

As Introduced

**130th General Assembly
Regular Session
2013-2014**

S. B. No. 104

Senator Skindell

Cosponsors: Senators Turner, Brown, Tavares

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A B I L L

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

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

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

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

general shall appear for the state in the trial and argument of 20
all civil and criminal causes in the supreme court in which the 21
state is directly or indirectly interested. When required by the 22
governor or the general assembly, the attorney general shall 23
appear for the state in any court or tribunal in a cause in which 24
the state is a party, or in which the state is directly 25
interested. Upon the written request of the governor, the attorney 26
general shall prosecute any person indicted for a crime. 27

Sec. 3920.01. As used in this chapter: 28

(A) "Blind trust" means an independently managed trust in 29
which the beneficiary has no management rights and in which the 30
beneficiary is not given notice of alterations in or other 31
dispositions of the stock, mutual funds, or other property subject 32
to the trust. 33

(B) "Health care facility" means any facility, except a 34
health care practitioner's office, that provides preventive, 35
diagnostic, therapeutic, acute convalescent, rehabilitation, 36
mental health, mental retardation, intermediate care, or skilled 37
nursing services. 38

(C) "Provider" means a hospital or other health care 39
facility, and physicians, podiatrists, dentists, pharmacists, 40
chiropractors, and other health care personnel, licensed, 41
certified, accredited, or otherwise authorized in this state to 42
furnish health care services. 43

**Sec. 3920.02. (A)(1) There is hereby created the Ohio health 44
care plan, which shall be administered by the Ohio health care 45
agency under the direction of the Ohio health care board. 46**

(2) The Ohio health care plan shall provide universal and 47
affordable health care coverage for all Ohio residents, consisting 48
of a comprehensive benefit package that includes benefits for 49

prescription drugs. The Ohio health care plan shall work 50
simultaneously to control health care costs, control health care 51
spending, achieve measurable improvement in health care outcomes, 52
increase all parties' satisfaction with the health care system, 53
implement policies that strengthen and improve culturally and 54
linguistically sensitive care, and develop an integrated health 55
care database to support health care planning. 56

(B) There is hereby created the Ohio health care agency. The 57
Ohio health care agency shall administer the Ohio health care plan 58
and is the sole agency authorized to accept applicable 59
grants-in-aid from the federal and state government, using the 60
funds in order to secure full compliance with provisions of state 61
and federal law and to carry out the purposes of sections 3920.01 62
to 3920.33 of the Revised Code. All grants-in-aid accepted by the 63
Ohio health care agency shall be deposited into the Ohio health 64
care fund established under section 3920.09 of the Revised Code. 65

Sections 101.82 and 101.83 of the Revised Code do not apply 66
to the Ohio health care agency. 67

Sec. 3920.03. (A) There is hereby created the Ohio health 68
care board. The Ohio health care board shall consist of fifteen 69
voting members, consisting of the director of health and fourteen 70
members elected in accordance with this section. 71

(B) For purposes of representation on the Ohio health care 72
board, the state shall be divided into seven regions each composed 73
of designated counties as follows: 74

(1) Region 1: Ashtabula, Cuyahoga, Geauga, Lake, Lorain; 75

(2) Region 2: Allen, Auglaize, Defiance, Erie, Fulton, 76
Hancock, Henry, Huron, Lucas, Mercer, Ottawa, Paulding, Putnam, 77
Sandusky, Seneca, Van Wert, Williams, Wood; 78

(3) Region 3: Athens, Belmont, Coshocton, Gallia, Guernsey, 79

Harrison, Hocking, Jackson, Jefferson, Lawrence, Meigs, Monroe, 80
Morgan, Muskingum, Noble, Perry, Pike, Ross, Scioto, Vinton, 81
Washington; 82

(4) Region 4: Adams, Brown, Butler, Clermont, Clinton, 83
Hamilton, Highland, Warren; 84

(5) Region 5: Crawford, Delaware, Fairfield, Fayette, 85
Franklin, Hardin, Knox, Licking, Logan, Madison, Marion, Morrow, 86
Pickaway, Union, Wyandot; 87

(6) Region 6: Ashland, Carroll, Columbiana, Holmes, Mahoning, 88
Medina, Portage, Richland, Stark, Summit, Trumbull, Tuscarawas, 89
Wayne; 90

(7) Region 7: Champaign, Clark, Darke, Greene, Miami, 91
Montgomery, Preble, Shelby. 92

(C)(1) The health commissioner of the most populous county in 93
each region shall convene a meeting of all county and city health 94
commissioners in the region within ninety days following the 95
effective date of this section. If there are two or more health 96
districts located wholly or partially in the most populous county 97
of the region, the health commissioner of the health district with 98
the largest territorial jurisdiction in that county shall convene 99
the meeting of all county and city health commissioners within 100
ninety days following the effective date of this section. 101

(2) At the meeting called pursuant to division (C)(1) of this 102
section, the county and city health commissioners in each region 103
shall elect one resident from each county in the region to 104
represent the county on a regional health advisory committee 105
established for that region. The county and city health 106
commissioners also shall set a date, not sooner than one hundred 107
days and not later than one hundred ten days after the effective 108
date of this section, for the initial meeting of the regional 109
health advisory committee. 110

(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. 111
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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. 118
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(D)(1) Each of the seven regional health advisory committees shall elect a chairperson from among the representatives to their committees. Each chairperson shall convene and preside over the initial meeting of that regional health advisory committee on the date set pursuant to division (C) of this section. At the initial meeting of the regional health advisory committees, the committees' representatives shall elect two residents from the region to represent that region as members of the Ohio health care board. One of the two residents elected from each region to serve on the Ohio health care board shall be a resident of the region's most populous county and the other shall be a resident of any county in the region other than the region's most populous county. 124
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Except for the elections to the Ohio health care board at the initial meeting of each regional health advisory committee, each resident elected to the board shall be elected to a two-year term of office. At the initial meeting, the resident from the most populous county in the region shall be elected to a term of three years. 136
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(2) Annually, beginning in the second year following the 142

initial elections to the Ohio health care board, the chairperson 143
of each regional health advisory committee shall convene a meeting 144
within five calendar days of the same date of the same month as 145
the initial meeting of that regional health advisory committee to 146
elect a resident from the region to serve as a member of the Ohio 147
health care board. The regional health advisory committee shall 148
elect a resident of a county as is necessary to meet the 149
representation requirements set by division (D)(1) of this 150
section. No individual may serve as a member of the Ohio health 151
care board for more than four consecutive terms. 152

(3) In addition to meeting for the election of Ohio health 153
care board members, the regional health advisory committees shall 154
meet as necessary to fulfill any functions and responsibilities 155
assigned to them under sections 3920.01 to 3920.15 of the Revised 156
Code. Meetings shall be held at the call of the chairperson and as 157
may be provided by procedures adopted by the regional health 158
advisory committee. 159

(4) In addition to the fourteen members of the Ohio health 160
care board elected by the seven regional health advisory 161
committees, the director of health shall be a voting ex officio 162
member of the Ohio health care board. 163

(E)(1) The director of health shall set the time, place, and 164
date for the initial meeting of the Ohio health care board and 165
shall preside over the Ohio health care board's initial meeting. 166
The initial meeting shall be set not sooner than one hundred 167
fifteen days and not later than one hundred twenty-five days after 168
the effective date of this section. 169

(2) The members of the Ohio health care board annually shall 170
elect a member of the board to serve as chairperson at meetings of 171
the board. Meetings shall be held upon the call of the chairperson 172
and as provided by procedures prescribed by the Ohio health care 173
board. Two-thirds of the members of the Ohio health care board 174

shall constitute a quorum for the conduct of business at meetings 175
of the board. Decisions at meetings of the Ohio health care board 176
shall be reached by majority vote. 177

(3) All meetings of the Ohio health care board are open to 178
the public unless questions of patient confidentiality arise. The 179
Ohio health care board may go into closed executive session with 180
regard to issues related to confidential patient information. The 181
fourteen members of the Ohio health care board elected by the 182
regional health advisory committees shall receive an annual salary 183
and benefits established in accordance with division (J) of 184
section 124.15 of the Revised Code. 185

(F) The seven regional health advisory committees shall act 186
as advisory bodies to the Ohio health care board, representing 187
their individual regions. The regional health advisory committees 188
shall oversee the management of consumer and provider complaints 189
originating in their respective regions and shall hold a hearing 190
on all such complaints. The regional health advisory committees 191
shall offer assistance to resolve consumer and provider disputes 192
and shall seek the agreement of all parties to the dispute to 193
submit the dispute to negotiation or binding arbitration. A 194
regional health advisory committee shall transfer any dispute that 195
is not resolved at the regional level to the director of the Ohio 196
health care agency's department of consumer affairs within six 197
months; however, the committee may vote to transfer individual 198
disputes at an earlier date. 199

(G)(1) If a vacancy occurs on the Ohio health care board for 200
any reason, resulting in a region being without full 201
representation on the board, that region's health advisory 202
committee shall elect a resident of that region to fill the 203
vacancy. Any resident elected to fill a vacancy shall serve the 204
remainder of the departing member's term. The health advisory 205
committee shall elect a resident of a county as necessary to meet 206

the representation requirements set by division (D)(1) of this 207
section. 208

(2) A serving member of the Ohio health care board shall 209
continue to serve following the expiration of their term until a 210
successor takes office or a period of ninety days has elapsed, 211
whichever occurs first. 212

(H)(1) The members and staff of the Ohio health care board 213
and employees of the Ohio health care agency, and their immediate 214
families, are prohibited from having any pecuniary interest in any 215
business with a contract, or in negotiation for a contract, with 216
either the Ohio health care board or Ohio health care agency, or 217
that is subject to the Ohio health care board's oversight. The 218
members and staff of the Ohio health care board and employees of 219
the Ohio health care agency shall not receive remuneration for 220
health care service of any kind during their term of service or 221
employment. The members and staff of the Ohio health care board 222
and employees of the Ohio health care agency, and their immediate 223
families, shall not receive consulting fees of any kind from any 224
source that is directly or indirectly related to the delivery of 225
health care services pursuant to the Ohio health care plan. The 226
members and staff of the Ohio health care board and employees of 227
the Ohio health care agency, and their immediate families, are 228
prohibited from owning stock in, and from investing in mutual 229
funds holding stock in, pharmaceutical companies, health 230
maintenance organizations, or other businesses that relate 231
directly or indirectly to the delivery of health care services, 232
unless the stock or mutual funds are in a blind trust. 233

(2) No member of the Ohio health care board other than the 234
director of health shall hold any other salaried public position 235
with the state, either elected or appointed, during the member's 236
tenure on the board. The director of health shall receive no 237
salary or benefits by virtue of the director's service on the Ohio 238

health care board. 239

(3) The chairperson of the Ohio health care board may conduct 240
hearings to determine if a violation of this division has 241
occurred. Notice of any hearing, the conduct of the hearing, and 242
all other matters relating to the holding of the hearing shall be 243
governed by Chapter 119. of the Revised Code. If a member of the 244
Ohio health care board, or of the member's immediate family, is 245
found to have violated this division, the chairperson of the Ohio 246
health care board of health shall remove the member from the Ohio 247
health care board. If a staffer of the Ohio health care board or 248
an employee of the Ohio health care agency, or a member of the 249
staffer's or employee's immediate family, is found to have 250
violated this division, the Ohio health care board or Ohio health 251
care agency shall take appropriate disciplinary action against the 252
staffer or employee, which action may include termination of 253
employment. 254

Sections 101.82 and 101.83 of the Revised Code do not apply 255
to the Ohio health care board and the regional health advisory 256
committees. 257

Sec. 3920.04. (A) The Ohio health care board is responsible 258
for directing the Ohio health care agency in the performance of 259
all duties, the exercise of all powers, and the assumption and 260
discharge of all functions vested in the Ohio health care agency. 261
The Ohio health care board shall adopt rules in accordance with 262
Chapter 119. of the Revised Code as needed to carry out the 263
purposes of, and to enforce, Chapter 3920. of the Revised Code. 264

(B) The duties and functions of the Ohio health care board 265
include, but are not limited to, the following: 266

(1) Implementing statutory eligibility standards for 267
benefits; 268

<u>(2) Annually adopting a benefits package for participants of</u>	269
<u>the Ohio health care plan;</u>	270
<u>(3) Acting directly or through one or more contractors as the</u>	271
<u>single payer for all claims for health care services made under</u>	272
<u>the Ohio health care plan;</u>	273
<u>(4) Developing and implementing separate formulas for</u>	274
<u>determining budgets under sections 3920.21 to 3920.28 of the</u>	275
<u>Revised Code;</u>	276
<u>(5) Annually reviewing the formulas for determining the</u>	277
<u>appropriateness and sufficiency of rates, fees, and prices;</u>	278
<u>(6) Providing for timely payments to providers through a</u>	279
<u>structure that is well organized and that eliminates unnecessary</u>	280
<u>administrative costs;</u>	281
<u>(7) Implementing, to the extent permitted by federal law,</u>	282
<u>standardized claims and reporting methods for use by the Ohio</u>	283
<u>health care plan;</u>	284
<u>(8) Developing a system of centralized electronic claims and</u>	285
<u>payments;</u>	286
<u>(9) Establishing an enrollment system that will ensure that</u>	287
<u>all eligible Ohio residents, including those who travel</u>	288
<u>frequently, those who cannot read, and those who do not speak</u>	289
<u>English, are aware of their right to health care and are formally</u>	290
<u>enrolled in the Ohio health care plan;</u>	291
<u>(10) Reporting annually to the general assembly and the</u>	292
<u>governor, on or before the first day of October, on the</u>	293
<u>performance of the Ohio health care plan, the fiscal condition of</u>	294
<u>the Ohio health care plan, any need for rate adjustments,</u>	295
<u>recommendations for statutory changes, the receipt of payments</u>	296
<u>from the federal government, whether current year goals and</u>	297
<u>priorities were met, future goals and priorities, and major new</u>	298

<u>technology or prescription drugs that may affect the cost of the</u>	299
<u>health care services provided by the Ohio health care plan;</u>	300
<u>(11) Administering the revenues of the Ohio health care fund</u>	301
<u>pursuant to section 3920.09 of the Revised Code;</u>	302
<u>(12) Obtaining appropriate liability and other forms of</u>	303
<u>insurance to provide coverage for the Ohio health care plan, the</u>	304
<u>Ohio health care board, the Ohio health care agency, and their</u>	305
<u>employees and agents;</u>	306
<u>(13) Establishing, appointing, and funding appropriate staff</u>	307
<u>for the Ohio health care agency throughout Ohio;</u>	308
<u>(14) Procuring requisite office space and administrative</u>	309
<u>support;</u>	310
<u>(15) Administering aspects of the Ohio health care agency by</u>	311
<u>taking actions that include, but are not limited to, the</u>	312
<u>following:</u>	313
<u>(a) Establishing standards and criteria for the allocation of</u>	314
<u>operating funds;</u>	315
<u>(b) Meeting regularly with the executive director and</u>	316
<u>administrators of the Ohio health care agency to review the impact</u>	317
<u>of the agency and its policies on the regional districts</u>	318
<u>established under section 3920.03 of the Revised Code;</u>	319
<u>(c) Establishing goals for the health care system established</u>	320
<u>pursuant to the Ohio health care plan in measurable terms;</u>	321
<u>(d) Establishing statewide health care databases to support</u>	322
<u>health care services planning;</u>	323
<u>(e) Implementing policies, and developing mechanisms and</u>	324
<u>incentives, to assure culturally and linguistically sensitive</u>	325
<u>care;</u>	326
<u>(f) Establishing standards and criteria for the determination</u>	327
<u>of appropriate compensation and training for residents of Ohio who</u>	328

are displaced from work due to the implementation of the Ohio 329
health care plan; 330

(g) Establishing methods for the recovery of costs for health 331
care services provided pursuant to the Ohio health care plan to a 332
participant that are covered under the terms of a policy of 333
insurance, a health benefit plan, or other collateral source 334
available to the participant under which the participant has a 335
right of action for compensation. Receipt of health care services 336
pursuant to the Ohio health care plan shall be deemed an 337
assignment by the participant of any right to payment for services 338
from any policy, plan, or other source. The other source of health 339
care benefits shall pay to the Ohio health care fund all amounts 340
it is obligated to pay to the participant for covered health care 341
services. The Ohio health care board may commence any action 342
necessary to recover the amounts due. 343

(16) Appointing a technical and medical advisory board. The 344
members of the technical and medical advisory board shall 345
represent a cross section of the medical and provider community 346
and consumers, and shall include two persons, one being a provider 347
and the other representing consumers, from each region designated 348
in section 3920.03 of the Revised Code. The members of the 349
technical and medical advisory board shall be reimbursed for 350
actual and necessary expenses incurred in the performance of their 351
duties. The technical and medical advisory board's duties include: 352

(a) Advising the Ohio health care board on the establishment 353
of policy on medical issues, population-based public health 354
issues, research priorities, scope of services, expanding access 355
to health care services, and evaluating the performance of the 356
Ohio health care plan; 357

(b) Investigating proposals for innovative approaches to the 358
promotion of health, the prevention of disease and injury, patient 359
education, research, and health care delivery; 360

(c) Advising the Ohio health care board on the establishment of standards and criteria to evaluate requests from health care facilities for capital improvements. 361
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(C) The Ohio health care board shall employ and fix the compensation of Ohio health care agency personnel, with the approval of the department of administrative services, as needed by the agency to properly discharge the agency's duties. The employment of personnel by the Ohio health care board is subject to the civil service laws of this state. The Ohio health care board shall employ personnel including, but not limited to, the following: 364
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(1) Executive director; 372

(2) Administrator of planning, research, and development; 373

(3) Administrator of finance; 374

(4) Administrator of quality assurance; 375

(5) Administrator of consumer affairs; 376

(6) Legal counsel to represent the Ohio health care agency and Ohio health care board in any legal action brought by or against the agency or board under or pursuant to any provision of the Revised Code under the agency's or board's jurisdiction. 377
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(D) No member of the Ohio health care board or individual on the staff of the Ohio health care board or Ohio health care agency shall use for personal benefit any information filed with or obtained by the Ohio health care board that is not then readily available to the public. No member of the Ohio health care board shall use or in any way attempt to use their position as a member to influence a decision of any other governmental body. 381
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Sections 101.82 and 101.83 of the Revised Code do not apply to the technical and medical advisory board established pursuant to this section. 388
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Sec. 3920.05. The executive director of the Ohio health care agency appointed under section 3920.04 of the Revised Code is the chief administrator of the Ohio health care plan and shall administer and enforce Chapter 3920. of the Revised Code. The executive director shall oversee the operation of the Ohio health care agency and the agency's performance of any duties assigned by the Ohio health care board.

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

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

(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;

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

(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:

(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. 421
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(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. 423
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(c) Examining suggestions from the public; 427

(d) Making recommendations for improvements to the Ohio health care board; 428
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(e) Examining the extent to which individual health care facilities in a region meet the needs of the community in which they are located; 430
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(f) Receiving, investigating, and responding to all complaints about any aspect of the Ohio health care plan and 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; 433
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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 3920.03 of the Revised Code; 439
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(h) Holding public hearings, at least annually, within each region established under section 3920.03 of the Revised Code for public suggestions and complaints. 443
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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 446
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control of the agency. Nothing in Chapter 3920. of the Revised 451
Code prohibits a consumer or class of consumers, or the 452
administrator of consumer affairs, from seeking relief through the 453
courts. 454

(C) The executive director, in consultation with the 455
technical and medical advisory board, shall determine the duties 456
of the administrator of quality assurance. Those duties shall 457
include, but not be limited to, the following: 458

(1) Studying and reporting on the efficacy of health care 459
treatments and medications for particular conditions; 460

(2) Identifying causes of medical errors and devising 461
procedures to decrease medical errors; 462

(3) Establishing an evidence-based formulary; 463

(4) Identifying treatments and medications that are unsafe or 464
have no proven value; 465

(5) Establishing a process for soliciting information on 466
medical standards from providers and consumers for purposes of 467
this division. 468

(D) The executive director shall determine the duties of the 469
administrator of finance. Those duties shall include, but not be 470
limited to, the following: 471

(1) Administering the Ohio health care fund; 472

(2) Making prompt payments to providers; 473

(3) Developing a system of centralized claims and payments; 474

(4) Communicating to the treasurer of state when funds are 475
needed for the operation of the Ohio health care plan; 476

(5) Developing information systems for utilization review; 477

(6) Investigating possible provider or consumer fraud. 478

Sec. 3920.07. (A) All Ohio residents and individuals employed 479
in Ohio, including the homeless and migrant workers, are eligible 480
for coverage under the Ohio health care plan. The Ohio health care 481
board shall establish standards and a simplified procedure to 482
demonstrate proof of residency. The Ohio health care board shall 483
establish a procedure to enroll eligible residents and employees 484
and to provide each individual covered under the Ohio health care 485
plan with identification that providers may use to determine 486
eligibility for health care services under the Ohio health care 487
plan. 488

(B) If waivers are not obtained under sections 3920.31 to 489
3920.33 of the Revised Code from the medical assistance and 490
medicare programs operated under Title XVIII or XIX of the "Social 491
Security Act," 49 Stat. 20 (1935), 42 U.S.C. 301, as amended, or 492
whenever a necessary waiver is not in effect, the medical 493
assistance and medicare programs shall act as the primary insurers 494
for Ohio residents and individuals employed in this state for 495
health coverage and the Ohio health care plan shall serve as the 496
secondary or supplemental plan of health coverage. When the Ohio 497
health care plan serves as a secondary or supplemental plan of 498
health coverage the Ohio health care plan shall not provide 499
coverage to an Ohio resident or individual employed in this state 500
for any covered health care service that the resident or worker is 501
then eligible to receive under the medical assistance or medicare 502
program. 503

(C) A plan of employee health coverage provided by an 504
out-of-state employer to an Ohio resident working outside of this 505
state shall serve as the employee's primary plan of health 506
coverage and the Ohio health care plan shall serve as the 507
employee's secondary plan of health coverage. 508

(D) The Ohio health care agency shall bill an out-of-state 509

employer or the employer's insurer for the cost of covered health care services provided in accordance with the Ohio health care plan to residents of this state employed by the out-of-state employer when the health care services provided are covered under the terms of the employer's plan of employee health coverage. 510
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(E) The Ohio health care plan shall reimburse Ohio health care board approved providers practicing outside of this state at Ohio health care plan rates for health care services rendered to a plan participant while the participant is out of state. 515
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(F) Any employer operating in this state may purchase coverage under the Ohio health care plan for an employee who lives out of state but who works in this state. 519
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(G) Any institution of higher education, as defined in section 2741.01 of the Revised Code, located in this state may purchase coverage under the Ohio health care plan for a student who does not otherwise have status as a resident of this state. 522
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(H) Any individual who arrives at a health care facility unconscious or otherwise unable due to their mental or physical condition to document eligibility for coverage under the Ohio health care plan shall be presumed to be eligible. 526
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Sec. 3920.08. (A) The Ohio health care board shall establish a single health benefits package that shall include, but not be limited to, all of the following: 530
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(1) Inpatient and outpatient provider care, both primary and secondary; 533
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(2) Emergency services, as defined in division (A) of section 3923.65 of the Revised Code, twenty-four hours each day on a prudent layperson standard. Residents who are temporarily out of state may receive benefits for emergency services rendered in that state. The Ohio health care agency shall make timely emergency 535
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services, including hospital care and triage, available to all 540
Ohio residents, including all residents not enrolled in the Ohio 541
health care plan. 542

(3) Emergency and other transportation services to covered 543
health care services, subject to division (B) of this section; 544

(4) Rehabilitation services, including speech, occupational, 545
and physical therapy; 546

(5) Inpatient and outpatient mental health services and 547
substance abuse treatment; 548

(6) Hospice care; 549

(7) Prescription drugs and prescribed medical nutrition; 550

(8) Vision care, aids, and equipment; 551

(9) Hearing care, hearing aids, and equipment; 552

(10) Diagnostic medical tests, including laboratory tests and 553
imaging procedures; 554

(11) Medical supplies and prescribed medical equipment, both 555
durable and nondurable; 556

(12) Immunizations, preventive care, health maintenance care, 557
and screening; 558

(13) Dental care; 559

(14) Home health care services. 560

(B) The Ohio health care plan shall provide necessary 561
transportation in each county to covered health care services. 562
Independent transportation providers shall be reimbursed on a 563
fee-for-service basis. Fee schedules for covered transportation 564
may take into account the recognized differences among geographic 565
areas regarding cost. A covered transportation benefits account is 566
hereby created within the Ohio health care fund. 567

(C) The Ohio health care plan shall not exclude or limit 568

coverage of its participants' pre-existing conditions. 569

(D) Residents enrolled in the Ohio health care plan are not 570
subject to copayments, point-of-service charges, or any other fee 571
or charge, and shall not be directly billed by providers for 572
covered health care services provided to the resident. 573

(E) The Ohio health care board, with the consent of the 574
technical and medical advisory board, shall remove or exclude 575
procedures and treatments, equipment, and prescription drugs from 576
the Ohio health care plan's benefit package that the board finds 577
unsafe, experimental, of no proven value, or that add no 578
therapeutic value. 579

(F) The Ohio health care board shall exclude coverage for any 580
surgical, orthodontic, or other medical procedure, or prescription 581
drug, that the technical and medical advisory board determines was 582
or will be provided primarily for cosmetic purposes, unless 583
required to correct a congenital defect, to restore or correct 584
disfigurements resulting from injury or disease, or that is 585
determined to be medically necessary by a qualified, licensed 586
provider. 587

(G) Participants shall have free choice of the providers 588
eligible to participate in the Ohio health care plan. 589

(H) No provider shall be compelled by the Ohio health care 590
agency to offer any particular service, provided that the provider 591
does not discriminate among patients in providing health care 592
services. 593

(I) The Ohio health care plan and the providers participating 594
in the plan shall not discriminate on the basis of race, color, 595
religion, gender, age, national origin, sexual orientation, health 596
status, mental or physical disability, employment status, veteran 597
status, or occupation. 598

Sec. 3920.09. (A) The Ohio health care fund is hereby 599
established in the state treasury. The administrator of finance of 600
the Ohio health care agency shall administer and monitor the Ohio 601
health care fund. All moneys collected and received by the Ohio 602
health care plan shall be transmitted to the treasurer of state 603
for deposit into the Ohio health care fund, to be used to finance 604
the Ohio health care plan and to pay the costs of compensation and 605
training for displaced workers pursuant to section 3920.11 of the 606
Revised Code. 607

(B) The treasurer of state may invest the interest earned by 608
the Ohio health care fund in any manner authorized by the Revised 609
Code for the investment of state moneys. Any revenue or interest 610
earned from the investments shall be credited to the Ohio health 611
care fund. 612

(C) All provider claims for payment for health care services 613
rendered under the Ohio health care plan shall be transmitted to 614
the Ohio health care fund by the provider or the provider's agent. 615
The format of, and the method of transmitting, provider claims 616
shall be determined by the Ohio health care board. 617

(D) All payments for health care services rendered under the 618
Ohio health care plan shall be disbursed from the Ohio health care 619
fund. The administrator of finance of the Ohio health care agency 620
shall establish a reserve account within the Ohio health care 621
fund. When the revenue available to the Ohio health care plan in 622
any biennium exceeds the total amount expended or obligated during 623
that biennium, the excess revenue shall be transferred to the 624
reserve account. The Ohio health care board may use the money in 625
the reserve account for expenses of the Ohio health care agency or 626
the Ohio health care plan. 627

(E) The administrator of finance of the Ohio health care 628
agency shall notify the Ohio health care board when the annual 629

expenditures or anticipated future expenditures of the Ohio health care plan appear to be in excess of the revenues or anticipated revenues for the same period. The Ohio health care board shall implement appropriate cost control measures based on the notification. The Ohio health care board shall seek a special appropriation for the Ohio health care fund if the cost control measures implemented do not reduce the Ohio health care plan's expenditures to an amount that may be covered by its revenue. 630
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Sec. 3920.10. (A) The Ohio health care board shall establish written procedures for the receipt and resolution of disputes and grievances. The procedures shall provide for an initial hearing before the appropriate regional health advisory committee in accordance with division (F) of section 3920.03 of the Revised Code. The board shall accord to plaintiffs the right to be heard at the hearing. 638
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(B) Any party aggrieved by an order or decision issued pursuant to the procedures established in division (A) of this section may appeal the order or decision to the court of common pleas. The appellant shall file a notice of appeal with the Ohio health care board within fifteen days of the filing of the appeal with the court of common pleas. 645
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(C) Appeals of denied claims may be submitted by Ohio health care plan beneficiaries or providers, or businesses selling medical equipment and supplies to the Ohio health care board. The board shall conduct appeals in compliance with its written procedures and both laws of this state and federal laws. 651
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Sec. 3920.11. (A) The department of job and family services shall determine which residents of this state employed by a health care insurer, health insuring corporation, or other health care related business, have lost employment as a result of the 656
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implementation and operation of the Ohio health care plan. The 660
department also shall determine the amount of monthly wages that 661
the resident lost due to the plan's implementation. The department 662
shall attempt to position these displaced workers in comparable 663
positions of employment with the Ohio health care agency. 664

(B) The department of job and family services shall forward 665
the information on the amount of monthly wages lost by Ohio 666
residents due to the implementation of the Ohio health care plan 667
to the Ohio health care agency. The Ohio health care agency shall 668
determine the amount of compensation and training that each 669
displaced worker shall receive and shall submit a claim to the 670
Ohio health care fund for payment. A displaced worker, however, 671
shall not receive compensation from the Ohio health care fund in 672
excess of sixty thousand dollars per year for two years. 673
Compensation paid to the displaced worker under this section shall 674
serve as a supplement to any compensation the worker receives from 675
the department of job and family services. 676

Sec. 3920.12. (A) Any employer operating in this state and 677
providing employees with benefits under a public or private health 678
care policy, plan, or agreement as of the date that benefits are 679
initially provided pursuant to Chapter 3920. of the Revised Code, 680
which benefits are less valuable than those provided by the Ohio 681
health care plan, may participate in the Ohio health care plan or 682
shall provide additional benefits so that, until the expiration of 683
the policy, plan, or agreement, the benefits provided by the 684
employer at least equal the amount and scope of the benefits 685
provided by the Ohio health care plan. If an employer chooses to 686
provide additional benefits to match or exceed the benefits 687
provided by the Ohio health care plan the additional benefits 688
shall include the employer's payment of any employee premium 689
contributions, copayments, and deductible payments called for by 690
the policy, contract, or agreement. Employers are exempt from all 691

health taxes imposed under Chapter 3920. of the Revised Code until 692
the expiration of the policy, plan, or agreement, at which point 693
the employer and the employer's employees become participants in 694
the Ohio health care plan. 695

(B) A person covered by a health care policy, plan, or 696
agreement that has its premiums paid for in any part with public 697
money, including money from the state, a political subdivision, 698
state educational institution, public school, or other entity, 699
shall be covered by the Ohio health care plan on the day that 700
benefits become available under the Ohio health care plan. 701

(C) Health care insurers, health insuring corporations, and 702
other persons selling or providing health care benefits may 703
deliver, issue for delivery, renew, or provide health benefit 704
packages that do not duplicate the health benefit package provided 705
by the Ohio health care plan, but shall not, except as provided by 706
division (A) of this section, deliver, issue for delivery, renew, 707
or provide health benefit packages that duplicate the health 708
benefit package provided by the Ohio health care plan. 709

Sec. 3920.13. The Ohio health care agency is subrogated to 710
all rights of a participant who has received benefits, or who has 711
a right to benefits, under any other policy or contract of health 712
care. 713

Sec. 3920.14. (A) All providers, as defined in section 714
3920.01 of the Revised Code, may participate in the Ohio health 715
care plan. 716

(B) The Ohio health care board and the technical and medical 717
advisory board shall assess the number of primary and specialty 718
providers needed to supply adequate health care services to all 719
participants in the Ohio health care plan, and shall develop a 720
plan to meet that need. The Ohio health care board shall develop 721

incentives for providers in order to increase residents' access to health care services in unserved or underserved areas of the state. 722
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(C) The Ohio health care board annually shall evaluate residents' access to trauma care, and shall establish measures to ensure participants have equitable access to trauma care and to specialized medical procedures and technology. 725
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(D) The Ohio health care board, with the advice of the technical and medical advisory board and the administrator of quality assurance, shall define performance criteria and goals for the Ohio health care plan and shall report to the general assembly at least annually on the plan's performance. The Ohio health care board shall establish a system to monitor the quality of health care and patient and provider satisfaction with that care and a system to devise improvements to the provision of health care services. 729
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(E) All providers subject to the Ohio health care plan shall provide data upon request to the Ohio health care board, which data the board requires to devise methods to maintain and improve the provision of health care services. 738
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(F) The Ohio health care board, with the advice of the technical and medical advisory board, shall coordinate the Ohio health care plan's provision of health care services with any other state and local agencies that provide health care services directly to their residents. 742
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Sec. 3920.15. In the absence of fraud or bad faith, county and city health commissioners, regional health advisory committees, and the Ohio health care board and Ohio health care agency and their members and employees, shall incur no liability in relation to the performance of their duties and responsibilities under sections 3920.01 to 3920.15 of the Revised 747
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Code. The state shall incur no liability in relation to the 753
implementation and operation of the Ohio health care plan. 754

Sec. 3920.21. (A) The Ohio health care board shall prepare 755
and recommend to the general assembly an annual budget for health 756
care that specifies and establishes a limit on total annual state 757
expenditures for health care provided pursuant to sections 3920.01 758
to 3920.15 of the Revised Code. The budget shall include all of 759
the following components: 760

(1) A system budget covering all expenditures for the system, 761
in accordance with section 3920.22 of the Revised Code; 762

(2) Provider budgets for the fee-for-service and integrated 763
health delivery system and for individual health care facilities 764
and their associated clinics, in accordance with section 3920.23 765
of the Revised Code; 766

(3) A capital investment budget in accordance with section 767
3920.24 of the Revised Code; 768

(4) A purchasing budget in accordance with section 3920.25 of 769
the Revised Code; 770

(5) A research and innovation budget in accordance with 771
section 3920.26 of the Revised Code. 772

(B) In preparing the budget, the Ohio health care board shall 773
consider anticipated increased expenditures and savings, 774
including, but not limited to, projected increases in expenditures 775
due to improved access for underserved populations and improved 776
reimbursement for primary care, projected administrative savings 777
under the single-payer mechanism, projected savings in 778
prescription drug expenditures under competitive bidding and a 779
single buyer, and projected savings due to provision of primary 780
care rather than emergency room treatment. 781

Sec. 3920.22. (A) The system budget referred to in division 782
(A)(1) of section 3920.21 of the Revised Code shall comprise the 783
cost of the system, services and benefits provided, 784
administration, data gathering, planning and other activities, and 785
revenues deposited with the system account of the Ohio health care 786
fund. 787

The Ohio health care board shall limit administrative costs 788
to five per cent of the system budget and shall annually evaluate 789
methods to reduce administrative costs and report the results of 790
that evaluation to the general assembly. The board shall also 791
limit growth of health care costs in the system budget by 792
reference to changes in state gross domestic product, population, 793
employment rates, and other demographic indicators, as 794
appropriate. Moneys in the reserve account of the Ohio health care 795
fund shall not be considered as available revenues for purposes of 796
preparing the system budget. 797

(B) The Ohio health care board shall implement cost control 798
measures pursuant to division (A) of this section. However, no 799
cost control measure shall limit access to care that is needed on 800
an emergency basis or that is determined by a patient's provider 801
to be medically appropriate for a patient's condition. 802

Mandatory cost control measures include, but are not limited 803
to, some or all of the following: 804

(1) Postponement of the introduction of new benefits or 805
benefit improvements; 806

(2) Postponement of new capital investment; 807

(3) Adjustment of provider budgets to correct for 808
inappropriate provider utilization; 809

(4) Establishment of a limit on provider reimbursement above 810
a specified amount of aggregate billing; 811

(5) Deferred funding of the reserve account; 812

(6) Establishment of a limit on aggregate reimbursements to pharmaceutical manufacturers; 813
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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. 815
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Sec. 3920.23. (A) The provider budgets referred to in division (A)(2) of section 3920.21 of the Revised Code shall include allocations for fee-for-service providers and capitated providers. These allocations shall consider the relative usage of fee-for-service providers and capitated providers. Each annual provider budget shall include adjustments to reflect 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. 818
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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. 828
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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 3920.22 of the Revised Code. 831
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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 839
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establish the reimbursement rates. Reimbursement rates shall 842
reflect the goals of the system. 843

(2) The budget shall detail all operating expenses for health 844
care facilities or clinics that are not part of a capitated 845
provider network. In establishing a health care facility budget, 846
the Ohio health care board shall develop and utilize separate 847
formulas that reflect the differences in cost of primary, 848
secondary, and tertiary care services and health care services 849
provided by academic medical centers. The board shall negotiate 850
reimbursement rates with facilities and clinics. Reimbursement 851
rates shall reflect the goals of the system. 852

(C)(1) The budget for capitated providers shall be sufficient 853
to cover all included services anticipated to be required by 854
eligible individuals choosing an integrated health care delivery 855
system at the rates negotiated or set by the Ohio health care 856
board. All health care facilities, group practices, and integrated 857
health care systems shall submit annual operating budget requests 858
to the board and may choose to be reimbursed through a global 859
facility budget or on a capitated basis. The board shall adjust 860
budgets on the basis of the health risk of enrollees; the scope of 861
services provided; proposed innovative programs that improve 862
quality, workplace safety, or consumer, provider, or employee 863
satisfaction; costs of providing care for nonmembers; and an 864
appropriate operating margin. 865

(2) Providers that choose to operate a health care facility 866
on a capitated basis shall not be paid additionally on a 867
fee-for-service basis unless they are providing services in a 868
separate private medical practice or health care facility. 869
Providers and health care facilities that operate on a capitated 870
basis shall report immediately any projected operating deficits to 871
the Ohio health care board. The board shall determine whether the 872
projected deficits reflect appropriate increases in health care 873

needs, in which case the board shall adjust the provider or health care facility budget appropriately. If the board determines that the deficit is not justifiable, no adjustment shall be made. 874
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(3) The board may terminate the funding for health care facilities, group practices, and integrated health care systems or particular services provided by them if they fail to meet standards of care and practice established by the board. The board shall make future funding contingent on measurable improvements in quality of care and health care outcomes. 877
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(D) The Ohio health care board shall prohibit charges to the Ohio health care plan or to patients for covered health care services other than those established by regulation, negotiation, or the appeals process. Licensed health care providers who provide services not covered by sections 3920.01 to 3920.15 of the Revised Code may charge patients for those services. 883
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Sec. 3920.24. (A) The capital investment budget referred to in division (A)(3) of section 3920.21 of the Revised Code shall be established by the Ohio health care board, with the advice of the technical and medical advisory board and its staff, and shall provide for capital maintenance and development. In preparing the budget, the Ohio health care board shall determine capital investment priorities and evaluate whether the capital investment program has improved access to services and has eliminated redundant capital investments. 889
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(B) All capital investments valued at five hundred thousand dollars or greater, including the costs of studies, surveys, design plans and working drawing specifications, and other activities essential to planning and execution of capital investment, and all capital investments that change the bed capacity of a health care facility or add a new service or license category incurred by any health system entity, shall require the 898
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approval of the Ohio health care board. When a health care facility, or individual acting on behalf of a health care facility, or any other purchaser, obtains by lease or comparable arrangement any health care facility or part of a health care facility, or any equipment for a health care facility, the market value of which would have been a capital expenditure, the lease or arrangement shall be considered a capital expenditure for purposes of sections 3920.01 to 3920.15 of the Revised Code. 905
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(C) Health care facilities shall provide the Ohio health care board with at least three-months' advance notice of any planned capital investment of more than fifty thousand dollars but less than five hundred thousand dollars. These capital investments shall minimize unneeded expansion of health care facilities and services based on the priorities and goals for capital investment established by the board. 913
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(D) No capital investment shall be undertaken using funds from a health care facility operating budget. 920
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Sec. 3920.25. The purchasing budget referred to in division (A)(4) of section 3920.21 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. 922
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Sec. 3920.26. The research and innovation budget referred to in division (A)(5) of section 3920.21 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 928
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care, educating patients, and improving communication among health care providers. 935
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Sec. 3920.27. 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. 937
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Sec. 3920.28. Funding of the Ohio health care plan shall be obtained from the following sources: 945
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(A) Funds made available to the Ohio health care plan pursuant to sections 3920.31 to 3920.33 of the Revised Code; 947
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(B) Funds obtained from other federal, state, and local governmental sources and programs; 949
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(C) Receipts from taxes levied on employers' payrolls to be paid by employers. The tax rate in the first year shall not exceed three and eighty-five hundredths per cent of the payroll. 951
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(D) Receipts from additional taxes levied on businesses' gross receipts. The tax rate in the first year shall not exceed three per cent of the gross receipts. 954
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(E) Receipts from additional income taxes, equal to six and two-tenths per cent of an individual's compensation in excess of the amount subject to the social security payroll tax; 957
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(F) Receipts from additional income taxes, equal to five per cent of all of an individual's Ohio adjusted gross income, less the exemptions allowed under section 5747.025 of the Revised Code, in excess of two hundred thousand dollars. 960
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Sec. 3920.31. (A) As used in sections 3920.31 to 3920.33 of 964
the Revised Code: 965

(1) "CHIP" means the children's health insurance program 966
parts I and II provided for by sections 5101.50 to 5101.5110 of 967
the Revised Code. 968

(2) "Federal employees health benefits program" means the 969
program of health insurance benefits available to employees of the 970
federal government that the United States office of personnel 971
management is authorized to contract for under 5 U.S.C. 8902. 972

(3) "Federal poverty guidelines" has the same meaning as in 973
section 5101.46 of the Revised Code. 974

(4) "Medicaid" means the program provided for under Title XIX 975
of the "Social Security Act," 79 Stat. 286 (1965), 42 U.S.C. 1396, 976
as amended. 977

(5) "Medicare" means the program provided for under Title 978
XVII of the "Social Security Act," 79 Stat. 286 (1965), 42 U.S.C. 979
1395, as amended. 980

(B) At the request of the Ohio health care board, the Ohio 981
health care agency's executive director shall seek federal 982
financial participation in the Ohio health care plan, including 983
funding otherwise available under medicare, medicaid, CHIP, and 984
the federal employees health benefits program. The executive 985
director shall request that the amount of the federal financial 986
participation be at least equal to the medicaid federal financial 987
participation rate in effect for this state on the effective date 988
of this section. The executive director shall periodically seek 989
adjustments to the federal financial participation rate for the 990
Ohio health care plan to reflect changes in the state domestic 991
gross product, the state's population, including changes in age 992
groups, and the number of residents with income below the federal 993

poverty guidelines. 994

Sec. 3920.32. At the request of the Ohio health care board, 995
the Ohio health care agency's executive director shall negotiate 996
with the United States office of personnel management to have 997
included in the Ohio health care plan residents of this state who 998
would otherwise be covered by the federal employees health 999
benefits program. As part of the negotiations, the executive 1000
director shall seek to have the federal government provide the 1001
Ohio health care plan with amounts equal to the amount federal 1002
employees participating in the Ohio health care plan would 1003
otherwise pay as premiums under the federal employees health 1004
benefits program. 1005

Sec. 3920.33. At the request of the Ohio health care board, 1006
the director of job and family services shall seek any federal 1007
waivers necessary for the Ohio health care plan to receive federal 1008
financial participation under section 3920.31 of the Revised Code 1009
otherwise available under the medicaid and CHIP programs. 1010
Notwithstanding sections 5101.50 to 5101.5110 of the Revised Code 1011
and Chapter 5111. of the Revised Code, the director of job and 1012
family services shall cease to implement the medicaid and CHIP 1013
programs on implementation of federal waivers authorizing the use 1014
of federal medicaid and CHIP funds for the Ohio health care plan, 1015
if necessary due to the implementation of the waivers. 1016

Section 2. That existing section 109.02 of the Revised Code 1017
is hereby repealed. 1018

Section 3. In the first two years following the effective 1019
date of sections 3920.01 to 3920.33 of the Revised Code, the Ohio 1020
Health Care Board shall prepare for the delivery of universal, 1021
affordable health care coverage to all eligible Ohio residents and 1022
individuals employed in Ohio. The Ohio Health Care Board shall 1023

appoint a Transition Advisory Group to assist with the transition 1024
to the provision of care under the Ohio Health Care Plan. The 1025
transition group shall include, but is not limited to, a broad 1026
selection of experts in health care finance and administration, 1027
providers from a variety of medical fields, representatives of 1028
Ohio's counties, employers and employees, representatives of 1029
hospitals and clinics, and representatives from state regulatory 1030
bodies. Members of the Transition Advisory Group shall be 1031
reimbursed by the Ohio Health Care Agency for necessary and actual 1032
expenses incurred in the performance of their duties as members. 1033