(130th General Assembly)
(Substitute Senate Bill Number 9)

AN ACT

To amend section 1751.31 and to suspend sections 1751.15, 1751.16, 1751.17, 3923.122, 3923.58, 3923.581, 3923.582, 3923.59, 3924.07, 3924.08, 3924.09, 3924.10, 3924.11, 3924.111, 3924.12, 3924.13, and 3924.14 of the Revised Code to make changes to the procedure for submission and review of a health insuring corporation's solicitation document, and to suspend the enforcement of the Ohio Open Enrollment Program, the Ohio Health Reinsurance Program, and the option for conversion of a health insurance contract or policy under certain circumstances during the period beginning January 1, 2014, and expiring January 1, 2018.

Be it enacted by the General Assembly of the State of Ohio:

SECTION 1. That section 1751.31 of the Revised Code be amended to read as follows:

Sec. 1751.31. (A) Any changes in a health insuring corporation's solicitation document shall be filed with the superintendent of insurance thirty days prior to use for informational purposes, and shall comply with the requirements of this section. ~~The~~ If the superintendent finds that any solicitation document fails to comply with the requirements of this section, the superintendent~~, within sixty days of filing,~~ may disapprove any solicitation document or require amendment to it on any of the grounds stated in this section. Such disapproval shall be effected by written notice to the health insuring corporation. The notice shall state the grounds for disapproval and shall be issued in accordance with Chapter 119. of the Revised Code.

(B) The solicitation document shall contain all information necessary to enable a consumer to make an informed choice as to whether or not to enroll in the health insuring corporation. The information shall include a specific description of the health care services to be available and the approximate

number and type of full-time equivalent medical practitioners. The information shall be presented in the solicitation document in a manner that is clear, concise, and intelligible to prospective applicants in the proposed service area.

(C) Every potential applicant whose subscription to a health care plan is solicited shall receive, at or before the time of solicitation, a solicitation document approved by the superintendent.

(D) Notwithstanding division (A) of this section, a health insuring corporation may use a solicitation document that the corporation uses in connection with policies for medicare beneficiaries pursuant to a medicare risk contract or medicare cost contract, or for policies for beneficiaries of the federal employees health benefits program pursuant to 5 U.S.C.A. 8905, or for policies for medicaid recipients, or for policies for beneficiaries of any other federal health care program regulated by a federal regulatory body, or for policies for beneficiaries of contracts covering officers or employees of the state entered into by the department of administrative services, if both of the following apply:

(1) The solicitation document has been approved by the United States department of health and human services, the United States office of personnel management, the department of job and family services, or the department of administrative services.

(2) The solicitation document is filed with the superintendent of insurance prior to use and is accompanied by documentation of approval from the United States department of health and human services, the United States office of personnel management, the department of job and family services, or the department of administrative services.

(E) No health insuring corporation, or its agents or representatives, shall use monetary or other valuable consideration, engage in misleading or deceptive practices, or make untrue, misleading, or deceptive representations to induce enrollment. Nothing in this division shall prohibit incentive forms of remuneration such as commission sales programs for the health insuring corporation's employees and agents.

(F) Any person obligated for any part of a premium rate in connection with an enrollment agreement, in addition to any right otherwise available to revoke an offer, may cancel such agreement within seventy-two hours after having signed the agreement or offer to enroll. Cancellation occurs when written notice of the cancellation is given to the health insuring corporation or its agents or other representatives. A notice of cancellation mailed to the health insuring corporation shall be considered to have been filed on its postmark date.

(G) Nothing in this section shall prohibit healthy lifestyle programs.

SECTION 2. That existing section 1751.31 of the Revised Code is hereby repealed.

SECTION 3. (A) During the period beginning on January 1, 2014, and expiring January 1, 2018, the operation of sections 1751.15, 1751.16, 1751.17, 3923.122, 3923.58, 3923.581, 3923.582, 3923.59, 3924.07, 3924.08, 3924.09, 3924.10, 3924.11, 3924.111, 3924.12, 3924.13, and 3924.14 of the Revised Code are suspended. The suspension shall take effect in accordance with the following:

(1) Carriers shall not be required to offer open enrollment coverage under the Ohio Open Enrollment Program on or after January 1, 2014. In addition, carriers shall not reinsure any insurance policies with the Ohio Health Reinsurance Program during the suspension of the Program on or after January 1, 2014.

(2) Notwithstanding this section, the Board of Directors of the Ohio Health Reinsurance Program shall continue to have all of the authority and protection provided by sections 3924.07 to 3924.14 of the Revised Code during the period beginning January 1, 2014, and ending December 31, 2014, in order to wind up the affairs of the Ohio Health Reinsurance Program. This shall include, but is not limited to, the receipt, processing, and payment of all claims incurred on or before January 1, 2014, assessments needed to fund the wind up of the Program, the refund of any excess assessments, and the preparation of final audited financial statements and tax returns.

(3) With respect to an open enrollment or conversion policy or contract issued prior to January 1, 2014, a carrier may terminate such policy or contract on or after January 1, 2014, if the carrier does both of the following:

(a) Provides notice of termination to the policy or contract holder at the time the policy is issued or at least ninety days prior to the termination;

(b) Offers the policy or contract holder the option to purchase other coverage offered by the insurer to be effective at the time of the termination.

(4) Carriers shall not be required to include any option to convert coverage as required by sections 1751.16, 1751.17, and 3923.122 of the Revised Code in any policy or contract issued on or after January 1, 2014.

(B) If the amendments made by 42 U.S.C. 300gg-1 and 300gg-6, regarding the requirements related to health insurance coverage, do not take

effect January 1, 2014, or become ineffective prior to the expiration of the suspension on January 1, 2018, then sections 1751.15, 1751.16, 1751.17, 3923.122, 3923.58, 3923.581, 3923.582, 3923.59, 3924.07, 3924.08, 3924.09, 3924.10, 3924.11, 3924.111, 3924.12, 3924.13, and 3924.14 of the Revised Code, in either their present form or as they are later amended, again become operational.

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Speaker _____ of the House of Representatives.

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President _____ of the Senate.

Passed _____, 20____

Approved _____, 20____

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Governor.

The section numbering of law of a general and permanent nature is complete and in conformity with the Revised Code.

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Director, Legislative Service Commission.

Filed in the office of the Secretary of State at Columbus, Ohio, on the ____ day of _____, A. D. 20____.

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Secretary of State.

File No. _____ Effective Date _____