

As Introduced

**125th General Assembly
Regular Session
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H. B. No. 215

**Representatives Schmidt, Schneider, White, Collier, Peterson, Hollister,
Kearns, Wagner, Faber, Gibbs, DeWine, Flowers, Taylor, Setzer, Raga,
Reidelbach, Wolpert, Webster, Aslanides, Raussen, Daniels, Carmichael,
Blasdel**

A B I L L

To amend sections 3929.482, 3929.85, 3931.01, 1
3955.05, 3960.06, and 4731.143, to enact sections 2
2323.45, 2323.451, 2323.452, 2323,453, 2323.454, 3
2323.455, 2323.456, 2323.457, 2323.458, 2323.459, 4
2323.4510, 2323.4511, 2323.4512, 2323.4513, 5
2323.4514, 2323.4515, 2323.4516, 2323.4517, 6
2323.4518, 2323.4519, and 2323.4520, and to repeal 7
sections 3929.71, 3929.72, 3929.721, 3929.73, 8
3929.75, 3929.76, 3929.77, 3929.78, 3929.79, 9
3929.80, 3929.81, 3929.82, 3929.83, and 3929.84 of 10
the Revised Code to require medical claims against 11
healthcare providers to be reviewed by a medical 12
review panel prior to the claim proceeding in 13
court. 14

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

Section 1. That sections 3929.482, 3929.85, 3931.01, 3955.05, 15
3960.06, and 4731.143 be amended, and sections 2323.45, 2323.451, 16
2323.452, 2323,453, 2323.454, 2323.455, 2323.456, 2323.457, 17
2323.458, 2323.459, 2323.4510, 2323.4511, 2323.4512, 2323.4513, 18

2323.4514, 2323.4515, 2323.4516, 2323.4517, 2323.4518, 2323.4519, 19
and 2323.4520 of the Revised Code be enacted to read as follows: 20

Sec. 2323.45. (A) As used in sections 2323.45 and 2323.451 to 21
2323.4520 of the Revised Code: 22

(1) "Medical claim" means any claim that is asserted in any 23
civil actions against a physician, podiatrist, hospital, home, or 24
residential facility, against any employee or agent of a 25
physician, podiatrist, hospital, home, or residential facility, or 26
against a licensed practical nurse, registered nurse, advanced 27
practice nurse, physical therapist, physician assistant, emergency 28
medical technician-basic, emergency medical 29
technician-intermediate, or emergency medical 30
technician-paramedic, and that arises out of the medical 31
diagnosis, care, or treatment of any person. "Medical claim" 32
includes the following: 33

(a) A derivative claim for relief that arises out of the 34
medical diagnosis, care, or treatment of an individual; 35

(b) A claim that arises out of the medical diagnosis, care, 36
or treatment of an individual, resulting from acts or omissions in 37
providing medical care or the hiring, training, supervision, 38
retention, or termination of caregivers providing medical 39
diagnosis, care, or treatment. 40

(2) "Provider" means a physician, podiatrist, hospital, home, 41
or residential facility, an employee or agent of a physician, 42
podiatrist, hospital, home, or residential facility, a licensed 43
practical nurse, registered nurse, advanced practice nurse, 44
physical therapist, physician assistant, emergency medical 45
technician-basic, emergency medical technician-intermediate, or 46
emergency medical technician-paramedic. 47

(B) Sections 2323.45 and 2323.451 to 2323.4520 of the Revised Code apply when a medical claim is asserted against a provider, unless the plaintiff and provider have entered into a valid and enforceable contract under section 2711.22 of the Revised Code requiring binding arbitration of medical claims or have agreed to submit to nonbinding arbitration under section 2711.21 of the Revised Code. 48
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(C) A medical review panel shall review medical claims against providers pursuant to sections 2323.45 and 2323.451 to 2323.4520 of the Revised Code. A provider shall notify the superintendent of insurance when a civil action asserting a medical claim against the provider is commenced. The medical review panel shall review the claim and render its expert opinion prior to the civil action proceeding on the claim. 55
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(D) Section 2305.113 of the Revised Code governs the time limits for commencing the medical claim with the common pleas court. 62
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Sec. 2323.451. Not earlier than twenty days after a provider notifies the department of insurance of the commencement of a medical claim against the provider either party to the claim may request the formation of a medical review panel by serving notice by certified mail upon all parties and the superintendent of insurance. 65
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Sec. 2323.452. (A) A medical review panel shall consist of one attorney and three providers. 72
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(B) The attorney member of the medical review panel shall act as chairperson of the panel and in an advisory capacity, but shall not vote. 74
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(C) The chairperson of a medical review panel shall expedite the selection of the other panel members, convene the panel, and expedite the panel's review of the medical claim. The chairperson shall establish a reasonable schedule for submission of evidence to the medical review panel, allowing sufficient time for the parties to make full and adequate presentation of facts and authorities related to the claim. 77
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Sec. 2323.453. A medical review panel shall be selected in the following manner: 84
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(A) Within fifteen days after the filing of a request for the formation of a medical review panel under section 2323.45 of the Revised Code, the parties shall select a chairperson by agreement. 86
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(B)(1) If an agreement on a chairperson cannot be reached, either party may request the clerk of the Ohio supreme court to draw at random a list of the names of five attorneys who are qualified to practice in Ohio and who maintain offices in the county of venue designated in the medical claim or in a contiguous county. 89
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(2) The clerk may charge a reasonable fee for drawing the list of qualified attorneys. 95
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(3) The clerk shall notify the parties when a list of attorneys' names has been drawn, and the parties shall then strike names alternately, with the plaintiff striking first. The clerk shall notify a party after the opposing party has stricken a name. The remaining attorney shall be the chairperson of the medical review panel. The clerk shall notify the attorney and all other parties of the identity of the chairperson within five days after the selection. 97
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(4) If a party does not strike a name within five days after receiving notice from the clerk, the opposing party shall, in writing, direct the clerk to strike an attorney's name. The remaining attorney shall be the chairperson of the medical review panel. The clerk shall notify the attorney and all other parties of the identity of the chairperson within five days after the selection. 105
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(C) Within fifteen days after receiving notice of being selected as chairperson, the chairperson either shall: 112
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(1) Send a written acknowledgment of appointment to the clerk; 114
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(2) Show good cause for relief from the appointment under section 2323.458 of the Revised Code. 116
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Sec. 2323.454. (A) Within fifteen days after being notified of the selection of a chairperson, each party before a medical review panel shall select a provider to serve as a member of the panel. Except for individuals who are serving as an administrator of a hospital, home, or residential facility, all individual providers shall be available for selection as a member of a medical review panel. Each party shall identify the provider selected, in writing, to the other party and the chairperson, within this fifteen-day period. If a party fails to make a selection and provide notice within the time provided, the chairperson shall make the selection and identify the provider selected, in writing, to all parties. 118
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(B) Within fifteen days after being selected, the two 130
providers selected under division (A) of this section shall select 131
a third provider and notify the chairperson and all parties in 132
writing. If the providers fail to make a selection, the 133
chairperson shall select the third provider and notify all 134
parties. 135

Sec. 2323.455. (A) If there are multiple plaintiffs or 136
defendants before a medical review panel, only one provider shall 137
be selected per side to serve as a member of the panel. The 138
plaintiff, whether single or multiple, has the right to select one 139
provider and the defendant, whether single or multiple, has the 140
right to select one provider. 141

(B) If there is only one defendant, and that defendant is an 142
individual, two of the panel members selected shall be providers 143
in the same health care profession as the defendant. If the 144
defendant specializes in a limited field, two of the panel members 145
selected shall be providers who specialize in the same field as 146
the defendant. 147

Sec. 2323.456. (A) Within ten days after a party is notified 148
of the opposing party's selection of a provider to serve as a 149
member of the medical review panel, the opposing party may 150
challenge the selection without cause and submit the challenge to 151
the chairperson in writing. Upon a challenge, the party whose 152
selection is challenged shall select another provider. 153

(B) If either party challenges the selection made by the two providers chosen by the parties, the providers shall make a new selection. If two challenges without cause are submitted to the chairperson, the chairperson shall nominate three qualified providers within ten days after receiving the second challenge without cause. Each party shall eliminate one of the nominated providers within ten days, and the remaining provider shall serve as the third member of the panel. 154
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Sec. 2323.457. Within five days after all members of a medical review panel are selected, the chairperson shall send a notice by certified mail to the superintendent of insurance and all parties before the panel, notifying them of the following: 162
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(A) The names and addresses of the panel members; 166

(B) The date on which the last panel member was selected. 167

Sec. 2323.458. (A) An individual selected to serve as a member of a medical review panel under section 2323.453, 2323.454, or 2323.456 of the Revised Code shall serve unless: 168
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(1) The parties excuse the individual by mutual agreement; 171

(2) The individual is excused for good cause shown under division (B) or (C) of this section. 172
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(B) To show good cause for relief from serving on a medical review panel, the attorney selected as chairperson of a medical review panel shall serve an affidavit upon the clerk of the Ohio supreme court, setting out facts showing that service would constitute an unreasonable burden or undue hardship. The clerk may excuse the attorney from serving on the panel and shall notify all parties. The parties shall select a new chairperson pursuant to section 2323.453 of the Revised Code. 174
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(C) To show good cause for relief from serving on a medical review panel, a provider shall serve an affidavit upon the panel chairperson. The affidavit shall set out facts showing that service would constitute an unreasonable burden or undue hardship. The chairperson may excuse the provider from serving on the panel, and shall notify all parties. The remaining members of the panel shall select a new provider within fifteen days. 182
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Sec. 2323.459. (A) A medical review panel shall give its expert opinion within one hundred eighty days after the selection of the last member of the panel. However, if more than ninety days after the last member of the panel is selected the panel's chairperson is removed under division (C) of this section, the chairperson removes a panel member under division (D) of this section, or any member of the panel is removed by a court order, the panel has ninety days after the selection of a new panel member to give its expert opinion. 189
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(B) If the medical review panel does not give an opinion within the time allowed under division (A) of this section, the panel shall submit a report to the superintendent of insurance stating the reason for the delay. 198
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(C) The superintendent of insurance may remove the chairperson of a medical review panel if the superintendent determines that the chairperson is not fulfilling the duties imposed upon the chairperson by sections 2323.45 and 2323.451 to 2323.4520 of the Revised Code. If the chairperson is removed under this division, the parties shall select a new chairperson pursuant to section 2323.453 of the Revised Code. 202
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(D) The chairperson may remove a member of the medical review panel if the chairperson determines that the member is not fulfilling the duties imposed upon panel members by sections 2323.45 and 2323.451 to 2323.4520 of the Revised Code. If a member is removed under this division, the remaining members of the panel shall select a new member within fifteen days. 209
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Sec. 2323.4510. (A) Parties wanting written evidence to be considered by the medical review panel shall submit the evidence promptly. The evidence may consist of medical charts, x-rays, lab tests, excerpts of treatises, depositions of witnesses including parties, and any other form of evidence allowable by the medical review panel. 215
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(B) Parties and witnesses may be deposed before the convening of the medical review panel. 221
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(C) The chairperson shall ensure that before the medical review panel gives its expert opinion under section 2323.4515 of the Revised Code, each panel member has the opportunity to review every item of evidence submitted by the parties. 223
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(D) Before considering any evidence or deliberating with other panel members, each member of the medical review panel shall take an oath in writing on a form provided by the panel chairperson, which shall read as follows: 227
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"I (swear) (affirm) under penalties of perjury that I will well and truly consider the evidence submitted by the parties; that I will render my opinion without bias, based upon the evidence submitted by the parties, and that I have not and will not communicate with any party or representative of a party before rendering my opinion, except as authorized by law." 231
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Sec. 2323.4511. The parties before a medical review panel, 237
agents and attorneys of the parties, and the defendant's medical 238
malpractice insurer, shall not communicate with any member of the 239
panel before the panel gives its expert opinion under section 240
2323.4515 of the Revised Code. 241

Sec. 2323.4512. The chairperson of the medical review panel 242
shall advise the panel relative to any legal question involved in 243
the review proceeding and shall prepare the opinion of the panel 244
given under section 2323.4515 of the Revised Code. 245

Sec. 2323.4513. (A) A medical review panel may request all 246
information necessary to reach its expert opinion and may consult 247
with medical authorities. The panel may examine relevant provider 248
medical reports. 249

(B) All parties shall have full access to any material 250
received by the medical review panel. 251

Sec. 2323.4514. (A) After all evidence is submitted to the 252
medical review panel, either party may convene the panel at a time 253
and place agreeable to the members of the panel. After an 254
agreement is reached on the time and place, the chairperson of the 255
panel shall give ten days notice to the other party. Either party 256
may question the panel concerning any matter pertaining to the 257
panel's review. 258

(B) The chairperson of the medical review panel shall preside 259
at all meetings. Meetings shall be informal. 260

Sec. 2323.4515. (A) The sole duty of the medical review panel 261
is to express the panel's expert opinion as to whether or not the 262
evidence supports a conclusion that the defendant or defendants 263
failed to act within the appropriate standards of medical care as 264

claimed by the plaintiff. The opinion is not a ruling of law. The 265
opinion may be a consideration to parties negotiating a 266
settlement. 267

(B) Within thirty days after all evidence is submitted by the 268
parties, the panel shall review the evidence and give one or more 269
of the following expert opinions, in writing and signed by the 270
panel members: 271

(1) The evidence supports the conclusion that the defendant 272
or defendants failed to comply with the appropriate standard of 273
care as claimed by the plaintiff. 274

(2) The evidence does not support the conclusion that the 275
defendant or defendants failed to meet the applicable standard of 276
care as claimed by the plaintiff. 277

(3) There is a material question of fact bearing on the 278
defendant's or defendants' liability. 279

(4) The conduct complained of was or was not a factor in the 280
resultant damages. If the panel concludes the conduct was a 281
factor, the panel shall state whether the plaintiff suffered any 282
disability and the extent and duration of the disability, or 283
suffered any permanent impairment and the percentage of the 284
impairment. 285

(C) Upon issuing its opinion, the panel shall cease to exist. 286

Sec. 2323.4516. The expert opinion reached by the medical 287
review panel is admissible as evidence in any civil action brought 288
by the plaintiff. The expert opinion is not conclusive. Either 289
party to the civil action, at the party's cost, may call any 290
member of the medical review panel as a witness. If called, the 291
member shall appear and testify. 292

Sec. 2323.4517. The chairperson of a medical review panel 293
shall send a copy of the panel's report, by certified mail, to the 294
superintendent of insurance and all parties within five days after 295
the panel gives its expert opinion. 296

Sec. 2323.4518. Members of a medical review panel have 297
absolute immunity from civil liability for all communications, 298
findings, opinions, and conclusions made in the course and scope 299
of the duties assigned to them under sections 2323.45 and 2323.451 300
to 2323.4520 of the Revised Code. 301

Sec. 2323.4519. (A) Each provider member of a medical review 302
panel shall receive both of the following: 303

(1) Three hundred fifty dollars for all work performed as a 304
member of the panel. If the member is called to testify as a 305
witness in court, the member's time in court is not work as a 306
member of the panel. 307

(2) Reasonable travel expenses. 308

(B) The chairperson of a medical review panel shall receive 309
both of the following: 310

(1) Pay of two hundred fifty dollars per day, not to exceed 311
two thousand dollars; 312

(2) Reasonable travel expenses. 313

(C) The chairperson shall keep an accurate record of the time 314
and expenses of each member of the panel. The record shall be 315
submitted to the parties for payment with the panel's report. 316

(D) The prevailing party shall pay the panel's expenses, 317
including travel expenses and other expenses of the review. If 318
there is no majority opinion, each side shall pay fifty per cent 319
of the panel's expenses. 320

Sec. 2323.4520. If all parties to a medical claim agree to 321
submit the claim to nonbinding arbitration, the medical review 322
panel shall end its review of the medical claim and the claim 323
shall proceed to nonbinding arbitration under section 2711.21 of 324
the Revised Code. Sections 2323.45 and 2323.451 to 2323.4517 of 325
the Revised Code shall not apply to a medical claim after the 326
parties have agreed to submit the claim to nonbinding arbitration. 327

~~Sec. 3929.482.~~ (A) ~~The Ohio fair plan underwriting 328~~
~~association by action of its board of governors, with the approval 329~~
~~of the superintendent of insurance, is authorized to enter into a 330~~
~~contract with any association formed under a medical professional 331~~
~~liability insurance plan created by authority of section 3929.72 332~~
~~of the Revised Code, whereby Ohio fair plan underwriting 333~~
~~association will perform administrative services necessary or 334~~
~~incidental to the operation of the medical professional liability 335~~
~~insurance plan. Such contract shall provide that the Ohio fair 336~~
~~plan underwriting association will be reimbursed for its actual 337~~
~~expenses incurred in performing such services. Common expenses 338~~
~~applicable both to the Ohio fair plan and to the medical 339~~
~~professional liability insurance plan shall be allocated between 340~~
~~them on an equitable basis approved by the superintendent of 341~~
~~insurance. 342~~

~~(B)~~ The Ohio fair plan underwriting association by action of 343
its board of governors, with the approval of the superintendent of 344
insurance, is authorized to enter into a contract with the Ohio 345
mine subsidence insurance underwriting association to provide 346
administrative and claims adjusting services required by it. Such 347
contract shall provide indemnification by the Ohio mine subsidence 348
insurance underwriting association to the Ohio fair plan 349
underwriting association, its members, members of its board of 350
governors, officers, employees, and agents against all liability, 351

loss, and expense resulting from acts done or omitted in good 352
faith in performing such contract. Such contract shall also 353
provide that the Ohio fair plan underwriting association will be 354
reimbursed for its actual expenses incurred in performing such 355
services. Common expenses applicable both to the Ohio fair plan 356
and to the mine subsidence insurance underwriting association 357
shall be allocated between them on an equitable basis approved by 358
the superintendent of insurance. 359

~~(C)~~(B) The Ohio fair plan underwriting association by action 360
of its board of governors, with the approval of the superintendent 361
of insurance, is authorized to enter into a contract with the Ohio 362
commercial joint underwriting association to provide 363
administrative and claims adjusting services required by it. Such 364
contract shall provide indemnification by the Ohio commercial 365
joint underwriting association to the Ohio fair plan underwriting 366
association, its members, members of its board of governors, 367
officers, employees, and agents against all liability, loss, and 368
expenses resulting from acts done or omitted in good faith in 369
performing such contract. Such contract shall also provide that 370
the Ohio fair plan underwriting association will be reimbursed for 371
its actual expenses incurred in performing such services. Common 372
expenses applicable both to the Ohio fair plan and to the Ohio 373
commercial joint underwriting association shall be allocated 374
between them on an equitable basis approved by the superintendent 375
of insurance. 376

Sec. 3929.85. No insurer licensed to carry on the business of 377
insurance in this state that is required by law to contribute to, 378
participate in, or which can be assessed by the Ohio insurance 379
guaranty association pursuant to sections 3955.01 to 3955.19 of 380
the Revised Code, or by the plan for apportionment of applicants 381
for motor vehicle insurance pursuant to section 4509.70 of the 382
Revised Code, or by the Ohio fair plan underwriting association 383

pursuant to sections 3929.43 to 3929.61 of the Revised Code, ~~or by~~ 384
~~the joint underwriting association pursuant to sections 3929.71 to~~ 385
~~3929.85 of the Revised Code,~~ or by the Ohio commercial insurance 386
joint underwriting association pursuant to sections 3930.03 to 387
3930.18 of the Revised Code shall in any calendar year be required 388
to contribute to, participate in, or be assessed by any one or 389
more of the aforementioned plans or associations in an amount or 390
amounts totaling in excess of two and one-half per cent of its net 391
direct Ohio premium volume for the year next preceding the year in 392
which the assessment or assessments are made or the contributions 393
or participations are required. 394

Sec. 3931.01. Individuals, partnerships, and corporations of 395
this state, designated in sections 3931.01 to 3931.12 of the 396
Revised Code, as "subscribers," may exchange reciprocal or 397
interinsurance contracts with each other, and with individuals, 398
partnerships, and corporations of other states, districts, 399
provinces, and countries, providing indemnity among themselves 400
from any loss which may be legally insured against by any fire or 401
casualty insurance company or association provided that contracts 402
of indemnity against property damage and bodily injury arising out 403
of the ownership, maintenance or use of a singly owned private 404
passenger automobile principally used for nonbusiness purposes may 405
not be exchanged through a reciprocal insurer which maintains a 406
surplus over all liabilities of less than two and one-half million 407
dollars and provided that this exception shall not prohibit the 408
exchanging of contracts of indemnity against any form of liability 409
otherwise authorized and arising out of any business or commercial 410
enterprise. Such contracts and the exchange thereof and such 411
subscribers, their attorneys, and representatives shall be 412
regulated by such sections, and no law enacted after July 4, 1917, 413
shall apply to them, unless they are expressly designated therein. 414

Such a contract may be executed by an attorney or other 415

representative designated "attorney," in sections 3931.01 to 416
3931.12 of the Revised Code, authorized by and acting for such 417
subscribers under powers of attorney. Such attorney may be a 418
corporation. The principal office of such attorney shall be 419
maintained at the place designated by the subscribers in the 420
powers of attorney. 421

Except for such limitations on assessability as are approved 422
by the superintendent of insurance, every reciprocal or 423
interinsurance contract written pursuant to this chapter for 424
medical malpractice insurance ~~as defined in division (A) of~~ 425
~~section 3929.71 of the Revised Code~~ shall be fully assessable and 426
shall contain a statement, in boldface capital letters and in type 427
more prominent than that of the balance of the contract, setting 428
forth such terms of ~~accessability~~ assessability. 429

Sec. 3955.05. Sections 3955.01 to 3955.19 of the Revised Code 430
apply to all kinds of direct insurance, except: 431

(A) Title insurance; 432

(B) Fidelity or surety bonds, or any other bonding 433
obligations; 434

(C) Credit insurance, vendors' single interest insurance, 435
collateral protection insurance, or any similar insurance 436
protecting the interests of a creditor arising out of a 437
creditor-debtor transaction; 438

(D) Mortgage guaranty, financial guaranty, residual value, or 439
other forms of insurance offering protection against investment 440
risks; 441

(E) Ocean marine insurance; 442

(F) Any insurance provided by or guaranteed by government 443
including, but not limited to, any department, board, office, 444
commission, agency, institution, or other instrumentality or 445

entity of any branch of state government, any political	446
subdivision of this state, the United States or any agency of the	447
United States, or any separate or joint governmental	448
self-insurance or risk-pooling program, plan, or pool;	449
(G) Contracts of any corporation by which health services are	450
to be provided to its subscribers;	451
(H) Life, annuity, health, or disability insurance, including	452
sickness and accident insurance written pursuant to Chapter 3923.	453
of the Revised Code;	454
(I) Fraternal benefit insurance;	455
(J) Mutual protective insurance of persons or property;	456
(K) Reciprocal or interinsurance contracts written pursuant	457
to Chapter 3931. of the Revised Code for medical malpractice	458
insurance as defined in division (A) of section 3929.71 of the	459
Revised Code;	460
(L) Any political subdivision self-insurance program or joint	461
political subdivision self-insurance pool established under	462
Chapter 2744. of the Revised Code;	463
(M) Warranty or service contracts, or the insurance of such	464
contracts;	465
(N) Any state university or college self-insurance program	466
established under section 3345.202 of the Revised Code;	467
(O) Any transaction, or combination of transactions, between	468
a person, including affiliates of such person, and an insurer,	469
including affiliates of such insurer, that involves the transfer	470
of investment or credit risk unaccompanied by a transfer of	471
insurance risk;	472
(P) Credit union share guaranty insurance issued pursuant to	473
Chapter 1761. of the Revised Code;	474
(Q) Insurance issued by risk retention groups as defined in	475

Chapter 3960. of the Revised Code;	476
(R) Workers' compensation insurance, including any contract indemnifying an employer who pays compensation directly to employees.	477 478 479
Sec. 3960.06. (A) A purchasing group and its insurer or insurers are subject to all applicable laws of this state, except that a purchasing group and its insurer or insurers, in regard to liability insurance for the purchasing group, are exempt from any law that does any of the following:	480 481 482 483 484
(1) Prohibits the establishment of a purchasing group;	485
(2) Makes it unlawful for an insurer to provide or offer to provide insurance on a basis providing, to a purchasing group or its members, advantages based on their loss and expense experience not afforded to other persons with respect to rates, policy forms, coverages, or other matters;	486 487 488 489 490
(3) Prohibits a purchasing group or its members from purchasing insurance on a group basis described in division (A)(2) of this section;	491 492 493
(4) Prohibits a purchasing group from obtaining insurance on a group basis because the group has not been in existence for a minimum period of time or because any member has not belonged to the group for a minimum period of time;	494 495 496 497
(5) Requires that a purchasing group have a minimum number of members, common ownership or affiliation, or a certain legal form;	498 499
(6) Requires that a certain percentage of a purchasing group obtain insurance on a group basis;	500 501
(7) Otherwise discriminates against a purchasing group or any of its members;	502 503
(8) Requires that any insurance policy issued to a purchasing	504

group or any of its members be countersigned by an insurance agent 505
or broker residing in this state. 506

(B) The superintendent of insurance may require or exempt a 507
risk retention group from participation in any joint underwriting 508
association established under section ~~3929.72~~ or 3930.03 or in the 509
plan established under section 4509.70 of the Revised Code. Any 510
risk retention group that is required to participate under this 511
division shall submit sufficient information to the superintendent 512
to enable ~~him~~ the superintendent to apportion on a 513
nondiscriminatory basis the risk retention group's proportionate 514
share of losses and expenses. 515

Sec. 4731.143. (A) Each person holding a valid certificate 516
under this chapter authorizing the certificate holder to practice 517
medicine and surgery, osteopathic medicine and surgery, or 518
podiatric medicine and surgery, who is not covered by medical 519
malpractice insurance ~~as defined in section 3929.71 of the Revised~~ 520
~~Code~~, shall provide a patient with written notice of the 521
certificate holder's lack of such insurance coverage prior to 522
providing nonemergency professional services to the patient. The 523
notice shall be provided alone on its own page. The notice shall 524
provide space for the patient to acknowledge receipt of the 525
notice, and shall be in the following form: 526

"N O T I C E: 527

Dr. (here state the full name of the 528
certificate holder) is not covered by medical malpractice 529
insurance. 530

The undersigned acknowledges the receipt of this notice. 531

..... 532

(Patient's Signature) 533

..... 534

(Date)" 535

The certificate holder shall obtain the patient's signature, 536
acknowledging the patient's receipt of the notice, prior to 537
providing nonemergency professional services to the patient. The 538
certificate holder shall maintain the signed notice in the 539
patient's file. 540

(B) This section does not apply to any officer or employee of 541
the state, as those terms are defined in section 9.85 of the 542
Revised Code, who is immune from civil liability under section 543
9.86 of the Revised Code or is entitled to indemnification 544
pursuant to section 9.87 of the Revised Code, to the extent that 545
the person is acting within the scope of the person's employment 546
or official responsibilities. 547

This section does not apply to a person who complies with 548
division (B)(2) of section 2305.234 of the Revised Code. 549

Section 2. That existing sections 3929.482, 3929.85, 3931.01, 550
3955.05, 3960.06, and 4731.143 and sections 3929.71, 3929.72, 551
3929.721, 3929.73, 3929.75, 3929.76, 3929.77, 3929.78, 3929.79, 552
3929.80, 3929.81, 3929.82, 3929.83, and 3929.84 of the Revised 553
Code are hereby repealed. 554