

As Introduced

134th General Assembly

Regular Session

2021-2022

S. B. No. 253

Senators Fedor, Antonio

Cosponsors: Senators Yuko, Maharath, Thomas, Sykes, Williams, 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 3517.152 to 20
3517.157 and 3920.04 of the Revised Code, no state officer or 21
board, or head of a department or institution of the state shall 22
employ, or be represented by, other counsel or attorneys at law. 23
The attorney general shall appear for the state in the trial and 24
argument of all civil and criminal causes in the supreme court 25
in which the state is directly or indirectly interested. When 26
required by the governor or the general assembly, the attorney 27
general shall appear for the state in any court or tribunal in a 28
cause in which the state is a party, or in which the state is 29
directly interested. Upon the written request of the governor, 30
the attorney general shall prosecute any person indicted for a 31
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, mental retardation, intermediate care, or skilled 37
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 sections 62
3920.01 to 3920.33 of the Revised Code. All grants-in-aid 63
accepted by the Ohio health care agency shall be deposited into 64
the Ohio health care fund established under section 3920.09 of 65
the Revised Code. 66

(C) Sections 101.82 and 101.83 of the Revised Code do not 67
apply to the Ohio health care agency. 68

Sec. 3920.03. (A) There is hereby created the Ohio health 69
care board. The Ohio health care board shall consist of fifteen 70
voting members, consisting of the director of health as an ex 71
officio voting member and fourteen members elected in accordance 72
with this section. 73

(B) For purposes of representation on the Ohio health care 74
board, the state shall be divided into seven regions each 75
composed of designated counties as follows: 76

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

(2) At the meeting called pursuant to division (C)(1) of this section, the county and city health commissioners in each region shall elect one resident from each county in the region to represent the county on a regional health advisory committee established for that region. The county and city health commissioners also shall set a date, not sooner than one hundred days and not later than one hundred ten days after the effective date of this section, for the initial meeting of the regional health advisory committee. 105
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(3) Following the initial meetings of county and city health commissioners called pursuant to division (C)(1) of this section, the county and city health commissioners in each region shall convene a meeting every two years to elect representatives to the regional health advisory committee in accordance with division (C) of this section. Each biennial meeting shall be held within five days of the same day of the same month as the initial meeting. 114
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(4) Each representative elected under division (C) of this section shall hold office for two years, starting on the date of the representative's election. Any individual appointed to fill a vacancy occurring prior to the expiration of the term for which a representative is elected shall hold office for the remainder of the predecessor's term. 122
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(D)(1) At its initial meeting on the date set pursuant to division (C)(2) of this section, each regional health advisory committee shall elect a chairperson from among the representatives to the committee. At the initial meeting, each committee's representatives shall elect two residents from the region to represent that region as members of the Ohio health care board. One of the two residents elected from each region to 128
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serve on the Ohio health care board shall be a resident of the 135
region's most populous county and the other shall be a resident 136
of any county in the region other than the region's most 137
populous county. 138

Except for the elections to the Ohio health care board at 139
the initial meeting of each regional health advisory committee, 140
each resident elected to the board shall be elected to a two- 141
year term of office. At the initial meeting, the resident from 142
the most populous county in the region shall be elected to a 143
term of three years. 144

(2) Annually, beginning in the second year following the 145
initial elections to the Ohio health care board, the chairperson 146
of each regional health advisory committee shall convene a 147
meeting within five calendar days of the same date of the same 148
month as the initial meeting of that regional health advisory 149
committee to elect a resident from the region to serve as a 150
member of the Ohio health care board. The regional health 151
advisory committee shall elect a resident of a county as is 152
necessary to meet the representation requirements set by 153
division (D) (1) of this section. No individual may serve as a 154
member of the Ohio health care board for more than four 155
consecutive terms. 156

(3) In addition to meeting for the election of Ohio health 157
care board members, each regional health advisory committee 158
shall meet as necessary to fulfill any functions and 159
responsibilities assigned under sections 3920.01 to 3920.15 of 160
the Revised Code. With the exception of the initial meeting 161
described in division (D) (1) of this section, each meeting shall 162
be held at the call of the chairperson and as may be provided by 163
procedures adopted by the regional health advisory committee. 164

(E) (1) The director of health shall set the time, place, 165
and date for the initial meeting of the Ohio health care board 166
and shall preside over the Ohio health care board's initial 167
meeting. The initial meeting shall be set not sooner than one 168
hundred fifteen days and not later than one hundred twenty-five 169
days after the effective date of this section. 170

(2) The members of the Ohio health care board annually 171
shall elect a member of the board to serve as chairperson at 172
meetings of the board. Meetings shall be held upon the call of 173
the chairperson and as provided by procedures prescribed by the 174
Ohio health care board. Two-thirds of the members of the Ohio 175
health care board shall constitute a quorum for the conduct of 176
business at meetings of the board. Decisions at meetings of the 177
Ohio health care board shall be reached by majority vote of 178
those present. 179

(3) All meetings of the Ohio health care board are open to 180
the public unless questions of patient confidentiality arise. 181
The Ohio health care board may go into closed executive session 182
with regard to issues related to confidential patient 183
information. The fourteen members of the Ohio health care board 184
elected by the regional health advisory committees shall receive 185
an annual salary and benefits established in accordance with 186
division (J) of section 124.15 of the Revised Code. 187

(F) The seven regional health advisory committees shall 188
act as advisory bodies to the Ohio health care board, 189
representing their individual regions. The regional health 190
advisory committees shall oversee the management of consumer and 191
provider complaints originating in their respective regions and 192
shall hold a hearing on all such complaints. The regional health 193
advisory committees shall offer assistance to resolve consumer 194

and provider disputes and shall seek the agreement of all 195
parties to the dispute to submit the dispute to negotiation or 196
binding arbitration. A regional health advisory committee shall 197
transfer any dispute that is not resolved at the regional level 198
to the director of the Ohio health care agency's department of 199
consumer affairs within six months of the filing of the 200
complaint; however, the committee may vote to transfer 201
individual disputes at an earlier date. 202

(G) (1) If a vacancy occurs on the Ohio health care board 203
for any reason, resulting in a region being without full 204
representation on the board, that region's health advisory 205
committee shall elect a resident of that region to fill the 206
vacancy. Any resident elected to fill a vacancy shall serve the 207
remainder of the departing member's term. The health advisory 208
committee shall elect a resident of a county as necessary to 209
meet the representation requirements set by division (D) (1) of 210
this section. 211

(2) A serving member of the Ohio health care board shall 212
continue to serve following the expiration of their term until a 213
successor takes office or a period of ninety days has elapsed, 214
whichever occurs first. 215

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

services of any kind during their term of service or employment. 225
The members and staff of the Ohio health care board and 226
employees of the Ohio health care agency, and their immediate 227
families, shall not knowingly receive consulting fees of any 228
kind from any source that is directly or indirectly related to 229
the delivery of health care services pursuant to the Ohio health 230
care plan. The members and staff of the Ohio health care board 231
and employees of the Ohio health care agency, and their 232
immediate families, are prohibited from knowingly owning stock 233
in, and from investing in mutual funds holding stock in, 234
pharmaceutical companies, health maintenance organizations, 235
health insuring corporations, or other businesses that relate 236
directly or indirectly to the delivery of health care services, 237
unless the stock or mutual funds are in a blind trust. 238

As used in division (H) (1) of this section, "blind trust" 239
means an independently managed trust in which the beneficiary 240
has no management rights and in which the beneficiary is not 241
given notice of alterations in or other dispositions of the 242
stock, mutual funds, or other property subject to the trust. 243

(2) No member of the Ohio health care board other than the 244
director of health shall knowingly hold any other salaried 245
public position with the state, either elected or appointed, 246
during the member's tenure on the board. The director of health 247
shall receive no salary or benefits by virtue of the director's 248
service on the Ohio health care board. 249

(3) The chairperson of the Ohio health care board may 250
conduct hearings to determine if a violation of division (H) (1) 251
or (2) of this section has occurred. If the alleged violator is 252
the chairperson, the director of health may conduct the 253
hearings. If the director of health is the chairperson, the 254

member of the board not alleged to have committed a violation 255
with the greatest seniority may hold the hearings. Notice of any 256
hearing, the conduct of the hearing, and all other matters 257
relating to the holding of the hearing shall be governed by 258
Chapter 119. of the Revised Code. 259

If a member of the Ohio health care board, or of the 260
member's immediate family, is found to have violated division 261
(H) (1) of this section, or a member of the Ohio health care 262
board is found to have violated division (H) (2) of this section, 263
the chairperson of the Ohio health care board, the director of 264
health, or senior board member, as applicable, shall remove the 265
member from the Ohio health care board. 266

If a staffer of the Ohio health care board or an employee 267
of the Ohio health care agency, or a member of the staffer's or 268
employee's immediate family, is found to have violated division 269
(H) (1) of this section, the Ohio health care board or Ohio 270
health care agency shall take appropriate disciplinary action 271
against the staffer or employee, which action may include 272
termination of employment. 273

(I) Sections 101.82 and 101.83 of the Revised Code do not 274
apply to the Ohio health care board and the regional health 275
advisory committees. 276

Sec. 3920.04. (A) The Ohio health care board is 277
responsible for directing the Ohio health care agency in the 278
performance of all duties, the exercise of all powers, and the 279
assumption and discharge of all functions vested in the Ohio 280
health care agency. The Ohio health care board shall adopt rules 281
in accordance with Chapter 119. of the Revised Code as needed to 282
carry out the purposes of, and to enforce, this chapter. 283

<u>(B) The duties and functions of the Ohio health care board</u>	284
<u>include the following:</u>	285
<u>(1) Implementing statutory eligibility standards for</u>	286
<u>benefits;</u>	287
<u>(2) Annually adopting a benefits package for participants</u>	288
<u>of the Ohio health care plan;</u>	289
<u>(3) Acting directly or through one or more contractors as</u>	290
<u>the single payer for all claims for health care services made</u>	291
<u>under the Ohio health care plan;</u>	292
<u>(4) Developing and implementing separate formulas for</u>	293
<u>determining budgets under sections 3920.21 to 3920.28 of the</u>	294
<u>Revised Code;</u>	295
<u>(5) Annually reviewing the formulas for determining the</u>	296
<u>appropriateness and sufficiency of rates, fees, and prices;</u>	297
<u>(6) Providing for timely payments to providers through a</u>	298
<u>structure that is well organized and that eliminates unnecessary</u>	299
<u>administrative costs;</u>	300
<u>(7) Implementing, to the extent permitted by federal law,</u>	301
<u>standardized claims and reporting methods for use by the Ohio</u>	302
<u>health care plan;</u>	303
<u>(8) Developing a system of centralized electronic claims</u>	304
<u>and payments;</u>	305
<u>(9) Establishing an enrollment system that will ensure</u>	306
<u>that all eligible residents of this state, including those who</u>	307
<u>travel frequently, those who cannot read, and those who do not</u>	308
<u>speak English, are aware of their right to health care and are</u>	309
<u>formally enrolled in the Ohio health care plan;</u>	310

- (10) Reporting annually to the general assembly and the 311
governor, on or before the first day of October, on the 312
performance of the Ohio health care plan, the fiscal condition 313
of the Ohio health care plan, any need for rate adjustments, 314
recommendations for statutory changes, the receipt of payments 315
from the federal government, whether current year goals and 316
priorities were met, future goals and priorities, and major new 317
technology or prescription drugs that may affect the cost of the 318
health care services provided by the Ohio health care plan; 319
- (11) Administering the revenues of the Ohio health care 320
fund pursuant to section 3920.09 of the Revised Code; 321
- (12) Obtaining appropriate liability and other forms of 322
insurance to provide coverage for the Ohio health care plan, the 323
Ohio health care board, the Ohio health care agency, and their 324
employees and agents; 325
- (13) Establishing, appointing, and funding appropriate 326
staff for the Ohio health care agency throughout this state; 327
- (14) Procuring requisite office space and administrative 328
support; 329
- (15) Administering aspects of the Ohio health care agency 330
by taking actions that include the following: 331
- (a) Establishing standards and criteria for the allocation 332
of operating funds; 333
- (b) Meeting regularly with the executive director and 334
administrators of the Ohio health care agency to review the 335
impact of the agency and its policies on the regions established 336
under section 3920.03 of the Revised Code; 337
- (c) Establishing measurable goals for the health care 338

<u>system established pursuant to the Ohio health care plan;</u>	339
<u>(d) Establishing statewide health care databases to</u>	340
<u>support health care services planning;</u>	341
<u>(e) Implementing policies and developing mechanisms and</u>	342
<u>incentives to assure culturally and linguistically sensitive</u>	343
<u>care;</u>	344
<u>(f) Establishing standards and criteria for the</u>	345
<u>determination of appropriate compensation and training for</u>	346
<u>residents of this state who are displaced from work due to the</u>	347
<u>implementation of the Ohio health care plan;</u>	348
<u>(g) Establishing methods for the recovery of costs for</u>	349
<u>health care services provided pursuant to the Ohio health care</u>	350
<u>plan to a participant that are covered under the terms of a</u>	351
<u>policy of insurance, a health benefit plan, or other collateral</u>	352
<u>source available to the participant under which the participant</u>	353
<u>has a right of action for compensation. Receipt of health care</u>	354
<u>services pursuant to the Ohio health care plan shall be deemed</u>	355
<u>an assignment by the participant of any right to payment for</u>	356
<u>services from any policy, plan, or other source. The other</u>	357
<u>source of health care benefits shall pay to the Ohio health care</u>	358
<u>fund all amounts it is obligated to pay to the participant for</u>	359
<u>covered health care services. The Ohio health care board may</u>	360
<u>commence any action necessary to recover the amounts due.</u>	361
<u>(16) Appointing a technical and medical advisory board.</u>	362
<u>The members of the technical and medical advisory board shall</u>	363
<u>represent a cross section of the medical and provider community</u>	364
<u>and consumers, and shall include two persons, one being a</u>	365
<u>provider and the other representing consumers, from each region</u>	366
<u>designated in section 3920.03 of the Revised Code. The members</u>	367

of the technical and medical advisory board shall be reimbursed 368
for actual and necessary expenses incurred in the performance of 369
their duties. The technical and medical advisory board's duties 370
include: 371

(a) Advising the Ohio health care board on the 372
establishment of policy on medical issues, population-based 373
public health issues, research priorities, scope of services, 374
expanding access to health care services, and evaluating the 375
performance of the Ohio health care plan; 376

(b) Investigating proposals for innovative approaches to 377
the promotion of health, the prevention of disease and injury, 378
patient education, research, and health care delivery; 379

(c) Advising the Ohio health care board on the 380
establishment of standards and criteria to evaluate requests 381
from health care facilities for capital improvements. 382

(C) The Ohio health care board shall employ and fix the 383
compensation of Ohio health care agency personnel, with the 384
approval of the department of administrative services, as needed 385
by the agency to properly discharge the agency's duties. The 386
employment of personnel by the Ohio health care board is subject 387
to the civil service laws of this state. The Ohio health care 388
board shall employ personnel that include the following: 389

(1) Executive director; 390

(2) Administrator of planning, research, and development; 391

(3) Administrator of consumer affairs; 392

(4) Administrator of quality assurance; 393

(5) Administrator of finance; 394

(6) Legal counsel to represent the Ohio health care agency 395
and Ohio health care board in any legal action brought by or 396
against the agency or board under or pursuant to any provision 397
of the Revised Code under the agency's or board's jurisdiction. 398

(D) No member of the Ohio health care board or individual 399
on the staff of the Ohio health care board or Ohio health care 400
agency shall use for personal benefit any information filed with 401
or obtained by the Ohio health care board that is not then 402
readily available to the public. No member of the Ohio health 403
care board shall use or in any way attempt to use their position 404
as a member to influence a decision of any other governmental 405
body. 406

(E) Sections 101.82 and 101.83 of the Revised Code do not 407
apply to the technical and medical advisory board established 408
pursuant to division (B)(16) of this section. 409

Sec. 3920.05. The executive director of the Ohio health 410
care agency is the chief administrator of the Ohio health care 411
plan and shall administer and enforce this chapter. The 412
executive director shall oversee the operation of the Ohio 413
health care agency and the agency's performance of any duties 414
assigned by the Ohio health care board. 415

Sec. 3920.06. (A) The executive director of the Ohio 416
health care agency shall determine the duties of the 417
administrator of planning, research, and development. Those 418
duties shall include the following: 419

(1) Establishing policy on medical issues, population- 420
based public health issues, research priorities, scope of 421
services, the expansion of participants' access to health care 422
services, and evaluating the performance of the Ohio health care 423

plan; 424

(2) Investigating proposals for innovative approaches for 425
the promotion of health, the prevention of disease and injury, 426
patient education, research, and the delivery of health care 427
services; 428

(3) Establishing standards and criteria for evaluating 429
applications from health care facilities for capital 430
improvements. 431

(B) (1) The executive director shall determine the duties 432
of the administrator of consumer affairs. Those duties shall 433
include the following: 434

(a) Developing educational and informational guides for 435
consumers that describe consumer rights and responsibilities and 436
that inform consumers of effective ways to exercise consumer 437
rights to obtain health care services. The guides shall be easy 438
to read and understand and available in English and in other 439
languages. The Ohio health care agency shall make the guides 440
available to the public through public outreach and educational 441
programs and through the internet web site of the Ohio health 442
care agency. 443

(b) Establishing a toll-free telephone number to receive 444
questions and complaints regarding the Ohio health care agency 445
and the agency's services. The Ohio health care agency's 446
internet web site shall provide complaint forms and instructions 447
online. 448

(c) Examining suggestions from the public; 449

(d) Making recommendations for improvements to the Ohio 450
health care board; 451

(e) Examining the extent to which individual health care facilities in a region meet the needs of the community in which they are located; 452
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(f) Receiving, investigating, and responding to all complaints about any aspect of the Ohio health care plan and referring the results of all investigations into the provision of health care services by health care providers or facilities to the appropriate provider or health care facility licensing board, or when appropriate, to a law enforcement agency; 455
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(g) Publishing an annual report for the public and the general assembly that contains a statewide evaluation of the Ohio health care agency and of the delivery of health care services in each region established under section 3920.03 of the Revised Code; 461
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(h) Holding public hearings, at least annually, within each region established under section 3920.03 of the Revised Code for public suggestions and complaints. 466
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(2) The administrator of consumer affairs shall work closely with the seven regional health advisory committees on the resolution of complaints. In the discharge of the administrator's duties, the administrator shall have unlimited access to all nonconfidential and nonprivileged documents in the custody and control of the agency. Nothing in this chapter prohibits a consumer or class of consumers, or the administrator of consumer affairs, from seeking relief through the courts. 469
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(C) The executive director, in consultation with the technical and medical advisory board, shall determine the duties of the administrator of quality assurance. Those duties shall include the following: 477
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<u>(1) Studying and reporting on the efficacy of health care treatments and medications for particular conditions;</u>	481
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<u>(2) Identifying causes of medical errors and devising procedures to decrease medical errors;</u>	483
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<u>(3) Establishing an evidence-based formulary;</u>	485
<u>(4) Identifying treatments and medications that are unsafe or have no proven value;</u>	486
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<u>(5) Establishing a process for soliciting information on medical standards from providers and consumers for purposes of division (C) of this section.</u>	488
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<u>(D) The executive director shall determine the duties of the administrator of finance. Those duties shall include the following:</u>	491
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<u>(1) Administering the Ohio health care fund;</u>	494
<u>(2) Making prompt payments to providers;</u>	495
<u>(3) Developing a system of centralized claims and payments;</u>	496
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<u>(4) Communicating to the treasurer of state when funds are needed for the operation of the Ohio health care plan;</u>	498
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<u>(5) Developing information systems for utilization review;</u>	500
<u>(6) Investigating possible provider or consumer fraud.</u>	501
<u>Sec. 3920.07. (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.</u>	502
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<u>The Ohio health care board shall establish a procedure to enroll</u>	507

eligible residents and employees and to provide each individual 508
covered under the Ohio health care plan with identification that 509
providers may use to determine eligibility for health care 510
services under the Ohio health care plan. 511

(B) If waivers are not obtained under sections 3920.31 to 512
3920.33 of the Revised Code from the medical assistance and 513
medicare programs operated under Title XVIII or XIX of the 514
"Social Security Act," 42 U.S.C. 1395 et seq., as amended, or 515
whenever a necessary waiver is not in effect, the medical 516
assistance program, medicare program, CHIP program, and federal 517
employees health benefits program as defined in section 3920.31 518
of the Revised Code shall act as the primary insurers for 519
residents of this state and individuals employed in this state 520
for health coverage and the Ohio health care plan shall serve as 521
the secondary or supplemental plan of health coverage. When the 522
Ohio health care plan serves as a secondary or supplemental plan 523
of health coverage the Ohio health care plan shall not provide 524
coverage to a resident of this state or individual employed in 525
this state for any covered health care service that the resident 526
or worker is then eligible to receive under the primary program. 527

(C) A plan of employee health coverage provided by an out- 528
of-state employer to a resident of this state working outside of 529
this state shall serve as the employee's primary plan of health 530
coverage and the Ohio health care plan shall serve as the 531
employee's secondary plan of health coverage. 532

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

covered under the terms of the employer's plan of employee 538
health coverage. 539

(E) The Ohio health care plan shall reimburse Ohio health 540
care board approved providers practicing outside of this state 541
at Ohio health care plan rates for health care services rendered 542
to a plan participant while the participant is out of state. 543

(F) Any employer operating in this state may purchase 544
coverage under the Ohio health care plan for an employee who 545
lives out of state but who works in this state. 546

(G) (1) Any institution of higher education located in this 547
state may purchase coverage under the Ohio health care plan for 548
a student who does not otherwise have status as a resident of 549
this state. 550

(2) As used in this section, "institution of higher 551
education" means an institution of higher education, as defined 552
in section 3345.12 of the Revised Code, and a private college, 553
university, or other postsecondary institution located in this 554
state that possesses a certificate of authorization issued 555
pursuant to Chapter 1713. of the Revised Code or a certificate 556
of registration issued by the state board of career colleges and 557
schools under Chapter 3332. of the Revised Code. 558

(H) Any individual who arrives at a health care facility 559
unconscious or otherwise unable due to their mental or physical 560
condition to document eligibility for coverage under the Ohio 561
health care plan shall be presumed to be eligible. 562

Sec. 3920.08. (A) The Ohio health care board shall 563
establish a single health benefits package that shall include 564
all of the following: 565

(1) Inpatient and outpatient provider care, both primary 566

<u>and secondary;</u>	567
<u>(2) Emergency services, as defined in section 3923.65 of the Revised Code, twenty-four hours each day on a prudent layperson standard. Residents who are temporarily out of state may receive benefits for emergency services rendered in that state. The Ohio health care agency shall make timely emergency services, including hospital care and triage, available to all residents of this state, including all residents not enrolled in the Ohio health care plan.</u>	568 569 570 571 572 573 574 575
<u>(3) Emergency and other transportation to receive covered health care services, subject to division (B) of this section;</u>	576 577
<u>(4) Rehabilitation services, including speech, occupational, and physical therapy;</u>	578 579
<u>(5) Inpatient and outpatient mental health services and substance abuse treatment;</u>	580 581
<u>(6) Hospice care;</u>	582
<u>(7) Prescription drugs and prescribed medical nutrition;</u>	583
<u>(8) Vision care, aids, and equipment;</u>	584
<u>(9) Hearing care, hearing aids, and equipment;</u>	585
<u>(10) Diagnostic medical tests, including laboratory tests and imaging procedures;</u>	586 587
<u>(11) Medical supplies and prescribed medical equipment, both durable and nondurable;</u>	588 589
<u>(12) Immunizations, preventive care, health maintenance care, and screening;</u>	590 591
<u>(13) Dental care;</u>	592

<u>(14) Home health care services.</u>	593
<u>(B) The Ohio health care plan shall provide necessary transportation in each county to receive covered health care services. Independent transportation providers shall be reimbursed on a fee-for-service basis. Fee schedules for covered transportation may take into account the recognized differences among geographic areas regarding cost. A covered transportation benefits account is hereby created within the Ohio health care fund.</u>	594 595 596 597 598 599 600 601
<u>(C) The Ohio health care plan shall not exclude or limit coverage of its participants' pre-existing conditions.</u>	602 603
<u>(D) Residents enrolled in the Ohio health care plan are not subject to copayments, point-of-service charges, or any other fee or charge. No provider shall directly bill an enrollee for a covered health care service.</u>	604 605 606 607
<u>(E) The Ohio health care board, with the consent of the technical and medical advisory board, shall remove or exclude procedures and treatments, equipment, and prescription drugs from the Ohio health care plan's benefit package that the board finds unsafe, experimental, of no proven value, or that add no therapeutic value.</u>	608 609 610 611 612 613
<u>(F) The Ohio health care board shall exclude coverage for any surgical, orthodontic, or other medical procedure, or prescription drug, that the technical and medical advisory board determines was or will be provided primarily for cosmetic purposes, unless required to correct a congenital defect, to restore or correct disfigurements resulting from injury or disease, or that is determined to be medically necessary by a qualified, licensed provider.</u>	614 615 616 617 618 619 620 621

(G) Participants shall have free choice of the providers 622
eligible to participate in the Ohio health care plan. 623

(H) No provider shall be compelled by the Ohio health care 624
agency to offer any particular service, provided that the 625
provider does not discriminate among patients in providing 626
health care services. 627

(I) The Ohio health care plan and the providers 628
participating in the plan shall not discriminate on the basis of 629
race, color, religion, national origin, sexual orientation, 630
health status, employment status, or occupation or sex, military 631
status, disability, or age as defined in section 4112.01 of the 632
Revised Code. 633

Sec. 3920.09. (A) The Ohio health care fund is hereby 634
established in the state treasury. The administrator of finance 635
of the Ohio health care agency shall administer and monitor the 636
Ohio health care fund. All moneys collected and received by the 637
Ohio health care plan shall be transmitted to the treasurer of 638
state for deposit into the Ohio health care fund, to be used to 639
finance the Ohio health care plan and to pay the costs of 640
compensation and training for displaced workers pursuant to 641
section 3920.11 of the Revised Code. 642

(B) The treasurer of state may invest the interest earned 643
by the Ohio health care fund in any manner authorized by the 644
Revised Code for the investment of state moneys. Any revenue or 645
interest earned from the investments shall be credited to the 646
Ohio health care fund. 647

(C) All provider claims for payment for health care 648
services rendered under the Ohio health care plan shall be 649
transmitted to the Ohio health care fund by the provider or the 650

provider's agent. The format of, and the method of transmitting, 651
provider claims shall be determined by the Ohio health care 652
board. 653

(D) All payments for health care services rendered under 654
the Ohio health care plan shall be disbursed from the Ohio 655
health care fund. The administrator of finance of the Ohio 656
health care agency shall establish a reserve account within the 657
Ohio health care fund. When the revenue available to the Ohio 658
health care plan in any biennium exceeds the total amount 659
expended or obligated during that biennium, the excess revenue 660
shall be transferred to the reserve account. The Ohio health 661
care board may use the money in the reserve account for expenses 662
of the Ohio health care agency or the Ohio health care plan. 663

(E) The administrator of finance of the Ohio health care 664
agency shall notify the Ohio health care board when the annual 665
expenditures or anticipated future expenditures of the Ohio 666
health care plan appear to be in excess of the revenues or 667
anticipated revenues for the same period. The Ohio health care 668
board shall implement appropriate cost control measures based on 669
the notification. The Ohio health care board shall seek a 670
special appropriation for the Ohio health care fund if the cost 671
control measures implemented do not reduce the Ohio health care 672
plan's expenditures to an amount that may be covered by its 673
revenue. 674

Sec. 3920.10. (A) The Ohio health care board shall 675
establish written procedures for the receipt and resolution of 676
disputes and grievances. The procedures shall provide for an 677
initial hearing before the appropriate regional health advisory 678
committee in accordance with division (F) of section 3920.03 of 679
the Revised Code. The board shall accord to the complainant and 680

the person who is the subject of a complaint the right to be 681
heard at the hearing. 682

(B) Any party aggrieved by an order or decision issued 683
pursuant to the procedures established in division (A) of this 684
section may appeal the order or decision to the court of common 685
pleas of the county in which the consumer resides. The appellant 686
shall file a notice of appeal with the Ohio health care board 687
within fifteen days of the filing of the appeal with the court 688
of common pleas. The appellant shall file evidence of the notice 689
with the court of common pleas within twenty days of the filing. 690
If the court of common pleas does not receive such evidence, 691
proceedings shall be stayed until the court receives the 692
required evidence. 693

(C) Appeals of denied claims may be submitted by Ohio 694
health care plan beneficiaries or providers, or businesses 695
selling medical equipment and supplies to the Ohio health care 696
board. The board shall conduct appeals in compliance with its 697
written procedures and both laws of this state and federal laws. 698

Sec. 3920.11. (A) The department of job and family 699
services shall determine which residents of this state employed 700
by a health care insurer, health insuring corporation, or other 701
health care related business, have lost employment as a result 702
of the implementation and operation of the Ohio health care 703
plan. The department also shall determine the amount of monthly 704
wages that the resident lost due to the plan's implementation. 705
The department shall attempt to position these displaced workers 706
in comparable positions of employment with the Ohio health care 707
agency. 708

(B) The department of job and family services shall 709
forward the information on the amount of monthly wages lost by 710

residents of this state due to the implementation of the Ohio 711
health care plan to the Ohio health care agency. The Ohio health 712
care agency shall determine the amount of compensation and 713
training that each displaced worker shall receive and shall 714
submit a claim to the Ohio health care fund for payment. A 715
displaced worker, however, shall not receive compensation from 716
the Ohio health care fund in excess of sixty thousand dollars 717
per year for two years. Compensation paid to the displaced 718
worker under this section shall serve as a supplement to any 719
compensation the worker receives from the department of job and 720
family services. 721

Sec. 3920.12. (A) Any employer operating in this state and 722
providing employees with benefits under a public or private 723
health care policy, plan, or agreement as of the date that 724
benefits are initially provided pursuant to this chapter, which 725
benefits are less valuable than those provided by the Ohio 726
health care plan, may participate in the Ohio health care plan 727
or shall provide additional benefits so that, until the 728
expiration of the policy, plan, or agreement, the benefits 729
provided by the employer at least equal the amount and scope of 730
the benefits provided by the Ohio health care plan. If an 731
employer chooses to provide additional benefits to match or 732
exceed the benefits provided by the Ohio health care plan, the 733
additional benefits shall include the employer's payment of any 734
employee premium contributions, copayments, and deductible 735
payments called for by the policy, contract, or agreement. 736
Employers are exempt from all health taxes imposed under this 737
chapter until the expiration of the policy, plan, or agreement, 738
at which point the employer and the employer's employees become 739
participants in the Ohio health care plan. 740

(B) A person covered by a health care policy, plan, or 741

agreement that has its premiums paid for in any part with public 742
money, including money from the state, a political subdivision, 743
state educational institution, public school, or other entity, 744
shall be covered by the Ohio health care plan on the day that 745
benefits become available under the Ohio health care plan. 746

(C) Health care insurers, health insuring corporations, 747
and other persons selling or providing health care benefits may 748
deliver, issue for delivery, renew, or provide health benefit 749
packages that do not duplicate the health benefit package 750
provided by the Ohio health care plan, but shall not, except as 751
provided by division (A) of this section, deliver, issue for 752
delivery, renew, or provide health benefit packages that 753
duplicate the health benefit package provided by the Ohio health 754
care plan. 755

Sec. 3920.13. The Ohio health care agency is subrogated to 756
all rights of a participant who has received benefits, or who 757
has a right to benefits, under any other policy or contract of 758
health care. 759

Sec. 3920.14. (A) All providers may participate in the 760
Ohio health care plan. 761

(B) The Ohio health care board and the technical and 762
medical advisory board shall assess the number of primary and 763
specialty providers needed to supply adequate health care 764
services to all participants in the Ohio health care plan, and 765
shall develop a plan to meet that need. The Ohio health care 766
board shall develop incentives for providers in order to 767
increase residents' access to health care services in unserved 768
or underserved areas of the state. 769

(C) The Ohio health care board annually shall evaluate 770

residents' access to trauma care, and shall establish measures 771
to ensure participants have equitable access to trauma care and 772
to specialized medical procedures and technology. 773

(D) The Ohio health care board, with the advice of the 774
technical and medical advisory board and the administrator of 775
quality assurance, shall define performance criteria and goals 776
for the Ohio health care plan and shall report to the general 777
assembly at least annually on the plan's performance. The Ohio 778
health care board shall establish a system to monitor the 779
quality of health care and patient and provider satisfaction 780
with that care and a system to devise improvements to the 781
provision of health care services. 782

(E) All providers subject to the Ohio health care plan 783
shall provide data upon request to the Ohio health care board, 784
which data the board requires to devise methods to maintain and 785
improve the provision of health care services. 786

(F) The Ohio health care board, with the advice of the 787
technical and medical advisory board, shall coordinate the Ohio 788
health care plan's provision of health care services with any 789
other state and local agencies that provide health care services 790
directly to their residents. 791

Sec. 3920.15. In the absence of fraud or bad faith, county 792
and city health commissioners, regional health advisory 793
committees, and the Ohio health care board and Ohio health care 794
agency, and their members and employees, shall incur no 795
liability in relation to the performance of their duties and 796
responsibilities under sections 3920.01 to 3920.15 of the 797
Revised Code. The state shall incur no liability in relation to 798
the implementation and operation of the Ohio health care plan. 799

Sec. 3920.21. (A) The Ohio health care board shall prepare 800
and recommend to the general assembly an annual budget for 801
health care that specifies and establishes a limit on total 802
annual state expenditures for health care provided pursuant to 803
sections 3920.01 to 3920.15 of the Revised Code. The budget 804
shall include all of the following components: 805

(1) A system budget covering all expenditures for the 806
system, in accordance with section 3920.22 of the Revised Code; 807

(2) Provider budgets for the fee-for-service and 808
integrated health delivery systems and for individual health 809
care facilities and their associated clinics, in accordance with 810
section 3920.23 of the Revised Code; 811

(3) A capital investment budget in accordance with section 812
3920.24 of the Revised Code; 813

(4) A purchasing budget in accordance with section 3920.25 814
of the Revised Code; 815

(5) A research and innovation budget in accordance with 816
section 3920.26 of the Revised Code. 817

(B) In preparing the budget, the Ohio health care board 818
shall consider anticipated increased expenditures and savings, 819
including projected increases in expenditures due to improved 820
access for underserved populations and improved reimbursement 821
for primary care, projected administrative savings under the 822
single-payer mechanism, projected savings in prescription drug 823
expenditures under competitive bidding and a single buyer, and 824
projected savings due to provision of primary care rather than 825
emergency room treatment. 826

Sec. 3920.22. (A) The system budget referred to in 827
division (A)(1) of section 3920.21 of the Revised Code shall 828

comprise the cost of the system, services and benefits provided, 829
administration, data gathering, planning and other activities, 830
and revenues deposited with the system account of the Ohio 831
health care fund. 832

The Ohio health care board shall limit administrative 833
costs to five per cent of the system budget and shall annually 834
evaluate methods to reduce administrative costs and report the 835
results of that evaluation to the general assembly. The board 836
shall also limit growth of health care costs in the system 837
budget by reference to changes in state gross domestic product, 838
population, employment rates, and other demographic indicators, 839
as appropriate. Moneys in the reserve account of the Ohio health 840
care fund shall not be considered as available revenues for 841
purposes of preparing the system budget. 842

(B) The Ohio health care board shall implement cost 843
control measures pursuant to division (A) of this section. 844
However, no cost control measure shall limit access to care that 845
is needed on an emergency basis or that is determined by a 846
patient's provider to be medically appropriate for a patient's 847
condition. 848

Possible mandatory cost control measures shall include the 849
following: 850

(1) Postponement of the introduction of new benefits or 851
benefit improvements; 852

(2) Postponement of new capital investment; 853

(3) Adjustment of provider budgets to correct for 854
inappropriate provider utilization; 855

(4) Establishment of a limit on provider reimbursement 856
above a specified amount of aggregate billing; 857

<u>(5) Deferred funding of the reserve account;</u>	858
<u>(6) Establishment of a limit on aggregate reimbursements to pharmaceutical manufacturers;</u>	859 860
<u>(7) Imposition of an eligibility waiting period in the event of substantial influx of individuals into the state for purposes of obtaining health care through the Ohio health care plan.</u>	861 862 863 864
Sec. 3920.23. <u>(A) The provider budgets referred to in division (A) (2) of section 3920.21 of the Revised Code shall include allocations for fee-for-service providers and capitated providers. These allocations shall consider the relative usage of fee-for-service providers and capitated providers. Each annual provider budget shall include adjustments to reflect changes in the utilization of services and the addition or exclusion of covered services made by the Ohio health care board upon the recommendation of the technical and medical advisory board and its staff.</u>	865 866 867 868 869 870 871 872 873 874
<u>(B) Providers shall choose whether they will be compensated as fee-for-service providers or as part of a capitated provider network.</u>	875 876 877
<u>(1) The budget for fee-for-service providers shall be divided among categories of licensed health care providers in order to establish a total annual budget for each category. Each of these category budgets shall be sufficient to cover all included services anticipated to be required by eligible individuals choosing fee-for-service at the rates negotiated or set by the Ohio health care board, except as necessary for cost containment purposes pursuant to section 3920.22 of the Revised Code.</u>	878 879 880 881 882 883 884 885 886

The board shall negotiate fee-for-service reimbursement rates or salaries for licensed health care providers. In the event negotiations are not concluded in a timely manner, the board shall establish the reimbursement rates. Reimbursement rates shall reflect the goals of the system. 887
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(2) The budget shall detail all operating expenses for health care facilities or clinics that are not part of a capitated provider network. In establishing a health care facility budget, the Ohio health care board shall develop and utilize separate formulas that reflect the differences in cost of primary, secondary, and tertiary care services and health care services provided by academic medical centers. The board shall negotiate reimbursement rates with facilities and clinics. Reimbursement rates shall reflect the goals of the system. 892
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(C) (1) The budget for capitated providers shall be sufficient to cover all included services anticipated to be required by eligible individuals choosing an integrated health care delivery system at the rates negotiated or set by the Ohio health care board. All health care facilities, group practices, and integrated health care systems shall submit annual operating budget requests to the board and may choose to be reimbursed through a global facility budget or on a capitated basis. The board shall adjust budgets on the basis of the health risk of enrollees; the scope of services provided; proposed innovative programs that improve quality, workplace safety, or consumer, provider, or employee satisfaction; costs of providing care for nonmembers; and an appropriate operating margin. 901
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(2) Providers that choose to operate a health care facility on a capitated basis shall not be paid additionally on a fee-for-service basis unless they are providing services in a 914
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separate private medical practice or health care facility. 917
Providers and health care facilities that operate on a capitated 918
basis shall report immediately any projected operating deficits 919
to the Ohio health care board. The board shall determine whether 920
the projected deficits reflect appropriate increases in health 921
care needs, in which case the board shall adjust the provider or 922
health care facility budget appropriately. If the board 923
determines that the deficit is not justifiable, no adjustment 924
shall be made. 925

(3) The board may terminate the funding for health care 926
facilities, group practices, and integrated health care systems 927
or particular services provided by them if they fail to meet 928
standards of care and practice established by the board. The 929
board shall make future funding contingent on measurable 930
improvements in quality of care and health care outcomes. 931

(D) The Ohio health care board shall prohibit charges to 932
the Ohio health care plan or to patients for covered health care 933
services other than those established by regulation, 934
negotiation, or the appeals process. Licensed health care 935
providers who provide services not covered by sections 3920.01 936
to 3920.15 of the Revised Code may charge patients for those 937
services. 938

Sec. 3920.24. (A) The capital investment budget referred 939
to in division (A) (3) of section 3920.21 of the Revised Code 940
shall be established by the Ohio health care board, with the 941
advice of the technical and medical advisory board and its 942
staff, and shall provide for capital maintenance and 943
development. In preparing the budget, the Ohio health care board 944
shall determine capital investment priorities and evaluate 945
whether the capital investment program has improved access to 946

services and has eliminated redundant capital investments. 947

(B) All capital investments valued at five hundred 948
thousand dollars or greater, including the costs of studies, 949
surveys, design plans and working drawing specifications, and 950
other activities essential to planning and execution of capital 951
investment, and all capital investments that change the bed 952
capacity of a health care facility or add a new service or 953
license category incurred by any health system entity, shall 954
require the approval of the Ohio health care board. When a 955
health care facility, or individual acting on behalf of a health 956
care facility, or any other purchaser, obtains by lease or 957
comparable arrangement any health care facility or part of a 958
health care facility, or any equipment for a health care 959
facility, the market value of which would have been a capital 960
expenditure, the lease or arrangement shall be considered a 961
capital expenditure for purposes of sections 3920.01 to 3920.15 962
of the Revised Code. 963

(C) Health care facilities shall provide the Ohio health 964
care board with at least three-months' advance notice of any 965
planned capital investment of more than fifty thousand dollars 966
but less than five hundred thousand dollars. These capital 967
investments shall minimize unneeded expansion of health care 968
facilities and services based on the priorities and goals for 969
capital investment established by the board. 970

(D) No capital investment shall be undertaken using funds 971
from a health care facility operating budget. 972

Sec. 3920.25. The purchasing budget referred to in 973
division (A) (4) of section 3920.21 of the Revised Code shall 974
provide for the purchase of prescription drugs and durable and 975
nondurable medical equipment for the system. The Ohio health 976

care board shall purchase all prescription drugs and durable and nondurable medical equipment for the system from this budget. 977
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Sec. 3920.26. The research and innovation budget referred to in division (A) (5) of section 3920.21 of the Revised Code shall support research and innovation that has been recommended by the Ohio health care board, the technical and medical advisory board, or the administrator of consumer affairs. This research and innovation includes methods for improving the administration of the system, improving the quality of health care, educating patients, and improving communication among health care providers. 979
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Sec. 3920.27. The Ohio health care board shall establish a capital account in the Ohio health care fund as part of the Ohio health care plan. Moneys in the account shall be used solely to pay for the establishment and maintenance of a loan program for health care facilities and equipment for use by health care professionals who desire to establish practices in areas of the state in which, according to criteria established by the board, the level of health care services is inadequate. 988
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Sec. 3920.28. Funding of the Ohio health care plan shall be obtained from the following sources: 996
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(A) Funds made available to the Ohio health care plan pursuant to sections 3920.31 to 3920.33 of the Revised Code; 998
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(B) Funds obtained from other federal, state, and local governmental sources and programs; 1000
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(C) Receipts from taxes levied on employers' payrolls to be paid by employers. The tax rate in the first year shall not exceed three and eighty-five hundredths per cent of the payroll. 1002
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(D) Receipts from additional taxes levied on businesses' 1005

gross receipts. The tax rate in the first year shall not exceed 1006
three per cent of the gross receipts. 1007

(E) Receipts from additional income taxes, equal to six 1008
and two-tenths per cent of an individual's compensation in 1009
excess of the amount subject to the social security payroll tax; 1010

(F) Receipts from additional income taxes, equal to five 1011
per cent of all of an individual's Ohio adjusted gross income, 1012
less the exemptions allowed under section 5747.025 of the 1013
Revised Code, in excess of two hundred thousand dollars. 1014

Sec. 3920.31. (A) As used in sections 3920.31 to 3920.33 1015
of the Revised Code: 1016

(1) "CHIP" has the same meaning as in section 5161.01 of 1017
the Revised Code. 1018

(2) "Federal employees health benefits program" means the 1019
program of health insurance benefits available to employees of 1020
the federal government that the United States office of 1021
personnel management is authorized to contract for under 5 1022
U.S.C. 8902. 1023

(3) "Federal poverty guidelines" has the same meaning as 1024
in section 5101.46 of the Revised Code. 1025

(4) "Medicaid" and "medicare" have the same meanings as in 1026
section 5162.01 of the Revised Code. 1027

(B) At the request of the Ohio health care board, the 1028
executive director of the Ohio health care agency shall seek 1029
federal financial participation in the Ohio health care plan, 1030
including funding otherwise available under medicare, medicaid, 1031
CHIP, and the federal employees health benefits program. The 1032
executive director shall request that the amount of the federal 1033

financial participation be at least equal to the medicaid 1034
federal financial participation rate in effect for this state on 1035
the effective date of this section. The executive director shall 1036
periodically seek adjustments to the federal financial 1037
participation rate for the Ohio health care plan to reflect 1038
changes in the state gross domestic product, the state's 1039
population including changes in age groups, and the number of 1040
residents with income below the federal poverty guidelines. 1041

Sec. 3920.32. At the request of the Ohio health care 1042
board, the Ohio health care agency's executive director shall 1043
negotiate with the United States office of personnel management 1044
to have included in the Ohio health care plan residents of this 1045
state who would otherwise be covered by the federal employees 1046
health benefits program. As part of the negotiations, the 1047
executive director shall seek to have the federal government 1048
provide the Ohio health care plan with amounts equal to the 1049
amount federal employees participating in the Ohio health care 1050
plan would otherwise pay as premiums under the federal employees 1051
health benefits program. 1052

Sec. 3920.33. At the request of the Ohio health care 1053
board, the medicaid director shall seek any federal waivers 1054
necessary for the Ohio health care plan to receive federal 1055
financial participation under section 3920.31 of the Revised 1056
Code otherwise available under the medicaid and CHIP programs. 1057
Upon receipt of federal approval, the medicaid director shall 1058
implement the medicaid and CHIP programs in accordance with the 1059
waiver. 1060

Section 2. That existing section 109.02 of the Revised 1061
Code is hereby repealed. 1062

Section 3. In the first two years following the effective 1063

date of sections 3920.01 to 3920.33 of the Revised Code, the 1064
Ohio Health Care Board shall prepare for the delivery of 1065
universal, affordable health care coverage to all eligible Ohio 1066
residents and individuals employed in Ohio. The Ohio Health Care 1067
Board shall appoint a Transition Advisory Group to assist with 1068
the transition to the provision of care under the Ohio Health 1069
Care Plan. The Transition Advisory Group shall include a broad 1070
selection of experts in health care finance and administration, 1071
providers from a variety of medical fields, representatives of 1072
Ohio's counties, employers and employees, representatives of 1073
hospitals and clinics, and representatives from state regulatory 1074
bodies. Members of the Transition Advisory Group shall be 1075
reimbursed by the Ohio Health Care Agency for necessary and 1076
actual expenses incurred in the performance of their duties as 1077
members. 1078