## As Passed by the Senate

## 134th General Assembly

Regular Session

Sub. H. B. No. 122

2021-2022

### Representatives Fraizer, Holmes

Cosponsors: Representatives Carfagna, Hall, Seitz, Baldridge, Blackshear, Brown, Carruthers, Click, Crossman, Cutrona, Edwards, Galonski, Ghanbari, Gross, Hoops, Householder, Ingram, Jarrells, Jones, Koehler, Lanese, LaRe, Lightbody, Liston, McClain, Miller, A., Miranda, Pavliga, Plummer, Ray, Richardson, Roemer, Russo, Sheehy, Smith, K., Smith, M., Sobecki, Stein, Stephens, Swearingen, Sweeney, West, White, Wiggam, Young, B., Young, T., Speaker Cupp

Senators Huffman, S., Romanchuk, Johnson, Antonio, Blessing, Brenner, Cirino, Craig, Dolan, Fedor, Gavarone, Hackett, Hoagland, Hottinger, Kunze, Maharath, Manning, McColley, O'Brien, Peterson, Reineke, Rulli, Schaffer, Sykes, Thomas, Williams, Wilson, Yuko

#### A BILL

То	amend sections 3902.30, 4723.94, 4731.251,	1
	4731.252, 4731.253, 4731.2910, 4731.30, 4732.33,	2
	and 5164.95; to amend, for the purpose of	3
	adopting new section numbers as indicated in	4
	parentheses, sections 4731.253 (4731.254) and	5
	4731.2910 (4743.09); and to enact new section	6
	4731.253 and sections 3319.2212, 3701.1310,	7
	3721.60, 4715.438, 4725.35, 4729.285, 4730.60,	8
	4731.741, 4734.60, 4753.20, 4755.90, 4757.50,	9
	4758.80, 4759.20, 4761.30, 4778.30, 4783.20,	10
	5119.368, and 5164.291 of the Revised Code, and	11
	to amend Section 3 of S.B. 9 of the 130th	12
	General Assembly, as subsequently amended, to	13
	establish and modify requirements regarding the	14
	provision of telehealth services, to establish a	15

provider credentialing program within the	16
Medicaid program, to revise the law governing	17
the State Medical Board's One-Bite Program, and	18
to extend the suspension of certain programs and	19
requirements under the state's insurance laws	20
until January 1, 2026.	21

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

<b>Section 1</b> . That sections 3902.30, 4723.94, 4731.251,	22
4731.252, 4731.253, 4731.2910, 4731.30, 4732.33, and 5164.95 be	23
amended; sections 4731.253 (4731.254) and 4731.2910 (4743.09) be	24
amended for the purpose of adopting new section numbers as	25
indicated in parentheses; new section 4731.253 and sections	26
3319.2212, 3701.1310, 3721.60, 4715.438, 4725.35, 4729.285,	27
4730.60, 4731.741, 4734.60, 4753.20, 4755.90, 4757.50, 4758.80,	28
4759.20, 4761.30, 4778.30, 4783.20, 5119.368, and 5164.291 of	29
the Revised Code be enacted to read as follows:	30
Sec. 3319.2212. A school psychologist licensed by the	31
department of education under rules adopted in accordance with	32
sections 3301.07 and 3319.22 of the Revised Code may provide	33
telehealth services in accordance with section 4743.09 of the	34
Revised Code.	35
Sec. 3701.1310. During any declared disaster, epidemic,	36
pandemic, public health emergency, or public safety emergency,	37
an individual with a developmental disability or any other	38
permanent disability who is in need of surgery or any other_	39
health care procedure, any medical or other health care test, or	40
any clinical care visit shall be given the opportunity to have	41

at least one parent or legal guardian present if the presence of	42
the individual's parent or legal guardian is necessary to	43
alleviate any negative reaction that may be experienced by the	44
individual who is the patient.	45
The director of health may take any action necessary to	46
enforce this section.	47
Sec. 3721.60. (A) As used in this section, "long-term care_	48
facility" means all of the following:	49
(1) A home, as defined in section 3721.10 of the Revised	50
<pre>Code;</pre>	51
(2) A residential facility licensed by the department of	52
mental health and addiction services under section 5119.34 of	53
the Revised Code;	54
(3) A residential facility licensed by the department of	55
developmental disabilities under section 5123.19 of the Revised	56
Code;	57
(4) A facility operated by a hospice care program licensed	58
by the department of health under Chapter 3712. of the Revised	59
Code that is used exclusively for care of hospice patients or	60
any other facility in which a hospice care program provides care	61
for hospice patients.	62
(B) During any declared disaster, epidemic, pandemic,	63
public health emergency, or public safety emergency, each long-	64
term care facility shall provide residents and their families	65
with a video-conference visitation option if the governor, the	66
director of health, other government official or entity, or the	67
long-term care facility determines that allowing in-person	68
visits at the facility would create a risk to the health of the	69
residents.	70

Sec. 3902.30. (A) As used in this section:	71
(1) "Cost sharing" means the cost to a covered individual	72
under a health benefit plan according to any coverage limit,	73
copayment, coinsurance, deductible, or other out-of-pocket	74
expense requirements imposed by the plan.	75
(2) "Health benefit plan," "health care services," and	76
"health plan issuer" have the same meanings as in section	77
3922.01 of the Revised Code.	78
(2) (3) "Health care professional" means any of the	79
following:	80
(a) A physician licensed under Chapter 4731. of the	81
Revised Code to practice medicine and surgery, osteopathic	82
medicine and surgery, or podiatric medicine and surgery;	83
(b) A physician assistant licensed under Chapter 4731. of	84
the Revised Code;	85
(c) An advanced practice registered nurse as defined in	86
section 4723.01 of the Revised Code. has the same meaning as in	87
section 4743.09 of the Revised Code.	88
(3) (4) "In-person health care services" means health care	89
services delivered by a health care professional through the use	90
of any communication method where the professional and patient	91
are simultaneously present in the same geographic location.	92
(4) "Recipient" means a patient receiving health care	93
services or a health care professional with whom the provider of	94
health care services is consulting regarding the patient.	95
(5) "Telemedicine-"Telehealth services" means a mode of	96
providing health care services through synchronous or	97
asynchronous information and communication technology by a	98

health care professional, within the professional's scope of	99
practice, who is located at a site other than the site where the	100
recipient is located has the same meaning as in section 4743.09	101
of the Revised Code.	102
(B)(1) A health benefit plan shall provide coverage for	103
telemedicine telehealth services on the same basis and to the	104
same extent that the plan provides coverage for the provision of	105
in-person health care services.	106
(2) A health benefit plan shall not exclude coverage for a	107
service solely because it is provided as a telemedicine	108
telehealth service.	109
(3) A health plan issuer shall reimburse a health care	110
professional for a telehealth service that is covered under a	111
patient's health benefit plan. Division (B)(3) of this section	112
shall not be construed to require a specific reimbursement	113
amount.	114
(C) A health benefit plan shall not impose any annual or	115
lifetime benefit maximum in relation to telemedicine telehealth	116
services other than such a benefit maximum imposed on all	117
benefits offered under the plan.	118
(D) This (D) (1) A health benefit plan shall not impose a	119
cost-sharing requirement for telehealth services that exceeds	120
the cost-sharing requirement for comparable in-person health	121
care services.	122
(2) (a) A health benefit plan shall not impose a cost-	123
sharing requirement for a communication when all of the	124
<pre>following apply:</pre>	125
(i) The communication was initiated by the health care	126
<pre>professional.</pre>	127

(11) The patient consented to receive a telehealth service	128
from that provider on any prior occasion.	129
(iii) The communication is conducted for the purposes of	130
preventive health care services only.	131
(b) If a communication described in division (D)(2)(a) of	132
this section is coded based on time, then only the time the	133
health care professional spends engaged in the communication is	134
billable.	135
(E) This section shall not be construed as doing any of	136
the following:	137
(1)—Prohibiting a health benefit plan from assessing cost-	138
sharing requirements to a covered individual for telemedicine	139
services, provided that such cost-sharing requirements for-	140
telemedicine services are not greater than those for comparable-	141
in-person health care services;	142
(2) Requiring a health plan issuer to reimburse a health	143
care professional for any costs or fees associated with the	144
provision of telemedicine telehealth services that would be in	145
addition to or greater than the standard reimbursement for	146
comparable in-person health care services;	147
(3) (2) Requiring a health plan issuer to reimburse a	148
telemedicine telehealth provider for telemedicine telehealth	149
services at the same rate as in-person services.	150
(E) This section applies to all health benefit plans	151
issued, offered, or renewed on or after January 1, 2021.;	152
(3) Requiring a health plan issuer to provide coverage for	153
asynchronous communication that differs from the coverage	154
described in the applicable health benefit plan.	155

(F) The superintendent of insurance may adopt rules in	156
accordance with Chapter 119. of the Revised Code as necessary to	157
carry out the requirements of this section. Any such rules	158
adopted by the superintendent are not subject to the	159
requirements of division (F) of section 121.95 of the Revised	160
Code.	161
Sec. 4715.438. Nothing in H.B. 122 of the 134th general	162
assembly shall be interpreted as altering any law related to the	163
practice of dentistry or rule adopted by the state dental board	164
that is in effect on the effective date of this section.	165
Sec. 4723.94. (A) As used in this section:	166
(1) "Facility fee" means any fee charged or billed for	167
telemedicine services provided in a facility that is intended to	168
compensate the facility for its operational expenses and is	169
separate and distinct from a professional fee.	170
(2) "Health plan issuer" has the same meaning as in	171
section 3922.01 of the Revised Code.	172
(3) "Telemedicine services" has the same meaning as in	173
section 3902.30 of the Revised Code.	174
(B)—An advanced practice registered nurse providing—	175
telemedicine may provide telehealth services shall not charge a	176
facility fee, an origination fee, or any fee associated with the	177
cost of the equipment used to provide telemedicine services to a	178
health plan issuer covering telemedicine services under in	179
accordance with section 3902.30 4743.09 of the Revised Code.	180
Sec. 4725.35. An optometrist who holds a therapeutic	181
pharmaceutical agents certificate issued under this chapter may	182
provide telehealth services in accordance with section 4743.09	183
of the Revised Code	184

Sec. 4729.285. A pharmacist may provide telehealth	185
services in accordance with section 4743.09 of the Revised Code,	186
except that in the case of dispensing a dangerous drug, a	187
pharmacist shall not use telehealth mechanisms or other virtual	188
means to perform any of the actions involved in dispensing the	189
dangerous drug unless the action is authorized by the state	190
board of pharmacy through rules it adopts under this chapter or	191
section 4743.09 of the Revised Code.	192
Sec. 4730.60. A physician assistant may provide telehealth	193
services in accordance with section 4743.09 of the Revised Code.	194
Sec. 4731.251. (A) As used in this section and in sections	195
4731.252 and 4731.253 to 4731.254 of the Revised Code:	196
(1) "Applicant" means an individual who has applied under	197
Chapter 4730., 4731., 4759., 4760., 4761., 4762., 4774., or	198
4778. of the Revised Code for a license, training or other	199
certificate, limited permit, or other authority to practice as	200
any one of the following practitioners: a physician assistant,	201
physician, podiatrist, limited branch of medicine practitioner,	202
dietitian, anesthesiologist assistant, respiratory care	203
professional, acupuncturist, radiologist assistant, or genetic	204
counselor. "Applicant" may include an individual who has been	205
granted authority by the state medical board to practice as one	206
type of practitioner, but has applied for authority to practice	207
as another type of practitioner.	208
(2) "Impaired" or "impairment" has the same meaning as in	209
division (B)(5) of section 4730.25, division (B)(26) of section	210
4731.22, division (A)(18) of section 4759.07, division (B)(6) of	211
section 4760.13, division (A)(18) of section 4761.09, division	212
(B)(6) of section 4762.13, division (B)(6) of section 4774.13,	213
or division (B)(6) of section 4778.14 of the Revised Code.	214

(2) (3) "Practitioner" means any of the following:	215
(a) An individual authorized under this chapter to	216
practice medicine and surgery, osteopathic medicine and surgery,	217
podiatric medicine and surgery, or a limited branch of medicine;	218
(b) An individual licensed under Chapter 4730. of the	219
Revised Code to practice as a physician assistant;	220
(c) An individual authorized under Chapter 4759. of the	221
Revised Code to practice as a dietitian;	222
(d) An individual authorized under Chapter 4760. of the	223
Revised Code to practice as an anesthesiologist assistant;	224
(e) An individual authorized under Chapter 4761. of the	225
Revised Code to practice respiratory care;	226
(f) An individual authorized under Chapter 4762. of the	227
Revised Code to practice as an acupuncturist or oriental	228
<pre>medicine practitioner;</pre>	229
(g) An individual authorized under Chapter 4774. of the	230
Revised Code to practice as a radiologist assistant;	231
(h) An individual licensed under Chapter 4778. of the	232
Revised Code to practice as a genetic counselor.	233
(B) The state medical board shall establish a confidential	234
program for <a href="the-treatment">the</a> treatment of impaired practitioners <a href="and">and</a>	235
applicants, which shall be known as the one-bite program. The	236
board shall contract with one organization to conduct the	237
program and perform monitoring services.	238
To be qualified to contract with the board under this	239
section, an organization must meet all of the following	240
requirements:	241

(1) Be sponsored by one or more professional associations	242
or societies of practitioners;	243
(2) Be organized as a not-for-profit entity and exempt	244
from federal income taxation under subsection 501(c)(3) of the	245
Internal Revenue Code;	246
(3) Contract with or employ to serve as the organization's	247
medical director an individual who is authorized under this	248
chapter to practice medicine and surgery or osteopathic medicine	249
and surgery and specializes or has training and expertise in	250
addiction medicine;	251
(4) Contract with or employ one or more of the following	252
as necessary for the organization's operation:	253
(a) An individual licensed under Chapter 4758. of the	254
Revised Code as an independent chemical dependency counselor-	255
clinical supervisor, independent chemical dependency counselor,	256
chemical dependency counselor III, or chemical dependency	257
counselor II;	258
(b) An individual licensed under Chapter 4757. of the	259
Revised Code as an independent social worker, social worker,	260
licensed professional clinical counselor, or licensed	261
professional counselor;	262
(c) An individual licensed under Chapter 4732. of the	263
Revised Code as a psychologist.	264
(C) The monitoring organization shall do all of the	265
following pursuant to the contract:	266
(1) Receive any report of suspected <u>practitioner</u>	267
impairment, including a report made under division (B)(2) of	268
section 4730.32, division (B)(2) of section 4731.224, section	269

4759.13, division (B)(2) of section 4760.16, section 4761.19,	270
division (B)(2) of section 4762.16, division (B)(2) of section	271
4774.16, or section 4778.17 of the Revised Code;	272
(2) Notify a practitioner who is the subject of a report	273
received under division (C)(1) of this section that the report	274
has been made and that the practitioner may be eligible to	275
participate in the program conducted under this section;	276
(3) Receive from the board a referral regarding an	277
applicant, as described in section 4731.253 of the Revised Code;	278
(4) Evaluate the records of an applicant who is the	279
<u>subject of a referral received under division (C)(3) of this</u>	280
section, in particular records from another jurisdiction	281
regarding the applicant's prior treatment for impairment or	282
<pre>current monitoring;</pre>	283
(5) Determine whether a practitioner reported or applicant	284
<u>referred</u> to the monitoring organization is eligible to	285
participate in the program and notify the practitioner or	286
<pre>applicant of the determination;</pre>	287
$\frac{(4)}{(6)}$ In the case of a practitioner reported by a	288
treatment provider, notify the treatment provider of the	289
eligibility determination;	290
(5) (7) Report to the board any practitioner or applicant	291
who is determined —ineligible to participate in the program;	292
(6) (8) Refer an eligible practitioner who chooses to	293
participate in the program for evaluation by a treatment	294
provider approved by the board under section 4731.25 of the	295
Revised Code, unless the report received by the monitoring	296
organization was made by an approved treatment provider and the	297
practitioner has already been evaluated by the treatment	298

provider;	299
$\frac{(7)}{(9)}$ Monitor the evaluation of an eligible	300
<pre>practitioner;</pre>	301
$\frac{(8)}{(10)}$ Refer an eligible practitioner who chooses to	302
participate in the program to a treatment provider approved by	303
the board under section 4731.25 of the Revised Code;	304
$\frac{(9)}{(11)}$ Establish, in consultation with the treatment	305
provider to which a practitioner is referred, the terms and	306
conditions with which the practitioner must comply for continued	307
participation in and successful completion of the program;	308
(10) (12) Report to the board any practitioner who does	309
not complete evaluation or treatment or does not comply with any	310
of the terms and conditions established by the monitoring	311
organization and the treatment provider;	312
(11) (13) Perform any other activities specified in the	313
contract with the board or that the monitoring organization	314
considers necessary to comply with this section and sections	315
4731.252 and 4731.253 to 4731.254 of the Revised Code.	316
(D) The monitoring organization shall not disclose to the	317
board the name of a practitioner or applicant or any records	318
relating to a practitioner or applicant, unless any of the	319
following occurs:	320
(1) The practitioner or applicant is determined to be	321
ineligible to participate in the program.	322
(2) The practitioner or applicant requests the disclosure.	323
(3) The practitioner or applicant is unwilling or unable	324
to complete or comply with any part of the program, including	325
evaluation, treatment, or monitoring.	326

(4) The practitioner or applicant presents an imminent	327
danger to the public or to the practitioner, as a result of the	328
practitioner's <u>or applicant's</u> impairment.	329
(5) The practitioner has relapsed or the practitioner's	330
impairment has not been substantially alleviated by	331
participation in the program.	332
(E)(1) The monitoring organization shall develop	333
procedures governing each of the following:	334
(a) Receiving reports of practitioner impairment;	335
(b) Notifying practitioners of reports and eligibility	336
determinations;	337
(c) Receiving applicant referrals as described in section	338
4731.253 of the Revised Code;	339
(d) Evaluating records of referred applicants, in	340
particular records from other jurisdictions regarding prior	341
treatment for impairment or continued monitoring;	342
(e) Notifying applicants of eligibility determinations;	343
(f) Referring eligible practitioners for evaluation or	344
treatment;	345
(d) (g) Establishing individualized treatment plans for	346
eligible practitioners, as recommended by treatment providers;	347
(e) (h) Establishing individualized terms and conditions	348
with which eligible practitioners or applicants must comply for	349
continued participation in and successful completion of the	350
program.	351
(2) The monitoring organization, in consultation with the	352
board, shall develop procedures governing each of the following:	353

(a) Providing reports to the board on a periodic basis on	354
the total number of practitioners or applicants participating in	355
the program, without disclosing the names or records of any	356
program participants other than those about whom reports are	357
required by this section;	358
(b) Reporting to the board any practitioner or applicant	359
who due to impairment presents an imminent danger to the public	360
or to the practitioner or applicant;	361
(c) Reporting to the board any practitioner or applicant	362
who is unwilling or unable to complete or comply with any part	363
of the program, including evaluation, treatment, or monitoring;	364
(d) Reporting to the board any practitioner or applicant	365
whose impairment was not substantially alleviated by	366
participation in the program or who has relapsed.	367
(F) The board may adopt any rules it considers necessary	368
to implement this section and sections 4731.252 and 4731.253 to	369
4731.254 of the Revised Code, including rules regarding the	370
monitoring organization and treatment providers that provide	371
treatment to practitioners referred by the monitoring	372
organization. Any such rules shall be adopted in accordance with	373
Chapter 119. of the Revised Code.	374
Sec. 4731.252. (A) A practitioner is eligible to	375
participate in the program established under section 4731.251 of	376
the Revised Code if all of the following are the case:	377
(1) The practitioner is impaired.	378
(2) The practitioner has not participated previously in	379
the program.	380
(3) Unless the state medical board has referred the	381

practitioner to the program, the practitioner has not been	382
sanctioned previously by the board <del>under division (B)(5) of</del>	383
section 4730.25, division (B) (26) of section 4731.22, division	384
(A) (18) of section 4759.07, division (B) (6) of section 4760.13,	385
division (A) (18) of section 4761.09, division (B) (6) of section	386
4762.13, division (B)(6) of section 4774.13, or division (B)(6)	387
of section 4778.14 of the Revised Code for impairment.	388
(B) All of the following apply to a practitioner who	389
participates in the program:	390
(1) The practitioner must comply with all terms and	391
conditions for continued participation in and successful	392
completion of the program.	393
(2) On acceptance into the program, the practitioner must	394
suspend practice until after the later of the following:	395
(a) The date the treatment provider determines that the	396
practitioner is no longer impaired and is able to practice	397
according to acceptable and prevailing standards of care;	398
(b) The end of a period specified by the treatment	399
provider, which shall be not less than thirty days.	400
(3) The practitioner is responsible for all costs	401
associated with participation.	402
(4) The practitioner is deemed to have waived any right to	403
confidentiality that would prevent the monitoring organization	404
conducting the program or a treatment provider from making	405
reports required by section 4731.251 of the Revised Code.	406
Sec. 4731.253. (A) Subject to division (B) of this	407
section, the state medical board shall not limit or suspend a	408
license, certificate, or limited permit, refuse to issue a	409

license, certificate, or limited permit, or reprimand or place	410
on probation an applicant solely on the grounds of impairment	411
occurring prior to the applicant seeking authority to practice	412
in this state.	413
(B)(1) An applicant who was authorized to practice in	414
another jurisdiction before seeking authority to practice in	415
this state is not subject to disciplinary action, as provided by	416
division (A) of this section, and is eligible to participate in	417
the program established under section 4731.251 of the Revised	418
Code, only if all of the following are the case:	419
(a) As part of the process of applying for authority to	420
practice in this state, the applicant disclosed to the board	421
impairment that occurred while practicing in the other	422
jurisdiction.	423
(b) The applicant does all of the following:	424
(i) Participates currently in a confidential treatment and	425
monitoring program for impairment in the other jurisdiction;	426
(ii) Agrees to provide to the board or monitoring	427
organization documentation of the applicant's current	428
participation;	429
(iii) Waives any right to confidentiality that would	430
prevent the board or monitoring organization from sharing that	431
documentation with each other.	432
(c) The applicant remains in good standing with the other	433
jurisdiction's licensing authority and confidential treatment	434
and monitoring program.	435
(d) The applicant has not participated previously in the	436
program established under section 4731 251 of the Povised Code	137

and certifies a willingness to participate in this program.	438
(e) The applicant has not been sanctioned previously by	439
the board for impairment.	440
(2) An applicant who was not authorized to practice in any	441
jurisdiction before seeking authority to practice in this state	442
is not subject to disciplinary action, as provided by division	443
(A) of this section, and is eligible to participate in the	444
program established under section 4731.251 of the Revised Code,	445
only if all of the following are the case:	446
(a) As part of the process of applying for authority to	447
practice in this state, the applicant disclosed to the board	448
impairment that occurred before applying for authority to	449
practice.	450
(b) For the impairment disclosed to the board, the	451
applicant meets all of the following:	452
(i) Participated in and successfully completed a treatment	453
<pre>program and any terms of aftercare;</pre>	454
(ii) Agrees to provide to the board or monitoring	455
organization documentation of the applicant's participation and	456
successful completion;	457
(iii) Waives any right to confidentiality that would	458
prevent the board or monitoring organization from sharing that	459
documentation with each other.	460
(c) The applicant has not participated previously in the	461
program established under section 4731.251 of the Revised Code	462
and certifies a willingness to participate in this program.	463
(d) The applicant has not been sanctioned previously by	464
the board for impairment.	465

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(C) The monitoring organization shall evaluate the	466
applicant's treatment and monitoring records and promptly notify	467
the board if the records do not meet the monitoring	468
organization's eligibility standards for the program established	469
under section 4731.251 of the Revised Code.	470
(D) If the board grants an applicant described in this	471
section a license, certificate, or limited permit to practice in	472
this state, the board shall refer the practitioner to the	473
monitoring organization conducting the program established under	474
section 4731.251 of the Revised Code.	475
(E) Upon the board's referral to the monitoring	476
organization, all of the following apply:	477
(1) The practitioner shall enter into a monitoring	478
agreement with the monitoring organization conducting the	479
program established under section 4731.251 of the Revised Code.	480
(2) Based on an evaluation of the practitioner's prior	481
treatment or monitoring, the monitoring organization shall	482
determine the length and terms of the practitioner's monitoring	483
<pre>agreement.</pre>	484
(3) The practitioner shall comply with all terms and	485
conditions for continued participation in and successful	486
completion of the program.	487
(4) The practitioner shall be responsible for all costs	488
associated with participation in the program.	489
(5) The practitioner shall be deemed to have waived any	490
right to confidentiality that would prevent the monitoring	491
organization conducting the program from making reports required	492
by section 4731.251 of the Revised Code.	493

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Sec. $4731.253$ $4731.254$ . In the absence of fraud or bad	494
faith, no monitoring organization that conducts a program	495
established under section 4731.251 of the Revised Code and no	496
agent, employee, member, or representative of such organization	497
shall be liable in damages in a civil action or subject to	498
criminal prosecution for performing any of the duties required	499
by that section, the contract with the state medical board, or	500
section 4731.252 or 4731.253 of the Revised Code.	501
Sec. 4731.30. (A) As used in this section and sections	502
4731.301 and 4731.302 of the Revised Code, "medical marijuana,"	503
"drug database," "physician," and "qualifying medical condition"	504
have the same meanings as in section 3796.01 of the Revised	505
Code.	506
(B)(1) Except as provided in division (B)(4) of this	507
section, a physician seeking to recommend treatment with medical	508
marijuana shall apply to the state medical board for a	509
certificate to recommend. An application shall be submitted in	510
the manner established in rules adopted under section 4731.301	511
of the Revised Code.	512
(2) The board shall grant a certificate to recommend if	513
both of the following conditions are met:	514
(a) The application is complete and meets the requirements	515
established in rules.	516
established in fules.	310
(b) The applicant demonstrates that the applicant does not	517
have an ownership or investment interest in or compensation	518
arrangement with an entity licensed under Chapter 3796. of the	519
Revised Code or an applicant for licensure.	520
(3) A certificate to recommend expires according to the	521

renewal schedule established in rules adopted under section

4731.301 of the Revised Code and may be renewed in accordance	523
with the procedures established in those rules.	524
(4) This section does not apply to a physician who	525
recommends treatment with marijuana or a drug derived from	526
marijuana under any of the following that is approved by an	527
investigational review board or equivalent entity, the United	528
States food and drug administration, or the national institutes	529
of health or one of its cooperative groups or centers under the	530
United States department of health and human services:	531
(a) A research protocol;	532
(b) A clinical trial;	533
(c) An investigational new drug application;	534
(d) An expanded access submission.	535
(C)(1) A physician who holds a certificate to recommend	536
may recommend that a patient be treated with medical marijuana	537
if all of the following conditions are met:	538
(a) The patient has been diagnosed with a qualifying	539
medical condition;	540
(b) A bona fide physician-patient relationship has been	541
established through all of the following:	542
(i) An in-person physical examination of the patient by	543
the physician either in person or through the use of telehealth	544
services in accordance with section 4743.09 of the Revised Code;	545
(ii) A review of the patient's medical history by the	546
physician;	547
(iii) An expectation of providing care and receiving care	548
on an ongoing basis.	549

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(c) The physician has requested, or a physician delegate	550
approved by the state board of pharmacy has requested, from the	551
drug database a report of information related to the patient	552
that covers at least the twelve months immediately preceding the	553
date of the report, and the physician has reviewed the report.	554
(2) In the case of a patient who is a minor, the physician	555
may recommend treatment with medical marijuana only after	556
obtaining the consent of the patient's parent or other person	557
responsible for providing consent to treatment.	558
(D)(1) When issuing a written recommendation to a patient,	559
the physician shall specify any information required in rules	560
adopted by the board under section 4731.301 of the Revised Code.	561
(2) A written recommendation issued to a patient under	562
this section is valid for a period of not more than ninety days.	563
The physician may renew the recommendation for not more than	564
three additional periods of not more than ninety days each.	565
Thereafter, the physician may issue another recommendation to	566
the patient only upon <del>a physical <u>an</u> examination of the patient</del>	567
as described in division (C)(1)(b)(i) of this section.	568
(E) Annually, the physician shall submit to the state	569
medical board a report that describes the physician's	570
observations regarding the effectiveness of medical marijuana in	571
treating the physician's patients during the year covered by the	572
report. When submitting reports, a physician shall not include	573
any information that identifies or would tend to identify any	574
specific patient.	575
(F) Each physician who holds a certificate to recommend	576
shall complete annually at least two hours of continuing medical	577

education in medical marijuana approved by the state medical

board.	579
(G) A physician shall not do any of the following:	580
(1) Personally furnish or otherwise dispense medical	581
marijuana;	582
(2) Issue a recommendation for a family member or the	583
physician's self.	584
(H) A physician is immune from civil liability, is not	585
subject to professional disciplinary action by the state medical	586
board or state board of pharmacy, and is not subject to criminal	587
prosecution for any of the following actions:	588
(1) Advising a patient, patient representative, or	589
caregiver about the benefits and risks of medical marijuana to	590
treat a qualifying medical condition;	591
(2) Recommending that a patient use medical marijuana to	592
treat or alleviate the condition;	593
(3) Monitoring a patient's treatment with medical	594
marijuana.	595
Sec. 4731.741. A physician may provide telehealth services	596
in accordance with sections 4743.09 of the Revised Code.	597
Sec. 4732.33. (A) The state board of psychology shall	598
adopt rules governing the use of telepsychology for the purpose	599
of protecting the welfare of recipients of telepsychology	600
services and establishing requirements for the responsible use	601
of telepsychology in the practice of psychology and school	602
psychology, including supervision of persons registered with the	603
state board of psychology as described in division (B) of	604
section 4732.22 of the Revised Code. The rules adopted by the	605
board shall be consistent with section 4743.09 of the Revised	606

Code. The rules are not subject to the requirements of division	607
(F) of section 121.95 of the Revised Code.	608
(B) A psychologist or school psychologist may provide	609
telehealth services in accordance with section 4743.09 of the	610
Revised Code.	611
Sec. 4734.60. A chiropractor may provide telehealth	612
services in accordance with section 4743.09 of the Revised Code.	613
Sec. 4731.2910 4743.09. (A) As used in this section:	614
(1) "Durable medical equipment" means a type of equipment,	615
such as a remote monitoring device utilized by a physician,	616
physician assistant, or advanced practice registered nurse in	617
accordance with this section, that can withstand repeated use,	618
is primarily and customarily used to serve a medical purpose,	619
and generally is not useful to a person in the absence of	620
illness or injury and, in addition, includes repair and	621
replacement parts for the equipment.	622
(2) "Facility fee" has the same meaning as in section	623
4723.94 of the Revised Code means any fee charged or billed for	624
telehealth services provided in a facility that is intended to	625
compensate the facility for its operational expenses and is	626
separate and distinct from a professional fee.	627
(2) (3) "Health care professional" means:	628
(a) An advanced practice registered nurse, as defined in	629
section 4723.01 of the Revised Code;	630
(b) An optometrist licensed under Chapter 4725. of the	631
Revised Code to practice optometry under a therapeutic	632
<pre>pharmaceutical agents certificate;</pre>	633
(c) A pharmacist licensed under Chapter 4729. of the	634

Revised Code;	635
(d) A physician assistant licensed under Chapter 4730. of	636
the Revised Code;	637
(e) A physician licensed under this chapter Chapter 4731.	638
of the Revised Code to practice medicine and surgery,	639
osteopathic medicine and surgery, or podiatric medicine and	640
surgery;	641
(b) A physician assistant licensed under Chapter 4730.	642
(f) A psychologist or school psychologist licensed under	643
Chapter 4732. of the Revised Code or under rules adopted in	644
accordance with sections 3301.07 and 3319.22 of the Revised	645
Code;	646
(g) A chiropractor licensed under Chapter 4734. of the	647
Revised Code;	648
(h) An audiologist or speech-language pathologist licensed	649
under Chapter 4753. of the Revised Code;	650
(i) An occupational therapist or physical therapist	651
licensed under Chapter 4755. of the Revised Code;	652
(j) An occupational therapy assistant or physical	653
therapist assistant licensed under Chapter 4755. of the Revised	654
Code;	655
(k) A professional clinical counselor, independent social	656
worker, or independent marriage and family therapist licensed	657
under Chapter 4757. of the Revised Code;	658
(1) An independent chemical dependency counselor licensed	659
under Chapter 4758. of the Revised Code;	660
(m) A dietitian licensed under Chapter 4759. of the	661

Revised Code;	662
(n) A respiratory care professional licensed under Chapter	663
4761. of the Revised Code;	664
(o) A genetic counselor licensed under Chapter 4778. of	665
the Revised Code;	666
(p) A certified Ohio behavior analyst certified under	667
Chapter 4783. of the Revised Code.	668
(3) (4) "Health care professional licensing board" means	669
any of the following:	670
(a) The board of nursing;	671
(b) The state vision professionals board;	672
(c) The state board of pharmacy;	673
(d) The state medical board;	674
(e) The state board of psychology;	675
(f) The state board of education with respect to the	676
<pre>licensure of school psychologists;</pre>	677
(g) The state chiropractic board;	678
(h) The state speech and hearing professionals board;	679
(i) The Ohio occupational therapy, physical therapy, and	680
<pre>athletic trainers board;</pre>	681
(j) The counselor, social worker, and marriage and family	682
<pre>therapist board;</pre>	683
(k) The chemical dependency professionals board.	684
(5) "Health plan issuer" has the same meaning as in	685
section 3922.01 of the Revised Code.	686

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(4) (6) "Telemedicine Telehealth services" has the same	687
meaning as in section 3902.30 of the Revised Codemeans health	688
care services provided through the use of information and	689
communication technology by a health care professional, within	690
the professional's scope of practice, who is located at a site	691
other than the site where either of the following is located:	692
(a) The patient receiving the services;	693
(b) Another health care professional with whom the	694
provider of the services is consulting regarding the patient.	695
(B) (1) Each health care professional licensing board shall	696
permit a health care professional under its jurisdiction to	697
provide the professional's services as telehealth services in	698
accordance with this section. Subject to division (B)(2) of this	699
section, a board may adopt any rules it considers necessary to	700
implement this section. All rules adopted under this section	701
shall be adopted in accordance with Chapter 119. of the Revised	702
Code. Any such rules adopted by a board are not subject to the	703
requirements of division (F) of section 121.95 of the Revised	704
Code.	705
(2)(a) Except as provided in division (B)(2)(b) of this	706
section, the rules adopted by a health care professional	707
licensing board under this section shall establish a standard of	708
care for telehealth services that is equal to the standard of	709
care for in-person services.	710
(b) Subject to division (B)(2)(c) of this section, a board	711
may require an initial in-person visit prior to prescribing a	712
schedule II controlled substance to a new patient, equivalent to	713
applicable state and federal requirements.	714
(c)(i) A board shall not require an initial in-person	71 -

<u>visit for a new patient whose medical record indicates that the</u>	716
patient is receiving hospice or palliative care, who is	717
receiving medication-assisted treatment or any other medication	718
for opioid-use disorder, who is a patient with a mental health	719
condition, or who, as determined by the clinical judgment of a	720
health care professional, is in an emergency situation.	721
(ii) Notwithstanding division (B) of section 3796.01 of	722
the Revised Code, medical marijuana shall not be considered a	723
schedule II controlled substance.	724
(C) With respect to the provision of telehealth services,	725
all of the following apply:	726
(1) A health care professional may use synchronous or	727
asynchronous technology to provide telehealth services to a	728
patient during an initial visit if the appropriate standard of	729
care for an initial visit is satisfied.	730
(2) A health care professional may deny a patient	731
telehealth services and, instead, require the patient to undergo	732
an in-person visit.	733
(3) When providing telehealth services in accordance with	734
this section, a health care professional shall comply with all	735
requirements under state and federal law regarding the	736
protection of patient information. A health care professional	737
shall ensure that any username or password information and any	738
electronic communications between the professional and a patient	739
are securely transmitted and stored.	740
(4) A health care professional may use synchronous or	741
asynchronous technology to provide telehealth services to a	742
patient during an annual visit if the appropriate standard of	743
care for an annual visit is satisfied	744

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(5) In the case of a health care professional who is a	745
physician, physician assistant, or advanced practice registered	746
nurse, both of the following apply:	747
(a) The professional may provide telehealth services to a	748
patient located outside of this state if permitted by the laws	749
of the state in which the patient is located.	750
(b) The professional may provide telehealth services	751
through the use of medical devices that enable remote	752
monitoring, including such activities as monitoring a patient's	753
blood pressure, heart rate, or glucose level.	754
(D) When a patient has consented to receiving telehealth	755
services, the health care professional who provides those	756
services is not liable in damages under any claim made on the	757
basis that the services do not meet the same standard of care	758
that would apply if the services were provided in-person.	759
(E)(1) A health care professional providing telemedicine	760
telehealth services shall not charge a patient or a health plan	761
issuer covering telehealth services under section 3902.30 of the	762
Revised Code any of the following: a facility fee, an	763
origination fee, or any fee associated with the cost of the	764
equipment used at the provider site to provide telemedicine	765
telehealth services to a health plan issuer covering	766
telemedicine services under section 3902.30 of the Revised Code.	767
A health care professional providing telehealth services	768
may charge a health plan issuer for durable medical equipment	769
used at a patient or client site.	770
(2) A health care professional may negotiate with a health	771
plan issuer to establish a reimbursement rate for fees	772
associated with the administrative costs incurred in providing	773

telehealth services as long as a patient is not responsible for	774
any portion of the fee.	775
(3) A health care professional providing telehealth	776
services shall obtain a patient's consent before billing for the	777
cost of providing the services, but the requirement to do so	778
applies only once.	779
(F) Nothing in this section limits or otherwise affects	780
any other provision of the Revised Code that requires a health	781
care professional who is not a physician to practice under the	782
supervision of, in collaboration with, in consultation with, or	783
pursuant to the referral of another health care professional.	784
(G) It is the intent of the general assembly, through the	785
amendments to this section, to expand access to and investment	786
in telehealth services in this state in congruence with the	787
expansion and investment in telehealth services made during the	788
COVID-19 pandemic.	789
Sec. 4753.20. An audiologist or speech-language	790
pathologist may provide telehealth services in accordance with	791
section 4743.09 of the Revised Code.	792
Sec. 4755.90. An occupational therapist or physical	793
therapist may provide telehealth services in accordance with	794
section 4743.09 of the Revised Code.	795
An occupational therapy assistant or physical therapist	796
assistant may provide telehealth services in accordance with	797
section 4743.09 of the Revised Code.	798
Sec. 4757.50. A professional clinical counselor,	799
independent social worker, or independent marriage and family	800
therapist may provide telehealth services in accordance with	801
section 4743 09 of the Revised Code	802

Sec. 4758.80. An independent chemical dependency counselor	803
may provide telehealth services in accordance with section	804
4743.09 of the Revised Code.	805
Sec. 4759.20. A dietitian may provide telehealth services	806
in accordance with section 4743.09 of the Revised Code.	807
Sec. 4761.30. A respiratory care professional may provide	808
telehealth services in accordance with section 4743.09 of the	809
Revised Code.	810
Sec. 4778.30. A genetic counselor may provide telehealth	811
services in accordance with section 4743.09 of the Revised Code.	812
Sec. 4783.20. A certified Ohio behavior analyst may	813
provide telehealth services in accordance with section 4743.09	814
of the Revised Code.	815
Sec. 5119.368. (A) As used in this section, "telehealth	816
services" has the same meaning as in section 4743.09 of the	817
Revised Code.	818
(B) Each community mental health services provider and	819
community addiction services provider shall establish written	820
policies and procedures describing how the provider will ensure	821
that staff persons assisting clients with receiving telehealth	822
services or providing telehealth services are fully trained in	823
using equipment necessary for providing the services.	824
(C) Prior to providing telehealth services to a client, a	825
provider shall describe to the client the potential risks	826
associated with receiving treatment through telehealth services	827
and shall document that the client was provided with the risks	828
and agreed to assume those risks. The risks communicated to a	829
client shall address the following:	830

(1) Clinical aspects of receiving treatment through	831
telehealth services;	832
(2) Security considerations when receiving treatment	833
through telehealth services;	834
(3) Confidentiality for individual and group counseling.	835
(D) It is the responsibility of the provider, to the	836
extent possible, to ensure contractually that any entity or	837
individuals involved in the transmission of information through	838
telehealth mechanisms guarantee that the confidentiality of the	839
information is protected.	840
(E) Every provider shall have a contingency plan for	841
providing telehealth services to clients in the event that	842
technical problems occur during the provision of those services.	843
(F) Providers shall maintain, at a minimum, the following	844
<pre>information pertaining to local resources:</pre>	845
(1) The local suicide prevention telephone hotline, if	846
available, or the national suicide prevention telephone hotline.	847
(2) Contact information for the local police and fire	848
departments.	849
The provider shall provide the client written information	850
on how to access assistance in a crisis, including one caused by	851
equipment malfunction or failure.	852
(G) It is the responsibility of the provider to ensure	853
that equipment meets standards sufficient to do the following:	854
(1) To the extent possible, ensure confidentiality of	855
<pre>communication;</pre>	856
(2) Provide for interactive communication between the	857

<pre>provider and the client;</pre>	858
(3) When providing telehealth services using synchronous	859
technology, ensure that video or audio are sufficient to enable	860
real-time interaction between the client and the provider and to	861
ensure the quality of the service provided.	862
(H) A mental health facility or unit that is serving as a	863
client site shall be maintained in such a manner that	864
appropriate staff persons are on hand at the facility or unit in	865
the event of a malfunction with the equipment used to provide	866
telehealth services.	867
(I) (1) All telehealth services provided by interactive	868
videoconferencing shall meet both of the following conditions:	869
(a) Begin with the verification of the client through a	870
name and password or personal identification number when	871
treatment services are being provided;	872
(b) Be provided in accordance with state and federal law.	873
(2) When providing telehealth services in accordance with	874
this section, a provider shall comply with all requirements	875
under state and federal law regarding the protection of patient	876
information. Each provider shall ensure that any username or	877
password information and any electronic communications between	878
the provider and a client are securely transmitted and stored.	879
(J) The department of mental health and addiction services	880
may adopt rules as it considers necessary to implement this	881
section. The rules shall be adopted in accordance with Chapter	882
119. of the Revised Code. Any such rules adopted by the	883
department are not subject to the requirements of division (F)	884
of section 121 95 of the Revised Code	885

Sec. 5164.291. The department of medicaid shall establish	886
a credentialing program that includes a credentialing committee	887
to review the competence, professional conduct, and quality of	888
care provided by medicaid providers.	889
Any activities performed by the credentialing committee	890
shall be considered activities of a peer review committee of a	891
health care entity and shall be subject to sections 2305.25 to	892
2305.253 of the Revised Code.	893
The medicaid director may adopt rules under section	894
5164.02 of the Revised Code as necessary to implement this	895
section. Any rules adopted shall be consistent with the	896
requirements that apply to medicare advantage organizations	897
under 42 C.F.R. 422.204.	898
Sec. 5164.95. (A) As used in this section, "telehealth	899
service" means a health care service delivered to a patient	900
through the use of interactive audio, video, or other	901
telecommunications or electronic technology from a site other	902
than the site where the patient is located.	903
(B) The department of medicaid shall establish standards	904
for medicaid payments for health care services the department	905
determines are appropriate to be covered by the medicaid program	906
when provided as telehealth services. The standards shall be	907
established in rules adopted under section 5164.02 of the	908
Revised Code.	909
In accordance with section 5162.021 of the Revised Code,	910
the medicaid director shall adopt rules authorizing the	911
directors of other state agencies to adopt rules regarding the	912
medicaid coverage of telehealth services under programs	913
administered by the other state agencies. Any such rules adopted	914

by the medicaid director or the directors of other state	915
agencies are not subject to the requirements of division (F) of	916
section 121.95 of the Revised Code.	917
(C) (1) To the extent permitted under rules adopted under	918
section 5164.02 of the Revised Code and applicable federal law,	919
the following practitioners are eligible to provide telehealth	920
services covered pursuant to this section:	921
(a) A physician licensed under Chapter 4731. of the	922
Revised Code to practice medicine and surgery, osteopathic	923
medicine and surgery, or podiatric medicine and surgery;	924
(b) A psychologist or school psychologist licensed under	925
Chapter 4732. of the Revised Code or under rules adopted in	926
accordance with sections 3301.07 and 3319.22 of the Revised	927
<pre>Code;</pre>	928
(c) A physician assistant licensed under Chapter 4730. of	929
the Revised Code;	930
(d) A clinical nurse specialist, certified nurse-midwife,	931
or certified nurse practitioner licensed under Chapter 4723. of	932
the Revised Code;	933
(e) An independent social worker, independent marriage and	934
family therapist, or professional clinical counselor licensed	935
under Chapter 4757. of the Revised Code;	936
(f) An independent chemical dependency counselor licensed	937
under Chapter 4758. of the Revised Code;	938
(g) A supervised practitioner or supervised trainee;	939
(h) An audiologist or speech-language pathologist licensed	940
under Chapter 4753. of the Revised Code;	941

(i) An audiology aide or speech-language pathology aide,	942
as defined in section 4753.072 of the Revised Code, or an	943
individual holding a conditional license under section 4753.071	944
of the Revised Code;	945
(j) An occupational therapist or physical therapist	946
licensed under Chapter 4755. of the Revised Code;	947
(k) An occupational therapy assistant or physical	948
therapist assistant licensed under Chapter 4755. of the Revised	949
Code.	950
(1) A dietitian licensed under Chapter 4759. of the	951
Revised Code;	952
(m) A chiropractor licensed under Chapter 4734. of the	953
Revised Code;	954
(n) A pharmacist licensed under Chapter 4729. of the	955
Revised Code;	956
(o) A genetic counselor licensed under Chapter 4778. of	957
the Revised Code;	958
(p) An optometrist licensed under Chapter 4725. of the	959
Revised Code to practice optometry under a therapeutic	960
<pre>pharmaceutical agents certificate;</pre>	961
(q) A respiratory care professional licensed under Chapter	962
4761. of the Revised Code;	963
(r) A certified Ohio behavior analyst certified under	964
Chapter 4783. of the Revised Code;	965
(s) A practitioner who provides services through a	966
<pre>medicaid school program;</pre>	967
(t) Subject to section 5119 368 of the Revised Code a	968

practitioner authorized to provide services and supports	969
certified under section 5119.36 of the Revised Code through a	970
community mental health services provider or community addiction	971
services provider;	972
(u) Any other practitioner the medicaid director considers	973
eligible to provide telehealth services.	974
(2) In accordance with division (B) of this section and to	975
the extent permitted under rules adopted under section 5164.02	976
of the Revised Code and applicable federal law, the following	977
provider types are eligible to submit claims for medicaid	978
payments for providing telehealth services:	979
(a) Any practitioner described in division (C)(1) of this	980
section, except for those described in divisions (C)(1)(g), (i),	981
and (k) of this section;	982
(b) A professional medical group;	983
(c) A federally qualified health center or federally	984
qualified health center look-alike, as defined in section	985
3701.047 of the Revised Code;	986
(d) A rural health clinic;	987
(e) An ambulatory health care clinic;	988
(f) An outpatient hospital;	989
(g) A medicaid school program;	990
(h) Subject to section 5119.368 of the Revised Code, a	991
community mental health services provider or community addiction	992
services provider that offers services and supports certified	993
under section 5119.36 of the Revised Code;	994
(i) Any other provider type the medicaid director	995

considers eligible to submit the claims for payment.	996
(D) (1) When providing telehealth services under this	997
section, a practitioner shall comply with all requirements under	998
state and federal law regarding the protection of patient	999
information. A practitioner shall ensure that any username or	1000
password information and any electronic communications between	1001
the practitioner and a patient are securely transmitted and	1002
stored.	1003
(2) When providing telehealth services under this section,	1004
every practitioner site shall have access to the medical records	1005
of the patient at the time telehealth services are provided.	1006
Section 2. That existing sections 3902.30, 4723.94,	1007
4731.251, 4731.252, 4731.253, 4731.2910, 4731.30, 4732.33, and	1008
5164.95 of the Revised Code are hereby repealed.	1009
Section 3. That Section 3 of S.B. 9 of the 130th General	1010
Assembly (as amended by H.B. 49 of the 132nd General Assembly)	1011
be amended to read as follows:	1012
Sec. 3. (A) During the period beginning on January 1,	1013
2014, and expiring January 1, $\frac{2022}{2026}$ , the operation of	1014
sections 1751.15, 1751.16, 1751.17, 3923.122, 3923.58, 3923.581,	1015
3923.582, 3923.59, 3924.07, 3924.08, 3924.09, 3924.10, 3924.11,	1016
3924.111, 3924.12, 3924.13, and 3924.14 of the Revised Code are	1017
suspended. The suspension shall take effect in accordance with	1018
the following:	1019
(1) Carriers shall not be required to offer open	1020
enrollment coverage under the Ohio Open Enrollment Program on or	1021
after January 1, 2014. In addition, carriers shall not reinsure	1022
any insurance policies with the Ohio Health Reinsurance Program	1023
during the suspension of the Program on or after January 1,	1024

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2014. 1025 (2) Notwithstanding this section, the Board of Directors 1026 of the Ohio Health Reinsurance Program shall continue to have 1027 all of the authority and protection provided by sections 3924.07 1028 to 3924.14 of the Revised Code during the period beginning 1029 January 1, 2014, and ending December 31, 2014, in order to wind 1030 up the affairs of the Ohio Health Reinsurance Program. This 1031 shall include, but is not limited to, the receipt, processing, 1032 and payment of all claims incurred on or before January 1, 2014, 1033 assessments needed to fund the wind up of the Program, the 1034 refund of any excess assessments, and the preparation of final 1035 audited financial statements and tax returns. 1036 (3) With respect to an open enrollment or conversion 1037 policy or contract issued prior to January 1, 2014, a carrier 1038 may terminate such policy or contract on or after January 1, 1039 2014, if the carrier does both of the following: 1040 (a) Provides notice of termination to the policy or 1041 contract holder at the time the policy is issued or at least 1042 1043 ninety days prior to the termination; (b) Offers the policy or contract holder the option to 1044 purchase other coverage offered by the insurer to be effective 1045 at the time of the termination. 1046 (4) Carriers shall not be required to include any option 1047 to convert coverage as required by sections 1751.16, 1751.17, 1048 and 3923.122 of the Revised Code in any policy or contract 1049 issued on or after January 1, 2014. 1050 (B) If the amendments made by 42 U.S.C. 300gg-1 and 300gg-1051

6, regarding the requirements related to health insurance

coverage become ineffective prior to the expiration of the

suspension on January 1, 20222026, then sections 1751.15,	1054
1751.16, 1751.17, 3923.122, 3923.58, 3923.581, 3923.582,	1055
3923.59, 3924.07, 3924.08, 3924.09, 3924.10, 3924.11, 3924.111,	1056
3924.12, 3924.13, and 3924.14 of the Revised Code, in either	1057
their present form or as they are later amended, again become	1058
operational.	1059
Section 4. That existing Section 3 of S.B. 9 of the 130th	1060
General Assembly (as amended by H.B. 49 of the 132nd General	1061
Assembly) is hereby repealed.	1062
Section 5. Section 3902.30 of the Revised Code, as amended	1063
by this act, applies to health benefit plans, as defined in	1064
section 3922.01 of the Revised Code, that are in effect on the	1065
effective date of the amendment to that section and to plans	1066
that are issued, renewed, modified, or amended on or after the	1067
effective date of that amendment.	1068
Section 6. Beginning on the effective date of this	1069
section, a health care professional licensing board, as defined	1070
in section 4743.09 of the Revised Code, may suspend the	1071
enforcement of any rules that the board has in effect on the	1072
effective date of this section regarding the provision of	1073
telehealth and in-person services by a health care professional	1074
under the board's jurisdiction, and requirements for the	1075
prescribing of controlled substances, while the board amends or	1076
adopts new rules that are consistent with the provisions of this	1077
act.	1078