

As Introduced

136th General Assembly

Regular Session

2025-2026

S. B. No. 78

Senators Hicks-Hudson, DeMora

Cosponsors: Senators Weinstein, Liston, Smith, Antonio, Craig

A BILL

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

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

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

Sec. 109.02. The attorney general is the chief law officer 17
for the state and all its departments and shall be provided with 18

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

Sec. 3920.01. As used in this chapter: 33

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

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

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

(2) The Ohio health care plan shall provide universal and 47

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

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

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

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

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

(1) Region 1: Ashtabula, Cuyahoga, Geauga, Lake, Lorain; 76

<u>(2) Region 2: Allen, Auglaize, Defiance, Erie, Fulton,</u>	77
<u>Hancock, Henry, Huron, Lucas, Mercer, Ottawa, Paulding, Putnam,</u>	78
<u>Sandusky, Seneca, Van Wert, Williams, Wood;</u>	79
<u>(3) Region 3: Athens, Belmont, Coshocton, Gallia,</u>	80
<u>Guernsey, Harrison, Hocking, Jackson, Jefferson, Lawrence,</u>	81
<u>Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Pike, Ross,</u>	82
<u>Scioto, Vinton, Washington;</u>	83
<u>(4) Region 4: Adams, Brown, Butler, Clermont, Clinton,</u>	84
<u>Hamilton, Highland, Warren;</u>	85
<u>(5) Region 5: Crawford, Delaware, Fairfield, Fayette,</u>	86
<u>Franklin, Hardin, Knox, Licking, Logan, Madison, Marion, Morrow,</u>	87
<u>Pickaway, Union, Wyandot;</u>	88
<u>(6) Region 6: Ashland, Carroll, Columbiana, Holmes,</u>	89
<u>Mahoning, Medina, Portage, Richland, Stark, Summit, Trumbull,</u>	90
<u>Tuscarawas, Wayne;</u>	91
<u>(7) Region 7: Champaign, Clark, Darke, Greene, Miami,</u>	92
<u>Montgomery, Preble, Shelby.</u>	93
<u>(C) (1) The health commissioner of the most populous county</u>	94
<u>in each region shall convene a meeting of all county and city</u>	95
<u>health commissioners in the region within ninety days following</u>	96
<u>the effective date of this section. If there are two or more</u>	97
<u>health districts located wholly or partially in the most</u>	98
<u>populous county of the region, the health commissioner of the</u>	99
<u>health district with the largest territorial jurisdiction in</u>	100
<u>that county shall convene the meeting of all county and city</u>	101
<u>health commissioners within ninety days following the effective</u>	102
<u>date of this section.</u>	103
<u>(2) At the meeting called pursuant to division (C) (1) of</u>	104
<u>this section, the county and city health commissioners in each</u>	105

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

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

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

(D)(1) At its initial meeting on the date set pursuant to 126
division (C)(2) of this section, each regional health advisory 127
committee shall elect a chairperson from among the 128
representatives to the committee. At the initial meeting, each 129
committee's representatives shall elect two residents from the 130
region to represent that region as members of the Ohio health 131
care board. One of the two residents elected from each region to 132
serve on the Ohio health care board shall be a resident of the 133
region's most populous county and the other shall be a resident 134
of any county in the region other than the region's most 135

populous county. 136

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

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

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

(E) (1) The director of health shall set the time, place, 163
and date for the initial meeting of the Ohio health care board 164
and shall preside over the Ohio health care board's initial 165

meeting. The initial meeting shall be held not sooner than one 166
hundred fifteen days and not later than one hundred twenty-five 167
days after the effective date of this section. 168

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

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

(F) The seven regional health advisory committees shall 186
act as advisory bodies to the Ohio health care board, 187
representing their individual regions. The regional health 188
advisory committees shall oversee the management of consumer and 189
provider complaints originating in their respective regions and 190
shall hold a hearing on all such complaints. The regional health 191
advisory committees shall offer assistance to resolve consumer 192
and provider disputes and shall seek the agreement of all 193
parties to the dispute to submit the dispute to negotiation or 194
binding arbitration. A regional health advisory committee shall 195

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

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

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

(H) (1) The members and staff of the Ohio health care board 214
and employees of the Ohio health care agency, and their 215
immediate families, are prohibited from having any pecuniary 216
interest in any business with a contract, or in negotiation for 217
a contract, with either the Ohio health care board or Ohio 218
health care agency, or in any business that is subject to the 219
Ohio health care board's oversight. The members and staff of the 220
Ohio health care board and employees of the Ohio health care 221
agency shall not knowingly receive remuneration for health care 222
services of any kind during their term of service or employment. 223
The members and staff of the Ohio health care board and 224
employees of the Ohio health care agency, and their immediate 225

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

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

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

(3) The chairperson of the Ohio health care board may 248
conduct hearings to determine if a violation of division (H) (1) 249
or (2) of this section has occurred. If the alleged violator is 250
the chairperson, the director of health may conduct the 251
hearings. If the director of health is the chairperson, the 252
member of the board not alleged to have committed a violation 253
with the greatest seniority may hold the hearings. Notice of any 254
hearing, the conduct of the hearing, and all other matters 255

relating to the holding of the hearing shall be governed by 256
Chapter 119. of the Revised Code. 257

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

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

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

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

(B) The duties and functions of the Ohio health care board 282
include the following: 283

(1) Implementing statutory eligibility standards for 284

<u>benefits;</u>	285
<u>(2) Annually adopting a benefits package for participants</u>	286
<u>of the Ohio health care plan;</u>	287
<u>(3) Acting directly or through one or more contractors as</u>	288
<u>the single payer for all claims for health care services made</u>	289
<u>under the Ohio health care plan;</u>	290
<u>(4) Developing and implementing separate formulas for</u>	291
<u>determining budgets under sections 3920.21 to 3920.28 of the</u>	292
<u>Revised Code;</u>	293
<u>(5) Annually reviewing the formulas for determining the</u>	294
<u>appropriateness and sufficiency of rates, fees, and prices;</u>	295
<u>(6) Providing for timely payments to providers through a</u>	296
<u>structure that is well organized and that eliminates unnecessary</u>	297
<u>administrative costs;</u>	298
<u>(7) Implementing, to the extent permitted by federal law,</u>	299
<u>standardized claims and reporting methods for use by the Ohio</u>	300
<u>health care plan;</u>	301
<u>(8) Developing a system of centralized electronic claims</u>	302
<u>and payments;</u>	303
<u>(9) Establishing an enrollment system that will ensure</u>	304
<u>that all eligible residents of this state, including those who</u>	305
<u>travel frequently, those who cannot read, and those who do not</u>	306
<u>speak English, are aware of their right to health care and are</u>	307
<u>formally enrolled in the Ohio health care plan;</u>	308
<u>(10) Reporting annually to the general assembly and the</u>	309
<u>governor, on or before the first day of October, on the</u>	310
<u>performance of the Ohio health care plan, the fiscal condition</u>	311
<u>of the Ohio health care plan, any need for rate adjustments,</u>	312

<u>recommendations for statutory changes, the receipt of payments</u>	313
<u>from the federal government, whether current year goals and</u>	314
<u>priorities were met, future goals and priorities, and major new</u>	315
<u>technology or prescription drugs that may affect the cost of the</u>	316
<u>health care services provided by the Ohio health care plan;</u>	317
<u>(11) Administering the revenues of the Ohio health care</u>	318
<u>fund pursuant to section 3920.09 of the Revised Code;</u>	319
<u>(12) Obtaining appropriate liability and other forms of</u>	320
<u>insurance to provide coverage for the Ohio health care plan, the</u>	321
<u>Ohio health care board, the Ohio health care agency, and</u>	322
<u>employees and agents of the foregoing;</u>	323
<u>(13) Establishing, appointing, and funding appropriate</u>	324
<u>staff for the Ohio health care agency throughout this state;</u>	325
<u>(14) Procuring requisite office space and administrative</u>	326
<u>support;</u>	327
<u>(15) Administering aspects of the Ohio health care agency</u>	328
<u>by taking actions that include the following:</u>	329
<u>(a) Establishing standards and criteria for the allocation</u>	330
<u>of operating funds;</u>	331
<u>(b) Meeting regularly with the executive director and</u>	332
<u>administrators of the Ohio health care agency to review the</u>	333
<u>impact of the agency and its policies on the regions established</u>	334
<u>under section 3920.03 of the Revised Code;</u>	335
<u>(c) Establishing measurable goals for the health care</u>	336
<u>system established pursuant to the Ohio health care plan;</u>	337
<u>(d) Establishing statewide health care databases to</u>	338
<u>support health care services planning;</u>	339

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

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

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

(16) Appointing a technical and medical advisory board. 360
The members of the technical and medical advisory board shall 361
represent a cross section of the medical and provider community 362
and consumers, and shall include two persons, one being a 363
provider and the other representing consumers, from each region 364
designated in section 3920.03 of the Revised Code. The members 365
of the technical and medical advisory board shall be reimbursed 366
for actual and necessary expenses incurred in the performance of 367
the members' duties. The technical and medical advisory board's 368
duties include: 369

<u>(a) Advising the Ohio health care board on the</u>	370
<u>establishment of policy on medical issues, population-based</u>	371
<u>public health issues, research priorities, scope of services,</u>	372
<u>expanding access to health care services, and evaluating the</u>	373
<u>performance of the Ohio health care plan;</u>	374
<u>(b) Investigating proposals for innovative approaches to</u>	375
<u>the promotion of health, the prevention of disease and injury,</u>	376
<u>patient education, research, and health care delivery;</u>	377
<u>(c) Advising the Ohio health care board on the</u>	378
<u>establishment of standards and criteria to evaluate requests</u>	379
<u>from health care facilities for capital improvements.</u>	380
<u>(C) The Ohio health care board shall employ and fix the</u>	381
<u>compensation of Ohio health care agency personnel, with the</u>	382
<u>approval of the department of administrative services, as needed</u>	383
<u>by the agency to properly discharge the agency's duties. The</u>	384
<u>employment of personnel by the Ohio health care board is subject</u>	385
<u>to the civil service laws of this state. The Ohio health care</u>	386
<u>board shall employ personnel that include the following:</u>	387
<u>(1) Executive director;</u>	388
<u>(2) Administrator of planning, research, and development;</u>	389
<u>(3) Administrator of consumer affairs;</u>	390
<u>(4) Administrator of quality assurance;</u>	391
<u>(5) Administrator of finance;</u>	392
<u>(6) Legal counsel to represent the Ohio health care agency</u>	393
<u>and Ohio health care board in any legal action brought by or</u>	394
<u>against the agency or board under or pursuant to any provision</u>	395
<u>of the Revised Code under the agency's or board's jurisdiction.</u>	396

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

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

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

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

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

(2) Investigating proposals for innovative approaches for 423
the promotion of health, the prevention of disease and injury, 424
patient education, research, and the delivery of health care 425

<u>services;</u>	426
<u>(3) Establishing standards and criteria for evaluating</u>	427
<u>applications from health care facilities for capital</u>	428
<u>improvements.</u>	429
<u>(B) (1) The executive director shall determine the duties</u>	430
<u>of the administrator of consumer affairs. Those duties shall</u>	431
<u>include the following:</u>	432
<u>(a) Developing educational and informational guides for</u>	433
<u>consumers that describe consumer rights and responsibilities and</u>	434
<u>that inform consumers of effective ways to exercise consumer</u>	435
<u>rights to obtain health care services. The guides must be easy</u>	436
<u>to read and understand and must be available in English and in</u>	437
<u>other languages. The Ohio health care agency shall make the</u>	438
<u>guides available to the public through public outreach and</u>	439
<u>educational programs and through the internet web site of the</u>	440
<u>Ohio health care agency.</u>	441
<u>(b) Establishing a toll-free telephone number to receive</u>	442
<u>questions and complaints regarding the Ohio health care agency</u>	443
<u>and the agency's services. The Ohio health care agency's</u>	444
<u>internet web site shall provide complaint forms and instructions</u>	445
<u>online.</u>	446
<u>(c) Examining suggestions from the public;</u>	447
<u>(d) Making recommendations for improvements to the Ohio</u>	448
<u>health care board;</u>	449
<u>(e) Examining the extent to which individual health care</u>	450
<u>facilities in a region meet the needs of the community in which</u>	451
<u>they are located;</u>	452
<u>(f) Receiving, investigating, and responding to all</u>	453

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

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

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

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

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

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

(2) Identifying causes of medical errors and devising 481
procedures to decrease medical errors; 482

<u>(3) Establishing an evidence-based formulary;</u>	483
<u>(4) Identifying treatments and medications that are unsafe or have no proven value;</u>	484 485
<u>(5) Establishing a process for soliciting information on medical standards from providers and consumers for purposes of division (C) of this section.</u>	486 487 488
<u>(D) The executive director shall determine the duties of the administrator of finance. Those duties shall include the following:</u>	489 490 491
<u>(1) Administering the Ohio health care fund;</u>	492
<u>(2) Making prompt payments to providers;</u>	493
<u>(3) Developing a system of centralized claims and payments;</u>	494 495
<u>(4) Communicating to the treasurer of state when funds are needed for the operation of the Ohio health care plan;</u>	496 497
<u>(5) Developing information systems for utilization review;</u>	498
<u>(6) Investigating possible provider or consumer fraud.</u>	499
Sec. 3920.07. <u>(A) All residents of this state and individuals employed in this state, including the homeless and migrant workers, are eligible for coverage under the Ohio health care plan. The Ohio health care board shall establish standards and a simplified procedure to demonstrate proof of residency. The Ohio health care board shall establish a procedure to enroll eligible residents and employees and to provide each individual covered under the Ohio health care plan with identification that providers may use to determine eligibility for health care services under the Ohio health care plan.</u>	500 501 502 503 504 505 506 507 508 509

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

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

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

(E) The Ohio health care plan shall reimburse Ohio health 538
care board approved providers practicing outside of this state 539

at Ohio health care plan rates for health care services rendered 540
to a plan participant while the participant is out of state. 541

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

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

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

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

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

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

(2) Emergency services, as defined in section 3923.65 of 566
the Revised Code, twenty-four hours each day on a prudent 567
layperson standard. Residents who are temporarily out of state 568

<u>may receive benefits for emergency services rendered in that</u>	569
<u>state. The Ohio health care agency shall make timely emergency</u>	570
<u>services, including hospital care and triage, available to all</u>	571
<u>residents of this state, including all residents not enrolled in</u>	572
<u>the Ohio health care plan.</u>	573
<u>(3) Emergency and other transportation to receive covered</u>	574
<u>health care services, subject to division (B) of this section;</u>	575
<u>(4) Rehabilitation services, including speech,</u>	576
<u>occupational, and physical therapy;</u>	577
<u>(5) Inpatient and outpatient mental health services and</u>	578
<u>substance abuse treatment;</u>	579
<u>(6) Hospice care;</u>	580
<u>(7) Prescription drugs and prescribed medical nutrition;</u>	581
<u>(8) Vision care, aids, and equipment;</u>	582
<u>(9) Hearing care, hearing aids, and equipment;</u>	583
<u>(10) Diagnostic medical tests, including laboratory tests</u>	584
<u>and imaging procedures;</u>	585
<u>(11) Medical supplies and prescribed medical equipment,</u>	586
<u>both durable and nondurable;</u>	587
<u>(12) Immunizations, preventive care, health maintenance</u>	588
<u>care, and screening;</u>	589
<u>(13) Dental care;</u>	590
<u>(14) Home health care services.</u>	591
<u>(B) The Ohio health care plan shall provide necessary</u>	592
<u>transportation in each county to receive covered health care</u>	593
<u>services. Independent transportation providers shall be</u>	594

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

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

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

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

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

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

(H) No provider shall be compelled by the Ohio health care 622
agency to offer any particular service, provided that the 623

provider does not discriminate among patients in providing 624
health care services. 625

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

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

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

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

(D) All payments for health care services rendered under 651
the Ohio health care plan shall be disbursed from the Ohio 652

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

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

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

(B) Any party aggrieved by an order or decision issued 680
pursuant to the procedures established in division (A) of this 681
section may appeal the order or decision to the court of common 682

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

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

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

(B) The department of job and family services shall 706
forward the information on the amount of monthly wages lost by 707
residents of this state due to the implementation of the Ohio 708
health care plan to the Ohio health care agency. The Ohio health 709
care agency shall determine the amount of compensation and 710
training that each displaced worker shall receive and shall 711
submit a claim to the Ohio health care fund for payment. A 712

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) Postponement of new capital investment; 849

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

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

(5) Deferred funding of the reserve account; 854

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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