

As Introduced

131st General Assembly

Regular Session

2015-2016

S. B. No. 137

Senators Skindell, Tavares

Cosponsors: Senators Thomas, Brown, Williams, Yuko

A BILL

To amend section 109.02 and to enact sections 1
3920.01 to 3920.15, 3920.21 to 3920.28, 3920.31, 2
3920.32, and 3920.33 of the Revised Code to 3
establish and operate the Ohio Health Care Plan 4
to provide universal health care coverage to all 5
Ohio residents. 6

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

Section 1. That section 109.02 be amended and sections 7
3920.01, 3920.02, 3920.03, 3920.04, 3920.05, 3920.06, 3920.07, 8
3920.08, 3920.09, 3920.10, 3920.11, 3920.12, 3920.13, 3920.14, 9
3920.15, 3920.21, 3920.22, 3920.23, 3920.24, 3920.25, 3920.26, 10
3920.27, 3920.28, 3920.31, 3920.32, and 3920.33 of the Revised 11
Code be enacted to read as follows: 12

Sec. 109.02. The attorney general is the chief law officer 13
for the state and all its departments and shall be provided with 14
adequate office space in Columbus. Except as provided in 15
division (E) of section 120.06 and in sections 3517.152 to 16
3517.157 and 3920.04 of the Revised Code, no state officer or 17
board, or head of a department or institution of the state shall 18
employ, or be represented by, other counsel or attorneys at law. 19

The attorney general shall appear for the state in the trial and argument of all civil and criminal causes in the supreme court in which the state is directly or indirectly interested. When required by the governor or the general assembly, the attorney general shall appear for the state in any court or tribunal in a cause in which the state is a party, or in which the state is directly interested. Upon the written request of the governor, the attorney general shall prosecute any person indicted for a crime.

Sec. 3920.01. As used in this chapter:

(A) "Blind trust" means an independently managed trust in which the beneficiary has no management rights and in which the beneficiary is not given notice of alterations in or other dispositions of the stock, mutual funds, or other property subject to the trust.

(B) "Health care facility" means any facility, except a health care practitioner's office, that provides preventive, diagnostic, therapeutic, acute convalescent, rehabilitation, mental health, mental retardation, intermediate care, or skilled nursing services.

(C) "Provider" means a hospital or other health care facility, and physicians, podiatrists, dentists, pharmacists, chiropractors, and other health care personnel, licensed, certified, accredited, or otherwise authorized in this state to furnish health care services.

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

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

affordable health care coverage for all Ohio residents, 49
consisting of a comprehensive benefit package that includes 50
benefits for prescription drugs. The Ohio health care plan shall 51
work simultaneously to control health care costs, control health 52
care spending, achieve measurable improvement in health care 53
outcomes, increase all parties' satisfaction with the health 54
care system, implement policies that strengthen and improve 55
culturally and linguistically sensitive care, and develop an 56
integrated health care database to support health care planning. 57

(B) There is hereby created the Ohio health care agency. 58
The Ohio health care agency shall administer the Ohio health 59
care plan and is the sole agency authorized to accept applicable 60
grants-in-aid from the federal and state government, using the 61
funds in order to secure full compliance with provisions of 62
state and federal law and to carry out the purposes of sections 63
3920.01 to 3920.33 of the Revised Code. All grants-in-aid 64
accepted by the Ohio health care agency shall be deposited into 65
the Ohio health care fund established under section 3920.09 of 66
the Revised Code. 67

Sections 101.82 and 101.83 of the Revised Code do not 68
apply to the Ohio health care agency. 69

Sec. 3920.03. (A) There is hereby created the Ohio health 70
care board. The Ohio health care board shall consist of fifteen 71
voting members, consisting of the director of health and 72
fourteen members elected in accordance 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

(1) Region 1: Ashtabula, Cuyahoga, Geauga, Lake, Lorain; 77

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| <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, Meigs,</u> | 82 |
| <u>Monroe, Morgan, Muskingum, Noble, Perry, Pike, Ross, Scioto,</u> | 83 |
| <u>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 |
| <u>(2) At the meeting called pursuant to division (C) (1) of</u> | 105 |
| <u>this section, the county and city health commissioners in each</u> | 106 |

region shall elect one resident from each county in the region 107
to represent the county on a regional health advisory committee 108
established for that region. The county and city health 109
commissioners also shall set a date, not sooner than one hundred 110
days and not later than one hundred ten days after the effective 111
date of this section, for the initial meeting of the regional 112
health advisory committee. 113

(3) Following the initial meetings of county and city 114
health commissioners called pursuant to division (C)(1) of this 115
section, the county and city health commissioners in each region 116
shall convene a meeting every two years to elect representatives 117
to the regional health advisory committee in accordance with 118
this division. Each biennial meeting shall be held within five 119
days of the same day of the same month as the initial meeting. 120

(4) Each representative elected under this division shall 121
hold office for two years, starting on the date of the 122
representative's election. Any individual appointed to fill a 123
vacancy occurring prior to the expiration of the term for which 124
a representative is elected shall hold office for the remainder 125
of the predecessor's term. 126

(D)(1) Each of the seven regional health advisory 127
committees shall elect a chairperson from among the 128
representatives to their committees. Each chairperson shall 129
convene and preside over the initial meeting of that regional 130
health advisory committee on the date set pursuant to division 131
(C) of this section. At the initial meeting of the regional 132
health advisory committees, the committees' representatives 133
shall elect two residents from the region to represent that 134
region as members of the Ohio health care board. One of the two 135
residents elected from each region to serve on the Ohio health 136

care board shall be a resident of the region's most populous 137
county and the other shall be a resident of any county in the 138
region other than the region's most populous county. 139

Except for the elections to the Ohio health care board at 140
the initial meeting of each regional health advisory committee, 141
each resident elected to the board shall be elected to a two- 142
year term of office. At the initial meeting, the resident from 143
the most populous county in the region shall be elected to a 144
term of three years. 145

(2) Annually, beginning in the second year following the 146
initial elections to the Ohio health care board, the chairperson 147
of each regional health advisory committee shall convene a 148
meeting within five calendar days of the same date of the same 149
month as the initial meeting of that regional health advisory 150
committee to elect a resident from the region to serve as a 151
member of the Ohio health care board. The regional health 152
advisory committee shall elect a resident of a county as is 153
necessary to meet the representation requirements set by 154
division (D) (1) of this section. No individual may serve as a 155
member of the Ohio health care board for more than four 156
consecutive terms. 157

(3) In addition to meeting for the election of Ohio health 158
care board members, the regional health advisory committees 159
shall meet as necessary to fulfill any functions and 160
responsibilities assigned to them under sections 3920.01 to 161
3920.15 of the Revised Code. Meetings shall be held at the call 162
of the chairperson and as may be provided by procedures adopted 163
by the regional health advisory committee. 164

(4) In addition to the fourteen members of the Ohio health 165
care board elected by the seven regional health advisory 166

committees, the director of health shall be a voting ex officio 167
member of the Ohio health care board. 168

(E) (1) The director of health shall set the time, place, 169
and date for the initial meeting of the Ohio health care board 170
and shall preside over the Ohio health care board's initial 171
meeting. The initial meeting shall be set not sooner than one 172
hundred fifteen days and not later than one hundred twenty-five 173
days after the effective date of this section. 174

(2) The members of the Ohio health care board annually 175
shall elect a member of the board to serve as chairperson at 176
meetings of the board. Meetings shall be held upon the call of 177
the chairperson and as provided by procedures prescribed by the 178
Ohio health care board. Two-thirds of the members of the Ohio 179
health care board shall constitute a quorum for the conduct of 180
business at meetings of the board. Decisions at meetings of the 181
Ohio health care board shall be reached by majority vote. 182

(3) All meetings of the Ohio health care board are open to 183
the public unless questions of patient confidentiality arise. 184
The Ohio health care board may go into closed executive session 185
with regard to issues related to confidential patient 186
information. The fourteen members of the Ohio health care board 187
elected by the regional health advisory committees shall receive 188
an annual salary and benefits established in accordance with 189
division (J) of section 124.15 of the Revised Code. 190

(F) The seven regional health advisory committees shall 191
act as advisory bodies to the Ohio health care board, 192
representing their individual regions. The regional health 193
advisory committees shall oversee the management of consumer and 194
provider complaints originating in their respective regions and 195
shall hold a hearing on all such complaints. The regional health 196

advisory committees shall offer assistance to resolve consumer 197
and provider disputes and shall seek the agreement of all 198
parties to the dispute to submit the dispute to negotiation or 199
binding arbitration. A regional health advisory committee shall 200
transfer any dispute that is not resolved at the regional level 201
to the director of the Ohio health care agency's department of 202
consumer affairs within six months; however, the committee may 203
vote to transfer individual disputes at an earlier date. 204

(G) (1) If a vacancy occurs on the Ohio health care board 205
for any reason, resulting in a region being without full 206
representation on the board, that region's health advisory 207
committee shall elect a resident of that region to fill the 208
vacancy. Any resident elected to fill a vacancy shall serve the 209
remainder of the departing member's term. The health advisory 210
committee shall elect a resident of a county as necessary to 211
meet the representation requirements set by division (D) (1) of 212
this section. 213

(2) A serving member of the Ohio health care board shall 214
continue to serve following the expiration of their term until a 215
successor takes office or a period of ninety days has elapsed, 216
whichever occurs first. 217

(H) (1) The members and staff of the Ohio health care board 218
and employees of the Ohio health care agency, and their 219
immediate families, are prohibited from having any pecuniary 220
interest in any business with a contract, or in negotiation for 221
a contract, with either the Ohio health care board or Ohio 222
health care agency, or that is subject to the Ohio health care 223
board's oversight. The members and staff of the Ohio health care 224
board and employees of the Ohio health care agency shall not 225
knowingly receive remuneration for health care service of any 226

kind during their term of service or employment. The members and 227
staff of the Ohio health care board and employees of the Ohio 228
health care agency, and their immediate families, shall not 229
knowingly receive consulting fees of any kind from any source 230
that is directly or indirectly related to the delivery of health 231
care services pursuant to the Ohio health care plan. The members 232
and staff of the Ohio health care board and employees of the 233
Ohio health care agency, and their immediate families, are 234
prohibited from knowingly owning stock in, and from investing in 235
mutual funds holding stock in, pharmaceutical companies, health 236
maintenance organizations, or other businesses that relate 237
directly or indirectly to the delivery of health care services, 238
unless the stock or mutual funds are in a blind trust. 239

(2) No member of the Ohio health care board other than the 240
director of health shall knowingly hold any other salaried 241
public position with the state, either elected or appointed, 242
during the member's tenure on the board. The director of health 243
shall receive no salary or benefits by virtue of the director's 244
service on the Ohio health care board. 245

(3) The chairperson of the Ohio health care board may 246
conduct hearings to determine if a violation of this division 247
has occurred. Notice of any hearing, the conduct of the hearing, 248
and all other matters relating to the holding of the hearing 249
shall be governed by Chapter 119. of the Revised Code. If a 250
member of the Ohio health care board, or of the member's 251
immediate family, is found to have violated this division, the 252
chairperson of the Ohio health care board of health shall remove 253
the member from the Ohio health care board. If a staffer of the 254
Ohio health care board or an employee of the Ohio health care 255
agency, or a member of the staffer's or employee's immediate 256
family, is found to have violated this division, the Ohio health 257

care board or Ohio health care agency shall take appropriate 258
disciplinary action against the staffer or employee, which 259
action may include termination of employment. 260

Sections 101.82 and 101.83 of the Revised Code do not 261
apply to the Ohio health care board and the regional health 262
advisory committees. 263

Sec. 3920.04. (A) The Ohio health care board is 264
responsible for directing the Ohio health care agency in the 265
performance of all duties, the exercise of all powers, and the 266
assumption and discharge of all functions vested in the Ohio 267
health care agency. The Ohio health care board shall adopt rules 268
in accordance with Chapter 119. of the Revised Code as needed to 269
carry out the purposes of, and to enforce, Chapter 3920. of the 270
Revised Code. 271

(B) The duties and functions of the Ohio health care board 272
include, but are not limited to, the following: 273

(1) Implementing statutory eligibility standards for 274
benefits; 275

(2) Annually adopting a benefits package for participants 276
of the Ohio health care plan; 277

(3) Acting directly or through one or more contractors as 278
the single payer for all claims for health care services made 279
under the Ohio health care plan; 280

(4) Developing and implementing separate formulas for 281
determining budgets under sections 3920.21 to 3920.28 of the 282
Revised Code; 283

(5) Annually reviewing the formulas for determining the 284
appropriateness and sufficiency of rates, fees, and prices; 285

- (6) Providing for timely payments to providers through a structure that is well organized and that eliminates unnecessary administrative costs; 286
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- (7) Implementing, to the extent permitted by federal law, standardized claims and reporting methods for use by the Ohio health care plan; 289
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- (8) Developing a system of centralized electronic claims and payments; 292
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- (9) Establishing an enrollment system that will ensure that all eligible Ohio residents, including those who travel frequently, those who cannot read, and those who do not speak English, are aware of their right to health care and are formally enrolled in the Ohio health care plan; 294
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- (10) Reporting annually to the general assembly and the governor, on or before the first day of October, on the performance of the Ohio health care plan, the fiscal condition of the Ohio health care plan, any need for rate adjustments, recommendations for statutory changes, the receipt of payments from the federal government, whether current year goals and priorities were met, future goals and priorities, and major new technology or prescription drugs that may affect the cost of the health care services provided by the Ohio health care plan; 299
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- (11) Administering the revenues of the Ohio health care fund pursuant to section 3920.09 of the Revised Code; 308
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- (12) Obtaining appropriate liability and other forms of insurance to provide coverage for the Ohio health care plan, the Ohio health care board, the Ohio health care agency, and their employees and agents; 310
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- (13) Establishing, appointing, and funding appropriate 314

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| <u>staff for the Ohio health care agency throughout Ohio;</u> | 315 |
| <u>(14) Procuring requisite office space and administrative support;</u> | 316 317 |
| <u>(15) Administering aspects of the Ohio health care agency by taking actions that include, but are not limited to, the following:</u> | 318 319 320 |
| <u>(a) Establishing standards and criteria for the allocation of operating funds;</u> | 321 322 |
| <u>(b) Meeting regularly with the executive director and administrators of the Ohio health care agency to review the impact of the agency and its policies on the regional districts established under section 3920.03 of the Revised Code;</u> | 323 324 325 326 |
| <u>(c) Establishing goals for the health care system established pursuant to the Ohio health care plan in measurable terms;</u> | 327 328 329 |
| <u>(d) Establishing statewide health care databases to support health care services planning;</u> | 330 331 |
| <u>(e) Implementing policies, and developing mechanisms and incentives, to assure culturally and linguistically sensitive care;</u> | 332 333 334 |
| <u>(f) Establishing standards and criteria for the determination of appropriate compensation and training for residents of Ohio who are displaced from work due to the implementation of the Ohio health care plan;</u> | 335 336 337 338 |
| <u>(g) Establishing methods for the recovery of costs for health care services provided pursuant to the Ohio health care plan to a participant that are covered under the terms of a policy of insurance, a health benefit plan, or other collateral</u> | 339 340 341 342 |

source available to the participant under which the participant 343
has a right of action for compensation. Receipt of health care 344
services pursuant to the Ohio health care plan shall be deemed 345
an assignment by the participant of any right to payment for 346
services from any policy, plan, or other source. The other 347
source of health care benefits shall pay to the Ohio health care 348
fund all amounts it is obligated to pay to the participant for 349
covered health care services. The Ohio health care board may 350
commence any action necessary to recover the amounts due. 351

(16) Appointing a technical and medical advisory board. 352
The members of the technical and medical advisory board shall 353
represent a cross section of the medical and provider community 354
and consumers, and shall include two persons, one being a 355
provider and the other representing consumers, from each region 356
designated in section 3920.03 of the Revised Code. The members 357
of the technical and medical advisory board shall be reimbursed 358
for actual and necessary expenses incurred in the performance of 359
their duties. The technical and medical advisory board's duties 360
include: 361

(a) Advising the Ohio health care board on the 362
establishment of policy on medical issues, population-based 363
public health issues, research priorities, scope of services, 364
expanding access to health care services, and evaluating the 365
performance of the Ohio health care plan; 366

(b) Investigating proposals for innovative approaches to 367
the promotion of health, the prevention of disease and injury, 368
patient education, research, and health care delivery; 369

(c) Advising the Ohio health care board on the 370
establishment of standards and criteria to evaluate requests 371
from health care facilities for capital improvements. 372

(C) The Ohio health care board shall employ and fix the 373
compensation of Ohio health care agency personnel, with the 374
approval of the department of administrative services, as needed 375
by the agency to properly discharge the agency's duties. The 376
employment of personnel by the Ohio health care board is subject 377
to the civil service laws of this state. The Ohio health care 378
board shall employ personnel including, but not limited to, the 379
following: 380

(1) Executive director; 381

(2) Administrator of planning, research, and development; 382

(3) Administrator of finance; 383

(4) Administrator of quality assurance; 384

(5) Administrator of consumer affairs; 385

(6) Legal counsel to represent the Ohio health care agency 386
and Ohio health care board in any legal action brought by or 387
against the agency or board under or pursuant to any provision 388
of the Revised Code under the agency's or board's jurisdiction. 389

(D) No member of the Ohio health care board or individual 390
on the staff of the Ohio health care board or Ohio health care 391
agency shall use for personal benefit any information filed with 392
or obtained by the Ohio health care board that is not then 393
readily available to the public. No member of the Ohio health 394
care board shall use or in any way attempt to use their position 395
as a member to influence a decision of any other governmental 396
body. 397

Sections 101.82 and 101.83 of the Revised Code do not 398
apply to the technical and medical advisory board established 399
pursuant to this section. 400

Sec. 3920.05. The executive director of the Ohio health care agency appointed under section 3920.04 of the Revised Code is the chief administrator of the Ohio health care plan and shall administer and enforce Chapter 3920. of the Revised Code. The executive director shall oversee the operation of the Ohio health care agency and the agency's performance of any duties assigned by the Ohio health care board. 401
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Sec. 3920.06. (A) The executive director of the Ohio health care agency shall determine the duties of the administrator of planning, research, and development. Those duties shall include, but not be limited to, the following: 408
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(1) Establishing policy on medical issues, population-based public health issues, research priorities, scope of services, the expansion of participants' access to health care services, and evaluating the performance of the Ohio health care plan; 412
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(2) Investigating proposals for innovative approaches for the promotion of health, the prevention of disease and injury, patient education, research, and the delivery of health care services; 417
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(3) Establishing standards and criteria for evaluating applications from health care facilities for capital improvements. 421
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(B)(1) The executive director shall determine the duties of the administrator of consumer affairs. Those duties shall include, but not be limited to, the following: 424
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(a) Developing educational and informational guides for consumers that describe consumer rights and responsibilities and that inform consumers of effective ways to exercise consumer 427
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rights to obtain health care services. The guides shall be easy 430
to read and understand and available in English and in other 431
languages. The Ohio health care agency shall make the guides 432
available to the public through public outreach and educational 433
programs and through the internet web site of the Ohio health 434
care agency. 435

(b) Establishing a toll-free telephone number to receive 436
questions and complaints regarding the Ohio health care agency 437
and the agency's services. The Ohio health care agency's 438
internet web site shall provide complaint forms and instructions 439
online. 440

(c) Examining suggestions from the public; 441

(d) Making recommendations for improvements to the Ohio 442
health care board; 443

(e) Examining the extent to which individual health care 444
facilities in a region meet the needs of the community in which 445
they are located; 446

(f) Receiving, investigating, and responding to all 447
complaints about any aspect of the Ohio health care plan and 448
referring the results of all investigations into the provision 449
of health care services by health care providers or facilities 450
to the appropriate provider or health care facility licensing 451
board, or when appropriate, to a law enforcement agency; 452

(g) Publishing an annual report for the public and the 453
general assembly that contains a statewide evaluation of the 454
Ohio health care agency and of the delivery of health care 455
services in each region established under section 3920.03 of the 456
Revised Code; 457

(h) Holding public hearings, at least annually, within 458

each region established under section 3920.03 of the Revised 459
Code for public suggestions and complaints. 460

(2) The administrator of consumer affairs shall work 461
closely with the seven regional health advisory committees on 462
the resolution of complaints. In the discharge of the 463
administrator's duties, the administrator shall have unlimited 464
access to all nonconfidential and nonprivileged documents in the 465
custody and control of the agency. Nothing in Chapter 3920. of 466
the Revised Code prohibits a consumer or class of consumers, or 467
the administrator of consumer affairs, from seeking relief 468
through the courts. 469

(C) The executive director, in consultation with the 470
technical and medical advisory board, shall determine the duties 471
of the administrator of quality assurance. Those duties shall 472
include, but not be limited to, the following: 473

(1) Studying and reporting on the efficacy of health care 474
treatments and medications for particular conditions; 475

(2) Identifying causes of medical errors and devising 476
procedures to decrease medical errors; 477

(3) Establishing an evidence-based formulary; 478

(4) Identifying treatments and medications that are unsafe 479
or have no proven value; 480

(5) Establishing a process for soliciting information on 481
medical standards from providers and consumers for purposes of 482
this division. 483

(D) The executive director shall determine the duties of 484
the administrator of finance. Those duties shall include, but 485
not be limited to, the following: 486

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| <u>(1) Administering the Ohio health care fund;</u> | 487 |
| <u>(2) Making prompt payments to providers;</u> | 488 |
| <u>(3) Developing a system of centralized claims and payments;</u> | 489 490 |
| <u>(4) Communicating to the treasurer of state when funds are needed for the operation of the Ohio health care plan;</u> | 491 492 |
| <u>(5) Establishing a process for soliciting information on medical standards from providers and consumers for purposes of this division.</u> | 493 494 495 |
| <u>(E) The executive director shall determine the duties of the administrator of finance. Those duties shall include, but not be limited to, the following:</u> | 496 497 498 |
| <u>(1) Administering the Ohio health care fund;</u> | 499 |
| <u>(2) Making prompt payments to providers;</u> | 500 |
| <u>(3) Developing a system of centralized claims and payments;</u> | 501 502 |
| <u>(4) Communicating to the treasurer of state when funds are needed for the operation of the Ohio health care plan;</u> | 503 504 |
| <u>(5) Developing information systems for utilization review;</u> | 505 |
| <u>(6) Investigating possible provider or consumer fraud.</u> | 506 |
| <u>Sec. 3920.07. (A) All Ohio residents and individuals employed in Ohio, including the homeless and migrant workers, are eligible for coverage under the Ohio health care plan. The Ohio health care board shall establish standards and a simplified procedure to demonstrate proof of residency. The Ohio health care board shall establish a procedure to enroll eligible residents and employees and to provide each individual covered</u> | 507 508 509 510 511 512 513 |

under the Ohio health care plan with identification that 514
providers may use to determine eligibility for health care 515
services under the Ohio health care plan. 516

(B) If waivers are not obtained under sections 3920.31 to 517
3920.33 of the Revised Code from the medical assistance and 518
medicare programs operated under Title XVIII or XIX of the 519
"Social Security Act," 49 Stat. 20 (1935), 42 U.S.C. 301, as 520
amended, or whenever a necessary waiver is not in effect, the 521
medical assistance and medicare programs shall act as the 522
primary insurers for Ohio residents and individuals employed in 523
this state for health coverage and the Ohio health care plan 524
shall serve as the secondary or supplemental plan of health 525
coverage. When the Ohio health care plan serves as a secondary 526
or supplemental plan of health coverage the Ohio health care 527
plan shall not provide coverage to an Ohio resident or 528
individual employed in this state for any covered health care 529
service that the resident or worker is then eligible to receive 530
under the medical assistance or medicare program. 531

(C) A plan of employee health coverage provided by an out- 532
of-state employer to an Ohio resident working outside of this 533
state shall serve as the employee's primary plan of health 534
coverage and the Ohio health care plan shall serve as the 535
employee's secondary plan of health coverage. 536

(D) The Ohio health care agency shall bill an out-of-state 537
employer or the employer's insurer for the cost of covered 538
health care services provided in accordance with the Ohio health 539
care plan to residents of this state employed by the out-of- 540
state employer when the health care services provided are 541
covered under the terms of the employer's plan of employee 542
health coverage. 543

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

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

(G) Any institution of higher education, as defined in section 2741.01 of the Revised Code, located in this state may purchase coverage under the Ohio health care plan for a student who does not otherwise have status as a resident of this state.

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

Sec. 3920.08. (A) The Ohio health care board shall establish a single health benefits package that shall include, but not be limited to, all of the following:

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

(2) Emergency services, as defined in division (A) of 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 Ohio residents, including all residents not enrolled in the Ohio health care plan.

(3) Emergency and other transportation services to covered

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| <u>health care services, subject to division (B) of this section;</u> | 573 |
| <u>(4) Rehabilitation services, including speech,</u> | 574 |
| <u>occupational, and physical therapy;</u> | 575 |
| <u>(5) Inpatient and outpatient mental health services and</u> | 576 |
| <u>substance abuse treatment;</u> | 577 |
| <u>(6) Hospice care;</u> | 578 |
| <u>(7) Prescription drugs and prescribed medical nutrition;</u> | 579 |
| <u>(8) Vision care, aids, and equipment;</u> | 580 |
| <u>(9) Hearing care, hearing aids, and equipment;</u> | 581 |
| <u>(10) Diagnostic medical tests, including laboratory tests</u> | 582 |
| <u>and imaging procedures;</u> | 583 |
| <u>(11) Medical supplies and prescribed medical equipment,</u> | 584 |
| <u>both durable and nondurable;</u> | 585 |
| <u>(12) Immunizations, preventive care, health maintenance</u> | 586 |
| <u>care, and screening;</u> | 587 |
| <u>(13) Dental care;</u> | 588 |
| <u>(14) Home health care services.</u> | 589 |
| <u>(B) The Ohio health care plan shall provide necessary</u> | 590 |
| <u>transportation in each county to covered health care services.</u> | 591 |
| <u>Independent transportation providers shall be reimbursed on a</u> | 592 |
| <u>fee-for-service basis. Fee schedules for covered transportation</u> | 593 |
| <u>may take into account the recognized differences among</u> | 594 |
| <u>geographic areas regarding cost. A covered transportation</u> | 595 |
| <u>benefits account is hereby created within the Ohio health care</u> | 596 |
| <u>fund.</u> | 597 |
| <u>(C) The Ohio health care plan shall not exclude or limit</u> | 598 |

coverage of its participants' pre-existing conditions. 599

(D) Residents enrolled in the Ohio health care plan are 600
not subject to copayments, point-of-service charges, or any 601
other fee or charge, and shall not be directly billed by 602
providers for covered health care services provided to the 603
resident. 604

(E) The Ohio health care board, with the consent of the 605
technical and medical advisory board, shall remove or exclude 606
procedures and treatments, equipment, and prescription drugs 607
from the Ohio health care plan's benefit package that the board 608
finds unsafe, experimental, of no proven value, or that add no 609
therapeutic value. 610

(F) The Ohio health care board shall exclude coverage for 611
any surgical, orthodontic, or other medical procedure, or 612
prescription drug, that the technical and medical advisory board 613
determines was or will be provided primarily for cosmetic 614
purposes, unless required to correct a congenital defect, to 615
restore or correct disfigurements resulting from injury or 616
disease, or that is determined to be medically necessary by a 617
qualified, licensed provider. 618

(G) Participants shall have free choice of the providers 619
eligible to participate in the Ohio health care plan. 620

(H) No provider shall be compelled by the Ohio health care 621
agency to offer any particular service, provided that the 622
provider does not discriminate among patients in providing 623
health care services. 624

(I) The Ohio health care plan and the providers 625
participating in the plan shall not discriminate on the basis of 626
race, color, religion, gender, age, national origin, sexual 627

orientation, health status, mental or physical disability, 628
employment status, veteran status, or occupation. 629

Sec. 3920.09. (A) The Ohio health care fund is hereby 630
established in the state treasury. The administrator of finance 631
of the Ohio health care agency shall administer and monitor the 632
Ohio health care fund. All moneys collected and received by the 633
Ohio health care plan shall be transmitted to the treasurer of 634
state for deposit into the Ohio health care fund, to be used to 635
finance the Ohio health care plan and to pay the costs of 636
compensation and training for displaced workers pursuant to 637
section 3920.11 of the Revised Code. 638

(B) The treasurer of state may invest the interest earned 639
by the Ohio health care fund in any manner authorized by the 640
Revised Code for the investment of state moneys. Any revenue or 641
interest earned from the investments shall be credited to the 642
Ohio health care fund. 643

(C) All provider claims for payment for health care 644
services rendered under the Ohio health care plan shall be 645
transmitted to the Ohio health care fund by the provider or the 646
provider's agent. The format of, and the method of transmitting, 647
provider claims shall be determined by the Ohio health care 648
board. 649

(D) All payments for health care services rendered under 650
the Ohio health care plan shall be disbursed from the Ohio 651
health care fund. The administrator of finance of the Ohio 652
health care agency shall establish a reserve account within the 653
Ohio health care fund. When the revenue available to the Ohio 654
health care plan in any biennium exceeds the total amount 655
expended or obligated during that biennium, the excess revenue 656
shall be transferred to the reserve account. The Ohio health 657

care board may use the money in the reserve account for expenses 658
of the Ohio health care agency or the Ohio health care plan. 659

(E) The administrator of finance of the Ohio health care 660
agency shall notify the Ohio health care board when the annual 661
expenditures or anticipated future expenditures of the Ohio 662
health care plan appear to be in excess of the revenues or 663
anticipated revenues for the same period. The Ohio health care 664
board shall implement appropriate cost control measures based on 665
the notification. The Ohio health care board shall seek a 666
special appropriation for the Ohio health care fund if the cost 667
control measures implemented do not reduce the Ohio health care 668
plan's expenditures to an amount that may be covered by its 669
revenue. 670

Sec. 3920.10. (A) The Ohio health care board shall 671
establish written procedures for the receipt and resolution of 672
disputes and grievances. The procedures shall provide for an 673
initial hearing before the appropriate regional health advisory 674
committee in accordance with division (F) of section 3920.03 of 675
the Revised Code. The board shall accord to plaintiffs the right 676
to be heard at the hearing. 677

(B) Any party aggrieved by an order or decision issued 678
pursuant to the procedures established in division (A) of this 679
section may appeal the order or decision to the court of common 680
pleas. The appellant shall file a notice of appeal with the Ohio 681
health care board within fifteen days of the filing of the 682
appeal with the court of common pleas. 683

(C) Appeals of denied claims may be submitted by Ohio 684
health care plan beneficiaries or providers, or businesses 685
selling medical equipment and supplies to the Ohio health care 686
board. The board shall conduct appeals in compliance with its 687

written procedures and both laws of this state and federal laws. 688

Sec. 3920.11. (A) The department of job and family 689
services shall determine which residents of this state employed 690
by a health care insurer, health insuring corporation, or other 691
health care related business, have lost employment as a result 692
of the implementation and operation of the Ohio health care 693
plan. The department also shall determine the amount of monthly 694
wages that the resident lost due to the plan's implementation. 695
The department shall attempt to position these displaced workers 696
in comparable positions of employment with the Ohio health care 697
agency. 698

(B) The department of job and family services shall 699
forward the information on the amount of monthly wages lost by 700
Ohio residents due to the implementation of the Ohio health care 701
plan to the Ohio health care agency. The Ohio health care agency 702
shall determine the amount of compensation and training that 703
each displaced worker shall receive and shall submit a claim to 704
the Ohio health care fund for payment. A displaced worker, 705
however, shall not receive compensation from the Ohio health 706
care fund in excess of sixty thousand dollars per year for two 707
years. Compensation paid to the displaced worker under this 708
section shall serve as a supplement to any compensation the 709
worker receives from the department of job and family services. 710

Sec. 3920.12. (A) Any employer operating in this state and 711
providing employees with benefits under a public or private 712
health care policy, plan, or agreement as of the date that 713
benefits are initially provided pursuant to Chapter 3920. of the 714
Revised Code, which benefits are less valuable than those 715
provided by the Ohio health care plan, may participate in the 716
Ohio health care plan or shall provide additional benefits so 717

that, until the expiration of the policy, plan, or agreement, 718
the benefits provided by the employer at least equal the amount 719
and scope of the benefits provided by the Ohio health care plan. 720
If an employer chooses to provide additional benefits to match 721
or exceed the benefits provided by the Ohio health care plan the 722
additional benefits shall include the employer's payment of any 723
employee premium contributions, copayments, and deductible 724
payments called for by the policy, contract, or agreement. 725
Employers are exempt from all health taxes imposed under Chapter 726
3920. of the Revised Code until the expiration of the policy, 727
plan, or agreement, at which point the employer and the 728
employer's employees become participants in the Ohio health care 729
plan. 730

(B) A person covered by a health care policy, plan, or 731
agreement that has its premiums paid for in any part with public 732
money, including money from the state, a political subdivision, 733
state educational institution, public school, or other entity, 734
shall be covered by the Ohio health care plan on the day that 735
benefits become available under the Ohio health care plan. 736

(C) Health care insurers, health insuring corporations, 737
and other persons selling or providing health care benefits may 738
deliver, issue for delivery, renew, or provide health benefit 739
packages that do not duplicate the health benefit package 740
provided by the Ohio health care plan, but shall not, except as 741
provided by division (A) of this section, deliver, issue for 742
delivery, renew, or provide health benefit packages that 743
duplicate the health benefit package provided by the Ohio health 744
care plan. 745

Sec. 3920.13. The Ohio health care agency is subrogated to 746
all rights of a participant who has received benefits, or who 747

has a right to benefits, under any other policy or contract of 748
health care. 749

Sec. 3920.14. (A) All providers, as defined in section 750
3920.01 of the Revised Code, may participate in the Ohio health 751
care plan. 752

(B) The Ohio health care board and the technical and 753
medical advisory board shall assess the number of primary and 754
specialty providers needed to supply adequate health care 755
services to all participants in the Ohio health care plan, and 756
shall develop a plan to meet that need. The Ohio health care 757
board shall develop incentives for providers in order to 758
increase residents' access to health care services in unserved 759
or underserved areas of the state. 760

(C) The Ohio health care board annually shall evaluate 761
residents' access to trauma care, and shall establish measures 762
to ensure participants have equitable access to trauma care and 763
to specialized medical procedures and technology. 764

(D) The Ohio health care board, with the advice of the 765
technical and medical advisory board and the administrator of 766
quality assurance, shall define performance criteria and goals 767
for the Ohio health care plan and shall report to the general 768
assembly at least annually on the plan's performance. The Ohio 769
health care board shall establish a system to monitor the 770
quality of health care and patient and provider satisfaction 771
with that care and a system to devise improvements to the 772
provision of health care services. 773

(E) All providers subject to the Ohio health care plan 774
shall provide data upon request to the Ohio health care board, 775
which data the board requires to devise methods to maintain and 776

improve the provision of health care services. 777

(F) The Ohio health care board, with the advice of the 778
technical and medical advisory board, shall coordinate the Ohio 779
health care plan's provision of health care services with any 780
other state and local agencies that provide health care services 781
directly to their residents. 782

Sec. 3920.15. In the absence of fraud or bad faith, county 783
and city health commissioners, regional health advisory 784
committees, and the Ohio health care board and Ohio health care 785
agency and their members and employees, shall incur no liability 786
in relation to the performance of their duties and 787
responsibilities under sections 3920.01 to 3920.15 of the 788
Revised Code. The state shall incur no liability in relation to 789
the implementation and operation of the Ohio health care plan. 790

Sec. 3920.21. (A) The Ohio health care board shall prepare 791
and recommend to the general assembly an annual budget for 792
health care that specifies and establishes a limit on total 793
annual state expenditures for health care provided pursuant to 794
sections 3920.01 to 3920.15 of the Revised Code. The budget 795
shall include all of the following components: 796

(1) A system budget covering all expenditures for the 797
system, in accordance with section 3920.22 of the Revised Code; 798

(2) Provider budgets for the fee-for-service and 799
integrated health delivery system and for individual health care 800
facilities and their associated clinics, in accordance with 801
section 3920.23 of the Revised Code; 802

(3) A capital investment budget in accordance with section 803
3920.24 of the Revised Code; 804

(4) A purchasing budget in accordance with section 3920.25 805

of the Revised Code; 806

(5) A research and innovation budget in accordance with 807
section 3920.26 of the Revised Code. 808

(B) In preparing the budget, the Ohio health care board 809
shall consider anticipated increased expenditures and savings, 810
including, but not limited to, projected increases in 811
expenditures due to improved access for underserved populations 812
and improved reimbursement for primary care, projected 813
administrative savings under the single-payer mechanism, 814
projected savings in prescription drug expenditures under 815
competitive bidding and a single buyer, and projected savings 816
due to provision of primary care rather than emergency room 817
treatment. 818

Sec. 3920.22. (A) The system budget referred to in 819
division (A) (1) of section 3920.21 of the Revised Code shall 820
comprise the cost of the system, services and benefits provided, 821
administration, data gathering, planning and other activities, 822
and revenues deposited with the system account of the Ohio 823
health care fund. 824

The Ohio health care board shall limit administrative 825
costs to five per cent of the system budget and shall annually 826
evaluate methods to reduce administrative costs and report the 827
results of that evaluation to the general assembly. The board 828
shall also limit growth of health care costs in the system 829
budget by reference to changes in state gross domestic product, 830
population, employment rates, and other demographic indicators, 831
as appropriate. Moneys in the reserve account of the Ohio health 832
care fund shall not be considered as available revenues for 833
purposes of preparing the system budget. 834

(B) The Ohio health care board shall implement cost control measures pursuant to division (A) of this section. 835
However, no cost control measure shall limit access to care that is needed on an emergency basis or that is determined by a patient's provider to be medically appropriate for a patient's condition. 836
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Mandatory cost control measures include, but are not limited to, some or all of the following: 841
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(1) Postponement of the introduction of new benefits or benefit improvements; 843
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(2) Postponement of new capital investment; 845

(3) Adjustment of provider budgets to correct for inappropriate provider utilization; 846
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(4) Establishment of a limit on provider reimbursement above a specified amount of aggregate billing; 848
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(5) Deferred funding of the reserve account; 850

(6) Establishment of a limit on aggregate reimbursements to pharmaceutical manufacturers; 851
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(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. 853
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Sec. 3920.23. (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 857
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changes in the utilization of services and the addition or 863
exclusion of covered services made by the Ohio health care board 864
upon the recommendation of the technical and medical advisory 865
board and its staff. 866

(B) Providers shall choose whether they will be 867
compensated as fee-for-service providers or as part of a 868
capitated provider network. 869

(1) The budget for fee-for-service providers shall be 870
divided among categories of licensed health care providers in 871
order to establish a total annual budget for each category. Each 872
of these category budgets shall be sufficient to cover all 873
included services anticipated to be required by eligible 874
individuals choosing fee-for-service at the rates negotiated or 875
set by the Ohio health care board, except as necessary for cost 876
containment purposes pursuant to section 3920.22 of the Revised 877
Code. 878

The board shall negotiate fee-for-service reimbursement 879
rates or salaries for licensed health care providers. In the 880
event negotiations are not concluded in a timely manner, the 881
board shall establish the reimbursement rates. Reimbursement 882
rates shall reflect the goals of the system. 883

(2) The budget shall detail all operating expenses for 884
health care facilities or clinics that are not part of a 885
capitated provider network. In establishing a health care 886
facility budget, the Ohio health care board shall develop and 887
utilize separate formulas that reflect the differences in cost 888
of primary, secondary, and tertiary care services and health 889
care services provided by academic medical centers. The board 890
shall negotiate reimbursement rates with facilities and clinics. 891
Reimbursement rates shall reflect the goals of the system. 892

(C) (1) The budget for capitated providers shall be 893
sufficient to cover all included services anticipated to be 894
required by eligible individuals choosing an integrated health 895
care delivery system at the rates negotiated or set by the Ohio 896
health care board. All health care facilities, group practices, 897
and integrated health care systems shall submit annual operating 898
budget requests to the board and may choose to be reimbursed 899
through a global facility budget or on a capitated basis. The 900
board shall adjust budgets on the basis of the health risk of 901
enrollees; the scope of services provided; proposed innovative 902
programs that improve quality, workplace safety, or consumer, 903
provider, or employee satisfaction; costs of providing care for 904
nonmembers; and an appropriate operating margin. 905

(2) Providers that choose to operate a health care 906
facility on a capitated basis shall not be paid additionally on 907
a fee-for-service basis unless they are providing services in a 908
separate private medical practice or health care facility. 909
Providers and health care facilities that operate on a capitated 910
basis shall report immediately any projected operating deficits 911
to the Ohio health care board. The board shall determine whether 912
the projected deficits reflect appropriate increases in health 913
care needs, in which case the board shall adjust the provider or 914
health care facility budget appropriately. If the board 915
determines that the deficit is not justifiable, no adjustment 916
shall be made. 917

(3) The board may terminate the funding for health care 918
facilities, group practices, and integrated health care systems 919
or particular services provided by them if they fail to meet 920
standards of care and practice established by the board. The 921
board shall make future funding contingent on measurable 922
improvements in quality of care and health care outcomes. 923

(D) The Ohio health care board shall prohibit charges to 924
the Ohio health care plan or to patients for covered health care 925
services other than those established by regulation, 926
negotiation, or the appeals process. Licensed health care 927
providers who provide services not covered by sections 3920.01 928
to 3920.15 of the Revised Code may charge patients for those 929
services. 930

Sec. 3920.24. (A) The capital investment budget referred 931
to in division (A) (3) of section 3920.21 of the Revised Code 932
shall be established by the Ohio health care board, with the 933
advice of the technical and medical advisory board and its 934
staff, and shall provide for capital maintenance and 935
development. In preparing the budget, the Ohio health care board 936
shall determine capital investment priorities and evaluate 937
whether the capital investment program has improved access to 938
services and has eliminated redundant capital investments. 939

(B) All capital investments valued at five hundred 940
thousand dollars or greater, including the costs of studies, 941
surveys, design plans and working drawing specifications, and 942
other activities essential to planning and execution of capital 943
investment, and all capital investments that change the bed 944
capacity of a health care facility or add a new service or 945
license category incurred by any health system entity, shall 946
require the approval of the Ohio health care board. When a 947
health care facility, or individual acting on behalf of a health 948
care facility, or any other purchaser, obtains by lease or 949
comparable arrangement any health care facility or part of a 950
health care facility, or any equipment for a health care 951
facility, the market value of which would have been a capital 952
expenditure, the lease or arrangement shall be considered a 953
capital expenditure for purposes of sections 3920.01 to 3920.15 954

of the Revised Code. 955

(C) Health care facilities shall provide the Ohio health 956
care board with at least three-months' advance notice of any 957
planned capital investment of more than fifty thousand dollars 958
but less than five hundred thousand dollars. These capital 959
investments shall minimize unneeded expansion of health care 960
facilities and services based on the priorities and goals for 961
capital investment established by the board. 962

(D) No capital investment shall be undertaken using funds 963
from a health care facility operating budget. 964

Sec. 3920.25. The purchasing budget referred to in 965
division (A) (4) of section 3920.21 of the Revised Code shall 966
provide for the purchase of prescription drugs and durable and 967
nondurable medical equipment for the system. The Ohio health 968
care board shall purchase all prescription drugs and durable and 969
nondurable medical equipment for the system from this budget. 970

Sec. 3920.26. The research and innovation budget referred 971
to in division (A) (5) of section 3920.21 of the Revised Code 972
shall support research and innovation that has been recommended 973
by the Ohio health care board, the technical and medical 974
advisory board, and the administrator of consumer affairs. This 975
research and innovation includes, but is not limited to, methods 976
for improving the administration of the system, improving the 977
quality of health care, educating patients, and improving 978
communication among health care providers. 979

Sec. 3920.27. The Ohio health care board shall establish a 980
capital account in the Ohio health care fund as part of the Ohio 981
health care plan. Moneys in the account shall be used solely to 982
pay for the establishment and maintenance of a loan program for 983

health care facilities and equipment for use by health care 984
professionals who desire to establish practices in areas of the 985
state in which, according to criteria established by the board, 986
the level of health care services is inadequate. 987

Sec. 3920.28. Funding of the Ohio health care plan shall 988
be obtained from the following sources: 989

(A) Funds made available to the Ohio health care plan 990
pursuant to sections 3920.31 to 3920.33 of the Revised Code; 991

(B) Funds obtained from other federal, state, and local 992
governmental sources and programs; 993

(C) Receipts from taxes levied on employers' payrolls to 994
be paid by employers. The tax rate in the first year shall not 995
exceed three and eighty-five hundredths per cent of the payroll. 996

(D) Receipts from additional taxes levied on businesses' 997
gross receipts. The tax rate in the first year shall not exceed 998
three per cent of the gross receipts. 999

(E) Receipts from additional income taxes, equal to six 1000
and two-tenths per cent of an individual's compensation in 1001
excess of the amount subject to the social security payroll tax; 1002

(F) Receipts from additional income taxes, equal to five 1003
per cent of all of an individual's Ohio adjusted gross income, 1004
less the exemptions allowed under section 5747.025 of the 1005
Revised Code, in excess of two hundred thousand dollars. 1006

Sec. 3920.31. (A) As used in sections 3920.31 to 3920.33 1007
of the Revised Code: 1008

(1) "CHIP" has the same meaning as under section 5161.01 1009
of the Revised Code. 1010

(2) "Federal employees health benefits program" means the 1011
program of health insurance benefits available to employees of 1012
the federal government that the United States office of 1013
personnel management is authorized to contract for under 5 1014
U.S.C. 8902. 1015

(3) "Federal poverty guidelines" has the same meaning as 1016
in section 5101.46 of the Revised Code. 1017

(4) "Medicaid" has the same meaning as in section 5162.01 1018
of the Revised Code. 1019

(5) "Medicare" has the same meaning as in section 5162.01 1020
of the Revised Code. 1021

(B) At the request of the Ohio health care board, the Ohio 1022
health care agency's executive director shall seek federal 1023
financial participation in the Ohio health care plan, including 1024
funding otherwise available under medicare, medicaid, CHIP, and 1025
the federal employees health benefits program. The executive 1026
director shall request that the amount of the federal financial 1027
participation be at least equal to the medicaid federal 1028
financial participation rate in effect for this state on the 1029
effective date of this section. The executive director shall 1030
periodically seek adjustments to the federal financial 1031
participation rate for the Ohio health care plan to reflect 1032
changes in the state domestic gross product, the state's 1033
population, including changes in age groups, and the number of 1034
residents with income below the federal poverty guidelines. 1035

Sec. 3920.32. At the request of the Ohio health care 1036
board, the Ohio health care agency's executive director shall 1037
negotiate with the United States office of personnel management 1038
to have included in the Ohio health care plan residents of this 1039

state who would otherwise be covered by the federal employees 1040
health benefits program. As part of the negotiations, the 1041
executive director shall seek to have the federal government 1042
provide the Ohio health care plan with amounts equal to the 1043
amount federal employees participating in the Ohio health care 1044
plan would otherwise pay as premiums under the federal employees 1045
health benefits program. 1046

Sec. 3920.33. At the request of the Ohio health care 1047
board, the director of medicaid shall seek any federal waivers 1048
necessary for the Ohio health care plan to receive federal 1049
financial participation under section 3920.31 of the Revised 1050
Code otherwise available under the medicaid and CHIP programs. 1051
Notwithstanding any provision of the Revised Code to the 1052
contrary, the director of medicaid shall cease to implement the 1053
medicaid and CHIP programs on implementation of federal waivers 1054
authorizing the use of federal medicaid and CHIP funds for the 1055
Ohio health care plan, if necessary due to the implementation of 1056
the waivers. 1057

Section 2. That existing section 109.02 of the Revised 1058
Code is hereby repealed. 1059

Section 3. In the first two years following the effective 1060
date of sections 3920.01 to 3920.33 of the Revised Code, the 1061
Ohio Health Care Board shall prepare for the delivery of 1062
universal, affordable health care coverage to all eligible Ohio 1063
residents and individuals employed in Ohio. The Ohio Health Care 1064
Board shall appoint a Transition Advisory Group to assist with 1065
the transition to the provision of care under the Ohio Health 1066
Care Plan. The transition group shall include, but is not 1067
limited to, a broad selection of experts in health care finance 1068
and administration, providers from a variety of medical fields, 1069

representatives of Ohio's counties, employers and employees, 1070
representatives of hospitals and clinics, and representatives 1071
from state regulatory bodies. Members of the Transition Advisory 1072
Group shall be reimbursed by the Ohio Health Care Agency for 1073
necessary and actual expenses incurred in the performance of 1074
their duties as members. 1075