## As Introduced

## 132nd General Assembly Regular Session 2017-2018

S. B. No. 243

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## **Senator Dolan**

## A BILL

To amend section 5162.20 of the Revised Code

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

regarding Medicaid copayment requirements.

Section 1. That section 5162.20 of the Revised Code be	3
amended to read as follows:	4
Sec. 5162.20. (A) The department of medicaid shall	5
institute cost-sharing requirements for the medicaid program.	6
The department shall not institute cost-sharing requirements in	7
a manner that does either any of the following:	8
(1) Disproportionately impacts the ability of medicaid	9
recipients with chronic illnesses to obtain medically necessary	10
medicaid services;	11
(2) Requires a medicaid recipient who meets both of the	12
following requirements to pay a copayment for any medicaid	13
<pre>service:</pre>	14
(a) The recipient has a developmental disability or	15
serious mental illness;	16
(b) The maginiant la cale course of income is sither as	17
(b) The recipient's sole source of income is either or	
both of the following:	18

(i) Social security disability insurance benefits provided	19
under Title II of the "Social Security Act," 42 U.S.C. 401 et	20
seq.;	21
(ii) Supplemental security income benefits provided under	22
Title XVI of the "Social Security Act," 42 U.S.C. 1381 et seq.	23
(3) Violates section 5164.09 of the Revised Code.	24
(B) A medicaid recipient who is exempt from paying	25
copayments pursuant to division (A)(2) of this section may	26
present to a medicaid provider the recipient's benefit	27
verification letter from the United States social security	28
administration for the purpose of verifying the recipient's	29
exemption from copayment requirements. If a recipient does so,	30
the provider shall not charge the recipient a copayment.	31
(C) (1) No medicaid provider shall refuse to provide a	32
<pre>medicaid service to a medicaid recipient who is unable to pay a</pre>	33
required copayment for the service.	34
(2) Division $\frac{(B)}{(C)}(1)$ of this section shall not be	35
considered to do either of the following with regard to a	36
medicaid recipient who is unable to pay a required copayment:	37
(a) Relieve the medicaid recipient from the obligation to	38
<pre>pay a copayment;</pre>	39
(b) Prohibit the <u>medicaid</u> provider from attempting to	40
collect an unpaid copayment.	41
$\frac{(C)-(D)}{(D)}$ Except as provided in division $\frac{(F)-(G)}{(G)}$ of this	42
section, no <pre>medicaid</pre> provider shall waive a medicaid recipient's	43
obligation to pay the provider a copayment.	44
(D) (E) No medicaid provider or drug manufacturer,	45
including the manufacturer's representative, employee,	46

independent contractor, or agent, shall pay any copayment on	47
behalf of a medicaid recipient.	48
(E) (F) If it is the routine business practice of a	49
medicaid provider to refuse service to any individual who owes	50
an outstanding debt to the provider, the provider may consider	51
an unpaid copayment imposed by the cost-sharing requirements as	52
an outstanding debt and may refuse service to a medicaid	53
recipient who owes the provider an outstanding debt. If the	54
medicaid provider intends to refuse service to a medicaid	55
recipient who owes the provider an outstanding debt, the	56
provider shall notify the recipient of the provider's intent to	57
refuse service.	58
$\frac{(F)-(G)}{(G)}$ In the case of a <u>medicaid</u> provider that is a	59
hospital, the cost-sharing program shall permit the hospital to	60
take action to collect a copayment by providing, at the time	61
<pre>medicaid services are rendered to a medicaid recipient, notice</pre>	62
that a copayment may be owed. If the hospital provides the	63
notice and chooses not to take any further action to pursue	64
collection of the copayment, the prohibition against waiving	65
copayments specified in division $\frac{(C)-\underline{(D)}}{\underline{(D)}}$ of this section does	66
not apply.	67
(G) (H) The department of medicaid may collaborate with a	68
state agency that is administering, pursuant to a contract	69
entered into under section 5162.35 of the Revised Code, one or	70
more components, or one or more aspects of a component, of the	71
medicaid program as necessary for the state agency to apply the	72
cost-sharing requirements to the components or aspects of a	73
component that the state agency administers.	74
Section 2. That existing section 5162.20 of the Revised	75
Code is hereby repealed.	76