. of the Revised Code as necessary to implement 3978
this section. 3979

Sec. 5164.292. (A) The department of medicaid shall 3980
require the providers and facilities described in this section 3981
to provide the department or the department's credentialing 3982
designee with the information described in divisions (B) and (C) 3983

of this section every twenty-four months, or sooner if required 3984
under division (D) of this section, as a condition of continued 3985
participation in the medicaid program. 3986

(B) (1) Each of the following providers shall provide the 3987
department or the department's credentialing designee with the 3988
information described in division (B) (2) of this section as 3989
required by this section: 3990

(a) Physicians licensed under Chapter 4731. of the Revised 3991
Code to practice medicine and surgery, osteopathic medicine and 3992
surgery, or podiatric medicine and surgery; 3993

(b) Psychologists licensed under Chapter 4732. of the 3994
Revised Code; 3995

(c) Physician assistants licensed under Chapter 4730. of 3996
the Revised Code; 3997

(d) Dentists licensed under Chapter 4715. of the Revised 3998
Code; 3999

(e) Optometrists licensed under Chapter 4725. of the 4000
Revised Code; 4001

(f) Pharmacists licensed under Chapter 4729. of the 4002
Revised Code; 4003

(g) Chiropractors licensed under Chapter 4734. of the 4004
Revised Code; 4005

(h) Acupuncturists licensed under Chapter 4762. of the 4006
Revised Code; 4007

(i) Clinical nurse specialists, certified nurse-midwives, 4008
or certified nurse practitioners licensed under Chapter 4723. of 4009
the Revised Code; 4010

<u>(j) Licensed independent social workers, licensed</u>	4011
<u>independent marriage and family therapists, or licensed</u>	4012
<u>professional clinical counselors licensed under Chapter 4757. of</u>	4013
<u>the Revised Code;</u>	4014
<u>(k) Licensed independent chemical dependency counselors</u>	4015
<u>licensed under Chapter 4758. of the Revised Code;</u>	4016
<u>(l) Certified Ohio behavior analysts licensed under</u>	4017
<u>Chapter 4783. of the Revised Code;</u>	4018
<u>(m) Audiologists and speech-language pathologists licensed</u>	4019
<u>under Chapter 4753. of the Revised Code;</u>	4020
<u>(n) Occupational therapists and physical therapists</u>	4021
<u>licensed under Chapter 4755. of the Revised Code;</u>	4022
<u>(o) Dietitians licensed under Chapter 4759. of the Revised</u>	4023
<u>Code.</u>	4024
<u>(2) Providers described in division (B) (1) of this section</u>	4025
<u>shall provide the department or department's credentialing</u>	4026
<u>designee with all of the following about the provider in</u>	4027
<u>accordance with this section:</u>	4028
<u>(a) Access to the standard provider credentialing</u>	4029
<u>application form used by the council for affordable quality</u>	4030
<u>healthcare in accordance with section 3963.05 of the Revised</u>	4031
<u>Code within one hundred eighty days prior to credentialing date;</u>	4032
<u>(b) Active provider licensing information;</u>	4033
<u>(c) Board certification, if applicable;</u>	4034
<u>(d) Educational background;</u>	4035
<u>(e) Clinical privileges, if applicable;</u>	4036
<u>(f) Medical malpractice insurance;</u>	4037

<u>(g) Drug enforcement administration certification, if</u>	4038
<u>applicable;</u>	4039
<u>(h) National practitioner data bank information regarding</u>	4040
<u>malpractice and clinical privilege actions;</u>	4041
<u>(i) Sanctions or limitations on licensure;</u>	4042
<u>(j) Eligibility for participation in medicare and</u>	4043
<u>medicaid, if applicable.</u>	4044
<u>(C) (1) Each of the following facilities shall provide the</u>	4045
<u>department or the department's credentialing designee with the</u>	4046
<u>information described in division (C) (2) of this section as</u>	4047
<u>required by this section:</u>	4048
<u>(a) Nursing facilities as defined in Chapter 5165. of the</u>	4049
<u>Revised Code;</u>	4050
<u>(b) Hospitals as defined in Chapter 3727. of the Revised</u>	4051
<u>Code;</u>	4052
<u>(c) Hospice care programs licensed under Chapter 3712. of</u>	4053
<u>the Revised Code;</u>	4054
<u>(d) Home health agencies licensed by the department of</u>	4055
<u>health under Chapter 3740. of the Revised Code;</u>	4056
<u>(e) Ambulatory surgical facilities as defined in section</u>	4057
<u>3702.30 of the Revised Code;</u>	4058
<u>(f) Community mental health services providers and</u>	4059
<u>community addiction services providers as defined in Chapter</u>	4060
<u>5119. of the Revised Code;</u>	4061
<u>(g) Freestanding dialysis centers and freestanding</u>	4062
<u>radiation therapy centers licensed by the department of health</u>	4063
<u>under Chapter 3702. of the Revised Code;</u>	4064

(h) Residential facilities as defined in Chapter 5119. of 4065
the Revised Code. 4066

(2) Facilities described in division (C)(1) of this 4067
section shall provide the department or department's 4068
credentialing designee with all of the following about the 4069
facility in accordance with this section: 4070

(a) The standardized credentialing form part B maintained 4071
by the department of insurance; 4072

(b) Active provider licensing information; 4073

(c) Certification through an accrediting body or a site 4074
visit completed by a state designated agency; 4075

(d) Eligibility for participation in medicare and 4076
medicaid, if applicable; 4077

(e) Verification of good standing with applicable state 4078
and federal bodies; 4079

(f) Active malpractice insurance. 4080

(D) The department of medicaid shall require a provider or 4081
facility to provide the information described in this section to 4082
the department or the department's credentialing designee sooner 4083
than every twenty-four months if required under federal law or 4084
if the medicaid director determines that a shorter time frame is 4085
necessary. 4086

(E) Nothing in this section prohibits the department from 4087
requesting additional clarifying information at any time during 4088
the credentialing or recredentialing process from a provider or 4089
facility. 4090

Sec. 5164.302. (A) Before entering into a provider 4091

agreement with a medicaid provider that seeks initial enrollment 4092
as a provider of home and community-based services under the 4093
medicaid program, the department of medicaid shall conduct an 4094
in-person review of the individual or site inspection of the 4095
entity seeking enrollment as a provider. The department shall 4096
thereafter conduct a subsequent in-person review or site 4097
inspection every three years. 4098

(B) The department shall deny, refuse to revalidate, 4099
suspend, or terminate a provider agreement if the department 4100
determines that an individual or entity seeking enrollment as a 4101
provider of home and community-based services under the medicaid 4102
program is principally located at the same address as more than 4103
two other active home and community-based services medicaid 4104
providers or is principally located at the same address as 4105
another home and community-based services medicaid provider when 4106
the address contains less than one thousand square feet of 4107
space. 4108

(C) The department of medicaid shall make a referral to 4109
the auditor of state whenever it is determined that a single 4110
address is the principal place of business for more than six 4111
home and community-based services medicaid providers. 4112

Sec. 5164.32. (A) Each medicaid provider agreement shall 4113
expire not later than ~~five~~three years from its effective date_ 4114
or sooner if determined necessary by the medicaid director. ~~If a~~ 4115
~~provider agreement entered into before the effective date of~~ 4116
~~this amendment does not have a time limit, the department of~~ 4117
~~medicaid shall convert the agreement to a provider agreement~~ 4118
~~with a time limit.~~ 4119

(B) The medicaid director shall adopt rules under section 4120
5164.02 of the Revised Code as necessary to implement this 4121

section. The rules shall be consistent with subpart E of 42 4122
C.F.R. Part 455 and include a process for revalidating medicaid 4123
providers' continued enrollments as providers. All of the 4124
following apply to the revalidation process: 4125

(1) The department shall refuse to revalidate a provider's 4126
provider agreement when the provider fails to file a complete 4127
application for revalidation within the time and in the manner 4128
required under the revalidation process. 4129

(2) If a provider files a complete application for 4130
revalidation within the time and in the manner required under 4131
the revalidation process, but the provider agreement expires 4132
before the department acts on the application or before the 4133
effective date of the department's decision on the application, 4134
the provider, subject to division (B)(3) of this section, may 4135
continue operating under the terms of the expired provider 4136
agreement until the effective date of the department's decision. 4137

(3) If a provider continues operating under the terms of 4138
an expired provider agreement pursuant to division (B)(2) of 4139
this section and the department denies the provider's 4140
application for revalidation, medicaid payments shall not be 4141
made for services or items the provider provides during the 4142
period beginning on the date the provider agreement expired and 4143
ending on the effective date of a subsequent provider agreement, 4144
if any, the department enters into with the provider. 4145

Sec. 5164.33. ~~(A)~~(A) (1) The medicaid director may do the 4146
following for any reason permitted or required by federal law 4147
and when the director determines that the action is in the best 4148
interests of medicaid recipients or the state: 4149

~~(1)~~(a) Deny, refuse to revalidate, suspend, or terminate a 4150

provider agreement; 4151

~~(2)~~(b) Exclude an individual, provider of services or 4152
goods, or other entity from participation in the medicaid 4153
program. 4154

(2) The medicaid director shall deny, refuse to 4155
revalidate, suspend, or terminate a provider agreement of any 4156
provider who has not submitted a claim for payment to the 4157
department for a period of one year. 4158

(3) Whenever a temporary moratorium on the enrollment of 4159
new providers or provider types is issued pursuant to 42 C.F.R. 4160
424.570, the medicaid director shall issue a similar moratorium 4161
and deny all pending applications for provider agreements, 4162
including applications that were pending prior to the issuance 4163
of the temporary moratorium and were still awaiting approval 4164
when the moratorium was issued. In issuing a moratorium under 4165
this section, the director shall comply with the requirements 4166
specified in 42 C.F.R. 455.470. 4167

(B) No individual, provider, or entity excluded from 4168
participation in the medicaid program under this section shall 4169
do any of the following: 4170

(1) Own, or provide services to, any other medicaid 4171
provider or risk contractor; 4172

(2) Arrange for, render, or order services for medicaid 4173
recipients during the period of exclusion; 4174

(3) During the period of exclusion, receive direct 4175
payments under the medicaid program or indirect payments of 4176
medicaid funds in the form of salary, shared fees, contracts, 4177
kickbacks, or rebates from or through any other medicaid 4178
provider or risk contractor. 4179

(C) An individual, provider, or entity excluded from 4180
participation in the medicaid program under this section may 4181
request a reconsideration of the exclusion. The director shall 4182
adopt rules under section 5164.02 of the Revised Code governing 4183
the process for requesting a reconsideration. 4184

(D) Nothing in this section limits the applicability of 4185
section 5164.38 of the Revised Code to a medicaid provider. 4186

(E) To the extent permitted under state or federal law, 4187
the department of medicaid shall share information concerning 4188
the director's decision to deny, refuse to revalidate, suspend, 4189
or terminate a provider agreement under this section with any 4190
other board or commission responsible for regulating a component 4191
of the health care industry. 4192

Sec. 5164.331. The department of medicaid shall conduct an 4193
investigation if the department determines that an individual or 4194
entity seeking initial enrollment as a provider shares the same 4195
address, business signage, or telephone number as a current 4196
provider. If an investigation conducted by the department 4197
determines it necessary, the department shall take the actions 4198
described in section 5164.302 of the Revised Code with regard to 4199
the individual or entity seeking initial enrollment as a 4200
provider. 4201

Sec. 5164.332. (A) The department of medicaid shall impose 4202
a temporary suspension of medicaid payments and conduct an 4203
investigation if the department determines there is a suspicious 4204
increase in the number of claims for payment submitted by a 4205
provider in the first sixty days of the provider entering into a 4206
provider agreement with the department. 4207

(B) The department shall flag and investigate any time the 4208

department determines that the number of claims for payment 4209
submitted by a provider in a month increases by more than one 4210
hundred per cent without a corresponding increase in the number 4211
of medicaid enrollees receiving services from the provider. 4212

Sec. 5164.36. (A) As used in this section: 4213

(1) "Credible allegation of fraud" has the same meaning as 4214
in 42 C.F.R. 455.2, except that for purposes of this section any 4215
reference in that regulation to the "state" or the "state 4216
medicaid agency" means the department of medicaid. A "credible 4217
allegation of fraud" includes falsified or fake check-ins, 4218
forged paperwork, double billing for medicaid services, identity 4219
misuse, impossible travel patterns, claims that overlap with a 4220
hospital stay, and coordinated billing rings. 4221

(2) "Disqualifying indictment" means an indictment of a 4222
medicaid provider or its officer, authorized agent, associate, 4223
manager, employee, or, if the provider is a noninstitutional 4224
provider, its owner, if either of the following applies: 4225

(a) The indictment charges the person with committing an 4226
act to which both of the following apply: 4227

(i) The act would be a felony or misdemeanor under the 4228
laws of this state or the jurisdiction within which the act 4229
occurred. 4230

(ii) The act relates to or results from furnishing or 4231
billing for medicaid services under the medicaid program or 4232
relates to or results from performing management or 4233
administrative services relating to furnishing medicaid services 4234
under the medicaid program. 4235

(b) The indictment charges the person with committing an 4236
act that would constitute a disqualifying offense. 4237

(3) "Disqualifying offense" means any of the offenses 4238
listed or described in divisions (A) (3) (a) to (e) of section 4239
109.572 of the Revised Code. 4240

(4) "Noninstitutional medicaid provider" means any person 4241
or entity with a provider agreement other than a hospital, 4242
nursing facility, or ICF/IID. 4243

(5) "Owner" means any person having at least five per cent 4244
ownership in a noninstitutional medicaid provider. 4245

(B) (1) Except as provided in division (C) of this section 4246
and in rules authorized by this section, the department of 4247
medicaid shall suspend the provider agreement held by a medicaid 4248
provider on determining either of the following: 4249

(a) There is a credible allegation of fraud against any of 4250
the following for which an investigation is pending under the 4251
medicaid program: 4252

(i) The medicaid provider; 4253

(ii) The medicaid provider's owner, officer, authorized 4254
agent, associate, manager, or employee. 4255

(b) A disqualifying indictment has been issued against any 4256
of the following: 4257

(i) The medicaid provider; 4258

(ii) The medicaid provider's officer, authorized agent, 4259
associate, manager, or employee; 4260

(iii) If the medicaid provider is a noninstitutional 4261
provider, its owner. 4262

(2) Subject to division (C) of this section, the 4263
department shall also suspend all medicaid payments to a 4264

medicaid provider for services rendered, regardless of the date 4265
that the services are rendered, when the department suspends the 4266
provider's provider agreement under this section. 4267

(3) Except as otherwise provided in 42 C.F.R. 455.23, when 4268
the attorney general or auditor of state submits a credible 4269
allegation of fraud to the department, the department shall take 4270
the following actions: 4271

(a) Suspend medicaid payments to the provider in whole, in 4272
part, or as applied to targeted payments; 4273

(b) Require pre-payment review of the provider's claims. 4274

(4) The suspension of a provider agreement or medicaid 4275
payments shall continue in effect until the latest of the 4276
following occurs: 4277

(a) If the suspension is the result of a credible 4278
allegation of fraud, the department or a prosecuting authority 4279
determines that there is insufficient evidence of fraud by the 4280
medicaid provider; 4281

(b) Regardless of whether the suspension is the result of 4282
a credible allegation of fraud or a disqualifying indictment, 4283
the proceedings in any related criminal case are completed 4284
through dismissal of the indictment or through sentencing after 4285
conviction or entry of a guilty plea or through finding of not 4286
guilty or, if the department commences a process to terminate 4287
the suspended provider agreement, the termination process is 4288
concluded; 4289

(c) The medicaid provider pays in full all fines and debts 4290
due and owing to the department or makes arrangements 4291
satisfactory to the department to fulfill those obligations; 4292

(d) A civil action related to a credible allegation of fraud or disqualifying indictment is not pending against the medicaid provider;

(e) If payments are suspended under division (B) (3) of this section, until the completion of the administrative review described in division (D) (2) of this section.

~~(4)(a)~~ (5) (a) When a provider agreement is suspended under this section, none of the following shall take, during the period of the suspension, any of the actions specified in division ~~(B) (4) (b)~~ (B) (5) (b) of this section:

(i) The medicaid provider;

(ii) If the suspension is the result of an action taken by an officer, authorized agent, associate, manager, or employee of the medicaid provider, that person;

(iii) If the medicaid provider is a noninstitutional provider and the suspension is the result of an action taken by the owner of the provider, the owner.

(b) The following are the actions that persons specified in division ~~(B) (4) (a)~~ (B) (5) (a) of this section cannot take during the suspension of a provider agreement:

(i) Own any other medicaid provider or risk contractor;

(ii) Arrange, render, or order services on behalf of any other medicaid provider or risk contractor;

(iii) Arrange or order services for medicaid recipients or render services to medicaid recipients;

(iv) Receive direct payments under the medicaid program or indirect payments of medicaid funds in the form of salary,

shared fees, contracts, kickbacks, or rebates from or through 4320
any other medicaid provider or risk contractor. 4321

(C) The department shall not suspend a provider agreement 4322
or medicaid payments under division (B) of this section if 4323
either of the following is the case: 4324

(1) The medicaid provider or, if the provider is a 4325
noninstitutional provider, the owner can demonstrate through the 4326
submission of written evidence that the provider or owner did 4327
not directly or indirectly sanction the action of its authorized 4328
agent, associate, manager, or employee that resulted in the 4329
credible allegation of fraud or disqualifying indictment. 4330

(2) The medicaid provider or, if the provider is a 4331
noninstitutional provider, the owner can demonstrate that good 4332
cause exists not to suspend the provider agreement or payments. 4333

With respect to the evidence described in division (C)(1) 4334
of this section, the department shall grant, prior to 4335
suspension, the provider or owner an opportunity to submit the 4336
written evidence to the department. 4337

With respect to a demonstration of good cause described in 4338
division (C)(2) of this section, the department shall specify in 4339
rules adopted under section 5164.02 of the Revised Code what 4340
constitutes good cause and the information, documents, or other 4341
evidence that must be submitted to the department as part of the 4342
demonstration. 4343

~~(D)~~(D)(1) After suspending a provider agreement under 4344
division ~~(B)~~(B)(1) of this section, the department shall send 4345
notice of the suspension to the affected medicaid provider or, 4346
if the provider is a noninstitutional provider, the owner in 4347
accordance with the following time frames: 4348

~~(1)~~(a) Not later than five days after the suspension, 4349
unless a law enforcement agency makes a written request to 4350
temporarily delay the notice; 4351

~~(2)~~(b) If a law enforcement agency makes a written request 4352
to temporarily delay the notice, not later than thirty days 4353
after the suspension occurs subject to the conditions specified 4354
in division (E) of this section. 4355

(2) If medicaid payments are suspended in accordance with 4356
division (B) (3) of this section, the medicaid provider or, if 4357
the provider is a noninstitutional provider, the owner shall be 4358
entitled to a hearing and independent administrative review of 4359
the suspension not later than ten business days after the 4360
suspension takes effect. 4361

(E) A written request for a temporary delay described in 4362
division ~~(D)~~(2)(D) (1) (b) of this section may be renewed in 4363
writing by a law enforcement agency not more than two times 4364
except that under no circumstances shall the notice be issued 4365
more than ninety days after the suspension occurs. 4366

(F) The notice required by division (D) of this section 4367
shall do all of the following: 4368

(1) State that payments are being suspended in accordance 4369
with this section and 42 C.F.R. 455.23; 4370

(2) Set forth the general allegations related to the 4371
nature of the conduct leading to the suspension, except that it 4372
is not necessary to disclose any specific information concerning 4373
an ongoing investigation; 4374

(3) State that the suspension continues to be in effect 4375
until the latest of the circumstances specified in division ~~(B)~~ 4376
~~(3)~~(B) (4) of this section occur; 4377

(4) Specify, if applicable, the type or types of medicaid 4378
claims or business units of the medicaid provider that are 4379
affected by the suspension; 4380

(5) Inform the medicaid provider or owner of the 4381
opportunity to submit to the department, not later than thirty 4382
days after receiving the notice, a request for reconsideration 4383
of the suspension in accordance with division (G) of this 4384
section. 4385

(G) (1) Pursuant to the procedure specified in division (G) 4386
(2) of this section, a medicaid provider subject to a suspension 4387
under this section or, if the provider is a noninstitutional 4388
provider, the owner may request a reconsideration of the 4389
suspension. The request shall be made not later than thirty days 4390
after receipt of a notice required by division ~~(D)~~ (D) (1) of this 4391
section. The reconsideration is not subject to an adjudication 4392
hearing pursuant to Chapter 119. of the Revised Code. 4393

(2) In requesting a reconsideration, the medicaid provider 4394
or owner shall submit written information and documents to the 4395
department. The information and documents may pertain to either 4396
of the following issues: 4397

(a) Whether the determination to suspend the provider 4398
agreement was based on a mistake of fact, other than the 4399
validity of an indictment in a related criminal case. 4400

(b) If there has been an indictment in a related criminal 4401
case, whether the indictment is a disqualifying indictment. 4402

(H) The department shall review the information and 4403
documents submitted in a request made under division (G) of this 4404
section for reconsideration of a suspension. After the review, 4405
the suspension may be affirmed, reversed, or modified, in whole 4406

or in part. The department shall notify the affected provider or owner of the results of the review. 4407
4408

(I) Rules adopted under section 5164.02 of the Revised Code may specify circumstances under which the department would not suspend a provider agreement pursuant to this section. The department shall adopt rules establishing expedited appeal procedures for purposes of an administrative review conducted under division (D) (2) of this section. 4409
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Sec. 5164.40. As used in sections 5164.40 to 5164.407 of the Revised Code: 4415
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(A) "Breadcrumb location data" means data that provides a geographical position during a designated time period allowing the movements of a user to be tracked. 4417
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(B) "Electronic verification system" means an electronic system capable of recording and verifying data elements related to the delivery of health care services covered by the medicaid program. 4420
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(C) "GPS-based verification" means real-time satellite location data that can be used to confirm the physical presence of a person or device in a specified location. 4424
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(D) "Home and community-based services medicaid waiver component" has the same meaning as in section 5166.01 of the Revised Code. 4427
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(E) "In-home care services" include all of the following: 4430

(1) Personal care services; 4431

(2) Home health services covered by the medicaid program as part of the home health services benefit pursuant to 42 C.F.R. 440.70; 4432
4433
4434

(3) Services provided under a medicaid home and community- 4435
based services medicaid waiver component; 4436

(4) Any other medicaid services that are provided to a 4437
medicaid recipient in either a residential or community setting. 4438

(F) "Nonemergency medical transportation" means 4439
transportation for which immediate response is not needed for 4440
the provision of medical treatment and is provided to a medicaid 4441
recipient in accordance with 42 C.F.R. 431.53. "Nonemergency 4442
medical transportation" does not include transportation 4443
conducted by an emergency medical service organization as 4444
defined in section 4766.01 of the Revised Code that is licensed 4445
by the state board of emergency medical, fire, and 4446
transportation services. 4447

(G) "Personal care services" has the same meaning as in 42 4448
C.F.R. 440.167. 4449

Sec. 5164.401. (A) The department of medicaid shall 4450
develop, procure, certify, or approve one or more systems for 4451
the electronic verification of nonemergency medical 4452
transportation services and in-home care services provided under 4453
the medicaid program to medicaid recipients. In developing, 4454
procuring, certifying, or approving a system under this section, 4455
the department may do any of the following: 4456

(1) Establish an internal electronic verification system; 4457

(2) Contract with one or more vendors to establish an 4458
electronic verification system; 4459

(3) Integrate with existing electronic verification 4460
systems utilized by the department. 4461

(B) A system or systems developed, procured, certified, or 4462

approved in accordance with this section shall do all of the 4463
following: 4464

(1) For claims submitted by a nonemergency medical 4465
transportation service provider: 4466

(a) Utilize a ride dispatch system that is similar to 4467
other private transportation services; 4468

(b) Utilize GPS-based verification to track a provider's 4469
arrival at a pickup location, initiation of a transport, arrival 4470
at a drop-off location, and completion of a transport; 4471

(c) Capture breadcrumb location data throughout the 4472
duration of a transport; 4473

(d) Record timestamps, route data, and total distance 4474
traveled during a transport; 4475

(e) Be capable of transmitting data directly to the 4476
department as a condition of payment. 4477

(2) For claims submitted by an in-home care services 4478
provider: 4479

(a) Require in-home care service providers to clock in and 4480
clock out when physically present at the location where services 4481
are being provided; 4482

(b) Utilize GPS-based verification to track when a 4483
provider clocks in and clocks out; 4484

(c) Capture breadcrumb location data throughout the 4485
duration of service delivery; 4486

(d) Record timestamps and the total duration of delivered 4487
services; 4488

(e) Be capable of transmitting data directly to the 4489

department for integration with other claims submissions. 4490

(3) In addition to the requirements described in divisions 4491
(B) (1) and (2) of this section, all services provided under the 4492
self-direction service model shall require a provider to clock 4493
in and clock out when physically present at the location where 4494
services are being provided. 4495

(C) (1) An electronic verification system developed, 4496
procured, certified, or approved in accordance with this section 4497
shall be used to ensure payment integrity within the medicaid 4498
program, compliance with state and federal requirements, and 4499
serve as a fraud prevention measure within the medicaid program. 4500
No data transmitted or stored by an electronic verification 4501
system shall be used to conduct unrelated surveillance of 4502
medicaid providers or for enforcement purposes unrelated to the 4503
medicaid program. 4504

(2) All data transmitted or stored by an electronic 4505
verification system shall be encrypted, be subject to role-based 4506
access controls and audit logs, and comply with all requirements 4507
under state and federal law regarding the protection of patient 4508
information. 4509

(D) The department shall integrate any electronic 4510
verification system developed, procured, certified, or approved 4511
under this section with the department's existing claims and 4512
encounters database and systems. If necessary, the department 4513
shall coordinate with medicaid managed care organizations and 4514
seek any necessary federal approval to facilitate coordination 4515
with electronic verification systems in the medicare program. 4516

(E) (1) Not later than six months after the effective date 4517
of this section, the department shall develop technical 4518

standards and a plan for implementing the requirement of this 4519
section and sections 5164.402 to 5164.407 of the Revised Code. 4520
The department shall submit a copy of the plan to the general 4521
assembly in accordance with section 101.68 of the Revised Code. 4522

(2) Not later than twelve months after the effective date 4523
of this section, the department shall establish a pilot program 4524
under which certain medicaid providers must utilize the 4525
electronic verification systems established under this section. 4526

(3) Beginning not later than eighteen months after the 4527
effective date of this section, the department shall require all 4528
nonemergency medical transportation service providers to utilize 4529
an electronic verification system established under division (B) 4530
(1) of this section. 4531

(4) Beginning not later than twenty-four months after the 4532
effective date of this section, the department shall require all 4533
in-home care service providers to utilize an electronic 4534
verification system established under division (B) (2) of this 4535
section. 4536

(F) In establishing and requiring utilization of 4537
electronic visit verification systems under this section, the 4538
department shall ensure that medicaid recipients are not denied 4539
medically necessary services solely on the basis of a provider's 4540
failure to utilize a required system. The department shall 4541
further ensure that any transition periods that are the result 4542
of implementing the requirements of this section do not impact 4543
the continuity of care for medicaid recipients. The department 4544
shall provide training and technical support to providers to 4545
ensure compliance with this section. 4546

Sec. 5164.402. (A) Upon full implementation of the 4547

electronic verification systems developed, procured, certified, 4548
or approved in accordance with section 5164.401 of the Revised 4549
Code, no nonemergency medical transportation service provider or 4550
in-home care service provider shall be eligible to receive 4551
medicaid payment for transportation or in-home care services 4552
provided to a medicaid recipient unless the provider submits all 4553
necessary data through an electronic verification system. The 4554
department of medicaid shall pay a claim for transportation or 4555
in-home care services submitted through an electronic 4556
verification system if all of the following conditions are 4557
satisfied: 4558

(1) All required GPS-based verification and timestamp data 4559
are present. 4560

(2) The breadcrumb location data utilized by an electronic 4561
verification system is consistent with the billed services. 4562

(3) No unresolved discrepancies about the claim exist. 4563

(B) The department shall establish a process by which a 4564
nonemergency medical transportation service provider may seek an 4565
exemption from utilizing an electronic verification system. The 4566
department may permit an exemption for any of the following 4567
reasons: 4568

(1) Equipment failure or network unavailability, including 4569
rural connectivity issues; 4570

(2) Emergencies; 4571

(3) Concerns for the safety of the medicaid recipient. 4572

(C) Before granting an exemption under division (B) of 4573
this section, the department shall require a nonemergency 4574
medical transportation service provider to submit written 4575

documentation detailing why an exemption should be granted. The 4576
department shall routinely monitor the number of exemptions 4577
requested by a provider. 4578

Sec. 5164.403. (A) Not later than five years after the 4579
effective date of this section, the department of medicaid shall 4580
develop and implement a system by which data received from a 4581
nonemergency medical transportation service provider through an 4582
electronic verification system developed, procured, certified, 4583
or approved under section 5164.401 of the Revised Code may be 4584
cross-referenced with claims for medicaid payment submitted to 4585
the department by other medicaid providers. The system 4586
established in accordance with this section shall be capable of 4587
verifying all of the following: 4588

(1) The medicaid recipient who received the nonemergency 4589
medical transportation services was transported for the purpose 4590
of receiving a medicaid service. 4591

(2) The medicaid recipient who received the nonemergency 4592
medical transportation services was transported to a medicaid 4593
provider with an active and valid provider agreement at the time 4594
of transport. 4595

(3) The records are received by the department within an 4596
allowable timeframe established under division (B) of this 4597
section and reflect an encounter, claim, or billing activity for 4598
a service described in division (A) (1) or (2) of this section. 4599

(B) The department shall establish an allowable timeframe 4600
under which claims for medicaid payment for transportation 4601
claims may be cross-referenced and matched against claims for 4602
other medicaid services. The allowable timeframe shall account 4603
for documented exceptions that create delays including provider 4604

cancellations, appointment rescheduling, emergency diversions, 4605
delayed billing, and administrative errors. 4606

Sec. 5164.404. (A) In addition to the electronic 4607
verification systems developed, procured, certified, or approved 4608
under section 5164.401 of the Revised Code, the department shall 4609
establish a verification system under which high risk in-home 4610
care service providers are required to verify data regarding the 4611
services provided to a medicaid recipient. 4612

(B) The department shall establish criteria under which an 4613
in-home care service provider is considered to be a high risk 4614
provider. The criteria shall at a minimum include all of the 4615
following: 4616

(1) Repeated mismatches in check-in data; 4617

(2) Data that indicates impossible travel times; 4618

(3) Claims data that overlaps with a medicaid recipient's 4619
stay in a hospital; 4620

(4) Unusual outliers in billing data; 4621

(5) Other data indicators that demonstrate a high risk of 4622
fraud. 4623

(C) Each in-home care service provider classified by the 4624
department as a high risk provider shall utilize the 4625
verification system established under this section. As part of 4626
the verification system, the high risk provider shall be 4627
required to utilize fingerprint scanning, facial recognition, 4628
vocal recognition, a secure personal identification number, or 4629
other approved verification method as a condition of receiving 4630
payment for services provided under the medicaid program. 4631

(D) The department shall not sell or otherwise distribute 4632

any data transmitted or stored as part of a provider's use of 4633
the verification system established under this section. No such 4634
data shall be used for any purpose other than to verify medicaid 4635
payment claims submitted by a provider and reduce fraud within 4636
the medicaid program. 4637

Sec. 5164.405. (A) The department of medicaid shall 4638
develop and implement automated fraud-detection tools to assist 4639
with identifying fraud through the use of the electronic 4640
verification systems developed, procured, certified, or approved 4641
under section 5164.401 of the Revised Code and the high-risk 4642
provider verification system established under section 5164.404 4643
of the Revised Code. Any fraud-detection tools shall be capable 4644
of flagging irregular patterns of activity by medicaid providers 4645
that are required to utilize the electronic verification 4646
systems, including all of the following: 4647

(1) The seeking and approval of repeated exceptions under 4648
section 5164.402 of the Revised Code; 4649

(2) Anomalous and irregular route patterns taken by 4650
nonemergency medical transportation service providers; 4651

(3) Discrepancies between location data and submitted 4652
claims. 4653

(B) The department shall conduct periodic audits and 4654
investigations concerning data collected through use of the 4655
electronic verification systems under sections 5164.401 and 4656
5164.404 of the Revised Code and fraud-detection tools 4657
implemented under this section. The department may suspend a 4658
medicaid provider's provider agreement for failing to comply 4659
with an audit or investigation conducted under this section. 4660

(C) If an audit or investigation conducted in accordance 4661

with this section results in a credible allegation of fraud as 4662
defined in section 5164.36 of the Revised Code, the department 4663
shall handle the credible allegation in accordance with that 4664
section and refer the credible allegation to the attorney 4665
general for investigation. 4666

Sec. 5164.406. Annually, the department of medicaid shall 4667
submit a report to the general assembly detailing electronic 4668
verification systems developed, procured, certified, or approved 4669
under section 5164.401 of the Revised Code and the high-risk 4670
provider verification system under section 5164.404 of the 4671
Revised Code. The report shall be submitted to the general 4672
assembly in accordance with section 101.68 of the Revised Code 4673
and detail all of the following: 4674

(A) The verified number of service claims submitted 4675
through electronic verification systems; 4676

(B) The number of claims denied or recouped; 4677

(C) The number of cases of fraud referred to the medicaid 4678
fraud control unit as a result of electronic verification 4679
systems; 4680

(D) The number of provider sanctions issued as a result of 4681
electronic verification system data; 4682

(E) The total amount of cost savings to the medicaid 4683
program achieved as a result of electronic verification systems; 4684

(F) Any impacts to medicaid recipient access to medicaid 4685
services that result from the use of electronic verification 4686
systems; 4687

(G) Any additional information or data the department 4688
considers relevant concerning electronic verification systems. 4689

Sec. 5164.407. The department of medicaid shall adopt 4690
rules in accordance with Chapter 119. of the Revised Code to 4691
implement sections 5164.40 to 5164.407 of the Revised Code. The 4692
rules shall address all of the following: 4693

(A) Technical standards for electronic verification 4694
systems developed, procured, certified, or approved under 4695
section 5164.401 of the Revised Code including GPS intervals, 4696
breadcrumb location data parameters, and criteria for 4697
certification of electronic verification systems; 4698

(B) Procedures by which a provider may seek an exemption 4699
from electronic verification requirements under section 5164.402 4700
of the Revised Code; 4701

(C) Protocols by which the department will conduct audits 4702
and enforcement of electronic verification requirements under 4703
section 5164.405 of the Revised Code; 4704

(D) Regarding the high-risk provider verification system 4705
established under section 5164.404 of the Revised Code, 4706
encryption requirements for stored or transmitted data, time 4707
periods for which data must be retained, processes for data 4708
destruction, and penalties for the misuse of data transmitted or 4709
stored by the verification system; 4710

(E) Other standards and procedures as necessary to 4711
implement sections 5164.40 to 5164.407 of the Revised Code. 4712

Sec. 5164.41. (A) As used in this section, "home and 4713
community-based services medicaid waiver component" has the same 4714
meaning as in section 5166.01 of the Revised Code. 4715

(B) Subject to section 5166.04 of the Revised Code, the 4716
department of medicaid shall establish oversight mechanisms 4717
concerning services provided by a family caregiver under a home 4718

<u>and community-based services medicaid waiver component.</u>	4719
<u>Oversight may include any of the following:</u>	4720
<u>(1) Quarterly audits;</u>	4721
<u>(2) Enhanced check-in review;</u>	4722
<u>(3) Annual recertification as a medicaid provider;</u>	4723
<u>(4) Independent case manager verification;</u>	4724
<u>(5) Caps on hours of compensated care absent documented</u> <u>medical necessity;</u>	4725 4726
<u>(6) Forensic review triggers;</u>	4727
<u>(7) Background check monitoring pursuant to section</u> <u>5164.341 of the Revised Code through the retained applicant</u> <u>fingerprint database established under section 109.5721 of the</u> <u>Revised Code.</u>	4728 4729 4730 4731
<u>(C) The department may require a family caregiver who the</u> <u>department considers to be high risk or who has repeatedly</u> <u>violated the department's requirements concerning family</u> <u>caregivers to provide services through a waiver agency as</u> <u>defined in section 5164.342 of the Revised Code, rather than as</u> <u>an independent provider.</u>	4732 4733 4734 4735 4736 4737
<u>Sec. 5164.42. (A) As used in this section, "electronic</u> <u>visit verification" has the same meaning as in section 1903(1)</u> <u>of the "Social Security Act," 42 U.S.C. 1903(1).</u>	4738 4739 4740
<u>(B) (1) The department of medicaid shall require each claim</u> <u>for a service that is subject to electronic visit verification</u> <u>requirements under state or federal law to be supported by a</u> <u>validated electronic visit verification record as a condition of</u> <u>payment.</u>	4741 4742 4743 4744 4745

(2) The department shall establish standards and 4746
procedures for matching claims for medicaid payment to 4747
electronic visit verification records. The standards and 4748
procedures shall identify the data elements necessary to 4749
validate that the service billed was delivered to a medicaid 4750
recipient, including the type of service performed, the 4751
individual receiving the service, the date of service, the 4752
location of service delivery, the individual providing the 4753
service, and the time the service began and ended. 4754

(C) (1) The department may deny, suspend, defer, or recoup 4755
payment for a claim that is not supported by a validated 4756
electronic visit verification record. 4757

(2) Prior to taking an action described in division (C) (1) 4758
of this section, the department shall provide affected providers 4759
with notice, training, technical assistance, and compliance 4760
education regarding claim validation requirements established 4761
under this section. 4762

(D) The department may establish performance benchmarks or 4763
minimum compliance thresholds related to electronic visit 4764
verification utilization, matching accuracy, manual entry rates, 4765
modified visit rates, late visit entry rates, and unmatched 4766
claim rates. 4767

(E) The medicaid director shall adopt rules under section 4768
5164.02 of the Revised Code to implement this section. The rules 4769
shall establish all of the following: 4770

(1) Claim validation procedures; 4771

(2) Standards for verified electronic visit verification 4772
records; 4773

(3) Good-cause exemptions; 4774

<u>(4) Corrective action processes;</u>	4775
<u>(5) Procedures for technical assistance and provider remediation;</u>	4776 4777
<u>(6) Phased implementation schedules by provider type or service category;</u>	4778 4779
<u>(7) Standards for denying, suspending, deferring, or recouping payment for claims not supported by validated electronic visit verification records.</u>	4780 4781 4782
<u>(F) Nothing in this section prohibits the department, the auditor of state, the attorney general, or any other authorized state or federal entity from conducting a post-payment review, audit, investigation, enforcement action, or recovery action related to a claim subject to electronic visit verification requirements.</u>	4783 4784 4785 4786 4787 4788
<u>Sec. 5164.43. (A) As used in this section:</u>	4789
<u>(1) "Employee" means any person who performs a service for wages or other remuneration for an employer.</u>	4790 4791
<u>(2) "Employer" means any person who has one or more employees and includes an agent of an employer, the state or any agency or instrumentality of the state, and any political subdivision or any agency or instrumentality thereof.</u>	4792 4793 4794 4795
<u>(B) No employer shall discharge, demote, reassign, or take any punitive action against an employee because the employee, based on a reasonable belief, submitted a good faith report that an instance of fraud occurred in the medicaid program.</u>	4796 4797 4798 4799
<u>(C) An employee alleging an employer has violated division (B) of this section may commence an action in any court of competent jurisdiction for reinstatement with back pay, if the</u>	4800 4801 4802

action is based on discharge, or for equitable relief, together 4803
with reasonable attorney's fees. 4804

Sec. 5164.54. (A) Not later than the first day of February 4805
of each year, the medicaid director shall provide to the 4806
director of commerce a list of all medicaid providers who have 4807
had a medicaid provider agreement suspended or terminated due to 4808
fraudulent activity. 4809

(B) Not later than the first day of March of each year, 4810
the director of commerce shall provide to the medicaid director 4811
a list of any individual included in a request sent by the 4812
medicaid director pursuant to division (A) of this section who 4813
has unclaimed funds delivered or reported to the state under 4814
Chapter 169. of the Revised Code. 4815

(C) If the information the director of commerce provides 4816
identifies or results in identifying unclaimed funds held by the 4817
state for a medicaid provider described in division (A) of this 4818
section, the department of medicaid shall file a claim under 4819
section 169.08 of the Revised Code to recover the unclaimed 4820
funds. If the director of commerce allows the claim, the 4821
director of commerce shall pay the claim directly to the 4822
department of medicaid. The director of commerce shall not 4823
disallow a claim made by the department of medicaid because the 4824
department of medicaid is not the owner of the unclaimed funds 4825
according to the report made pursuant to section 169.03 of the 4826
Revised Code. The director of commerce shall not pay a claim 4827
amount that exceeds the amount of funds owed to the department 4828
of medicaid by a medicaid provider. The director of medicaid 4829
shall adjust any amount owed by a medicaid provider described in 4830
division (A) of this section if the director of commerce pays 4831
unclaimed funds to the director of medicaid otherwise owed to 4832

the provider.

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Sec. 5164.57. (A) (1) Except as provided in division (A) (2) and division (E) of this section, the department of medicaid may recover a medicaid payment or portion of a payment made to a medicaid provider to which the provider is not entitled if the department notifies the provider of the overpayment during the five-year period immediately following the end of the state fiscal year in which the overpayment was made.

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(2) In the case of a hospital medicaid provider, if the department determines as a result of a medicare or medicaid cost report settlement that the provider received an amount under the medicaid program to which the provider is not entitled, the department may recover the overpayment if the department notifies the provider of the overpayment during the later of the following:

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(a) The five-year period immediately following the end of the state fiscal year in which the overpayment was made;

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(b) The one-year period immediately following the date the department receives from the United States centers for medicare and medicaid services a completed, audited, medicare cost report for the provider that applies to the state fiscal year in which the overpayment was made.

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(B) Among the overpayments that may be recovered under this section are the following:

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(1) Payment for a medicaid service, or a day of service, not rendered;

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(2) Payment for a day of service at a full per diem rate that should have been paid at a percentage of the full per diem rate;

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(3) Payment for a medicaid service, or day of service, 4862
that was paid by, or partially paid by, a third party, as 4863
defined in section 5160.35 of the Revised Code, and the third 4864
party's payment or partial payment was not offset against the 4865
amount paid by the medicaid program to reduce or eliminate the 4866
amount that was paid by the medicaid program; 4867

(4) Payment when a medicaid recipient's responsibility for 4868
payment was understated and resulted in an overpayment to the 4869
provider. 4870

(C) The department may recover an overpayment under this 4871
section prior to or after any of the following: 4872

(1) Adjudication of a final fiscal audit that section 4873
5164.38 of the Revised Code requires to be conducted in 4874
accordance with Chapter 119. of the Revised Code; 4875

(2) Adjudication of a finding under any other provision of 4876
state statutes governing the medicaid program or the rules 4877
adopted under those statutes; 4878

(3) Expiration of the time to issue a final fiscal audit 4879
that section 5164.38 of the Revised Code requires to be 4880
conducted in accordance with Chapter 119. of the Revised Code; 4881

(4) Expiration of the time to issue a finding under any 4882
other provision of state statutes governing the medicaid program 4883
or the rules adopted under those statutes. 4884

(D) (1) Subject to division (D) (2) of this section, the 4885
recovery of an overpayment under this section does not preclude 4886
the department from subsequently doing the following: 4887

(a) Issuing a final fiscal audit in accordance with 4888
Chapter 119. of the Revised Code, as required under section 4889

5164.38 of the Revised Code; 4890

(b) Issuing a finding under any other provision of state 4891
statutes governing the medicaid program or the rules adopted 4892
under those statutes. 4893

(2) A final fiscal audit or finding issued subsequent to 4894
the recovery of an overpayment under this section shall be 4895
reduced by the amount of the prior recovery, as appropriate. 4896

(E) The department shall recover all overpayments to a 4897
provider when an audit determines and verifies an impossible 4898
claim submitted by the provider, such as when a provider has 4899
submitted a claim for providing in-home care services, as 4900
defined in section 5164.40 of the Revised Code, on a date when 4901
the recipient was in the hospital or when a provider has 4902
submitted claims for providing in-home services to recipients 4903
located at different addresses at the same time. 4904

(F) Nothing in this section limits the department's 4905
authority to recover overpayments pursuant to any other 4906
provision of the Revised Code. 4907

Sec. 5166.04. The following requirements apply to each 4908
home and community-based services medicaid waiver component: 4909

(A) Only an individual who qualifies for a component shall 4910
receive that component's medicaid services. 4911

(B) A level of care determination shall be made as part of 4912
the process of determining whether an individual qualifies for a 4913
component and shall be made each year after the initial 4914
determination if, during such a subsequent year, the 4915
administrative agency determines there is a reasonable 4916
indication that the individual's needs have changed. 4917

(C) A written plan of care or individual service plan 4918
based on an individual assessment of the medicaid services that 4919
an individual needs to avoid needing admission to a hospital, 4920
nursing facility, or ICF/IID shall be created for each 4921
individual determined eligible for a component. 4922

(D) Each individual determined eligible for a component 4923
shall receive that component's medicaid services in accordance 4924
with the individual's level of care determination and written 4925
plan of care or individual service plan. 4926

(E) No individual may receive medicaid services under a 4927
component while the individual is a hospital inpatient or 4928
resident of a skilled nursing facility, nursing facility, or 4929
ICF/IID. 4930

(F) No individual may receive prevocational, educational, 4931
or supported employment services under a component if the 4932
individual is eligible for such services that are funded with 4933
federal funds provided under 29 U.S.C. 730 or the "Individuals 4934
with Disabilities Education Act," 111 Stat. 37 (1997), 20 U.S.C. 4935
1400, as amended. 4936

(G) Safeguards shall be taken to protect the health and 4937
welfare of individuals receiving medicaid services under a 4938
component, including safeguards established in rules adopted 4939
under section 5166.02 of the Revised Code and safeguards 4940
established by licensing and certification requirements that are 4941
applicable to the providers of that component's medicaid 4942
services. 4943

(H) No medicaid services may be provided under a component 4944
by a provider that is subject to standards that the "Social 4945
Security Act," section 1616(e)(1), 42 U.S.C. 1382e(e)(1), 4946

requires be established if the provider fails to comply with the 4947
standards applicable to the provider. 4948

(I) Individuals determined to be eligible for a component, 4949
or such individuals' representatives, shall be informed of that 4950
component's medicaid services, including any choices that the 4951
individual or representative may make regarding the component's 4952
medicaid services, and given the choice of either receiving 4953
medicaid services under that component or, as appropriate, 4954
hospital services, nursing facility services, or ICF/IID 4955
services. 4956

(J) No individual shall lose eligibility for services 4957
under a component, or have the services reduced or otherwise 4958
disrupted, on the basis that the individual also receives 4959
services under the medicaid buy-in for workers with disabilities 4960
program. 4961

(K) No individual shall lose eligibility for services 4962
under a component, or have the services reduced or otherwise 4963
disrupted, on the basis that the individual's income or 4964
resources increase to an amount above the eligibility limit for 4965
the component if the individual is participating in the medicaid 4966
buy-in for workers with disabilities program and the amount of 4967
the individual's income or resources does not exceed the 4968
eligibility limit for the medicaid buy-in for workers with 4969
disabilities program. 4970

(L) No individual receiving services under a component 4971
shall be required to pay any cost sharing expenses for the 4972
services for any period during which the individual also 4973
participates in the medicaid buy-in for workers with 4974
disabilities program. 4975

(M) No home and community-based services medicaid waiver 4976
component may provide medicaid payment for providing personal 4977
care services covered under the component if the services are 4978
provided by that individual to a waiver participant who is a 4979
family member of that individual. As used in this division, 4980
"family member" means a spouse, parent, child, grandparent, 4981
grandchild, great-grandparent, great-grandchild, brother, 4982
sister, aunt, uncle, nephew, niece, cousin, and a step-relation. 4983

Sec. 5167.18. Each medicaid managed care organization 4984
shall comply with federal and state efforts to identify fraud, 4985
waste, and abuse in the medicaid program. Upon the 4986
identification of credible evidence of fraud or materially 4987
inconsistent billing, each medicaid managed care organization 4988
shall make a report to the department of medicaid. The 4989
department shall refer the information to the attorney general 4990
for investigation. 4991

Sec. 5167.23. (A) As used in this section, "deconfliction" 4992
means the systematic coordination between medicaid managed care 4993
organizations and multiple state and federal oversight agencies 4994
to share investigative data, eliminate overlapping inquiries, 4995
and streamline the prosecution of fraudulent medicaid providers. 4996

(B) Upon the identification of credible indicators of 4997
fraud, waste, or abuse, a medicaid managed care organization may 4998
implement reasonable and timely payment integrity actions, 4999
including payment suspension and prepayment review and denial. 5000

(C) (1) Except as provided in division (C) (2) of this 5001
section, a medicaid managed care organization shall not initiate 5002
prepayment review for a medicaid provider without first 5003
obtaining approval from the department of medicaid. 5004
Notwithstanding any provision of law to the contrary, a 5005

prepayment review initiated under this section may remain in 5006
effect for longer than six months without renewal. 5007

(2) A medicaid managed care organization may place 5008
suspected high-risk providers, as determined by the medicaid 5009
managed care organization, on claims payment suspension during 5010
any open investigation or stand-down period. A medicaid managed 5011
care organization shall notify the department prior to 5012
implementing claims payment suspension under this section. 5013

(D) Following the initiation of payment integrity actions, 5014
a medicaid managed care organization shall complete all 5015
applicable deconfliction procedures in accordance with 5016
procedures established by the department. A medicaid managed 5017
care organization may take an action described in this section 5018
prior to the completion of deconfliction procedures when 5019
necessary to prevent continued improper payments and to mitigate 5020
a program integrity risk. 5021

(E) A medicaid managed care organization shall maintain 5022
documented evidence of credible indicators of fraud, waste, and 5023
abuse that are the basis for an action taken under this section. 5024
The department shall ensure that all actions taken under this 5025
section are consistent with state and federal law. 5026

Section 2. That existing sections 109.71, 109.77, 109.85, 5027
117.10, 117.103, 121.483, 2903.216, 2913.40, 2923.31, 2929.01, 5028
2935.01, 3712.01, 3712.03, 3712.04, 3712.06, 3712.062, 4113.52, 5029
5164.32, 5164.33, 5164.36, 5164.57, 5166.04, and 5167.18 of the 5030
Revised Code are hereby repealed. 5031

Section 3. Not later than thirty days after the effective 5032
date of this section, the Department of Medicaid shall submit a 5033
report to the General Assembly with a cost estimate to implement 5034

this act. The report shall include a comparison of state funds 5035
and expected matching federal funds necessary to develop, 5036
procure, certify, or approve electronic verification systems 5037
described in section 5164.401 of the Revised Code. The report 5038
shall also analyze expected cost savings for the Medicaid 5039
program that result from implementation of electronic 5040
verification systems. 5041

Section 4. (A) Except as provided in division (B) of this 5042
section, the Department of Health shall not do either of the 5043
following until six months after the effective date of this 5044
section: 5045

(1) Issue a new license under section 3712.04 of the 5046
Revised Code to a person or public agency that proposes to 5047
provide a hospice care program; 5048

(2) Accept an application for a hospice care program 5049
change of ownership, unless an owner is deceased. 5050

(B) The Department of Health may issue a license under 5051
section 3712.04 of the Revised Code within six months after the 5052
effective date of this section if the Department determines 5053
there is a demonstrated need in the geographic service area in 5054
which the hospice care program would operate. When determining 5055
need in a geographic service area, the Department shall consider 5056
the following: 5057

(1) Existing provider capacity, geographic coverage, 5058
patient access, and service availability; 5059

(2) Recent hospice care program closures or ownership 5060
disruptions; 5061

(3) Quality history of existing hospice care programs; 5062

(4) The applicant's demonstrated ability to serve the 5063
proposed geographic service area; 5064

(5) Any other factors the Department determines are 5065
relevant. 5066

(C) Notwithstanding division (J) (3) of section 3712.04 of 5067
the Revised Code, for applications for change in ownership of a 5068
hospice care program that are filed within fifteen months after 5069
the effective date of this section, the Department of Health has 5070
until the date that is twenty-four months after the effective 5071
date of this section to complete the change of ownership survey 5072
required under that division. 5073

Section 5. This act shall be known as the Ohio Medicaid 5074
Program Integrity and Fraud Prevention Act. 5075

Section 6. The General Assembly, applying the principle 5076
stated in division (B) of section 1.52 of the Revised Code that 5077
amendments are to be harmonized if reasonably capable of 5078
simultaneous operation, finds that the following sections, 5079
presented in this act as composites of the sections as amended 5080
by the acts indicated, are the resulting versions of the 5081
sections in effect prior to the effective date of the sections 5082
as presented in this act: 5083

Section 117.10 of the Revised Code as amended by both H.B. 5084
59 and S.B. 67 of the 130th General Assembly. 5085

Section 2923.31 of the Revised Code as amended by both 5086
H.B. 199 and H.B. 405 of the 132nd General Assembly. 5087