

**As Introduced**

**129th General Assembly  
Regular Session  
2011-2012**

**H. B. No. 13**

**Representative Sears**

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**A B I L L**

To enact section 5111.862 of the Revised Code to 1  
require the Director of Job and Family Services to 2  
seek federal approval to create a premium 3  
assistance component of the Medicaid program. 4

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

**Section 1.** That section 5111.862 of the Revised Code be 5  
enacted to read as follows: 6

**Sec. 5111.862.** (A) As used in this section: 7

"Assistance group" means a group of individuals treated as a 8  
unit for purposes of determining eligibility for, and 9  
participation in, the premium assistance component of the medicaid 10  
program. 11

"Health benefit plan" has the same meaning as in section 12  
3924.01 of the Revised Code. 13

"Plan of health coverage" has the same meaning as in section 14  
3923.282 of the Revised Code. 15

"Federal poverty line" means the official poverty line as 16  
established at least annually by the United States office of 17  
management and budget pursuant to section 673(2) of the "Community 18  
Services Block Grant Act," 95 Stat. 511 (1981), 42 U.S.C. 9902(2), 19

as amended. 20

(B) The director of job and family services shall submit to 21  
the United States secretary of health and human services a request 22  
for a medicaid waiver to create a premium assistance component of 23  
the medicaid program. If the United States secretary grants the 24  
waiver, the director shall establish the premium assistance 25  
component in accordance with this section and the terms of the 26  
waiver. 27

(C)(1) For an assistance group to qualify for the premium 28  
assistance component, all of the following must apply: 29

(a) The assistance group must have countable income not 30  
exceeding three hundred per cent of the federal poverty line. 31

(b) Each member of the assistance group, while participating 32  
in the premium assistance component, must be enrolled in a health 33  
benefit plan or plan of health coverage. 34

(c) If the health benefit plan or plan of health coverage in 35  
which the assistance group is enrolled is sponsored by an employer 36  
of a member of the assistance group, the employer must contribute 37  
not less than fifty per cent of any premium charged for the 38  
assistance group's enrollment. 39

(d) The assistance group must meet all other eligibility 40  
requirements for the premium assistance component established in 41  
rules adopted under section 5111.85 of the Revised Code. 42

(2) No assistance group shall be denied eligibility for the 43  
premium assistance component due to either of the following: 44

(a) The amount of the assistance group's resources; 45

(b) That no member of the assistance group qualifies for any 46  
other component of the medicaid program. 47

(D) The premium assistance component shall subsidize the 48  
premium for enrollment in a health benefit plan or plan of health 49

coverage charged an assistance group participating in the 50  
component. The subsidy shall range from twenty to eighty per cent 51  
of the premium as determined using a sliding scale established in 52  
rules adopted under section 5111.85 of the Revised Code. The 53  
sliding scale shall be based on an assistance group's countable 54  
income and the number of members of the assistance group. The 55  
subsidy shall not cover any portion of the premium for which an 56  
employer of a member of the assistance group is responsible. The 57  
premium assistance component shall not pay the costs of any 58  
deductibles, copayments, or other cost-sharing expenses, other 59  
than the premium, for which the assistance group is responsible 60  
under the health benefit plan or plan of health coverage. 61

(E) No member of an assistance group may participate in the 62  
premium assistance component and another component of the medicaid 63  
program contemporaneously. A member of an assistance group who 64  
meets the eligibility requirements for the premium assistance 65  
component and one or more other components of the medicaid program 66  
shall choose whether to participate in the premium assistance 67  
component or the other component or components for which the 68  
member is eligible. The medicaid program shall not pay for the 69  
costs of any medical assistance, other than the premium subsidy, 70  
provided to a member of an assistance group participating in the 71  
premium assistance component, including medical assistance that is 72  
not covered by the health benefit plan or plan of coverage in 73  
which the member is enrolled but is covered by another component 74  
of the medicaid program in which the member could participate if 75  
not for the member's participation in the premium assistance 76  
component. 77