

Sub. H. B. No. 96  
As Passed by the Senate  
MCD100  
MCD70

\_\_\_\_\_ moved to amend as follows:

After line 83613, insert:

"Sec. 3901.047. (A) Regarding individuals with end-stage renal disease in this state, the superintendent of insurance shall do all of the following:

(1) Evaluate medicare application requirements and review state policies and procedures related to patients who are sixty-five years of age or younger that have end-stage renal disease;

(2) Review and identify whether there exist medicare eligibility gaps for individuals with end-stage renal disease;

(3) Take steps to address any eligibility gaps identified under division (A) (2) of this section to improve patient access to medicare benefits;

(4) Develop a process to assist patients with end-stage renal disease apply for medicare benefits.

(B) Not later than September 1, 2026, the department of insurance shall prepare and submit a report to the general

assembly in accordance with section 101.68 of the Revised Code. 17  
The report shall detail the review conducted in accordance with 18  
division (A) of this section, including the feasibility of 19  
developing a process to assist patients with end-stage renal 20  
disease apply for medicare benefits. If the superintendent 21  
determines assisting patients to apply for medicare benefits is 22  
not feasible, the report shall include the results of the 23  
superintendent's finding and the steps the superintendent took 24  
to reach its conclusion." 25

Delete lines 119140 through 119163 (remove R.C. 5160.25) 26

Update the title, amend, enact, or repeal clauses accordingly 27

The motion was \_\_\_\_\_ agreed to.

#### SYNOPSIS 28

#### **Assisting end-stage renal disease patients** 29

#### **R.C. 3901.047** 30

Moves from ODM to ODI the Senate-added requirement to (1) 31  
 evaluate Medicare application requirements and state procedures 32  
 relating to individuals over age 65 with end stage renal 33  
 disease, (2) identify Medicare eligibility gaps for those 34  
 individuals, (3) take steps to address those eligibility gaps, 35  
 (4) develop a process to assist those individuals to apply to 36  
 Medicare, and (5) submit a report to the General Assembly 37  
 detailing its findings. 38