

As Introduced

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Representatives Skindell, Hagan

**Cosponsors: Representatives Foley, Weddington, Williams, S., Boyd, Yuko,
Harwood, Koziura, Harris, Letson, Domenick, Brown, Ujvagi, Mallory, Luckie,
DeBose**

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A B I L L

To enact sections 3922.01 to 3922.15, 3922.21 to 1
3922.28, 3922.31, 3922.32, and 3922.33 of the 2
Revised Code to establish and operate the Ohio 3
Health Care Plan to provide universal health care 4
coverage to all Ohio residents. 5

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

Section 1. That sections 3922.01, 3922.02, 3922.03, 3922.04, 6
3922.05, 3922.06, 3922.07, 3922.08, 3922.09, 3922.10, 3922.11, 7
3922.12, 3922.13, 3922.14, 3922.15, 3922.21, 3922.22, 3922.23, 8
3922.24, 3922.25, 3922.26, 3922.27, 3922.28, 3922.31, 3922.32, and 9
3922.33 of the Revised Code be enacted to read as follows: 10

Sec. 3922.01. As used in this chapter: 11

(A) "Blind trust" means an independently managed trust in 12
which the beneficiary has no management rights and in which the 13
beneficiary is not given notice of alterations in or other 14
dispositions of the stock, mutual funds, or other property subject 15
to the trust. 16

(B) "Health care facility" means any facility, except a health care practitioner's office, that provides preventive, diagnostic, therapeutic, acute convalescent, rehabilitation, mental health, mental retardation, intermediate care, or skilled nursing services. 17
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(C) "Provider" means a hospital or other health care facility, and physicians, podiatrists, dentists, pharmacists, chiropractors, and other health care personnel, licensed, certified, accredited, or otherwise authorized in this state to furnish health care services. 22
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Sec. 3922.02. (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. 27
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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. 30
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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 3922.01 to 3922.33 of the Revised Code. All grants-in-aid accepted by the Ohio health care agency shall be deposited into the Ohio health 40
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care fund established under section 3922.09 of the Revised Code. 48

Sections 101.82 and 101.83 of the Revised Code do not apply 49
to the Ohio health care agency. 50

Sec. 3922.03. (A) There is hereby created the Ohio health 51
care board. The Ohio health care board shall consist of fifteen 52
voting members, consisting of the director of health and fourteen 53
members elected in accordance with this section. 54

(B) For purposes of representation on the Ohio health care 55
board, the state shall be divided into seven regions each composed 56
of designated counties as follows: 57

(1) Region 1: Ashtabula, Cuyahoga, Geauga, Lake, Lorain; 58

(2) Region 2: Allen, Auglaize, Defiance, Erie, Fulton, 59
Hancock, Henry, Huron, Lucas, Mercer, Ottawa, Paulding, Putnam, 60
Sandusky, Seneca, Van Wert, Williams, Wood; 61

(3) Region 3: Athens, Belmont, Coshocton, Gallia, Guernsey, 62
Harrison, Hocking, Jackson, Jefferson, Lawrence, Meigs, Monroe, 63
Morgan, Muskingum, Noble, Perry, Pike, Ross, Scioto, Vinton, 64
Washington; 65

(4) Region 4: Adams, Brown, Butler, Clermont, Clinton, 66
Hamilton, Highland, Warren; 67

(5) Region 5: Crawford, Delaware, Fairfield, Fayette, 68
Franklin, Hardin, Knox, Licking, Logan, Madison, Marion, Morrow, 69
Pickaway, Union, Wyandot; 70

(6) Region 6: Ashland, Carroll, Columbiana, Holmes, Mahoning, 71
Medina, Portage, Richland, Stark, Summit, Trumbull, Tuscarawas, 72
Wayne; 73

(7) Region 7: Champaign, Clark, Darke, Greene, Miami, 74
Montgomery, Preble, Shelby. 75

(C)(1) The health commissioner of the most populous county in 76

each region shall convene a meeting of all county and city health commissioners in the region within ninety days following the effective date of this section. If there are two or more health districts located wholly or partially in the most populous county of the region, the health commissioner of the health district with the largest territorial jurisdiction in that county shall convene the meeting of all county and city health commissioners within ninety days following the effective date of this section. 77
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(2) At the meeting called pursuant to division (C)(1) of this section, the county and city health commissioners in each region shall elect one resident from each county in the region to represent the county on a regional health advisory committee established for that region. The county and city health commissioners also shall set a date, not sooner than one hundred days and not later than one hundred ten days after the effective date of this section, for the initial meeting of the regional health advisory committee. 85
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(3) Following the initial meetings of county and city health commissioners called pursuant to division (C)(1) of this section, the county and city health commissioners in each region shall convene a meeting every two years to elect representatives to the regional health advisory committee in accordance with this division. Each biennial meeting shall be held within five days of the same day of the same month as the initial meeting. 94
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(4) Each representative elected under this division shall hold office for two years, starting on the date of the representative's election. Any individual appointed to fill a vacancy occurring prior to the expiration of the term for which a representative is elected shall hold office for the remainder of the predecessor's term. 101
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(D)(1) Each of the seven regional health advisory committees shall elect a chairperson from among the representatives to their 107
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committees. Each chairperson shall convene and preside over the 109
initial meeting of that regional health advisory committee on the 110
date set pursuant to division (C) of this section. At the initial 111
meeting of the regional health advisory committees, the 112
committees' representatives shall elect two residents from the 113
region to represent that region as members of the Ohio health care 114
board. One of the two residents elected from each region to serve 115
on the Ohio health care board shall be a resident of the region's 116
most populous county and the other shall be a resident of any 117
county in the region other than the region's most populous county. 118

Except for the elections to the Ohio health care board at the 119
initial meeting of each regional health advisory committee, each 120
resident elected to the board shall be elected to a two-year term 121
of office. At the initial meeting, the resident from the most 122
populous county in the region shall be elected to a term of three 123
years. 124

(2) Annually, beginning in the second year following the 125
initial elections to the Ohio health care board, the chairperson 126
of each regional health advisory committee shall convene a meeting 127
within five calendar days of the same date of the same month as 128
the initial meeting of that regional health advisory committee to 129
elect a resident from the region to serve as a member of the Ohio 130
health care board. The regional health advisory committee shall 131
elect a resident of a county as is necessary to meet the 132
representation requirements set by division (D)(1) of this 133
section. No individual may serve as a member of the Ohio health 134
care board for more than four consecutive terms. 135

(3) In addition to meeting for the election of Ohio health 136
care board members, the regional health advisory committees shall 137
meet as necessary to fulfill any functions and responsibilities 138
assigned to them under sections 3922.01 to 3922.15 of the Revised 139
Code. Meetings shall be held at the call of the chairperson and as 140

may be provided by procedures adopted by the regional health advisory committee. 141
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(4) In addition to the fourteen members of the Ohio health care board elected by the seven regional health advisory committees, the director of health shall be a voting ex officio member of the Ohio health care board. 143
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(E)(1) The director of health shall set the time, place, and date for the initial meeting of the Ohio health care board and shall preside over the Ohio health care board's initial meeting. The initial meeting shall be set not sooner than one hundred fifteen days and not later than one hundred twenty-five days after the effective date of this section. 147
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(2) The members of the Ohio health care board annually shall elect a member of the board to serve as chairperson at meetings of the board. Meetings shall be held upon the call of the chairperson and as provided by procedures prescribed by the Ohio health care board. Two-thirds of the members of the Ohio health care board shall constitute a quorum for the conduct of business at meetings of the board. Decisions at meetings of the Ohio health care board shall be reached by majority vote. 153
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(3) All meetings of the Ohio health care board are open to the public unless questions of patient confidentiality arise. The Ohio health care board may go into closed executive session with regard to issues related to confidential patient information. The fourteen members of the Ohio health care board elected by the regional health advisory committees shall receive an annual salary and benefits established in accordance with division (J) of section 124.15 of the Revised Code. 161
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(F) The seven regional health advisory committees shall act as advisory bodies to the Ohio health care board, representing their individual regions. The regional health advisory committees 169
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shall oversee the management of consumer and provider complaints 172
originating in their respective regions and shall hold a hearing 173
on all such complaints. The regional health advisory committees 174
shall offer assistance to resolve consumer and provider disputes 175
and shall seek the agreement of all parties to the dispute to 176
submit the dispute to negotiation or binding arbitration. A 177
regional health advisory committee shall transfer any dispute that 178
is not resolved at the regional level to the director of the Ohio 179
health care agency's department of consumer affairs within six 180
months; however, the committee may vote to transfer individual 181
disputes at an earlier date. 182

(G)(1) If a vacancy occurs on the Ohio health care board for 183
any reason, resulting in a region being without full 184
representation on the board, that region's health advisory 185
committee shall elect a resident of that region to fill the 186
vacancy. Any resident elected to fill a vacancy shall serve the 187
remainder of the departing member's term. The health advisory 188
committee shall elect a resident of a county as necessary to meet 189
the representation requirements set by division (D)(1) of this 190
section. 191

(2) A serving member of the Ohio health care board shall 192
continue to serve following the expiration of their term until a 193
successor takes office or a period of ninety days has elapsed, 194
whichever occurs first. 195

(H)(1) The members and staff of the Ohio health care board 196
and employees of the Ohio health care agency, and their immediate 197
families, are prohibited from having any pecuniary interest in any 198
business with a contract, or in negotiation for a contract, with 199
either the Ohio health care board or Ohio health care agency, or 200
that is subject to the Ohio health care board's oversight. The 201
members and staff of the Ohio health care board and employees of 202
the Ohio health care agency shall not receive remuneration for 203

health care service of any kind during their term of service or 204
employment. The members and staff of the Ohio health care board 205
and employees of the Ohio health care agency, and their immediate 206
families, shall not receive consulting fees of any kind from any 207
source that is directly or indirectly related to the delivery of 208
health care services pursuant to the Ohio health care plan. The 209
members and staff of the Ohio health care board and employees of 210
the Ohio health care agency, and their immediate families, are 211
prohibited from owning stock in, and from investing in mutual 212
funds holding stock in, pharmaceutical companies, health 213
maintenance organizations, or other businesses that relate 214
directly or indirectly to the delivery of health care services, 215
unless the stock or mutual funds are in a blind trust. 216

(2) No member of the Ohio health care board other than the 217
director of health shall hold any other salaried public position 218
with the state, either elected or appointed, during the member's 219
tenure on the board. The director of health shall receive no 220
salary or benefits by virtue of the director's service on the Ohio 221
health care board. 222

(3) The chairperson of the Ohio health care board may conduct 223
hearings to determine if a violation of this division has 224
occurred. Notice of any hearing, the conduct of the hearing, and 225
all other matters relating to the holding of the hearing shall be 226
governed by Chapter 119. of the Revised Code. If a member of the 227
Ohio health care board, or of the member's immediate family, is 228
found to have violated this division, the chairperson of the Ohio 229
health care board of health shall remove the member from the Ohio 230
health care board. If a staffer of the Ohio health care board or 231
an employee of the Ohio health care agency, or a member of the 232
staffer's immediate family, is found to have violated this 233
division, the Ohio health care board or Ohio health care agency 234
shall take appropriate disciplinary action against the staffer or 235

<u>employee, which action may include termination of employment.</u>	236
<u>Sections 101.82 and 101.83 of the Revised Code do not apply</u>	237
<u>to the Ohio health care board and the regional health advisory</u>	238
<u>committees.</u>	239
<u>Sec. 3922.04.</u> (A) <u>The Ohio health care board is responsible</u>	240
<u>for directing the Ohio health care agency in the performance of</u>	241
<u>all duties, the exercise of all powers, and the assumption and</u>	242
<u>discharge of all functions vested in the Ohio health care agency.</u>	243
<u>The Ohio health care board shall adopt rules in accordance with</u>	244
<u>Chapter 119. of the Revised Code as needed to carry out the</u>	245
<u>purposes of, and to enforce, Chapter 3922. of the Revised Code.</u>	246
<u>(B) The duties and functions of the Ohio health care board</u>	247
<u>include, but are not limited to, the following:</u>	248
<u>(1) Implementing statutory eligibility standards for</u>	249
<u>benefits;</u>	250
<u>(2) Annually adopting a benefits package for participants of</u>	251
<u>the Ohio health care plan;</u>	252
<u>(3) Acting directly or through one or more contractors as the</u>	253
<u>single payer for all claims for health care services made under</u>	254
<u>the Ohio health care plan;</u>	255
<u>(4) Developing and implementing separate formulae for</u>	256
<u>determining budgets under sections 3922.21 to 3922.28 of the</u>	257
<u>Revised Code;</u>	258
<u>(5) Annually reviewing the formulae for determining the</u>	259
<u>appropriateness and sufficiency of rates, fees, and prices;</u>	260
<u>(6) Providing for timely payments to providers through a</u>	261
<u>structure that is well organized and that eliminates unnecessary</u>	262
<u>administrative costs;</u>	263
<u>(7) Implementing, to the extent permitted by federal law,</u>	264

<u>standardized claims and reporting methods for use by the Ohio</u>	265
<u>health care plan;</u>	266
<u>(8) Developing a system of centralized electronic claims and</u>	267
<u>payments;</u>	268
<u>(9) Establishing an enrollment system that will ensure that</u>	269
<u>all eligible Ohio residents, including those who travel</u>	270
<u>frequently, those who cannot read, and those who do not speak</u>	271
<u>English, are aware of their right to health care and are formally</u>	272
<u>enrolled in the Ohio health care plan;</u>	273
<u>(10) Reporting annually to the general assembly and the</u>	274
<u>governor, on or before the first day of October, on the</u>	275
<u>performance of the Ohio health care plan, the fiscal condition of</u>	276
<u>the Ohio health care plan, any need for rate adjustments,</u>	277
<u>recommendations for statutory changes, the receipt of payments</u>	278
<u>from the federal government, whether current year goals and</u>	279
<u>priorities were met, future goals and priorities, and major new</u>	280
<u>technology or prescription drugs that may affect the cost of the</u>	281
<u>health care services provided by the Ohio health care plan;</u>	282
<u>(11) Administering the revenues of the Ohio health care fund</u>	283
<u>pursuant to section 3922.09 of the Revised Code;</u>	284
<u>(12) Obtaining appropriate liability and other forms of</u>	285
<u>insurance to provide coverage for the Ohio health care plan, the</u>	286
<u>Ohio health care board, the Ohio health care agency, and their</u>	287
<u>employees and agents;</u>	288
<u>(13) Establishing, appointing, and funding appropriate staff</u>	289
<u>for the Ohio health care agency throughout Ohio;</u>	290
<u>(14) Procuring requisite office space and administrative</u>	291
<u>support;</u>	292
<u>(15) Administering aspects of the Ohio health care agency by</u>	293
<u>taking actions that include, but are not limited to, the</u>	294

<u>following:</u>	295
<u>(a) Establishing standards and criteria for the allocation of operating funds;</u>	296 297
<u>(b) Meeting regularly with the executive director and administrators of the Ohio health care agency to review the impact of the agency and its policies on the regional districts established under section 3922.03 of the Revised Code;</u>	298 299 300 301
<u>(c) Establishing goals for the health care system established pursuant to the Ohio health care plan in measurable terms;</u>	302 303
<u>(d) Establishing statewide health care databases to support health care services planning;</u>	304 305
<u>(e) Implementing policies, and developing mechanisms and incentives, to assure culturally and linguistically sensitive care;</u>	306 307 308
<u>(f) Establishing standards and criteria for the determination of appropriate compensation and training for residents of Ohio who are displaced from work due to the implementation of the Ohio health care plan;</u>	309 310 311 312
<u>(g) Establishing methods for the recovery of costs for health care services provided pursuant to the Ohio health care plan to a participant that are covered under the terms of a policy of insurance, a health benefit plan, or other collateral source available to the participant under which the participant has a right of action for compensation. Receipt of health care services pursuant to the Ohio health care plan shall be deemed an assignment by the participant of any right to payment for services from any policy, plan, or other source. The other source of health care benefits shall pay to the Ohio health care fund all amounts it is obligated to pay to the participant for covered health care services. The Ohio health care board may commence any action necessary to recover the amounts due.</u>	313 314 315 316 317 318 319 320 321 322 323 324 325

(16) Appointing a technical and medical advisory board. The 326
members of the technical and medical advisory board shall 327
represent a cross section of the medical and provider community 328
and consumers, and shall include two persons, one being a provider 329
and the other representing consumers, from each region designated 330
in section 3922.03 of the Revised Code. The members of the 331
technical and medical advisory board shall be reimbursed for 332
actual and necessary expenses incurred in the performance of their 333
duties. The technical and medical advisory board's duties include: 334

(a) Advising the Ohio health care board on the establishment 335
of policy on medical issues, population-based public health 336
issues, research priorities, scope of services, expanding access 337
to health care services, and evaluating the performance of the 338
Ohio health care plan; 339

(b) Investigating proposals for innovative approaches to the 340
promotion of health, the prevention of disease and injury, patient 341
education, research, and health care delivery; 342

(c) Advising the Ohio health care board on the establishment 343
of standards and criteria to evaluate requests from health care 344
facilities for capital improvements. 345

(C) The Ohio health care board shall employ and fix the 346
compensation of Ohio health care agency personnel, with the 347
approval of the department of administrative services, as needed 348
by the agency to properly discharge the agency's duties. The 349
employment of personnel by the Ohio health care board is subject 350
to the civil service laws of this state. The Ohio health care 351
board shall employ personnel including, but not limited to, the 352
following: 353

(1) Executive director; 354

(2) Administrator of planning, research, and development; 355

(3) Administrator of finance; 356

<u>(4) Administrator of quality assurance;</u>	357
<u>(5) Administrator of consumer affairs;</u>	358
<u>(6) Legal counsel to represent the Ohio health care agency</u>	359
<u>and Ohio health care board in any legal action brought by or</u>	360
<u>against the agency or board under or pursuant to any provision of</u>	361
<u>the Revised Code under the agency's or board's jurisdiction.</u>	362
<u>(D) No member of the Ohio health care board or individual on</u>	363
<u>the staff of the Ohio health care board or Ohio health care agency</u>	364
<u>shall use for personal benefit any information filed with or</u>	365
<u>obtained by the Ohio health care board that is not then readily</u>	366
<u>available to the public. No member of the Ohio health care board</u>	367
<u>shall use or in any way attempt to use their position as a member</u>	368
<u>to influence a decision of any other governmental body.</u>	369
<u>Sections 101.82 and 101.83 of the Revised Code do not apply</u>	370
<u>to the technical and medical advisory board established pursuant</u>	371
<u>to this section.</u>	372
<u>Sec. 3922.05.</u> <u>The executive director of the Ohio health care</u>	373
<u>agency appointed under section 3922.04 of the Revised Code is the</u>	374
<u>chief administrator of the Ohio health care plan and shall</u>	375
<u>administer and enforce Chapter 3922. of the Revised Code. The</u>	376
<u>executive director shall oversee the operation of the Ohio health</u>	377
<u>care agency and the agency's performance of any duties assigned by</u>	378
<u>the Ohio health care board.</u>	379
<u>Sec. 3922.06.</u> <u>(A) The executive director of the Ohio health</u>	380
<u>care agency shall determine the duties of the administrator of</u>	381
<u>planning, research, and development. Those duties shall include,</u>	382
<u>but not be limited to, the following:</u>	383
<u>(1) Establishing policy on medical issues, population-based</u>	384
<u>public health issues, research priorities, scope of services, the</u>	385
<u>expansion of participants' access to health care services, and</u>	386

<u>evaluating the performance of the Ohio health care plan;</u>	387
<u>(2) Investigating proposals for innovative approaches for the promotion of health, the prevention of disease and injury, patient education, research, and the delivery of health care services;</u>	388 389 390
<u>(3) Establishing standards and criteria for evaluating applications from health care facilities for capital improvements.</u>	391 392
<u>(B)(1) The executive director shall determine the duties of the administrator of consumer affairs. Those duties shall include, but not be limited to, the following:</u>	393 394 395
<u>(a) Developing educational and informational guides for consumers that describe consumer rights and responsibilities and that inform consumers of effective ways to exercise consumer rights to obtain health care services. The guides shall be easy to read and understand and available in English and in other languages. The Ohio health care agency shall make the guides available to the public through public outreach and educational programs and through the internet web site of the Ohio health care agency.</u>	396 397 398 399 400 401 402 403 404
<u>(b) Establishing a toll-free telephone number to receive questions and complaints regarding the Ohio health care agency and the agency's services. The Ohio health care agency's internet web site shall provide complaint forms and instructions online.</u>	405 406 407 408
<u>(c) Examining suggestions from the public;</u>	409
<u>(d) Making recommendations for improvements to the Ohio health care board;</u>	410 411
<u>(e) Examining the extent to which individual health care facilities in a region meet the needs of the community in which they are located;</u>	412 413 414
<u>(f) Receiving, investigating, and responding to all complaints about any aspect of the Ohio health care plan and</u>	415 416

referring the results of all investigations into the provision of health care services by health care providers or facilities to the appropriate provider or health care facility licensing board, or when appropriate, to a law enforcement agency; 417
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(g) Publishing an annual report for the public and the general assembly that contains a statewide evaluation of the Ohio health care agency and of the delivery of health care services in each region established under section 3922.03 of the Revised Code; 421
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(h) Holding public hearings, at least annually, within each region established under section 3922.03 of the Revised Code for public suggestions and complaints. 425
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(2) The administrator of consumer affairs shall work closely with the seven regional health advisory committees on the resolution of complaints. In the discharge of the administrator's duties, the administrator shall have unlimited access to all nonconfidential and nonprivileged documents in the custody and control of the agency. Nothing in Chapter 3922. of the Revised Code prohibits a consumer or class of consumers, or the administrator of consumer affairs, from seeking relief through the courts. 428
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(C) The executive director, in consultation with the technical and medical advisory board, shall determine the duties of the administrator of quality assurance. Those duties shall include, but not be limited to, the following: 437
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(1) Studying and reporting on the efficacy of health care treatments and medications for particular conditions; 441
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(2) Identifying causes of medical errors and devising procedures to decrease medical errors; 443
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(3) Establishing an evidence-based formulary; 445

(4) Identifying treatments and medications that are unsafe or 446

have no proven value; 447

(5) Establishing a process for soliciting information on 448
medical standards from providers and consumers for purposes of 449
this division. 450

(D) The executive director shall determine the duties of the 451
administrator of finance. Those duties shall include, but not be 452
limited to, the following: 453

(1) Administering the Ohio health care fund; 454

(2) Making prompt payments to providers; 455

(3) Developing a system of centralized claims and payments; 456

(4) Communicating to the treasurer of state when funds are 457
needed for the operation of the Ohio health care plan; 458

(5) Developing information systems for utilization review; 459

(6) Investigating possible provider or consumer fraud. 460

Sec. 3922.07. (A) All Ohio residents and individuals employed 461
in Ohio, including the homeless and migrant workers, are eligible 462
for coverage under the Ohio health care plan. The Ohio health care 463
board shall establish standards and a simplified procedure to 464
demonstrate proof of residency. The Ohio health care board shall 465
establish a procedure to enroll eligible residents and employees 466
and to provide each individual covered under the Ohio health care 467
plan with identification that providers may use to determine 468
eligibility for health care services under the Ohio health care 469
plan. 470

(B) If waivers are not obtained under sections 3922.31 to 471
3922.33 of the Revised Code from the medical assistance and 472
medicare programs operated under Title XVIII or XIX of the "Social 473
Security Act," 49 Stat. 20 (1935), 42 U.S.C. 301, as amended, or 474
whenever a necessary waiver is not in effect, the medical 475

assistance and medicare programs shall act as the primary insurers 476
for Ohio residents and individuals employed in Ohio for health 477
coverage and the Ohio health care plan shall serve as the 478
secondary or supplemental plan of health coverage. When the Ohio 479
health care plan serves as a secondary or supplemental plan of 480
health coverage the Ohio health care plan shall not provide 481
coverage to an Ohio resident or individual employed in Ohio for 482
any covered health care service that the resident or worker is 483
then eligible to receive under the medical assistance or medicare 484
program. 485

(C) A plan of employee health coverage provided by an 486
out-of-state employer to an Ohio resident working outside of Ohio 487
shall serve as the employee's primary plan of health coverage and 488
the Ohio health care plan shall serve as the employee's secondary 489
plan of health coverage. 490

(D) The Ohio health care agency shall bill an out-of-state 491
employer or the employer's insurer for the cost of covered health 492
care services provided in accordance with the Ohio health care 493
plan to residents of this state employed by the out-of-state 494
employer when the health care services provided are covered under 495
the terms of the employer's plan of employee health coverage. 496

(E) The Ohio health care plan shall reimburse Ohio health 497
care board approved providers practicing outside of Ohio at Ohio 498
health care plan rates for health care services rendered to a plan 499
participant while the participant is out of state. 500

(F) Any employer operating in Ohio may purchase coverage 501
under the Ohio health care plan for an employee who lives out of 502
state but who works in Ohio. 503

(G) Any institution of higher education, as defined in 504
section 2741.01 of the Revised Code, located in Ohio may purchase 505
coverage under the Ohio health care plan for a student who does 506

not otherwise have status as a resident of this state. 507

(H) Any individual who arrives at a health care facility 508
unconscious or otherwise unable due to their mental or physical 509
condition to document eligibility for coverage under the Ohio 510
health care plan shall be presumed to be eligible. 511

Sec. 3922.08. (A) The Ohio health care board shall establish 512
a single health benefits package that shall include, but not be 513
limited to, all of the following: 514

(1) Inpatient and outpatient provider care, both primary and 515
secondary; 516

(2) Emergency services, as defined in division (A) of section 517
3923.65 of the Revised Code, twenty-four hours each day on a 518
prudent layperson standard. Residents who are temporarily out of 519
state may receive benefits for emergency services rendered in that 520
state. The Ohio health care agency shall make timely emergency 521
services, including hospital care and triage, available to all 522
Ohio residents, including all residents not enrolled in the Ohio 523
health care plan. 524

(3) Emergency and other transportation services to covered 525
health care services, subject to division (B) of this section; 526

(4) Rehabilitation services, including speech, occupational, 527
and physical therapy; 528

(5) Inpatient and outpatient mental health services and 529
substance abuse treatment; 530

(6) Hospice care; 531

(7) Prescription drugs and prescribed medical nutrition; 532

(8) Vision care, aids, and equipment; 533

(9) Hearing care, hearing aids, and equipment; 534

(10) Diagnostic medical tests, including laboratory tests and 535

<u>imaging procedures;</u>	536
<u>(11) Medical supplies and prescribed medical equipment, both</u>	537
<u>durable and nondurable;</u>	538
<u>(12) Immunizations, preventive care, health maintenance care,</u>	539
<u>and screening;</u>	540
<u>(13) Dental care;</u>	541
<u>(14) Home health care services.</u>	542
<u>(B) The Ohio health care plan shall provide necessary</u>	543
<u>transportation in each county to covered health care services.</u>	544
<u>Independent transportation providers shall be reimbursed on a</u>	545
<u>fee-for-service basis. Fee schedules for covered transportation</u>	546
<u>may take into account the recognized differences among geographic</u>	547
<u>areas regarding cost. A covered transportation benefits account is</u>	548
<u>hereby created within the Ohio health care fund.</u>	549
<u>(C) The Ohio health care plan shall not exclude or limit</u>	550
<u>coverage of its participants' pre-existing conditions.</u>	551
<u>(D) Residents enrolled in the Ohio health care plan are not</u>	552
<u>subject to copayments, point-of-service charges, or any other fee</u>	553
<u>or charge, and shall not be directly billed by providers for</u>	554
<u>covered health care services provided to the resident.</u>	555
<u>(E) The Ohio health care board, with the consent of the</u>	556
<u>technical and medical advisory board, shall remove or exclude</u>	557
<u>procedures and treatments, equipment, and prescription drugs from</u>	558
<u>the Ohio health care plan's benefit package that the board finds</u>	559
<u>unsafe, experimental, of no proven value, or which add no</u>	560
<u>therapeutic value.</u>	561
<u>(F) The Ohio health care board shall exclude coverage for any</u>	562
<u>surgical, orthodontic, or other medical procedure, or prescription</u>	563
<u>drug, that the technical and medical advisory board determines was</u>	564
<u>or will be provided primarily for cosmetic purposes, unless</u>	565

required to correct a congenital defect, to restore or correct 566
disfigurements resulting from injury or disease, or that is 567
determined to be medically necessary by a qualified, licensed 568
provider. 569

(G) Participants shall have free choice of the providers 570
eligible to participate in the Ohio health care plan. 571

(H) No provider shall be compelled by the Ohio health care 572
agency to offer any particular service, provided that the provider 573
does not discriminate among patients in providing health care 574
services. 575

(I) The Ohio health care plan and the providers participating 576
in the plan shall not discriminate on the basis of race, color, 577
national origin, gender, age, religion, sexual orientation, health 578
status, mental or physical disability, employment status, veteran 579
status, or occupation. 580

Sec. 3922.09. (A) The Ohio health care fund is hereby 581
established in the state treasury. The administrator of finance of 582
the Ohio health care agency shall administer and monitor the Ohio 583
health care fund. All moneys collected and received by the Ohio 584
health care plan shall be transmitted to the treasurer of state 585
for deposit into the Ohio health care fund, to be used to finance 586
the Ohio health care plan and to pay the costs of compensation and 587
training for displaced workers pursuant to section 3922.11 of the 588
Revised Code. 589

(B) The treasurer of state may invest the interest earned by 590
the Ohio health care fund in any manner authorized by the Revised 591
Code for the investment of state moneys. Any revenue or interest 592
earned from the investments shall be credited to the Ohio health 593
care fund. 594

(C) All provider claims for payment for health care services 595

rendered under the Ohio health care plan shall be transmitted to 596
the Ohio health care fund by the provider or the provider's agent. 597
The format of, and the method of transmitting, provider claims 598
shall be determined by the Ohio health care board. 599

(D) All payments for health care services rendered under the 600
Ohio health care plan shall be disbursed from the Ohio health care 601
fund. The administrator of finance of the Ohio health care agency 602
shall establish a reserve account within the Ohio health care 603
fund. When the revenue available to the Ohio health care plan in 604
any biennium exceeds the total amount expended or obligated during 605
that biennium, the excess revenue shall be transferred to the 606
reserve account. The Ohio health care board may use the money in 607
the reserve account for expenses of the Ohio health care agency or 608
the Ohio health care plan. 609

(E) The administrator of finance of the Ohio health care 610
agency shall notify the Ohio health care board when the annual 611
expenditures or anticipated future expenditures of the Ohio health 612
care plan appear to be in excess of the revenues or anticipated 613
revenues for the same period. The Ohio health care board shall 614
implement appropriate cost control measures based on the 615
notification. The Ohio health care board shall seek a special 616
appropriation for the Ohio health care fund if the cost control 617
measures implemented do not reduce the Ohio health care plan's 618
expenditures to an amount that may be covered by its revenue. 619

Sec. 3922.10. (A) The Ohio health care board shall establish 620
written procedures for the receipt and resolution of disputes and 621
grievances. The procedures shall provide for an initial hearing 622
before the appropriate regional health advisory committee in 623
accordance with division (F) of section 3922.03 of the Revised 624
Code. The board shall accord to plaintiffs the right to be heard 625
at the hearing. 626

(B) Any party aggrieved by an order or decision issued 627
pursuant to the procedures established in division (A) of this 628
section may appeal the order or decision to the court of common 629
pleas. The appellant shall file a notice of appeal with the Ohio 630
health care board within fifteen days of the filing of the appeal 631
with the court of common pleas. 632

(C) Appeals of denied claims may be submitted by Ohio health 633
care plan beneficiaries or providers, or businesses selling 634
medical equipment and supplies to the Ohio health care board. The 635
board shall conduct appeals in compliance with its written 636
procedures and both Ohio and federal laws. 637

Sec. 3922.11. (A) The department of job and family services 638
shall determine which residents of this state employed by a health 639
care insurer, health insuring corporation, or other health care 640
related business, have lost employment as a result of the 641
implementation and operation of the Ohio health care plan. The 642
department also shall determine the amount of monthly wages that 643
the resident lost due to the plan's implementation. The department 644
shall attempt to position these displaced workers in comparable 645
positions of employment with the Ohio health care agency. 646

(B) The department of job and family services shall forward 647
the information on the amount of monthly wages lost by Ohio 648
residents due to the implementation of the Ohio health care plan 649
to the Ohio health care agency. The Ohio health care agency shall 650
determine the amount of compensation and training that each 651
displaced worker shall receive and shall submit a claim to the 652
Ohio health care fund for payment. A displaced worker, however, 653
shall not receive compensation from the Ohio health care fund in 654
excess of sixty thousand dollars per year for two years. 655
Compensation paid to the displaced worker under this section shall 656
serve as a supplement to any compensation the worker receives from 657

the department of job and family services. 658

Sec. 3922.12. (A) Any employer operating in Ohio and 659
providing employees with benefits under a public or private health 660
care policy, plan, or agreement as of the date that benefits are 661
initially provided pursuant to Chapter 3922. of the Revised Code, 662
which benefits are less valuable than those provided by the Ohio 663
health care plan, may participate in the Ohio health care plan or 664
shall provide additional benefits so that, until the expiration of 665
the policy, plan, or agreement, the benefits provided by the 666
employer at least equal the amount and scope of the benefits 667
provided by the Ohio health care plan. If an employer chooses to 668
provide additional benefits to match or exceed the benefits 669
provided by the Ohio health care plan the additional benefits 670
shall include the employer's payment of any employee premium 671
contributions, copayments, and deductible payments called for by 672
the policy, contract, or agreement. Employers are exempt from all 673
health taxes imposed under Chapter 3922. of the Revised Code until 674
the expiration of the policy, plan, or agreement, at which point 675
the employer and the employer's employees become participants in 676
the Ohio health care plan. 677

(B) A person covered by a health care policy, plan, or 678
agreement that has its premiums paid for in any part with public 679
money, including money from the state, a political subdivision, 680
state educational institution, public school, or other entity, 681
shall be covered by the Ohio health care plan on the day that 682
benefits become available under the Ohio health care plan. 683

(C) Health care insurers, health insuring corporations, and 684
other persons selling or providing health care benefits may 685
deliver, issue for delivery, renew, or provide health benefit 686
packages that do not duplicate the health benefit package provided 687
by the Ohio health care plan, but shall not, except as provided by 688

division (A) of this section, deliver, issue for delivery, renew, 689
or provide health benefit packages that duplicate the health 690
benefit package provided by the Ohio health care plan. 691

Sec. 3922.13. The Ohio health care agency is subrogated to 692
all rights of a participant who has received benefits, or who has 693
a right to benefits, under any other policy or contract of health 694
care. 695

Sec. 3922.14. (A) All providers, as defined in section 696
3922.01 of the Revised Code, may participate in the Ohio health 697
care plan. 698

(B) The Ohio health care board and the technical and medical 699
advisory board shall assess the number of primary and specialty 700
providers needed to supply adequate health care services to all 701
participants in the Ohio health care plan, and shall develop a 702
plan to meet that need. The Ohio health care board shall develop 703
incentives for providers in order to increase residents' access to 704
health care services in unserved or underserved areas of the 705
state. 706

(C) The Ohio health care board annually shall evaluate 707
residents' access to trauma care, and shall establish measures to 708
ensure participants have equitable access to trauma care and to 709
specialized medical procedures and technology. 710

(D) The Ohio health care board, with the advice of the 711
technical and medical advisory board and the administrator of 712
quality assurance, shall define performance criteria and goals for 713
the Ohio health care plan and shall report to the general assembly 714
at least annually on the plan's performance. The Ohio health care 715
board shall establish a system to monitor the quality of health 716
care and patient and provider satisfaction with that care and a 717
system to devise improvements to the provision of health care 718

services. 719

(E) All providers subject to the Ohio health care plan shall 720
provide data upon request to the Ohio health care board, which 721
data the board requires to devise methods to maintain and improve 722
the provision of health care services. 723

(F) The Ohio health care board, with the advice of the 724
technical and medical advisory board, shall coordinate the Ohio 725
health care plan's provision of health care services with any 726
other state and local agencies that provide health care services 727
directly to their residents. 728

Sec. 3922.15. In the absence of fraud or bad faith, county 729
and city health commissioners, regional health advisory 730
committees, and the Ohio health care board and Ohio health care 731
agency and their members and employees, shall incur no liability 732
in relation to the performance of their duties and 733
responsibilities under sections 3922.01 to 3922.15 of the Revised 734
Code. The state shall incur no liability in relation to the 735
implementation and operation of the Ohio health care plan. 736

Sec. 3922.21. (A) The Ohio health care board shall prepare 737
and recommend to the general assembly an annual budget for health 738
care, which budget specifies and establishes a limit on total 739
annual state expenditures for health care provided pursuant to 740
sections 3922.01 to 3922.15 of the Revised Code. The budget shall 741
include all of the following components: 742

(1) A system budget covering all expenditures for the system, 743
in accordance with section 3922.22 of the Revised Code; 744

(2) Provider budgets for the fee-for-service and integrated 745
health delivery system and for individual health care facilities 746
and their associated clinics, in accordance with section 3922.23 747
of the Revised Code; 748

(3) A capital investment budget in accordance with section 3922.24 of the Revised Code; 749
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(4) A purchasing budget in accordance with section 3922.25 of the Revised Code; 751
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(5) A research and innovation budget in accordance with section 3922.26 of the Revised Code. 753
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(B) In preparing the budget, the Ohio health care board shall consider anticipated increased expenditures and savings, including, but not limited to, projected increases in expenditures due to improved access for underserved populations and improved reimbursement for primary care, projected administrative savings under the single-payer mechanism, projected savings in prescription drug expenditures under competitive bidding and a single buyer, and projected savings due to provision of primary care rather than emergency room treatment. 755
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Sec. 3922.22. (A) The system budget referred to in division (A)(1) of section 3922.21 of the Revised Code shall comprise the cost of the system, services and benefits provided, administration, data gathering, planning and other activities, and revenues deposited with the system account of the Ohio health care fund. 764
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The Ohio health care board shall limit administrative costs to five per cent of the system budget and shall annually evaluate methods to reduce administrative costs and report the results of that evaluation to the general assembly. The board shall also limit growth of health care costs in the system budget by reference to changes in state gross domestic product, population, employment rates, and other demographic indicators, as appropriate. Moneys in the reserve account of the Ohio health care fund shall not be considered as available revenues for purposes of preparing the system budget. 770
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(B) The Ohio health care board shall implement cost control measures pursuant to division (A) of this section. However, no cost control measure shall limit access to care that is needed on an emergency basis or that is determined by a patient's provider to be medically appropriate for a patient's condition. 780
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Mandatory cost control measures include, but are not limited to, some or all of the following: 785
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(1) Postponement of the introduction of new benefits or benefit improvements; 787
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(2) Postponement of new capital investment; 789

(3) Adjustment of provider budgets to correct for inappropriate provider utilization; 790
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(4) Establishment of a limit on provider reimbursement above a specified amount of aggregate billing; 792
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(5) Deferred funding of the reserve account; 794

(6) Establishment of a limit on aggregate reimbursements to pharmaceutical manufacturers; 795
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(7) Imposition of an eligibility waiting period in the event of substantial influx of individuals into the state for purposes of obtaining health care through the Ohio health care plan. 797
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Sec. 3922.23. (A) The provider budgets referred to in division (A)(2) of section 3922.21 of the Revised Code shall include allocations for fee-for-service providers and capitated providers. These allocations shall consider the relative usage of fee-for-service providers and capitated providers. Each annual provider budget shall include adjustments to reflect changes in the utilization of services and the addition or exclusion of covered services made by the Ohio health care board upon the recommendation of the technical and medical advisory board and its staff. 800
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(B) Providers shall choose whether they will be compensated as fee-for-service providers or as part of a capitated provider network. 810
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(1) The budget for fee-for-service providers shall be divided among categories of licensed health care providers in order to establish a total annual budget for each category. Each of these category budgets shall be sufficient to cover all included services anticipated to be required by eligible individuals choosing fee-for-service at the rates negotiated or set by the Ohio health care board, except as necessary for cost containment purposes pursuant to section 3922.22 of the Revised Code. 813
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The board shall negotiate fee-for-service reimbursement rates or salaries for licensed health care providers. In the event negotiations are not concluded in a timely manner, the board shall establish the reimbursement rates. Reimbursement rates shall reflect the goals of the system. 821
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(2) The budget shall detail all operating expenses for health care facilities that are not part of a capitated provider network. In establishing a health care facility budget, the Ohio health care board shall develop and utilize separate formulae that reflect the differences in cost of primary, secondary, and tertiary care services and health care services provided by academic medical centers. The board shall negotiate reimbursement rates with facilities and clinics. Reimbursement rates shall reflect the goals of the system. 826
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(C)(1) The budget for capitated providers shall be sufficient to cover all included services anticipated to be required by eligible individuals choosing an integrated health care delivery system at the rates negotiated or set by the Ohio health care board. All health care facilities, group practices, and integrated health care systems shall submit annual operating budget requests to the board and may choose to be reimbursed through a global 835
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facility budget or on a capitated basis. The board shall adjust 842
budgets on the basis of the health risk of enrollees; the scope of 843
services provided; proposed innovative programs that improve 844
quality, workplace safety, or consumer, provider, or employee 845
satisfaction; costs of providing care for nonmembers; and an 846
appropriate operating margin. 847

(2) Providers that choose to operate a health care facility 848
on a capitated basis shall not be paid additionally on a 849
fee-for-service basis unless they are providing services in a 850
separate private medical practice or health care facility. 851
Providers and health care facilities that operate on a capitated 852
basis shall report immediately any projected operating deficits to 853
the Ohio health care board. The board shall determine whether the 854
projected deficits reflect appropriate increases in health care 855
needs, in which case the board shall adjust the provider or health 856
care facility budget appropriately. If the board determines that 857
the deficit is not justifiable, no adjustment shall be made. 858

(3) The board may terminate the funding for health care 859
facilities, group practices, and integrated health care systems or 860
particular services provided by them if they fail to meet 861
standards of care and practice established by the board. The board 862
shall make future funding contingent on measurable improvements in 863
quality of care and health care outcomes. 864

(D) The Ohio health care board shall prohibit charges to the 865
Ohio health care plan or to patients for covered health care 866
services other than those established by regulation, negotiation, 867
or the appeals process. Licensed health care providers who provide 868
services not covered by sections 3922.01 to 3922.15 of the Revised 869
Code may charge patients for those services. 870

Sec. 3922.24. (A) The capital investment budget referred to 871
in division (A)(3) of section 3922.21 of the Revised Code shall be 872

established by the Ohio health care board, with the advice of the 873
technical and medical advisory board and its staff, and shall 874
provide for capital maintenance and development. In preparing the 875
budget, the Ohio health care board shall determine capital 876
investment priorities and evaluate whether the capital investment 877
program has improved access to services and has eliminated 878
redundant capital investments. 879

(B) All capital investments valued at five hundred thousand 880
dollars or greater, including the costs of studies, surveys, 881
design plans and working drawing specifications, and other 882
activities essential to planning and execution of capital 883
investment, and all capital investments that change the bed 884
capacity of a health care facility or add a new service or license 885
category incurred by any health system entity, shall require the 886
approval of the Ohio health care board. When a health care 887
facility, or individual acting on behalf of a health care 888
facility, or any other purchaser, obtains by lease or comparable 889
arrangement any health care facility or part of a health care 890
facility, or any equipment for a health care facility, the market 891
value of which would have been a capital expenditure, the lease or 892
arrangement shall be considered a capital expenditure for purposes 893
of sections 3922.01 to 3922.15 of the Revised Code. 894

(C) Health care facilities shall provide the Ohio health care 895
board with at least three-months' advance notice of any planned 896
capital investment of more than fifty thousand dollars but less 897
than five hundred thousand dollars. These capital investments 898
shall minimize unneeded expansion of health care facilities and 899
services based on the priorities and goals for capital investment 900
established by the board. 901

(D) No capital investment shall be undertaken using funds 902
from a health care facility operating budget. 903

Sec. 3922.25. The purchasing budget referred to in division (A)(4) of section 3922.21 of the Revised Code shall provide for the purchase of prescription drugs and durable and nondurable medical equipment for the system. The Ohio health care board shall purchase all prescription drugs and durable and nondurable medical equipment for the system from this budget. 904
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Sec. 3922.26. The research and innovation budget referred to in division (A)(5) of section 3922.21 of the Revised Code shall support research and innovation that has been recommended by the Ohio health care board, the technical and medical advisory board, and the administrator of consumer affairs. This research and innovation includes, but is not limited to, methods for improving the administration of the system, improving the quality of health care, educating patients, and improving communication among health care providers. 910
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Sec. 3922.27. The Ohio health care board shall establish a capital account in the Ohio health care fund as part of the Ohio health care plan. Moneys in the account shall be used solely to pay for the establishment and maintenance of a loan program for health care facilities and equipment for use by health care professionals who desire to establish practices in areas of the state in which, according to criteria established by the board, the level of health care services is inadequate. 919
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Sec. 3922.28. Funding of the Ohio health care plan shall be obtained from the following sources: 927
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(A) Funds made available to the Ohio health care plan pursuant to sections 3922.31 to 3922.33 of the Revised Code; 929
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(B) Funds obtained from other federal, state, and local governmental sources and programs; 931
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(C) Receipts from taxes levied on employers' payrolls to be 933
paid by employers. The tax rate in the first year shall not exceed 934
three and eighty-five hundredths per cent of the payroll. 935

(D) Receipts from taxes levied on businesses' gross receipts. 936
The tax rate in the first year shall not exceed three per cent of 937
the gross receipts. 938

(E) Receipts from additional income taxes, equal to six and 939
two-tenths per cent of an individual's compensation in excess of 940
the amount subject to the social security payroll tax. 941

(F) Receipts from additional income taxes, equal to five per 942
cent of all of an individual's Ohio adjusted gross income, less 943
the exemptions allowed under section 5747.025 of the Revised Code, 944
in excess of two hundred thousand dollars. 945

Sec. 3922.31. (A) As used in sections 3922.31 to 3922.33 of 946
the Revised Code: 947

(1) "CHIP" means the children's health insurance program 948
parts I and II provided for by sections 5101.50 to 5101.5110 of 949
the Revised Code. 950

(2) "Federal employees health benefits program" means the 951
program of health insurance benefits available to employees of the 952
federal government that the United States office of personnel 953
management is authorized to contract for under 5 U.S.C. 8902. 954

(3) "Federal poverty guidelines" has the same meaning as in 955
section 5101.46 of the Revised Code. 956

(4) "Medicaid" means the program provided for under Title XIX 957
of the "Social Security Act," 79 Stat. 286 (1965), 42 U.S.C. 1396, 958
as amended. 959

(5) "Medicare" means the program provided for under Title 960
XVII of the "Social Security Act," 79 Stat. 286 (1965), 42 U.S.C. 961
1395, as amended. 962

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

Sec. 3922.32. At the request of the Ohio health care board, the Ohio health care agency's executive director shall negotiate with the United States office of personnel management to have included in the Ohio health care plan residents of this state who would otherwise be covered by the federal employees health benefits program. As part of the negotiations, the executive director shall seek to have the federal government provide the Ohio health care plan with amounts equal to the amount federal employees participating in the Ohio health care plan would otherwise pay as premiums under the federal employees health benefits program.

Sec. 3922.33. At the request of the Ohio health care board, the director of job and family services shall seek any federal waivers necessary for the Ohio health care plan to receive federal financial participation under section 3922.31 of the Revised Code otherwise available under the medicaid and CHIP programs. Notwithstanding sections 5101.50 to 5101.5110 of the Revised Code

and Chapter 5111. of the Revised Code, the director of job and 994
family services shall cease to implement the medicaid and CHIP 995
programs on implementation of federal waivers authorizing the use 996
of federal medicaid and CHIP funds for the Ohio health care plan, 997
if necessary due to the implementation of the waivers. 998

Section 2. In the first two years following the enactment of 999
sections 3922.01 to 3922.33 of the Revised Code, the Ohio Health 1000
Care Board shall prepare for the delivery of universal, affordable 1001
health care coverage to all eligible Ohio residents and 1002
individuals employed in Ohio. The Ohio Health Care Board shall 1003
appoint a Transition Advisory Group to assist with the transition 1004
to the provision of care under the Ohio Health Care Plan. The 1005
transition group shall include, but is not limited to, a broad 1006
selection of experts in health care finance and administration, 1007
providers from a variety of medical fields, representatives of 1008
Ohio's counties, employers and employees, representatives of 1009
hospitals and clinics, and representatives from state regulatory 1010
bodies. Members of the Transition Advisory Group shall be 1011
reimbursed by the Ohio Health Care Agency for necessary and actual 1012
expenses incurred in the performance of their duties as members. 1013