OHIO LEGISLATIVE SERVICE COMMISSION

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Office of Research and Drafting

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Substitute Bill Comparative Synopsis

Sub. S.B. 17

134th General Assembly

Senate Government Oversight and Reform

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This table summarizes how the latest substitute version of the bill differs from the immediately preceding version. It addresses only the topics on which the two versions differ substantively. It does not list topics on which the two bills are substantively the same.

Previous Version (As Introduced)	Latest Version (I_134_0484-1)
Unemployment compensation	
Beginning **one year** after the bill's effective date, requires the Department of Job and Family Services to annually submit to certain members and standing committees of the General Assembly a report on all of the following:	Instead begins the reporting requirement **six months** after the bill's effective date *(R.C. 4141.60)*.
1. The rate of consistency in performing the bill's unemployment data matching and unemployment verification checks;	Same *(R.C. 4141.60)*.
2. The types and amounts of improper benefit payments detected after they were made;	Same *(R.C. 4141.60)*.
3. The types and amounts of improper benefit payments prevented before they could be made;	Same *(R.C. 4141.60)*.
4. The total amount of money saved by recovering and preventing improper benefit payments;	Same *(R.C. 4141.60)*.

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5. The efficacy of the unemployment fraud detection and prevention measures taken by the director;	Same *(R.C. 4141.60)*.
6. The number and amounts of overpayments that could not be recovered and the reason why *(R.C. 4141.60)*.	Same *(R.C. 4141.60)*.
SNAP – reporting changes in circumstance	
Requires households receiving SNAP benefits to report any of the changes in circumstance enumerated in federal SNAP regulations, within **ten days** after the household learns of the change *(R.C. 5101.545)*.	Requires the household to report a change in circumstance within **30 days** after the household learns of the change *(R.C. 5101.545)*.
Medicaid work and education requirement	
Modifies current law requiring the Medicaid Director to establish a Medicaid waiver under which individuals must satisfy a work and education requirement to enroll in Medicaid under the expansion eligibility group ("Group VIII" – nondisabled adults under age 65 who are at or below 138% of the federal poverty line) as follows:	No provision.
▪ Requires an individual to be employed at least 20 hours a week (instead of simply employed) or to be enrolled in an accredited institution of higher education or occupational training program (instead of in school or an occupational training program);	No provision.
▪ Raises to 65 (from 55) the age an individual must be to be exempt from the work and education requirement on the basis of age;	No provision.
▪ Requires, in order for an individual to be exempt based on having an intensive health care need or serious mental illness, that the individual be medically certified as physically or mentally unfit for employment because of the condition;	No provision.

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▪ Adds an exemption for individuals who personally provide care for a child under age one, a child who has a medical condition or disability that the Medicaid Director deems serious enough to warrant an exemption, or both;	No provision.
▪ Requires that the work and education requirements also apply to the parents and other caretaker relatives eligibility group (parents and caretaker relatives, and their spouses, who reside with a dependent child under age 18 and have income not above 90% of the federal poverty level) *(R.C. 5166.37)*.	No provision.
Updates terminology used to refer to the parents and other caretaker relatives eligibility group to refer to the group using the federal law terminology *(R.C. 5163.01, 5163.07, and 5166.01)*.	No provision.
Medicaid waiver components	
Requires the Medicaid Director to establish waiver components to:	No provision.
▪ Permit the Department of Medicaid to independently verify a recipient's eligibility before accepting an eligibility determination made by an Ohio or federal health benefit exchange;	No provision.
▪ Prohibit adults that are part of Group VIII or who are eligible for Medicaid as part of the covered families and children eligibility group from being eligible for or re-enrolling in Medicaid for six months if they fail to report a change in circumstance that affects the recipient's Medicaid eligibility;	No provision.
▪ Prohibit the Department from exercising a federal requirement under which hospitals may determine if an individual is eligible for Medicaid for a presumptive eligibility period;	No provision.

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▪ Require the Department to determine a recipient's eligibility every six months, rather than every 12 months as required under federal law;	No provision.
▪ Prohibit the Department from redetermining a recipient's Medicaid eligibility based on information already available to it, without requiring the recipient to provide information about eligibility, as required under federal law;	No provision.
▪ Prohibit the Department from providing a recipient with a prepopulated renewal form for eligibility redeterminations *(R.C. 5166.45)*.	No provision.

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