

As Introduced

132nd General Assembly

Regular Session

2017-2018

H. B. No. 440

Representatives Fedor, Kent

**Cosponsors: Representatives Antonio, Ramos, Leland, Lepore-Hagan, Boyd,
Patterson, Howse, West, Miller, Holmes, Galonski, Sykes, Cera, Reece, Kelly,
Sheehy, Boggs, Ingram**

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) "Blind trust" means an independently managed trust in 34
which the beneficiary has no management rights and in which the 35
beneficiary is not given notice of alterations in or other 36
dispositions of the stock, mutual funds, or other property 37
subject to the trust. 38

(B) "Health care facility" means any facility, except a 39
health care practitioner's office, that provides preventive, 40
diagnostic, therapeutic, acute convalescent, rehabilitation, 41
mental health, mental retardation, intermediate care, or skilled 42
nursing services. 43

(C) "Provider" means a hospital or other health care 44
facility, and physicians, podiatrists, dentists, pharmacists, 45
chiropractors, and other health care personnel, licensed, 46
certified, accredited, or otherwise authorized in this state to 47

furnish health care services.

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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.

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

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

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

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Sec. 3920.03. (A) There is hereby created the Ohio health
care board. The Ohio health care board shall consist of fifteen
voting members, consisting of the director of health and

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fourteen members elected in accordance with this section. 77

(B) For purposes of representation on the Ohio health care 78
board, the state shall be divided into seven regions each 79
composed of designated counties as follows: 80

(1) Region 1: Ashtabula, Cuyahoga, Geauga, Lake, Lorain; 81

(2) Region 2: Allen, Auglaize, Defiance, Erie, Fulton, 82
Hancock, Henry, Huron, Lucas, Mercer, Ottawa, Paulding, Putnam, 83
Sandusky, Seneca, Van Wert, Williams, Wood; 84

(3) Region 3: Athens, Belmont, Coshocton, Gallia, 85
Guernsey, Harrison, Hocking, Jackson, Jefferson, Lawrence, 86
Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Pike, Ross, 87
Scioto, Vinton, Washington; 88

(4) Region 4: Adams, Brown, Butler, Clermont, Clinton, 89
Hamilton, Highland, Warren; 90

(5) Region 5: Crawford, Delaware, Fairfield, Fayette, 91
Franklin, Hardin, Knox, Licking, Logan, Madison, Marion, Morrow, 92
Pickaway, Union, Wyandot; 93

(6) Region 6: Ashland, Carroll, Columbiana, Holmes, 94
Mahoning, Medina, Portage, Richland, Stark, Summit, Trumbull, 95
Tuscarawas, Wayne; 96

(7) Region 7: Champaign, Clark, Darke, Greene, Miami, 97
Montgomery, Preble, Shelby. 98

(C) (1) The health commissioner of the most populous county 99
in each region shall convene a meeting of all county and city 100
health commissioners in the region within ninety days following 101
the effective date of this section. If there are two or more 102
health districts located wholly or partially in the most 103
populous county of the region, the health commissioner of the 104

health district with the largest territorial jurisdiction in 105
that county shall convene the meeting of all county and city 106
health commissioners within ninety days following the effective 107
date of this section. 108

(2) At the meeting called pursuant to division (C)(1) of 109
this section, the county and city health commissioners in each 110
region shall elect one resident from each county in the region 111
to represent the county on a regional health advisory committee 112
established for that region. The county and city health 113
commissioners also shall set a date, not sooner than one hundred 114
days and not later than one hundred ten days after the effective 115
date of this section, for the initial meeting of the regional 116
health advisory committee. 117

(3) Following the initial meetings of county and city 118
health commissioners called pursuant to division (C)(1) of this 119
section, the county and city health commissioners in each region 120
shall convene a meeting every two years to elect representatives 121
to the regional health advisory committee in accordance with 122
this division. Each biennial meeting shall be held within five 123
days of the same day of the same month as the initial meeting. 124

(4) Each representative elected under this division shall 125
hold office for two years, starting on the date of the 126
representative's election. Any individual appointed to fill a 127
vacancy occurring prior to the expiration of the term for which 128
a representative is elected shall hold office for the remainder 129
of the predecessor's term. 130

(D) (1) Each of the seven regional health advisory 131
committees shall elect a chairperson from among the 132
representatives to their committees. Each chairperson shall 133
convene and preside over the initial meeting of that regional 134

health advisory committee on the date set pursuant to division 135
(C) of this section. At the initial meeting of the regional 136
health advisory committees, the committees' representatives 137
shall elect two residents from the region to represent that 138
region as members of the Ohio health care board. One of the two 139
residents elected from each region to serve on the Ohio health 140
care board shall be a resident of the region's most populous 141
county and the other shall be a resident of any county in the 142
region other than the region's most populous county. 143

Except for the elections to the Ohio health care board at 144
the initial meeting of each regional health advisory committee, 145
each resident elected to the board shall be elected to a two- 146
year term of office. At the initial meeting, the resident from 147
the most populous county in the region shall be elected to a 148
term of three years. 149

(2) Annually, beginning in the second year following the 150
initial elections to the Ohio health care board, the chairperson 151
of each regional health advisory committee shall convene a 152
meeting within five calendar days of the same date of the same 153
month as the initial meeting of that regional health advisory 154
committee to elect a resident from the region to serve as a 155
member of the Ohio health care board. The regional health 156
advisory committee shall elect a resident of a county as is 157
necessary to meet the representation requirements set by 158
division (D) (1) of this section. No individual may serve as a 159
member of the Ohio health care board for more than four 160
consecutive terms. 161

(3) In addition to meeting for the election of Ohio health 162
care board members, the regional health advisory committees 163
shall meet as necessary to fulfill any functions and 164

responsibilities assigned to them under sections 3920.01 to 165
3920.15 of the Revised Code. Meetings shall be held at the call 166
of the chairperson and as may be provided by procedures adopted 167
by the regional health advisory committee. 168

(4) In addition to the fourteen members of the Ohio health 169
care board elected by the seven regional health advisory 170
committees, the director of health shall be a voting ex officio 171
member of the Ohio health care board. 172

(E) (1) The director of health shall set the time, place, 173
and date for the initial meeting of the Ohio health care board 174
and shall preside over the Ohio health care board's initial 175
meeting. The initial meeting shall be set not sooner than one 176
hundred fifteen days and not later than one hundred twenty-five 177
days after the effective date of this section. 178

(2) The members of the Ohio health care board annually 179
shall elect a member of the board to serve as chairperson at 180
meetings of the board. Meetings shall be held upon the call of 181
the chairperson and as provided by procedures prescribed by the 182
Ohio health care board. Two-thirds of the members of the Ohio 183
health care board shall constitute a quorum for the conduct of 184
business at meetings of the board. Decisions at meetings of the 185
Ohio health care board shall be reached by majority vote of 186
those present. 187

(3) All meetings of the Ohio health care board are open to 188
the public unless questions of patient confidentiality arise. 189
The Ohio health care board may go into closed executive session 190
with regard to issues related to confidential patient 191
information. The fourteen members of the Ohio health care board 192
elected by the regional health advisory committees shall receive 193
an annual salary and benefits established in accordance with 194

division (J) of section 124.15 of the Revised Code. 195

(F) The seven regional health advisory committees shall 196
act as advisory bodies to the Ohio health care board, 197
representing their individual regions. The regional health 198
advisory committees shall oversee the management of consumer and 199
provider complaints originating in their respective regions and 200
shall hold a hearing on all such complaints. The regional health 201
advisory committees shall offer assistance to resolve consumer 202
and provider disputes and shall seek the agreement of all 203
parties to the dispute to submit the dispute to negotiation or 204
binding arbitration. A regional health advisory committee shall 205
transfer any dispute that is not resolved at the regional level 206
to the director of the Ohio health care agency's department of 207
consumer affairs within six months; however, the committee may 208
vote to transfer individual disputes at an earlier date. 209

(G) (1) If a vacancy occurs on the Ohio health care board 210
for any reason, resulting in a region being without full 211
representation on the board, that region's health advisory 212
committee shall elect a resident of that region to fill the 213
vacancy. Any resident elected to fill a vacancy shall serve the 214
remainder of the departing member's term. The health advisory 215
committee shall elect a resident of a county as necessary to 216
meet the representation requirements set by division (D) (1) of 217
this section. 218

(2) A serving member of the Ohio health care board shall 219
continue to serve following the expiration of their term until a 220
successor takes office or a period of ninety days has elapsed, 221
whichever occurs first. 222

(H) (1) The members and staff of the Ohio health care board 223
and employees of the Ohio health care agency, and their 224

immediate families, are prohibited from having any pecuniary 225
interest in any business with a contract, or in negotiation for 226
a contract, with either the Ohio health care board or Ohio 227
health care agency, or that is subject to the Ohio health care 228
board's oversight. The members and staff of the Ohio health care 229
board and employees of the Ohio health care agency shall not 230
knowingly receive remuneration for health care service of any 231
kind during their term of service or employment. The members and 232
staff of the Ohio health care board and employees of the Ohio 233
health care agency, and their immediate families, shall not 234
knowingly receive consulting fees of any kind from any source 235
that is directly or indirectly related to the delivery of health 236
care services pursuant to the Ohio health care plan. The members 237
and staff of the Ohio health care board and employees of the 238
Ohio health care agency, and their immediate families, are 239
prohibited from knowingly owning stock in, and from investing in 240
mutual funds holding stock in, pharmaceutical companies, health 241
maintenance organizations, or other businesses that relate 242
directly or indirectly to the delivery of health care services, 243
unless the stock or mutual funds are in a blind trust. 244

(2) No member of the Ohio health care board other than the 245
director of health shall knowingly hold any other salaried 246
public position with the state, either elected or appointed, 247
during the member's tenure on the board. The director of health 248
shall receive no salary or benefits by virtue of the director's 249
service on the Ohio health care board. 250

(3) The chairperson of the Ohio health care board may 251
conduct hearings to determine if a violation of this division 252
has occurred. Notice of any hearing, the conduct of the hearing, 253
and all other matters relating to the holding of the hearing 254
shall be governed by Chapter 119. of the Revised Code. If a 255

member of the Ohio health care board, or of the member's 256
immediate family, is found to have violated this division, the 257
chairperson of the Ohio health care board of health shall remove 258
the member from the Ohio health care board. If a staffer of the 259
Ohio health care board or an employee of the Ohio health care 260
agency, or a member of the staffer's or employee's immediate 261
family, is found to have violated this division, the Ohio health 262
care board or Ohio health care agency shall take appropriate 263
disciplinary action against the staffer or employee, which 264
action may include termination of employment. 265

Sections 101.82 and 101.83 of the Revised Code do not 266
apply to the Ohio health care board and the regional health 267
advisory committees. 268

Sec. 3920.04. (A) The Ohio health care board is 269
responsible for directing the Ohio health care agency in the 270
performance of all duties, the exercise of all powers, and the 271
assumption and discharge of all functions vested in the Ohio 272
health care agency. The Ohio health care board shall adopt rules 273
in accordance with Chapter 119. of the Revised Code as needed to 274
carry out the purposes of, and to enforce, Chapter 3920. of the 275
Revised Code. 276

(B) The duties and functions of the Ohio health care board 277
include, but are not limited to, the following: 278

(1) Implementing statutory eligibility standards for 279
benefits; 280

(2) Annually adopting a benefits package for participants 281
of the Ohio health care plan; 282

(3) Acting directly or through one or more contractors as 283
the single payer for all claims for health care services made 284

under the Ohio health care plan; 285

(4) Developing and implementing separate formulas for 286
determining budgets under sections 3920.21 to 3920.28 of the 287
Revised Code; 288

(5) Annually reviewing the formulas for determining the 289
appropriateness and sufficiency of rates, fees, and prices; 290

(6) Providing for timely payments to providers through a 291
structure that is well organized and that eliminates unnecessary 292
administrative costs; 293

(7) Implementing, to the extent permitted by federal law, 294
standardized claims and reporting methods for use by the Ohio 295
health care plan; 296

(8) Developing a system of centralized electronic claims 297
and payments; 298

(9) Establishing an enrollment system that will ensure 299
that all eligible Ohio residents, including those who travel 300
frequently, those who cannot read, and those who do not speak 301
English, are aware of their right to health care and are 302
formally enrolled in the Ohio health care plan; 303

(10) Reporting annually to the general assembly and the 304
governor, on or before the first day of October, on the 305
performance of the Ohio health care plan, the fiscal condition 306
of the Ohio health care plan, any need for rate adjustments, 307
recommendations for statutory changes, the receipt of payments 308
from the federal government, whether current year goals and 309
priorities were met, future goals and priorities, and major new 310
technology or prescription drugs that may affect the cost of the 311
health care services provided by the Ohio health care plan; 312

- (11) Administering the revenues of the Ohio health care 313
fund pursuant to section 3920.09 of the Revised Code; 314
- (12) Obtaining appropriate liability and other forms of 315
insurance to provide coverage for the Ohio health care plan, the 316
Ohio health care board, the Ohio health care agency, and their 317
employees and agents; 318
- (13) Establishing, appointing, and funding appropriate 319
staff for the Ohio health care agency throughout Ohio; 320
- (14) Procuring requisite office space and administrative 321
support; 322
- (15) Administering aspects of the Ohio health care agency 323
by taking actions that include, but are not limited to, the 324
following: 325
- (a) Establishing standards and criteria for the allocation 326
of operating funds; 327
- (b) Meeting regularly with the executive director and 328
administrators of the Ohio health care agency to review the 329
impact of the agency and its policies on the regional districts 330
established under section 3920.03 of the Revised Code; 331
- (c) Establishing goals for the health care system 332
established pursuant to the Ohio health care plan in measurable 333
terms; 334
- (d) Establishing statewide health care databases to 335
support health care services planning; 336
- (e) Implementing policies, and developing mechanisms and 337
incentives, to assure culturally and linguistically sensitive 338
care; 339

(f) Establishing standards and criteria for the 340
determination of appropriate compensation and training for 341
residents of Ohio who are displaced from work due to the 342
implementation of the Ohio health care plan; 343

(g) Establishing methods for the recovery of costs for 344
health care services provided pursuant to the Ohio health care 345
plan to a participant that are covered under the terms of a 346
policy of insurance, a health benefit plan, or other collateral 347
source available to the participant under which the participant 348
has a right of action for compensation. Receipt of health care 349
services pursuant to the Ohio health care plan shall be deemed 350
an assignment by the participant of any right to payment for 351
services from any policy, plan, or other source. The other 352
source of health care benefits shall pay to the Ohio health care 353
fund all amounts it is obligated to pay to the participant for 354
covered health care services. The Ohio health care board may 355
commence any action necessary to recover the amounts due. 356

(16) Appointing a technical and medical advisory board. 357
The members of the technical and medical advisory board shall 358
represent a cross section of the medical and provider community 359
and consumers, and shall include two persons, one being a 360
provider and the other representing consumers, from each region 361
designated in section 3920.03 of the Revised Code. The members 362
of the technical and medical advisory board shall be reimbursed 363
for actual and necessary expenses incurred in the performance of 364
their duties. The technical and medical advisory board's duties 365
include: 366

(a) Advising the Ohio health care board on the 367
establishment of policy on medical issues, population-based 368
public health issues, research priorities, scope of services, 369

expanding access to health care services, and evaluating the 370
performance of the Ohio health care plan; 371

(b) Investigating proposals for innovative approaches to 372
the promotion of health, the prevention of disease and injury, 373
patient education, research, and health care delivery; 374

(c) Advising the Ohio health care board on the 375
establishment of standards and criteria to evaluate requests 376
from health care facilities for capital improvements. 377

(C) The Ohio health care board shall employ and fix the 378
compensation of Ohio health care agency personnel, with the 379
approval of the department of administrative services, as needed 380
by the agency to properly discharge the agency's duties. The 381
employment of personnel by the Ohio health care board is subject 382
to the civil service laws of this state. The Ohio health care 383
board shall employ personnel including, but not limited to, the 384
following: 385

(1) Executive director; 386

(2) Administrator of planning, research, and development; 387

(3) Administrator of finance; 388

(4) Administrator of quality assurance; 389

(5) Administrator of consumer affairs; 390

(6) Legal counsel to represent the Ohio health care agency 391
and Ohio health care board in any legal action brought by or 392
against the agency or board under or pursuant to any provision 393
of the Revised Code under the agency's or board's jurisdiction. 394

(D) No member of the Ohio health care board or individual 395
on the staff of the Ohio health care board or Ohio health care 396

agency shall use for personal benefit any information filed with 397
or obtained by the Ohio health care board that is not then 398
readily available to the public. No member of the Ohio health 399
care board shall use or in any way attempt to use their position 400
as a member to influence a decision of any other governmental 401
body. 402

Sections 101.82 and 101.83 of the Revised Code do not 403
apply to the technical and medical advisory board established 404
pursuant to this section. 405

Sec. 3920.05. The executive director of the Ohio health 406
care agency appointed under section 3920.04 of the Revised Code 407
is the chief administrator of the Ohio health care plan and 408
shall administer and enforce Chapter 3920. of the Revised Code. 409
The executive director shall oversee the operation of the Ohio 410
health care agency and the agency's performance of any duties 411
assigned by the Ohio health care board. 412

Sec. 3920.06. (A) The executive director of the Ohio 413
health care agency shall determine the duties of the 414
administrator of planning, research, and development. Those 415
duties shall include, but not be limited to, the following: 416

(1) Establishing policy on medical issues, population- 417
based public health issues, research priorities, scope of 418
services, the expansion of participants' access to health care 419
services, and evaluating the performance of the Ohio health care 420
plan; 421

(2) Investigating proposals for innovative approaches for 422
the promotion of health, the prevention of disease and injury, 423
patient education, research, and the delivery of health care 424
services; 425

(3) Establishing standards and criteria for evaluating 426
applications from health care facilities for capital 427
improvements. 428

(B) (1) The executive director shall determine the duties 429
of the administrator of consumer affairs. Those duties shall 430
include, but not be limited to, the following: 431

(a) Developing educational and informational guides for 432
consumers that describe consumer rights and responsibilities and 433
that inform consumers of effective ways to exercise consumer 434
rights to obtain health care services. The guides shall be easy 435
to read and understand and available in English and in other 436
languages. The Ohio health care agency shall make the guides 437
available to the public through public outreach and educational 438
programs and through the internet web site of the Ohio health 439
care agency. 440

(b) Establishing a toll-free telephone number to receive 441
questions and complaints regarding the Ohio health care agency 442
and the agency's services. The Ohio health care agency's 443
internet web site shall provide complaint forms and instructions 444
online. 445

(c) Examining suggestions from the public; 446

(d) Making recommendations for improvements to the Ohio 447
health care board; 448

(e) Examining the extent to which individual health care 449
facilities in a region meet the needs of the community in which 450
they are located; 451

(f) Receiving, investigating, and responding to all 452
complaints about any aspect of the Ohio health care plan and 453
referring the results of all investigations into the provision 454

of health care services by health care providers or facilities 455
to the appropriate provider or health care facility licensing 456
board, or when appropriate, to a law enforcement agency; 457

(g) Publishing an annual report for the public and the 458
general assembly that contains a statewide evaluation of the 459
Ohio health care agency and of the delivery of health care 460
services in each region established under section 3920.03 of the 461
Revised Code; 462

(h) Holding public hearings, at least annually, within 463
each region established under section 3920.03 of the Revised 464
Code for public suggestions and complaints. 465

(2) The administrator of consumer affairs shall work 466
closely with the seven regional health advisory committees on 467
the resolution of complaints. In the discharge of the 468
administrator's duties, the administrator shall have unlimited 469
access to all nonconfidential and nonprivileged documents in the 470
custody and control of the agency. Nothing in Chapter 3920. of 471
the Revised Code prohibits a consumer or class of consumers, or 472
the administrator of consumer affairs, from seeking relief 473
through the courts. 474

(C) The executive director, in consultation with the 475
technical and medical advisory board, shall determine the duties 476
of the administrator of quality assurance. Those duties shall 477
include, but not be limited to, the following: 478

(1) Studying and reporting on the efficacy of health care 479
treatments and medications for particular conditions; 480

(2) Identifying causes of medical errors and devising 481
procedures to decrease medical errors; 482

(3) Establishing an evidence-based formulary; 483

<u>(4) Identifying treatments and medications that are unsafe</u>	484
<u>or have no proven value;</u>	485
<u>(5) Establishing a process for soliciting information on</u>	486
<u>medical standards from providers and consumers for purposes of</u>	487
<u>this division.</u>	488
<u>(D) The executive director shall determine the duties of</u>	489
<u>the administrator of finance. Those duties shall include, but</u>	490
<u>not be limited to, the following:</u>	491
<u>(1) Administering the Ohio health care fund;</u>	492
<u>(2) Making prompt payments to providers;</u>	493
<u>(3) Developing a system of centralized claims and</u>	494
<u>payments;</u>	495
<u>(4) Communicating to the treasurer of state when funds are</u>	496
<u>needed for the operation of the Ohio health care plan;</u>	497
<u>(5) Establishing a process for soliciting information on</u>	498
<u>medical standards from providers and consumers for purposes of</u>	499
<u>this division.</u>	500
<u>(E) The executive director shall determine the duties of</u>	501
<u>the administrator of finance. Those duties shall include, but</u>	502
<u>not be limited to, the following:</u>	503
<u>(1) Administering the Ohio health care fund;</u>	504
<u>(2) Making prompt payments to providers;</u>	505
<u>(3) Developing a system of centralized claims and</u>	506
<u>payments;</u>	507
<u>(4) Communicating to the treasurer of state when funds are</u>	508
<u>needed for the operation of the Ohio health care plan;</u>	509

(5) Developing information systems for utilization review; 510

(6) Investigating possible provider or consumer fraud. 511

Sec. 3920.07. (A) All Ohio residents and individuals 512
employed in Ohio, including the homeless and migrant workers, 513
are eligible for coverage under the Ohio health care plan. The 514
Ohio health care board shall establish standards and a 515
simplified procedure to demonstrate proof of residency. The Ohio 516
health care board shall establish a procedure to enroll eligible 517
residents and employees and to provide each individual covered 518
under the Ohio health care plan with identification that 519
providers may use to determine eligibility for health care 520
services under the Ohio health care plan. 521

(B) If waivers are not obtained under sections 3920.31 to 522
3920.33 of the Revised Code from the medical assistance and 523
medicare programs operated under Title XVIII or XIX of the 524
"Social Security Act," 49 Stat. 20 (1935), 42 U.S.C. 301, as 525
amended, or whenever a necessary waiver is not in effect, the 526
medical assistance and medicare programs shall act as the 527
primary insurers for Ohio residents and individuals employed in 528
this state for health coverage and the Ohio health care plan 529
shall serve as the secondary or supplemental plan of health 530
coverage. When the Ohio health care plan serves as a secondary 531
or supplemental plan of health coverage the Ohio health care 532
plan shall not provide coverage to an Ohio resident or 533
individual employed in this state for any covered health care 534
service that the resident or worker is then eligible to receive 535
under the medical assistance or medicare program. 536

(C) A plan of employee health coverage provided by an out- 537
of-state employer to an Ohio resident working outside of this 538
state shall serve as the employee's primary plan of health 539

coverage and the Ohio health care plan shall serve as the 540
employee's secondary plan of health coverage. 541

(D) The Ohio health care agency shall bill an out-of-state 542
employer or the employer's insurer for the cost of covered 543
health care services provided in accordance with the Ohio health 544
care plan to residents of this state employed by the out-of- 545
state employer when the health care services provided are 546
covered under the terms of the employer's plan of employee 547
health coverage. 548

(E) The Ohio health care plan shall reimburse Ohio health 549
care board approved providers practicing outside of this state 550
at Ohio health care plan rates for health care services rendered 551
to a plan participant while the participant is out of state. 552

(F) Any employer operating in this state may purchase 553
coverage under the Ohio health care plan for an employee who 554
lives out of state but who works in this state. 555

(G) (1) Any institution of higher education located in this 556
state may purchase coverage under the Ohio health care plan for 557
a student who does not otherwise have status as a resident of 558
this state. 559

(2) As used in this section, "institution of higher 560
education" means a state institution of higher education, as 561
defined in section 3345.12 of the Revised Code, a private 562
college, university, or other postsecondary institution located 563
in this state that possesses a certificate of authorization 564
issued pursuant to Chapter 1713. of the Revised Code or a 565
certificate of registration issued by the state board of career 566
colleges and schools under Chapter 3332. of the Revised Code. 567

(H) Any individual who arrives at a health care facility 568

unconscious or otherwise unable due to their mental or physical 569
condition to document eligibility for coverage under the Ohio 570
health care plan shall be presumed to be eligible. 571

Sec. 3920.08. (A) The Ohio health care board shall 572
establish a single health benefits package that shall include, 573
but not be limited to, all of the following: 574

(1) Inpatient and outpatient provider care, both primary 575
and secondary; 576

(2) Emergency services, as defined in division (A) of 577
section 3923.65 of the Revised Code, twenty-four hours each day 578
on a prudent layperson standard. Residents who are temporarily 579
out of state may receive benefits for emergency services 580
rendered in that state. The Ohio health care agency shall make 581
timely emergency services, including hospital care and triage, 582
available to all Ohio residents, including all residents not 583
enrolled in the Ohio health care plan. 584

(3) Emergency and other transportation services to covered 585
health care services, subject to division (B) of this section; 586

(4) Rehabilitation services, including speech, 587
occupational, and physical therapy; 588

(5) Inpatient and outpatient mental health services and 589
substance abuse treatment; 590

(6) Hospice care; 591

(7) Prescription drugs and prescribed medical nutrition; 592

(8) Vision care, aids, and equipment; 593

(9) Hearing care, hearing aids, and equipment; 594

(10) Diagnostic medical tests, including laboratory tests 595

and imaging procedures; 596

(11) Medical supplies and prescribed medical equipment, 597
both durable and nondurable; 598

(12) Immunizations, preventive care, health maintenance 599
care, and screening; 600

(13) Dental care; 601

(14) Home health care services. 602

(B) The Ohio health care plan shall provide necessary 603
transportation in each county to covered health care services. 604
Independent transportation providers shall be reimbursed on a 605
fee-for-service basis. Fee schedules for covered transportation 606
may take into account the recognized differences among 607
geographic areas regarding cost. A covered transportation 608
benefits account is hereby created within the Ohio health care 609
fund. 610

(C) The Ohio health care plan shall not exclude or limit 611
coverage of its participants' pre-existing conditions. 612

(D) Residents enrolled in the Ohio health care plan are 613
not subject to copayments, point-of-service charges, or any 614
other fee or charge, and shall not be directly billed by 615
providers for covered health care services provided to the 616
resident. 617

(E) The Ohio health care board, with the consent of the 618
technical and medical advisory board, shall remove or exclude 619
procedures and treatments, equipment, and prescription drugs 620
from the Ohio health care plan's benefit package that the board 621
finds unsafe, experimental, of no proven value, or that add no 622
therapeutic value. 623

(F) The Ohio health care board shall exclude coverage for 624
any surgical, orthodontic, or other medical procedure, or 625
prescription drug, that the technical and medical advisory board 626
determines was or will be provided primarily for cosmetic 627
purposes, unless required to correct a congenital defect, to 628
restore or correct disfigurements resulting from injury or 629
disease, or that is determined to be medically necessary by a 630
qualified, licensed provider. 631

(G) Participants shall have free choice of the providers 632
eligible to participate in the Ohio health care plan. 633

(H) No provider shall be compelled by the Ohio health care 634
agency to offer any particular service, provided that the 635
provider does not discriminate among patients in providing 636
health care services. 637

(I) The Ohio health care plan and the providers 638
participating in the plan shall not discriminate on the basis of 639
race, color, religion, gender, age, national origin, sexual 640
orientation, health status, mental or physical disability, 641
employment status, veteran status, or occupation. 642

Sec. 3920.09. (A) The Ohio health care fund is hereby 643
established in the state treasury. The administrator of finance 644
of the Ohio health care agency shall administer and monitor the 645
Ohio health care fund. All moneys collected and received by the 646
Ohio health care plan shall be transmitted to the treasurer of 647
state for deposit into the Ohio health care fund, to be used to 648
finance the Ohio health care plan and to pay the costs of 649
compensation and training for displaced workers pursuant to 650
section 3920.11 of the Revised Code. 651

(B) The treasurer of state may invest the interest earned 652

by the Ohio health care fund in any manner authorized by the 653
Revised Code for the investment of state moneys. Any revenue or 654
interest earned from the investments shall be credited to the 655
Ohio health care fund. 656

(C) All provider claims for payment for health care 657
services rendered under the Ohio health care plan shall be 658
transmitted to the Ohio health care fund by the provider or the 659
provider's agent. The format of, and the method of transmitting, 660
provider claims shall be determined by the Ohio health care 661
board. 662

(D) All payments for health care services rendered under 663
the Ohio health care plan shall be disbursed from the Ohio 664
health care fund. The administrator of finance of the Ohio 665
health care agency shall establish a reserve account within the 666
Ohio health care fund. When the revenue available to the Ohio 667
health care plan in any biennium exceeds the total amount 668
expended or obligated during that biennium, the excess revenue 669
shall be transferred to the reserve account. The Ohio health 670
care board may use the money in the reserve account for expenses 671
of the Ohio health care agency or the Ohio health care plan. 672

(E) The administrator of finance of the Ohio health care 673
agency shall notify the Ohio health care board when the annual 674
expenditures or anticipated future expenditures of the Ohio 675
health care plan appear to be in excess of the revenues or 676
anticipated revenues for the same period. The Ohio health care 677
board shall implement appropriate cost control measures based on 678
the notification. The Ohio health care board shall seek a 679
special appropriation for the Ohio health care fund if the cost 680
control measures implemented do not reduce the Ohio health care 681
plan's expenditures to an amount that may be covered by its 682

revenue. 683

Sec. 3920.10. (A) The Ohio health care board shall 684
establish written procedures for the receipt and resolution of 685
disputes and grievances. The procedures shall provide for an 686
initial hearing before the appropriate regional health advisory 687
committee in accordance with division (F) of section 3920.03 of 688
the Revised Code. The board shall accord to plaintiffs the right 689
to be heard at the hearing. 690

(B) Any party aggrieved by an order or decision issued 691
pursuant to the procedures established in division (A) of this 692
section may appeal the order or decision to the court of common 693
pleas. The appellant shall file a notice of appeal with the Ohio 694
health care board within fifteen days of the filing of the 695
appeal with the court of common pleas. 696

(C) Appeals of denied claims may be submitted by Ohio 697
health care plan beneficiaries or providers, or businesses 698
selling medical equipment and supplies to the Ohio health care 699
board. The board shall conduct appeals in compliance with its 700
written procedures and both laws of this state and federal laws. 701

Sec. 3920.11. (A) The department of job and family 702
services shall determine which residents of this state employed 703
by a health care insurer, health insuring corporation, or other 704
health care related business, have lost employment as a result 705
of the implementation and operation of the Ohio health care 706
plan. The department also shall determine the amount of monthly 707
wages that the resident lost due to the plan's implementation. 708
The department shall attempt to position these displaced workers 709
in comparable positions of employment with the Ohio health care 710
agency. 711

(B) The department of job and family services shall 712
forward the information on the amount of monthly wages lost by 713
Ohio residents due to the implementation of the Ohio health care 714
plan to the Ohio health care agency. The Ohio health care agency 715
shall determine the amount of compensation and training that 716
each displaced worker shall receive and shall submit a claim to 717
the Ohio health care fund for payment. A displaced worker, 718
however, shall not receive compensation from the Ohio health 719
care fund in excess of sixty thousand dollars per year for two 720
years. Compensation paid to the displaced worker under this 721
section shall serve as a supplement to any compensation the 722
worker receives from the department of job and family services. 723

Sec. 3920.12. (A) Any employer operating in this state and 724
providing employees with benefits under a public or private 725
health care policy, plan, or agreement as of the date that 726
benefits are initially provided pursuant to Chapter 3920. of the 727
Revised Code, which benefits are less valuable than those 728
provided by the Ohio health care plan, may participate in the 729
Ohio health care plan or shall provide additional benefits so 730
that, until the expiration of the policy, plan, or agreement, 731
the benefits provided by the employer at least equal the amount 732
and scope of the benefits provided by the Ohio health care plan. 733
If an employer chooses to provide additional benefits to match 734
or exceed the benefits provided by the Ohio health care plan, 735
the additional benefits shall include the employer's payment of 736
any employee premium contributions, copayments, and deductible 737
payments called for by the policy, contract, or agreement. 738
Employers are exempt from all health taxes imposed under Chapter 739
3920. of the Revised Code until the expiration of the policy, 740
plan, or agreement, at which point the employer and the 741
employer's employees become participants in the Ohio health care 742

plan. 743

(B) A person covered by a health care policy, plan, or 744
agreement that has its premiums paid for in any part with public 745
money, including money from the state, a political subdivision, 746
state educational institution, public school, or other entity, 747
shall be covered by the Ohio health care plan on the day that 748
benefits become available under the Ohio health care plan. 749

(C) Health care insurers, health insuring corporations, 750
and other persons selling or providing health care benefits may 751
deliver, issue for delivery, renew, or provide health benefit 752
packages that do not duplicate the health benefit package 753
provided by the Ohio health care plan, but shall not, except as 754
provided by division (A) of this section, deliver, issue for 755
delivery, renew, or provide health benefit packages that 756
duplicate the health benefit package provided by the Ohio health 757
care plan. 758

Sec. 3920.13. The Ohio health care agency is subrogated to 759
all rights of a participant who has received benefits, or who 760
has a right to benefits, under any other policy or contract of 761
health care. 762

Sec. 3920.14. (A) All providers, as defined in section 763
3920.01 of the Revised Code, may participate in the Ohio health 764
care plan. 765

(B) The Ohio health care board and the technical and 766
medical advisory board shall assess the number of primary and 767
specialty providers needed to supply adequate health care 768
services to all participants in the Ohio health care plan, and 769
shall develop a plan to meet that need. The Ohio health care 770
board shall develop incentives for providers in order to 771

increase residents' access to health care services in unserved 772
or underserved areas of the state. 773

(C) The Ohio health care board annually shall evaluate 774
residents' access to trauma care, and shall establish measures 775
to ensure participants have equitable access to trauma care and 776
to specialized medical procedures and technology. 777

(D) The Ohio health care board, with the advice of the 778
technical and medical advisory board and the administrator of 779
quality assurance, shall define performance criteria and goals 780
for the Ohio health care plan and shall report to the general 781
assembly at least annually on the plan's performance. The Ohio 782
health care board shall establish a system to monitor the 783
quality of health care and patient and provider satisfaction 784
with that care and a system to devise improvements to the 785
provision of health care services. 786

(E) All providers subject to the Ohio health care plan 787
shall provide data upon request to the Ohio health care board, 788
which data the board requires to devise methods to maintain and 789
improve the provision of health care services. 790

(F) The Ohio health care board, with the advice of the 791
technical and medical advisory board, shall coordinate the Ohio 792
health care plan's provision of health care services with any 793
other state and local agencies that provide health care services 794
directly to their residents. 795

Sec. 3920.15. In the absence of fraud or bad faith, county 796
and city health commissioners, regional health advisory 797
committees, and the Ohio health care board and Ohio health care 798
agency and their members and employees, shall incur no liability 799
in relation to the performance of their duties and 800

responsibilities under sections 3920.01 to 3920.15 of the 801
Revised Code. The state shall incur no liability in relation to 802
the implementation and operation of the Ohio health care plan. 803

Sec. 3920.21. (A) The Ohio health care board shall prepare 804
and recommend to the general assembly an annual budget for 805
health care that specifies and establishes a limit on total 806
annual state expenditures for health care provided pursuant to 807
sections 3920.01 to 3920.15 of the Revised Code. The budget 808
shall include all of the following components: 809

(1) A system budget covering all expenditures for the 810
system, in accordance with section 3920.22 of the Revised Code; 811

(2) Provider budgets for the fee-for-service and 812
integrated health delivery system and for individual health care 813
facilities and their associated clinics, in accordance with 814
section 3920.23 of the Revised Code; 815

(3) A capital investment budget in accordance with section 816
3920.24 of the Revised Code; 817

(4) A purchasing budget in accordance with section 3920.25 818
of the Revised Code; 819

(5) A research and innovation budget in accordance with 820
section 3920.26 of the Revised Code. 821

(B) In preparing the budget, the Ohio health care board 822
shall consider anticipated increased expenditures and savings, 823
including, but not limited to, projected increases in 824
expenditures due to improved access for underserved populations 825
and improved reimbursement for primary care, projected 826
administrative savings under the single-payer mechanism, 827
projected savings in prescription drug expenditures under 828
competitive bidding and a single buyer, and projected savings 829

due to provision of primary care rather than emergency room 830
treatment. 831

Sec. 3920.22. (A) The system budget referred to in 832
division (A)(1) of section 3920.21 of the Revised Code shall 833
comprise the cost of the system, services and benefits provided, 834
administration, data gathering, planning and other activities, 835
and revenues deposited with the system account of the Ohio 836
health care fund. 837

The Ohio health care board shall limit administrative 838
costs to five per cent of the system budget and shall annually 839
evaluate methods to reduce administrative costs and report the 840
results of that evaluation to the general assembly. The board 841
shall also limit growth of health care costs in the system 842
budget by reference to changes in state gross domestic product, 843
population, employment rates, and other demographic indicators, 844
as appropriate. Moneys in the reserve account of the Ohio health 845
care fund shall not be considered as available revenues for 846
purposes of preparing the system budget. 847

(B) The Ohio health care board shall implement cost 848
control measures pursuant to division (A) of this section. 849
However, no cost control measure shall limit access to care that 850
is needed on an emergency basis or that is determined by a 851
patient's provider to be medically appropriate for a patient's 852
condition. 853

Mandatory cost control measures include, but are not 854
limited to, some or all of the following: 855

(1) Postponement of the introduction of new benefits or 856
benefit improvements; 857

(2) Postponement of new capital investment; 858

(3) Adjustment of provider budgets to correct for 859
inappropriate provider utilization; 860

(4) Establishment of a limit on provider reimbursement 861
above a specified amount of aggregate billing; 862

(5) Deferred funding of the reserve account; 863

(6) Establishment of a limit on aggregate reimbursements 864
to pharmaceutical manufacturers; 865

(7) Imposition of an eligibility waiting period in the 866
event of substantial influx of individuals into the state for 867
purposes of obtaining health care through the Ohio health care 868
plan. 869

Sec. 3920.23. (A) The provider budgets referred to in 870
division (A) (2) of section 3920.21 of the Revised Code shall 871
include allocations for fee-for-service providers and capitated 872
providers. These allocations shall consider the relative usage 873
of fee-for-service providers and capitated providers. Each 874
annual provider budget shall include adjustments to reflect 875
changes in the utilization of services and the addition or 876
exclusion of covered services made by the Ohio health care board 877
upon the recommendation of the technical and medical advisory 878
board and its staff. 879

(B) Providers shall choose whether they will be 880
compensated as fee-for-service providers or as part of a 881
capitated provider network. 882

(1) The budget for fee-for-service providers shall be 883
divided among categories of licensed health care providers in 884
order to establish a total annual budget for each category. Each 885
of these category budgets shall be sufficient to cover all 886
included services anticipated to be required by eligible 887

individuals choosing fee-for-service at the rates negotiated or 888
set by the Ohio health care board, except as necessary for cost 889
containment purposes pursuant to section 3920.22 of the Revised 890
Code. 891

The board shall negotiate fee-for-service reimbursement 892
rates or salaries for licensed health care providers. In the 893
event negotiations are not concluded in a timely manner, the 894
board shall establish the reimbursement rates. Reimbursement 895
rates shall reflect the goals of the system. 896

(2) The budget shall detail all operating expenses for 897
health care facilities or clinics that are not part of a 898
capitated provider network. In establishing a health care 899
facility budget, the Ohio health care board shall develop and 900
utilize separate formulas that reflect the differences in cost 901
of primary, secondary, and tertiary care services and health 902
care services provided by academic medical centers. The board 903
shall negotiate reimbursement rates with facilities and clinics. 904
Reimbursement rates shall reflect the goals of the system. 905

(C) (1) The budget for capitated providers shall be 906
sufficient to cover all included services anticipated to be 907
required by eligible individuals choosing an integrated health 908
care delivery system at the rates negotiated or set by the Ohio 909
health care board. All health care facilities, group practices, 910
and integrated health care systems shall submit annual operating 911
budget requests to the board and may choose to be reimbursed 912
through a global facility budget or on a capitated basis. The 913
board shall adjust budgets on the basis of the health risk of 914
enrollees; the scope of services provided; proposed innovative 915
programs that improve quality, workplace safety, or consumer, 916
provider, or employee satisfaction; costs of providing care for 917

nonmembers; and an appropriate operating margin. 918

(2) Providers that choose to operate a health care 919
facility on a capitated basis shall not be paid additionally on 920
a fee-for-service basis unless they are providing services in a 921
separate private medical practice or health care facility. 922
Providers and health care facilities that operate on a capitated 923
basis shall report immediately any projected operating deficits 924
to the Ohio health care board. The board shall determine whether 925
the projected deficits reflect appropriate increases in health 926
care needs, in which case the board shall adjust the provider or 927
health care facility budget appropriately. If the board 928
determines that the deficit is not justifiable, no adjustment 929
shall be made. 930

(3) The board may terminate the funding for health care 931
facilities, group practices, and integrated health care systems 932
or particular services provided by them if they fail to meet 933
standards of care and practice established by the board. The 934
board shall make future funding contingent on measurable 935
improvements in quality of care and health care outcomes. 936

(D) The Ohio health care board shall prohibit charges to 937
the Ohio health care plan or to patients for covered health care 938
services other than those established by regulation, 939
negotiation, or the appeals process. Licensed health care 940
providers who provide services not covered by sections 3920.01 941
to 3920.15 of the Revised Code may charge patients for those 942
services. 943

Sec. 3920.24. (A) The capital investment budget referred 944
to in division (A) (3) of section 3920.21 of the Revised Code 945
shall be established by the Ohio health care board, with the 946
advice of the technical and medical advisory board and its 947

staff, and shall provide for capital maintenance and 948
development. In preparing the budget, the Ohio health care board 949
shall determine capital investment priorities and evaluate 950
whether the capital investment program has improved access to 951
services and has eliminated redundant capital investments. 952

(B) All capital investments valued at five hundred 953
thousand dollars or greater, including the costs of studies, 954
surveys, design plans and working drawing specifications, and 955
other activities essential to planning and execution of capital 956
investment, and all capital investments that change the bed 957
capacity of a health care facility or add a new service or 958
license category incurred by any health system entity, shall 959
require the approval of the Ohio health care board. When a 960
health care facility, or individual acting on behalf of a health 961
care facility, or any other purchaser, obtains by lease or 962
comparable arrangement any health care facility or part of a 963
health care facility, or any equipment for a health care 964
facility, the market value of which would have been a capital 965
expenditure, the lease or arrangement shall be considered a 966
capital expenditure for purposes of sections 3920.01 to 3920.15 967
of the Revised Code. 968

(C) Health care facilities shall provide the Ohio health 969
care board with at least three-months' advance notice of any 970
planned capital investment of more than fifty thousand dollars 971
but less than five hundred thousand dollars. These capital 972
investments shall minimize unneeded expansion of health care 973
facilities and services based on the priorities and goals for 974
capital investment established by the board. 975

(D) No capital investment shall be undertaken using funds 976
from a health care facility operating budget. 977

Sec. 3920.25. The purchasing budget referred to in 978
division (A) (4) of section 3920.21 of the Revised Code shall 979
provide for the purchase of prescription drugs and durable and 980
nondurable medical equipment for the system. The Ohio health 981
care board shall purchase all prescription drugs and durable and 982
nondurable medical equipment for the system from this budget. 983

Sec. 3920.26. The research and innovation budget referred 984
to in division (A) (5) of section 3920.21 of the Revised Code 985
shall support research and innovation that has been recommended 986
by the Ohio health care board, the technical and medical 987
advisory board, and the administrator of consumer affairs. This 988
research and innovation includes, but is not limited to, methods 989
for improving the administration of the system, improving the 990
quality of health care, educating patients, and improving 991
communication among health care providers. 992

Sec. 3920.27. The Ohio health care board shall establish a 993
capital account in the Ohio health care fund as part of the Ohio 994
health care plan. Moneys in the account shall be used solely to 995
pay for the establishment and maintenance of a loan program for 996
health care facilities and equipment for use by health care 997
professionals who desire to establish practices in areas of the 998
state in which, according to criteria established by the board, 999
the level of health care services is inadequate. 1000

Sec. 3920.28. Funding of the Ohio health care plan shall 1001
be obtained from the following sources: 1002

(A) Funds made available to the Ohio health care plan 1003
pursuant to sections 3920.31 to 3920.33 of the Revised Code; 1004

(B) Funds obtained from other federal, state, and local 1005
governmental sources and programs; 1006

(C) Receipts from taxes levied on employers' payrolls to 1007
be paid by employers. The tax rate in the first year shall not 1008
exceed three and eighty-five hundredths per cent of the payroll. 1009

(D) Receipts from additional taxes levied on businesses' 1010
gross receipts. The tax rate in the first year shall not exceed 1011
three per cent of the gross receipts. 1012

(E) Receipts from additional income taxes, equal to six 1013
and two-tenths per cent of an individual's compensation in 1014
excess of the amount subject to the social security payroll tax; 1015

(F) Receipts from additional income taxes, equal to five 1016
per cent of all of an individual's Ohio adjusted gross income, 1017
less the exemptions allowed under section 5747.025 of the 1018
Revised Code, in excess of two hundred thousand dollars. 1019

Sec. 3920.31. (A) As used in sections 3920.31 to 3920.33 1020
of the Revised Code: 1021

(1) "CHIP" has the same meaning as under section 5161.01 1022
of the Revised Code. 1023

(2) "Federal employees health benefits program" means the 1024
program of health insurance benefits available to employees of 1025
the federal government that the United States office of 1026
personnel management is authorized to contract for under 5 1027
U.S.C. 8902. 1028

(3) "Federal poverty guidelines" has the same meaning as 1029
in section 5101.46 of the Revised Code. 1030

(4) "Medicaid" and "medicare" have the same meanings as in 1031
section 5162.01 of the Revised Code. 1032

(B) At the request of the Ohio health care board, the Ohio 1033
health care agency's executive director shall seek federal 1034

financial participation in the Ohio health care plan, including 1035
funding otherwise available under medicare, medicaid, CHIP, and 1036
the federal employees health benefits program. The executive 1037
director shall request that the amount of the federal financial 1038
participation be at least equal to the medicaid federal 1039
financial participation rate in effect for this state on the 1040
effective date of this section. The executive director shall 1041
periodically seek adjustments to the federal financial 1042
participation rate for the Ohio health care plan to reflect 1043
changes in the state domestic gross product, the state's 1044
population, including changes in age groups, and the number of 1045
residents with income below the federal poverty guidelines. 1046

Sec. 3920.32. At the request of the Ohio health care 1047
board, the Ohio health care agency's executive director shall 1048
negotiate with the United States office of personnel management 1049
to have included in the Ohio health care plan residents of this 1050
state who would otherwise be covered by the federal employees 1051
health benefits program. As part of the negotiations, the 1052
executive director shall seek to have the federal government 1053
provide the Ohio health care plan with amounts equal to the 1054
amount federal employees participating in the Ohio health care 1055
plan would otherwise pay as premiums under the federal employees 1056
health benefits program. 1057

Sec. 3920.33. At the request of the Ohio health care 1058
board, the director of medicaid shall seek any federal waivers 1059
necessary for the Ohio health care plan to receive federal 1060
financial participation under section 3920.31 of the Revised 1061
Code otherwise available under the medicaid and CHIP programs. 1062
Notwithstanding any provision of the Revised Code to the 1063
contrary, the director of medicaid shall cease to implement the 1064
medicaid and CHIP programs on implementation of federal waivers 1065

authorizing the use of federal medicaid and CHIP funds for the 1066
Ohio health care plan, if necessary due to the implementation of 1067
the waivers. 1068

Section 2. That existing section 109.02 of the Revised 1069
Code is hereby repealed. 1070

Section 3. In the first two years following the effective 1071
date of sections 3920.01 to 3920.33 of the Revised Code, the 1072
Ohio Health Care Board shall prepare for the delivery of 1073
universal, affordable health care coverage to all eligible Ohio 1074
residents and individuals employed in Ohio. The Ohio Health Care 1075
Board shall appoint a Transition Advisory Group to assist with 1076
the transition to the provision of care under the Ohio Health 1077
Care Plan. The transition group shall include, but is not 1078
limited to, a broad selection of experts in health care finance 1079
and administration, providers from a variety of medical fields, 1080
representatives of Ohio's counties, employers and employees, 1081
representatives of hospitals and clinics, and representatives 1082
from state regulatory bodies. Members of the Transition Advisory 1083
Group shall be reimbursed by the Ohio Health Care Agency for 1084
necessary and actual expenses incurred in the performance of 1085
their duties as members. 1086