

OHIO

SENATE

JOURNAL

TUESDAY, NOVEMBER 14, 2006

TWO HUNDRED THIRTY-SIXTH DAY
Senate Chamber, Columbus, Ohio
Tuesday, November 14, 2006, 1:30 p.m.

The Senate met pursuant to adjournment.

Prayer was offered by Reverend Abby Flemister, Trinity Episcopal Church, Columbus, Ohio, followed by the Pledge of Allegiance to the Flag.

The journal of the last legislative day was read and approved.

**REPORTS OF REFERENCE AND BILLS FOR SECOND
CONSIDERATION**

Senator Schuring reports for the Standing Committee on Reference, recommending that the following bills and resolutions, standing in order for second consideration, be referred to committee as recommended:

Sub. H. B. No. 293—Representatives Kilbane, Miller, Trakas, McGregor, J., Wolpert, Evans, C., Reidelbach, Gilb, Faber, Cassell, Kearns, Hartnett, Carano, Boccieri, Healy, Buehrer, Aslanides, Barrett, Beatty, Blessing, Book, Brinkman, Brown, Bubp, Calvert, Chandler, Coley, Collier, Combs, DeBose, DeGeeter, DeWine, Distel, Dolan, Domenick, Evans, D., Fessler, Garrison, Gibbs, Hagan, Harwood, Hughes, Key, Koziura, Latta, Law, Martin, Mason, Oelslager, Otterman, Patton, T., Perry, Peterson, Raussen, Reed, Sayre, Schaffer, Schlichter, Schneider, Seitz, Setzer, Skindell, Smith, S., Stewart, D., Stewart, J., Strahorn, Taylor, Ujvagi, Wagoner, Webster, Williams, Woodard, Yates, Yuko.

To amend section 135.353 and to enact sections 135.804, 135.805, 135.806, and 135.807 of the Revised Code to authorize boards of county commissioners to establish property tax payment linked deposit programs to assist senior citizens and permanently and totally disabled citizens in paying property taxes on their homesteads.

To the Committee on Ways and Means and Economic Development.

Sub. H. B. No. 343—Representatives Raga, Bubp, Evans, D., Key, Law, Widowfield, Barrett, Chandler, Collier, Combs, DeBose, DeWine, Domenick, Evans, C., Gilb, Harwood, Koziura, Oelslager, Patton, T., Setzer, Ujvagi, Wagoner, Webster, Williams.

To amend sections 4507.05, 4507.071, and 4511.81 of the Revised Code to place certain restrictions on the operation of motor vehicles by probationary license holders and temporary instruction permit holders who are less than 18 years of age, to require children who are between four and fifteen years of age to be restrained in either a child restraint system or an occupant restraining

device when being transported in a motor vehicle, and to eliminate the nonresident exemption from the motor vehicle child restraint law.

To the Committee on State and Local Government and Veterans' Affairs.

Am. H. B. No. 358-Representatives Wagoner, Martin, Aslanides, Bubp, Buehrer, Combs, Core, Dolan, Domenick, Evans, C., Evans, D., Faber, Fessler, Harwood, Hughes, Law, McGregor, R., Oelslager, Patton, T., Reidelbach, Schaffer, Schneider, Seitz, Setzer, Trakas, Webster, White, Coley.

To amend section 5111.013 and to enact section 5111.0119 of the Revised Code to require Medicaid applicants to supply documentation of citizenship or alien status.

To the Committee on Health, Human Services and Aging.

Sub. H. B. No. 383-Representatives Fessler, Schaffer, McGregor, J., Seitz, Reidelbach, Chandler, Barrett, Yuko, Carano, Cassell, DeBose, Distel, Domenick, Evans, C., Faber, Harwood, Key, Law, Otterman, Raussen, Williams.

To amend sections 2151.421, 5104.011, 5104.02, 5104.03, 5104.04, 5104.10, and 5104.99 and to enact sections 5104.016, 5104.041, 5104.042, 5104.043, 5104.044, and 5104.14 of the Revised Code to modify the laws pertaining to the licensing of child care providers and the child abuse memorandum of understanding that must be prepared for each county.

To the Committee on Health, Human Services and Aging.

Sub. H. B. No. 401-Representatives Law, Flowers, Coley, Uecker, Patton, S., Bubp, Evans, D., Key, Perry, Sayre, Blessing, Book, Brown, DeBose, Distel, Dolan, Domenick, Driehaus, Fende, Hagan, Harwood, Hughes, Koziura, Martin, McGregor, J., Otterman, Patton, T., Reed, Reidelbach, Schaffer, Setzer, Smith, G., Stewart, D., Wagoner, Widener, Williams, Yuko.

To amend sections 505.38, 737.08, 737.22, 3737.66, 4765.01, 4765.04, 4765.49, and 4765.55 of the Revised Code to provide for the adoption of rules governing firefighter training.

To the Committee on State and Local Government and Veterans' Affairs.

H. B. No. 571-Representatives Hughes, Collier, Evans, C., Evans, D., Widener, Latta, Gilb, Mason, Yuko, Key, Seitz, Allen, Barrett, Beatty, Book, Brown, Bubb, Buehrer, Carano, Chandler, Combs, Daniels, DeBose, Dolan, Domenick, Driehaus, Faber, Fende, Garrison, Gibbs, Hartnett, Harwood, Hoops, Law, McGregor, J., Otterman, Patton, S., Patton, T., Perry, Reed, Reidelbach, Schaffer, Schlichter, Schneider, Seaver, Setzer, Smith, G., Stewart, D., Stewart, J., Strahorn, Wagoner.

To amend sections 109.741 and 313.08 and to enact sections 2901.41 and 2901.42 of the Revised Code relative to missing persons in Ohio.

To the Committee on Judiciary - Criminal Justice.

H. C. R. No. 44-Representatives Wagoner, Evans, C., Stewart, D., Evans, D., Seitz, Yates, Allen, McGregor, J., Skindell, Combs, Setzer, Fende, Kilbane, Reidelbach, Ujvagi, Smith, G., Perry, Flowers, Hughes, Chandler, Wolpert.

To urge the National Civic League to choose Maumee, Columbus, and Fairview Park for 2006 All-America City Awards.

To the Committee on State and Local Government and Veterans' Affairs.

S. B. No. 340-Senator Kearney.

To amend sections 5733.01, 5733.98, 5747.98, and 5751.98 and to enact sections 5733.58, 5747.81, and 5751.54 of the Revised Code to grant a tax credit to businesses that provide health care benefits.

To the Committee on Ways and Means and Economic Development.

S. B. No. 341-Senators Dann, Fedor, Miller, D., Fingerhut.

To enact section 3109.21 of the Revised Code to allow a child to use electronic communication as a method to supplement the contact between the child and a party who is subject to court-ordered parenting time, companionship, or visitation, or shared parenting arrangement.

To the Committee on Judiciary - Civil Justice.

S. B. No. 342-Senators Cates, Hagan, Schuring, Miller, R., Miller, D.,

Schuler, Jacobson, Kearney, Stivers, Fedor, Fingerhut, Coughlin, Armbruster, Goodman, Hottinger, Carey, Spada, Clancy.

To amend sections 121.08, 301.28, 955.013, 955.03, 955.05, 955.07, 955.10, 955.12, 955.14, 955.20, 955.21, and 1901.183, to enact sections 4780.01 to 4780.18, 4780.20, 4780.98, and 4780.99, and to repeal sections 955.02 and 955.04 of the Revised Code to establish licensing requirements and standards of care for commercial dog kennels, commercial dog intermediaries, animal rescues, and animal shelters.

To the Committee on State and Local Government and Veterans' Affairs.

S. B. No. 343-Senators Fedor, Dann, Miller, D., Miller, R., Hagan, Clancy.

To enact section 2305.117 of the Revised Code to provide a period of one or two years, depending upon the circumstances, for the filing of assault or battery actions by victims of childhood sexual abuse based on childhood sexual abuse occurring within the preceding 35 years, or civil actions by victims of childhood sexual abuse asserting resulting claims, that otherwise are barred by the expiration of the period of limitations.

To the Committee on Judiciary - Civil Justice.

S. B. No. 344-Senators Fedor, Zurz, Hagan, Schuring, Miller, R., Miller, D., Prentiss, Dann, Roberts.

To amend sections 117.11, 3314.024, and 3314.03 and to enact section 117.103 of the Revised Code to clarify that community schools are subject to public audit and to require the Auditor of State to conduct regular audits of community school sponsors and operators.

To the Committee on Education.

S. B. No. 345-Senators Fedor, Miller, D., Miller, R., Zurz, Hagan, Kearney, Dann.

To enact section 3302.20 of the Revised Code to create task forces in each city, exempted village, and local school district to develop strategies to close achievement gaps.

To the Committee on Education.

S. B. No. 346-Senators Fedor, Amstutz, Miller, D., Miller, R., Hagan, Kearney, Dann.

To enact section 3321.50 of the Revised Code to require the board of education of each school district to offer a school-parent compact.

To the Committee on Education.

S. B. No. 347-Senator Kearney.

To enact section 122.076 of the Revised Code to create an ethanol and biodiesel producer grant program.

To the Committee on Energy and Public Utilities.

S. B. No. 348-Senators Stivers, Goodman, Schuler.

To amend section 3318.023 and to enact section 3318.39 of the Revised Code to create the Rapid Enrollment Growth School Facilities Assistance Program.

To the Committee on Finance and Financial Institutions.

S. B. No. 349-Senators Schuler, Amstutz, Cates, Clancy, Goodman, Jacobson, Miller, D., Miller, R., Mumper, Padgett, Spada, Zurz.

To enact section 4113.81 of the Revised Code to prohibit an employer from requiring an employee of the employer to insert into the employee's body a radio frequency identification tag.

To the Committee on Judiciary - Civil Justice.

S. B. No. 350-Senators Miller, R., Dann, Fedor, Hagan, Kearney, Prentiss, Roberts, Wilson, Zurz.

To amend sections 3503.14, 3503.19, and 3599.11 of the Revised Code to revise the law regarding persons who help another register to vote outside an official registration place by reducing the applicable penalty for failing to return a completed voter registration application, increasing the time within which an application may be returned, and specifying the circumstances under which an individual or an organization is liable for the failure to return an

application.

To the Committee on State and Local Government and Veterans' Affairs.

S. B. No. 351-Senators Spada, Amstutz, Grendell, Mumper, Padgett, Schuring, Cates, Zurz.

To amend Sections 209.18 and 209.18.09 of Am. Sub. H.B. 66 of the 126th General Assembly, as subsequently amended, to establish the Commercial Fishing Buy Out Program and to make an appropriation.

To the Committee on Environment and Natural Resources.

S. B. No. 352-Senators Goodman, Stivers, Jacobson, Carey, Clancy, Coughlin, Fedor, Miller, R..

To amend section 2929.18 and to enact sections 2905.31, 2905.32, 2905.33, 2905.34, and 2905.35 of the Revised Code to prohibit involuntary servitude, sexual servitude of a minor, and trafficking in persons for forced labor or services.

To the Committee on Judiciary - Criminal Justice.

S. B. No. 353-Senator Schuring.

To enact section 122.071 of the Revised Code to establish in the Department of Development the Commission on Fair and Free Trade and Manufacturing Development.

To the Committee on Ways and Means and Economic Development.

S. B. No. 354-Senators Stivers, Schuring, Kearney, Clancy.

To amend section 3302.03 of the Revised Code to eliminate the requirement that a school district or building that fails to make "adequate yearly progress" for more than two consecutive years be rated no higher than "in need of continuous improvement" on the annual state academic performance ratings.

To the Committee on Education.

S. B. No. 355-Senator Kearney.

To amend sections 2929.14, 2941.141, 2941.142, 2941.143, 2941.144, 2941.145, 2941.146, and 2941.1412 of the Revised Code to allow a court to choose from a range of mandatory prison terms when imposing a prison term for a firearms or school safety zone specification and to expand the range of mandatory prison terms from which a court may choose when imposing a prison term for a criminal gang specification.

To the Committee on Judiciary - Criminal Justice.

S. B. No. 356-Senators Fedor, Miller, R., Roberts, Miller, D., Dann.

To amend sections 109.42, 109.73, 2317.02, 2743.191, 2901.13, 2921.22, 2923.01, and 2929.18 and to enact sections 109.43, 109.745, 109.746, 2305.117, 2307.54, 2905.31, 2905.32, 2905.33, 2905.34, 2905.35, 2929.181, 2930.21, 2930.22, and 2930.23 of the Revised Code relative to trafficking in persons.

To the Committee on Judiciary - Criminal Justice.

S. B. No. 357-Senators Coughlin, Austria, Carey, Clancy, Gardner, Grendell, Mumper, Schuring, Spada, Wachtmann, Harris, Goodman.

To amend section 2950.99 of the Revised Code to make a violation of the prohibition under the Sex Offender Registration and Notification Law against certain offenders residing within 1,000 feet of any school premises a felony of the fifth degree.

To the Committee on Judiciary - Criminal Justice.

S. B. No. 358-Senators Goodman, Harris, Jacobson, Cates, Coughlin, Wachtmann, Austria, Spada, Stivers, Schuler, Schuring, Padgett, Gardner, Grendell, Clancy, Carey.

To amend sections 149.43, 2305.09, 2901.13, and 3705.16 and to enact sections 109.941, 149.45, 149.46, and 1349.52 of the Revised Code to allow a consumer to place a security freeze on the consumer's credit report, to specify that Social Security numbers are confidential, to specify that certain personal information is not a public record, to require a public office to redact from a document that is otherwise a public record certain personal information, to require a public office to redact Social Security numbers and other confidential information from any document that is made available online to

the public through the internet, to require the Office of Criminal Justice Services to make state funding grants available to local law enforcement agencies for enforcement of identity fraud laws, to require the attorney general to support local law enforcement agencies with the enforcement of identity fraud laws, and to enact a special statute of limitations for criminal prosecutions and civil actions against identity fraud.

To the Committee on Judiciary - Civil Justice.

S. B. No. 359-Senators Miller, D., Zurz, Prentiss, Spada, Miller, R..

To amend Sections 206.66.22 and 206.66.23 of Am. Sub. H.B. 66 of the 126th General Assembly, as subsequently amended, regarding the Medicaid reimbursement rate for qualified replacement nursing facilities for fiscal years 2006 and 2007.

To the Committee on Finance and Financial Institutions.

S. B. No. 360-Senator Coughlin.

To amend section 2919.27 and to enact sections 2919.31 to 2919.39 of the Revised Code to adopt the Uniform Interstate Enforcement of Domestic-Violence Protection Orders Act.

To the Committee on Judiciary - Criminal Justice.

S. B. No. 361-Senator Kearney.

To enact sections 3742.55 and 3742.56 of the Revised Code to establish a grant program to pay lead hazard removal costs incurred by qualified homeowners and to make an appropriation.

To the Committee on Finance and Financial Institutions.

S. B. No. 362-Senators Gardner, Spada, Mumper.

To enact sections 4774.01, 4774.02, 4774.04, 4774.06, 4774.08, 4774.10, and 4774.99 of the Revised Code regarding licensure of radiologist assistants.

To the Committee on Health, Human Services and Aging.

S. B. No. 363-Senators Hagan, Miller, D., Miller, R..

To amend section 3750.20 and to enact sections 3750.23 and 4999.09 of the Revised Code to require rail owners and operators to secure rail facilities and equipment from the threat of terrorism through the development of a vulnerability assessment, an infrastructure protection program, and proper communication with public authorities and to prohibit a railroad from operating a locomotive, other than on a passenger train, over the road between two terminals with less than two crew members present in the crew compartment.

To the Committee on Highways and Transportation.

S. B. No. 364-Senators Goodman, Carey, Cates, Coughlin.

To amend sections 319.202, 322.07, 323.152, 323.153, 323.154, 323.159, 4503.06, 4503.064, 4503.065, 4503.066, and 4503.067 of the Revised Code to extend the homestead exemption to individuals having annual incomes of fifty thousand dollars or less and to change the manner in which the homestead exemption tax reduction is calculated for certain eligible homeowners.

To the Committee on Ways and Means and Economic Development.

S. B. No. 365-Senators Miller, R., Zurz, Hagan, Kearney.

To amend sections 5747.01, 5747.08, and 5747.98 and to enact sections 3727.18, 3727.181, 3727.182, 3727.183, 3727.184, 3727.185, 3727.186, 3727.187, 4723.11, 4723.111, and 5747.72 of the Revised Code regarding tuition reimbursement, tax credits, and mandatory overtime for nurses and nurse aides.

To the Committee on Health, Human Services and Aging.

S. B. No. 366-Senators Hottinger, Mumper, Schuring.

To amend sections 303.211 and 519.211 of the Revised Code to expand township and county zoning authority to telecommunications towers located in areas zoned for agricultural use and to modify notice requirements for a proposed tower.

To the Committee on State and Local Government and Veterans' Affairs.

S. B. No. 367-Senators Dann, Fingerhut, Kearney, Miller, D., Grendell, Hagan.

To amend sections 5703.053, 5703.70, 5735.15, 5735.16, 5735.23, 5735.26, and 5735.291 and to enact section 5735.144 of the Revised Code to authorize a partial refund of motor fuel taxes paid by police and fire departments from January 1, 2007, to June 30, 2007.

To the Committee on Ways and Means and Economic Development.

S. B. No. 368-Senator Cates.

To amend sections 2909.30, 2913.31, 2923.125, 2923.1210, 2923.1213, 2943.031, 3333.31, 3905.932, and 4705.01, and to enact sections 8.01, 8.10, 8.11, 8.12, 8.13, 8.14, 8.15, 8.16, 8.20, 8.99, 109.45, 2905.04, 2905.111, 4141.293, 5101.19, 5101.491, and 6301.11 of the Revised Code to establish an Office of Immigration Compliance in the Attorney General's office, to prohibit the issuance of a concealed carry permit to an illegal alien, to prohibit the provision of a bail bond to an illegal alien, to restrict the provision of public benefits to illegal aliens, to limit the rendering of immigration or nationality services, to adopt other provisions related to the employment of unauthorized aliens and the education and transportation of illegal aliens and to define terms related to aliens and immigrants.

To the Committee on State and Local Government and Veterans' Affairs.

S. B. No. 369-Senators Stivers, Miller, R., Padgett, Clancy, Miller, D., Fingerhut, Armbruster, Goodman, Spada, Wilson.

To amend sections 5111.011, 5111.0118, and 5111.851 and to enact sections 5111.182, 5111.70, 5111.701, 5111.702, 5111.703, 5111.704, 5111.705, 5111.706, 5111.707, 5111.708, 5111.709, and 5111.7010 of the Revised Code to establish the Medicaid Buy-In for Workers with Disabilities Program and a Medicaid program for individuals who exhaust benefits under a qualified long-term care insurance policy.

To the Committee on Finance and Financial Institutions.

S. B. No. 370-Senators Stivers, Gardner, Dann, Cates, Coughlin, Austria, Padgett.

To amend section 2950.99 of the Revised Code to increase the penalties for

violations of the Sexual Offender Registration Law.

To the Committee on Judiciary - Criminal Justice.

S. B. No. 371-Senator Gardner.

To amend sections 1901.01, 1901.02, 1901.03, 1901.08, 1901.34, and 1907.11 of the Revised Code to create the Erie County Municipal Court on January 1, 2008, to establish one full-time judgeship in that court, to abolish the Erie County County Court on that date, to provide for the election for the Erie County Municipal Court of one full-time judge in 2007, and to declare an emergency.

To the Committee on Judiciary - Civil Justice.

S. B. No. 372-Senator Schuring.

To amend sections 319.202, 319.302, 323.01, 323.152, 323.153, 323.154, 323.156, 323.99, 4503.065, 4503.066, 4503.068, 5747.01, 5747.24, 5748.01, 6101.48, 6101.53, and 6101.99, to enact sections 323.16, 323.161, 323.162, 323.163, 323.164, 323.165, 5703.90, 6101.85, 6101.851, 6101.852, 6101.853, 6101.854, 6101.855, and 6101.856, and to repeal section 5747.25 of the Revised Code to authorize political subdivisions to extend to certain property owners enhanced homestead exemptions or property tax deferrals; to permit permanently and totally disabled property owners to file late homestead applications for the five years preceding the date of the original application; to require the Tax Commissioner to furnish taxpayers with annual tax statements regarding their residences; to require that two public hearings be conducted before the imposition of a conservancy district assessment; to create a procedure for submitting conservancy district assessments to a referendum; to increase the amount of time an individual may spend in Ohio before being presumed to be a resident for income tax purposes; and to create a committee to study Ohio's local property tax laws.

To the Committee on Ways and Means and Economic Development.

S. B. No. 373-Senators Coughlin, Harris, Carey, Cates, Schuring, Schuler, Spada, Goodman, Clancy, Mumper, Padgett, Gardner, Hottinger, Stivers, Grendell.

To amend section 2907.07 and to enact section 109.561 of the Revised Code to modify the offense of importuning, to direct the Bureau of Criminal

Identification and Investigation to assist law enforcement officers with respect to enforcement of internet-based sex crimes, and to direct the Attorney General to make state funding grants available to local law enforcement agencies for technology and training related to enforcing internet-based sex offense laws.

To the Committee on Judiciary - Criminal Justice.

S. B. No. 374-Senators Miller, D., Hagan, Miller, R., Fedor, Roberts, Fingerhut, Prentiss.

To amend section 122.075 and to enact section 5537.29 of the Revised Code to require that E85 blend fuel be available at all service stations located on the Ohio Turnpike not later than July 1, 2009, and to permit the Ohio Turnpike Commission to apply for grants made by the Department of Development under the Alternative Fuel Transportation Grant Program.

To the Committee on Energy and Public Utilities.

S. B. No. 375-Senators Miller, R., Kearney, Fingerhut, Dann, Roberts, Miller, D..

To amend section 1315.39 of the Revised Code to limit interest charged on loans by licensed check-cashing businesses to members of the armed forces and their dependents.

To the Committee on Finance and Financial Institutions.

S. B. No. 376-Senators Schuler, Clancy, Fedor, Fingerhut, Gardner, Goodman, Jacobson, Mumper.

To amend section 4501.21 and to enact section 4503.553 of the Revised Code to establish "Ohio's Horse" license plates and to provide that money from the contributions for the license plates be paid to the Ohio Coalition for Animals, Incorporated.

To the Committee on Highways and Transportation.

S. B. No. 377-Senators Schuring, Harris, Grendell, Stivers, Carey, Coughlin, Armbruster, Goodman, Wachtmann, Gardner, Clancy.

To amend sections 2901.13, 2967.16, and 2967.17 of the Revised Code to make the period of limitation for the criminal prosecution of a person for an offense directly related to misconduct in office of a public servant the same as the period of limitation for the criminal prosecution of that public servant for the offense involving the public servant's misconduct in office and to provide that a person's privilege of holding an office of honor, trust, or profit that is forfeited by reason of the person's conviction of a felony is not restored upon the person's completion of a prison term or period of community control sanctions or upon the grant of a conditional pardon or a final release by the adult parole authority.

To the Committee on Judiciary - Criminal Justice.

S. B. No. 378-Senators Dann, Hagan, Fingerhut, Miller, R., Fedor, Miller, D..

To amend section 109.60 of the Revised Code to require all criminal defendants summoned to court rather than arrested to be fingerprinted within twenty-four hours after appearing, to require the Attorney General to inform courts of their duties pertaining to those fingerprinting requirements and to work with courts to develop a method to monitor and document their compliance with those fingerprinting requirements, to allow taxpayer civil injunctive actions if the Attorney General fails to fulfill those duties, and to require the Attorney General to pay a \$25,000 fine for a failure to fulfill those duties.

To the Committee on Judiciary - Criminal Justice.

S. B. No. 379-Senators Miller, D., Hagan, Prentiss.

To create the Ohio Climate Commission for the purpose of studying the impacts that global climate change will have on the state of Ohio and for the purpose of recommending appropriate state responses to address global climate change and problems likely to be associated with it.

To the Committee on Environment and Natural Resources.

S. B. No. 380-Senators Stivers, Harris, Dann.

To enact section 5533.75 of the Revised Code to designate a portion of Interstate Route 270 within Franklin County the "Bobby Rahal Expressway."

To the Committee on Highways and Transportation.

S. B. No. 381-Senator Hagan.

To amend sections 3105.091 and 3109.053 of the Revised Code to require a court to order conciliation, family counseling, and parenting classes in any action for divorce, annulment, legal separation, or dissolution of marriage when children that are the product of that marriage are involved in the action.

To the Committee on Judiciary - Civil Justice.

S. B. No. 382-Senators Goodman, Jacobson, Padgett, Amstutz, Schuler, Coughlin, Miller, D..

To enact section 2913.08 of the Revised Code to create the offense of caller identification falsification.

To the Committee on Judiciary - Criminal Justice.

S. B. No. 383-Senator Cates.

To amend section 1327.99 and to enact sections 319.56 and 1327.70 of the Revised Code to require the Department of Agriculture to establish a motor fuel quality testing program under which county auditors may conduct such testing.

To the Committee on Agriculture.

S. B. No. 384-Senators Schuler, Carey, Clancy, Miller, D., Kearney.

To enact section 4503.731 of the Revised Code to create Civil Air Patrol license plates.

To the Committee on Highways and Transportation.

S. B. No. 385-Senator Gardner.

To amend sections 3703.01, 3703.08, and 3781.03 of the Revised Code to allow certified county building departments to inspect plumbing in buildings and to allow a board of county commissioners and the board of health of a health district to enter into an agreement designating the entity that will

perform those inspections.

To the Committee on State and Local Government and Veterans' Affairs.

S. B. No. 386-Senators Dann, Miller, D., Miller, R., Fingerhut, Prentiss, Kearney, Wilson, Fedor, Roberts, Hagan.

To amend section 2913.49 and to enact section 2913.50 of the Revised Code to prohibit using a person's personal identifying information to gain access to that person's personal identifying information and to prohibit purchasing, selling, or offering to sell a person's telephone calling pattern record or list.

To the Committee on Judiciary - Criminal Justice.

S. B. No. 387-Senators Dann, Miller, D., Fingerhut, Hagan.

To amend sections 2907.17 and 3319.31 and to enact section 4743.04 of the Revised Code to require a prosecuting attorney to notify the appropriate occupational licensing board when the prosecuting attorney discovers that a person who has applied for or who holds a license under Title XXXIII or XLVII of the Revised Code has been indicted for or charged with an alleged felony sex offense, to require a board that learns of a felony sex indictment or charge to consider the indictment or charge if an application for a license is pending or initiate proceedings to review the status of the license, and to provide a period of one or two years, depending upon the circumstances, for the filing of assault or battery actions by victims of childhood sexual abuse based on childhood sexual abuse occurring within the preceding 35 years or civil actions by victims of childhood sexual abuse asserting resulting claims that otherwise are barred by the expiration of the period of limitations.

To the Committee on Judiciary - Civil Justice.

S. B. No. 388-Senators Dann, Hagan, Fedor, Roberts.

To amend sections 2901.01, 2901.13, 2923.31, 2929.13, 2933.43, 2950.03, 2950.04, 2950.041, 2950.05, 2950.06, 2950.07, 2950.09, 2950.10, 2950.11, 2950.111, 2950.13, and 2950.99 and to enact sections 2905.06 and 2905.07 of the Revised Code to explicitly state that property used or intended for use in an attempt or conspiracy to commit, or in committing, any sex offense is "contraband"; to include the offenses of "rape," "sexual battery," "unlawful sexual contact with a minor," and "gross sexual imposition" as corrupt activity

under the Corrupt Activity Law; to eliminate the period of limitations for prosecutions of the offense of "rape;" to create the offenses of "sexual trafficking of a child" and "promoting sexual trafficking of a child"; to expand the SORN Law so that it also requires registration with, and notification to, the sheriff of the county in which the registrant offender or delinquent child committed the sexually oriented offense or child-victim oriented offense that is the basis of the duty; to revise the penalty for a violation of a registration, change of address, address verification, or notice of intent to reside duty under the SORN Law; to require the Bureau of Criminal Identification and Investigation, upon receipt of notice that an offender or delinquent child has registered, provided notice of a change in address, or verified an address under the SORN Law, to provide immediate notification by electronic means to each sheriff with whom the offender or delinquent child previously has registered; and to require the Attorney General to establish a program for state financial assistance to sheriffs who establish and operate on the Internet a sex offender and child-victim offender database for the public dissemination of materials that pertain to offenders or delinquent children who register in the sheriff's county under the SORN Law.

To the Committee on Judiciary - Criminal Justice.

S. B. No. 389-Senators Austria, Clancy, Coughlin, Gardner, Harris, Hottinger, Jacobson, Padgett, Schuring, Spada, Stivers, Dann, Fingerhut.

To amend sections 109.572, 2151.413, 2151.414, 2151.419, 2151.86, 2907.05, 2923.31, 2950.99, 2971.01, 5101.13, 5101.132, and 5153.111 and to enact section 2935.131 of the Revised Code regarding child protection and safety; to include certain sex offenses in the corrupt activity law; to make changes to SORN Law penalties; and to direct the Attorney General to conform Ohio law to the federal Sex Offender Registration and Notification Act.

To the Committee on Judiciary - Criminal Justice.

S. B. No. 390-Senator Kearney.

To amend sections 5747.08 and 5747.98 and to enact section 5747.81 of the Revised Code to grant a tax credit for tuition paid to an eligible institution of higher education.

To the Committee on Ways and Means and Economic Development.

S. B. No. 391-Senators Austria, Clancy, Mumper, Padgett.

To enact section 2903.23 of the Revised Code to prohibit a person from threatening a judicial officer.

To the Committee on Judiciary - Criminal Justice.

S. B. No. 392-Senator Gardner.

To amend section 3313.53 of the Revised Code to permit a school district board of education to renew the contract of a director, supervisor, or coach of a pupil-activity program who is not a licensed educator without first offering that position to a licensed educator.

To the Committee on Education.

S. B. No. 393-Senator Mumper.

To amend sections 903.08 and 6111.04 of the Revised Code to make changes to the national pollutant discharge elimination system program with respect to concentrated animal feeding facilities.

To the Committee on Agriculture.

S. J. R. No. 9-Senators Coughlin, Cates.

Proposing to amend Section 2a of Article XII and to enact Section 2b of Article XII of the Constitution of the State of Ohio to limit increases in the taxable value of real property to two per cent per year.

To the Committee on Ways and Means and Economic Development.

S. C. R. No. 32-Senators Fedor, Fingerhut, Dann, Miller, D., Zurz, Miller, R., Roberts, Prentiss, Kearney, Wilson, Hagan.

To memorialize the Congress of the United States to enact the "Fannie Lou Hamer, Rosa Parks, and Coretta Scott King Voting Rights Act Reauthorization and Amendments Act of 2006."

To the Committee on State and Local Government and Veterans' Affairs.

S. C. R. No. 33-Senators Padgett, Carey, Harris, Armbruster, Schuler, Miller, D., Gardner, Mumper, Goodman, Fingerhut.

To urge the Congress of the United States to recognize the significance of the eastern states, including Ohio, in the preparation for, and return of, the Lewis and Clark Expedition by enacting legislation extending the Lewis and Clark National Historic Trail east to its origin at Monticello.

To the Committee on State and Local Government and Veterans' Affairs.

S. C. R. No. 34-Senators Miller, D., Hagan, Prentiss, Kearney, Fedor, Miller, R., Zurz.

To urge the President and the Congress of the United States to amend the No Child Left Behind Act of 2001 to ensure more flexibility and to fully fund the appropriations authorized in the Act.

To the Committee on Education.

S. C. R. No. 35-Senators Coughlin, Schuler.

To designate November 15 as Chronic Obstructive Pulmonary Disease Awareness Day in Ohio.

To the Committee on Health, Human Services and Aging.

S. C. R. No. 36-Senators Prentiss, Roberts, Miller, R., Hagan, Fedor, Miller, D., Kearney, Padgett, Clancy, Schuler, Dann, Fingerhut, Zurz, Coughlin.

To memorialize the Congress of the United States to increase National Institutes of Health funding for Alzheimer's disease research.

To the Committee on Health, Human Services and Aging.

YES - 4: J. KIRK SCHURING, KIMBERLY A. ZURZ, C. J. PRENTISS, BILL HARRIS.

NO - 0.

The question being, "Shall the report of the committee be accepted?"

The report of the committee was accepted.

Said bills and resolutions were considered a second time and referred to committee as recommended.

BILLS FOR THIRD CONSIDERATION

Sub. S. B. No. 5-Senator Hottinger.

To amend sections 1731.01, 1731.03, 1731.04, 1731.09, 2921.01, 3924.04, and 3924.06 and to enact sections 3923.81 and 3961.01 to 3961.09 of the Revised Code to regulate discount medical plan organizations concerning provider agreements and marketing, disclosure, cancellation, and refund requirements; to make changes to the Small Employer Health Care Alliances Law and the Small Employer Health Benefit Plans Law; to exclude insurance consultants from the definition of public servant for purposes of the Offenses Against Justice and Public Administration Law; and to limit the amount of copayments and deductibles paid by persons insured by health benefit plans, was considered the third time.

The question being, "Shall the bill, **Sub. S. B. No. 5**, pass?"

Senator Stivers moved to amend as follows:

In line 16, delete "2921.01,"

Deletes lines 395 through 474

In line 1077, delete "2929.01,"

In line 2 of the title, delete "2921.01,"

In line 9 of the title, delete "; to exclude"

Delete lines 10 and 11 of the title

In line 12 of the title, delete everything before the semicolon

The question being, "Shall the amendment be agreed to?"

The amendment was agreed to.

The question recurred, "Shall the bill, **Sub. S. B. No. 5**, pass?"

Senator Fingerhut moved to amend as follows:

In line 15, after "1731.09," insert "1739.05, 1751.01, 1751.02,"

In line 16, after "2921.01," insert "3923.28, 3923.30, 3923.51,"; after "sections" insert "3923.281, 3923.282,"

Between lines 394 and 395, insert:

"Sec. 1739.05. (A) A multiple employer welfare arrangement that is created pursuant to sections 1739.01 to 1739.22 of the Revised Code and that operates a group self-insurance program may be established only if any of the following applies:

(1) The arrangement has and maintains a minimum enrollment of three hundred employees of two or more employers.

(2) The arrangement has and maintains a minimum enrollment of three hundred self-employed individuals.

(3) The arrangement has and maintains a minimum enrollment of three hundred employees or self-employed individuals in any combination of divisions (A)(1) and (2) of this section.

(B) A multiple employer welfare arrangement that is created pursuant to sections 1739.01 to 1739.22 of the Revised Code and that operates a group self-insurance program shall comply with all laws applicable to self-funded programs in this state, including sections 3901.04, 3901.041, 3901.19 to 3901.26, 3901.38, 3901.381 to 3901.3814, 3901.40, 3901.45, 3901.46, 3902.01 to 3902.14, 3923.282, 3923.30, 3923.301, 3923.38, 3923.581, 3923.63, 3924.031, 3924.032, and 3924.27 of the Revised Code.

(C) A multiple employer welfare arrangement created pursuant to sections 1739.01 to 1739.22 of the Revised Code shall solicit enrollments only through agents or solicitors licensed pursuant to Chapter 3905. of the Revised Code to sell or solicit sickness and accident insurance.

(D) A multiple employer welfare arrangement created pursuant to sections 1739.01 to 1739.22 of the Revised Code shall provide benefits only to individuals who are members, employees of members, or the dependents of members or employees, or are eligible for continuation of coverage under section 1751.53 or 3923.38 of the Revised Code or under Title X of the "Consolidated Omnibus Budget Reconciliation Act of 1985," 100 Stat. 227, 29 U.S.C.A. 1161, as amended.

Sec. 1751.01. As used in this chapter:

(A)(1) "Basic health care services" means the following services when medically necessary:

~~(1)~~(a) Physician's services, except when such services are supplemental under division (B) of this section;

~~(2)~~(b) Inpatient hospital services;

~~(3)~~(c) Outpatient medical services;

~~(4)~~(d) Emergency health services;

~~(5)~~(e) Urgent care services;

~~(6)~~(f) Diagnostic laboratory services and diagnostic and therapeutic radiologic services;

~~(7)~~(g) Diagnostic and treatment services, other than prescription drug services, for biologically based mental illnesses;

(h) Preventive health care services, including, but not limited to, voluntary family planning services, infertility services, periodic physical examinations, prenatal obstetrical care, and well-child care.

"Basic health care services" does not include experimental procedures.

~~A~~Except as provided by divisions (A)(2) and (3) of this section in connection with the offering of coverage for diagnostic and treatment services for biologically based mental illnesses, a health insuring corporation shall not offer coverage for a health care service, defined as a basic health care service by this division, unless it offers coverage for all listed basic health care services. However, this requirement does not apply to the coverage of beneficiaries enrolled in Title XVIII of the "Social Security Act," 49 Stat. 620 (1935), 42 U.S.C.A. 301, as amended, pursuant to a medicare contract, or to the coverage of beneficiaries enrolled in the federal employee health benefits program pursuant to 5 U.S.C.A. 8905, or to the coverage of beneficiaries enrolled in Title XIX of the "Social Security Act," 49 Stat. 620 (1935), 42 U.S.C.A. 301, as amended, known as the medical assistance program or medicaid, provided by the department of job and family services under Chapter 5111. of the Revised Code, or to the coverage of beneficiaries under any federal health care program regulated by a federal regulatory body, or to the coverage of beneficiaries under any contract covering officers or employees of the state that has been entered into by the department of administrative services.

(2) A health insuring corporation may offer coverage for diagnostic and treatment services for biologically based mental illnesses without offering coverage for all other basic health care services. A health insuring corporation may offer coverage for diagnostic and treatment services for biologically based mental illnesses alone or in combination with one or more supplemental health care services. However, a health insuring corporation that offers coverage for any other basic health care service shall offer coverage for diagnostic and treatment services for biologically based mental illnesses in combination with the offer of coverage for all other listed basic health care services.

(3) A health insuring corporation that offers coverage for basic health care services is not required to offer coverage for diagnostic and treatment services for biologically based mental illnesses in combination with the offer of coverage for all other listed basic health care services if all of the following apply:

(a) The health insuring corporation submits documentation certified by an independent member of the American academy of actuaries to the superintendent of insurance showing that actual claims for diagnostic and treatment services for biologically based mental illnesses incurred for a period of

at least six months independently caused the health insuring corporation's costs for claims and administrative expenses for the coverage of basic health care services to increase by more than one per cent per year.

(b) The health insuring corporation submits a signed letter from an independent member of the American academy of actuaries to the superintendent of insurance opining that the increase in costs described in division (A)(3)(a) of this section could reasonably justify an increase of more than one per cent in the annual premiums or rates charged by the health insuring corporation for the coverage of basic health care services.

(c) The superintendent of insurance makes the following determinations from the documentation and opinion submitted pursuant to divisions (A)(3)(a) and (b) of this section:

(i) Actual claims for diagnostic and treatment services for biologically based mental illnesses incurred for a period of at least six months independently caused the health insuring corporation's costs for claims and administrative expenses for the coverage of basic health care services to increase by more than one per cent per year.

(ii) The increase in costs reasonably justifies an increase of more than one per cent in the annual premiums or rates charged by the health insuring corporation for the coverage of basic health care services.

Any determination made by the superintendent under this division is final.

(B) "Supplemental health care services" means any health care services other than basic health care services that a health insuring corporation may offer, alone or in combination with either basic health care services or other supplemental health care services, and includes:

- (1) Services of facilities for intermediate or long-term care, or both;
- (2) Dental care services;
- (3) Vision care and optometric services including lenses and frames;
- (4) Podiatric care or foot care services;
- (5) Mental health services ~~including psychological services, excluding~~ diagnostic and treatment services for biologically based mental illnesses;
- (6) Short-term outpatient evaluative and crisis-intervention mental health services;
- (7) Medical or psychological treatment and referral services for alcohol and drug abuse or addiction;
- (8) Home health services;
- (9) Prescription drug services;

- (10) Nursing services;
- (11) Services of a dietitian licensed under Chapter 4759. of the Revised Code;
- (12) Physical therapy services;
- (13) Chiropractic services;
- (14) Any other category of services approved by the superintendent of insurance.

(C) "Specialty health care services" means one of the supplemental health care services listed in division (B)~~(1) to (13)~~ of this section, when provided by a health insuring corporation on an outpatient-only basis and not in combination with other supplemental health care services.

(D) "Biologically based mental illnesses" means schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, and panic disorder, as these terms are defined in the most recent edition of the diagnostic and statistical manual of mental disorders published by the American psychiatric association.

(E) "Closed panel plan" means a health care plan that requires enrollees to use participating providers.

~~(E)~~(F) "Compensation" means remuneration for the provision of health care services, determined on other than a fee-for-service or discounted-fee-for-service basis.

~~(F)~~(G) "Contractual periodic prepayment" means the formula for determining the premium rate for all subscribers of a health insuring corporation.

~~(G)~~(H) "Corporation" means a corporation formed under Chapter 1701. or 1702. of the Revised Code or the similar laws of another state.

~~(H)~~(I) "Emergency health services" means those health care services that must be available on a seven-days-per-week, twenty-four-hours-per-day basis in order to prevent jeopardy to an enrollee's health status that would occur if such services were not received as soon as possible, and includes, where appropriate, provisions for transportation and indemnity payments or service agreements for out-of-area coverage.

~~(I)~~(J) "Enrollee" means any natural person who is entitled to receive health care benefits provided by a health insuring corporation.

~~(J)~~(K) "Evidence of coverage" means any certificate, agreement, policy, or contract issued to a subscriber that sets out the coverage and other rights to which such person is entitled under a health care plan.

~~(K)~~(L) "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.

~~(L)~~(M) "Health care services" means basic, supplemental, and specialty health care services.

~~(M)~~(N) "Health delivery network" means any group of providers or health care facilities, or both, or any representative thereof, that have entered into an agreement to offer health care services in a panel rather than on an individual basis.

~~(N)~~(O) "Health insuring corporation" means a corporation, as defined in division ~~(G)~~(H) of this section, that, pursuant to a policy, contract, certificate, or agreement, pays for, reimburses, or provides, delivers, arranges for, or otherwise makes available, basic health care services, supplemental health care services, or specialty health care services, or a combination of basic health care services and either supplemental health care services or specialty health care services, through either an open panel plan or a closed panel plan.

"Health insuring corporation" does not include a limited liability company formed pursuant to Chapter 1705. of the Revised Code, an insurer licensed under Title XXXIX of the Revised Code if that insurer offers only open panel plans under which all providers and health care facilities participating receive their compensation directly from the insurer, a corporation formed by or on behalf of a political subdivision or a department, office, or institution of the state, or a public entity formed by or on behalf of a board of county commissioners, a county board of mental retardation and developmental disabilities, an alcohol and drug addiction services board, a board of alcohol, drug addiction, and mental health services, or a community mental health board, as those terms are used in Chapters 340. and 5126. of the Revised Code. Except as provided by division (D) of section 1751.02 of the Revised Code, or as otherwise provided by law, no board, commission, agency, or other entity under the control of a political subdivision may accept insurance risk in providing for health care services. However, nothing in this division shall be construed as prohibiting such entities from purchasing the services of a health insuring corporation or a third-party administrator licensed under Chapter 3959. of the Revised Code.

~~(O)~~(P) "Intermediary organization" means a health delivery network or other entity that contracts with licensed health insuring corporations or self-insured employers, or both, to provide health care services, and that enters into contractual arrangements with other entities for the provision of health care services for the purpose of fulfilling the terms of its contracts with the health insuring corporations and self-insured employers.

~~(P)~~(Q) "Intermediate care" means residential care above the level of room and board for patients who require personal assistance and health-related services, but who do not require skilled nursing care.

~~(Q)~~(R) "Medical record" means the personal information that relates to

an individual's physical or mental condition, medical history, or medical treatment.

~~(R)~~(S)(1) "Open panel plan" means a health care plan that provides incentives for enrollees to use participating providers and that also allows enrollees to use providers that are not participating providers.

(2) No health insuring corporation may offer an open panel plan, unless the health insuring corporation is also licensed as an insurer under Title XXXIX of the Revised Code, the health insuring corporation, on June 4, 1997, holds a certificate of authority or license to operate under Chapter 1736. or 1740. of the Revised Code, or an insurer licensed under Title XXXIX of the Revised Code is responsible for the out-of-network risk as evidenced by both an evidence of coverage filing under section 1751.11 of the Revised Code and a policy and certificate filing under section 3923.02 of the Revised Code.

~~(S)~~(T) "Panel" means a group of providers or health care facilities that have joined together to deliver health care services through a contractual arrangement with a health insuring corporation, employer group, or other payor.

~~(F)~~(U) "Person" has the same meaning as in section 1.59 of the Revised Code, and, unless the context otherwise requires, includes any insurance company holding a certificate of authority under Title XXXIX of the Revised Code, any subsidiary and affiliate of an insurance company, and any government agency.

~~(U)~~(V) "Premium rate" means any set fee regularly paid by a subscriber to a health insuring corporation. A "premium rate" does not include a one-time membership fee, an annual administrative fee, or a nominal access fee, paid to a managed health care system under which the recipient of health care services remains solely responsible for any charges accessed for those services by the provider or health care facility.

~~(V)~~(W) "Primary care provider" means a provider that is designated by a health insuring corporation to supervise, coordinate, or provide initial care or continuing care to an enrollee, and that may be required by the health insuring corporation to initiate a referral for specialty care and to maintain supervision of the health care services rendered to the enrollee.

~~(W)~~(X) "Provider" means any natural person or partnership of natural persons who are licensed, certified, accredited, or otherwise authorized in this state to furnish health care services, or any professional association organized under Chapter 1785. of the Revised Code, provided that nothing in this chapter or other provisions of law shall be construed to preclude a health insuring corporation, health care practitioner, or organized health care group associated with a health insuring corporation from employing certified nurse practitioners, certified nurse anesthetists, clinical nurse specialists, certified nurse midwives, dietitians, physician assistants, dental assistants, dental hygienists, optometric technicians, or other allied health personnel who are licensed, certified, accredited, or otherwise authorized in this state to furnish health care services.

~~(X)~~(Y) "Provider sponsored organization" means a corporation, as defined in division ~~(G)~~(H) of this section, that is at least eighty per cent owned or controlled by one or more hospitals, as defined in section 3727.01 of the Revised Code, or one or more physicians licensed to practice medicine or surgery or osteopathic medicine and surgery under Chapter 4731. of the Revised Code, or any combination of such physicians and hospitals. Such control is presumed to exist if at least eighty per cent of the voting rights or governance rights of a provider sponsored organization are directly or indirectly owned, controlled, or otherwise held by any combination of the physicians and hospitals described in this division.

~~(Y)~~(Z) "Solicitation document" means the written materials provided to prospective subscribers or enrollees, or both, and used for advertising and marketing to induce enrollment in the health care plans of a health insuring corporation.

~~(Z)~~(AA) "Subscriber" means a person who is responsible for making payments to a health insuring corporation for participation in a health care plan, or an enrollee whose employment or other status is the basis of eligibility for enrollment in a health insuring corporation.

~~(AA)~~(BB) "Urgent care services" means those health care services that are appropriately provided for an unforeseen condition of a kind that usually requires medical attention without delay but that does not pose a threat to the life, limb, or permanent health of the injured or ill person, and may include such health care services provided out of the health insuring corporation's approved service area pursuant to indemnity payments or service agreements.

Sec. 1751.02. (A) Notwithstanding any law in this state to the contrary, any corporation, as defined in section 1751.01 of the Revised Code, may apply to the superintendent of insurance for a certificate of authority to establish and operate a health insuring corporation. If the corporation applying for a certificate of authority is a foreign corporation domiciled in a state without laws similar to those of this chapter, the corporation must form a domestic corporation to apply for, obtain, and maintain a certificate of authority under this chapter.

(B) No person shall establish, operate, or perform the services of a health insuring corporation in this state without obtaining a certificate of authority under this chapter.

(C) Except as provided by division (D) of this section, no political subdivision or department, office, or institution of this state, or corporation formed by or on behalf of any political subdivision or department, office, or institution of this state, shall establish, operate, or perform the services of a health insuring corporation. Nothing in this section shall be construed to preclude a board of county commissioners, a county board of mental retardation and developmental disabilities, an alcohol and drug addiction services board, a board of alcohol, drug addiction, and mental health services, or a community mental health board, or a public entity formed by or on behalf of any of these

boards, from using managed care techniques in carrying out the board's or public entity's duties pursuant to the requirements of Chapters 307., 329., 340., and 5126. of the Revised Code. However, no such board or public entity may operate so as to compete in the private sector with health insuring corporations holding certificates of authority under this chapter.

(D) A corporation formed by or on behalf of a publicly owned, operated, or funded hospital or health care facility may apply to the superintendent for a certificate of authority under division (A) of this section to establish and operate a health insuring corporation.

(E) A health insuring corporation shall operate in this state in compliance with this chapter and Chapter 1753. of the Revised Code, and with sections 3702.51 to 3702.62 of the Revised Code, and shall operate in conformity with its filings with the superintendent under this chapter, including filings made pursuant to sections 1751.03, 1751.11, 1751.12, and 1751.31 of the Revised Code.

(F) An insurer licensed under Title XXXIX of the Revised Code need not obtain a certificate of authority as a health insuring corporation to offer an open panel plan as long as the providers and health care facilities participating in the open panel plan receive their compensation directly from the insurer. If the providers and health care facilities participating in the open panel plan receive their compensation from any person other than the insurer, or if the insurer offers a closed panel plan, the insurer must obtain a certificate of authority as a health insuring corporation.

(G) An intermediary organization need not obtain a certificate of authority as a health insuring corporation, regardless of the method of reimbursement to the intermediary organization, as long as a health insuring corporation or a self-insured employer maintains the ultimate responsibility to assure delivery of all health care services required by the contract between the health insuring corporation and the subscriber and the laws of this state or between the self-insured employer and its employees.

Nothing in this section shall be construed to require any health care facility, provider, health delivery network, or intermediary organization that contracts with a health insuring corporation or self-insured employer, regardless of the method of reimbursement to the health care facility, provider, health delivery network, or intermediary organization, to obtain a certificate of authority as a health insuring corporation under this chapter, unless otherwise provided, in the case of contracts with a self-insured employer, by operation of the "Employee Retirement Income Security Act of 1974," 88 Stat. 829, 29 U.S.C.A. 1001, as amended.

(H) Any health delivery network doing business in this state, including any health delivery network that is functioning as an intermediary organization doing business in this state, that is not required to obtain a certificate of authority under this chapter shall certify to the superintendent annually, not later than the

first day of July, and shall provide a statement signed by the highest ranking official which includes the following information:

(1) The health delivery network's full name and the address of its principal place of business;

(2) A statement that the health delivery network is not required to obtain a certificate of authority under this chapter to conduct its business.

(I) The superintendent shall not issue a certificate of authority to a health insuring corporation that is a provider sponsored organization unless all health care plans to be offered by the health insuring corporation provide basic health care services. Substantially all of the physicians and hospitals with ownership or control of the provider sponsored organization, as defined in ~~division (X) of~~ section 1751.01 of the Revised Code, shall also be participating providers for the provision of basic health care services for health care plans offered by the provider sponsored organization. If a health insuring corporation that is a provider sponsored organization offers health care plans that do not provide basic health care services, the health insuring corporation shall be deemed, for purposes of section 1751.35 of the Revised Code, to have failed to substantially comply with this chapter.

Except as specifically provided in this division and in division (A) of section 1751.28 of the Revised Code, the provisions of this chapter shall apply to all health insuring corporations that are provider sponsored organizations in the same manner that these provisions apply to all health insuring corporations that are not provider sponsored organizations.

(J) Nothing in this section shall be construed to apply to any multiple employer welfare arrangement operating pursuant to Chapter 1739. of the Revised Code.

(K) Any person who violates division (B) of this section, and any health delivery network that fails to comply with division (H) of this section, is subject to the penalties set forth in section 1751.45 of the Revised Code."

Between lines 474 and 475, insert:

"**Sec. 3923.28.** (A) Every policy of group sickness and accident insurance providing hospital, surgical, or medical expense coverage for other than specific diseases or accidents only, and delivered, issued for delivery, or renewed in this state on or after January 1, 1979, and that provides coverage for mental or emotional disorders, shall provide benefits for services on an outpatient basis for each eligible person under the policy who resides in this state for mental or emotional disorders, or for evaluations, that are at least equal to five hundred fifty dollars in any calendar year or twelve-month period. The services shall be legally performed by or under the clinical supervision of ~~a licensed physician or licensed~~ authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery; a psychologist licensed under Chapter 4732. of the Revised Code; a professional clinical

counselor, professional counselor, or independent social worker licensed under Chapter 4757. of the Revised Code; or a clinical nurse specialist licensed under Chapter 4723. of the Revised Code whose nursing specialty is mental health, whether performed in an office, in a hospital, or in a community mental health facility so long as the hospital or community mental health facility is approved by the joint commission on accreditation of healthcare organizations, the council on accreditation for children and family services, the rehabilitation accreditation commission, or, until two years after ~~the effective date of this amendment~~ June 6, 2001, certified by the department of mental health as being in compliance with standards established under division (H) of section 5119.01 of the Revised Code.

(B) Outpatient benefits offered under division (A) of this section shall be subject to reasonable contract limitations and may be subject to reasonable deductibles and co-insurance costs. Persons entitled to such benefit under more than one service or insurance contract may be limited to a single five-hundred-fifty-dollar outpatient benefit for services under all contracts.

(C) In order to qualify for participation under division (A) of this section, every facility specified in such division shall have in effect a plan for utilization review and a plan for peer review and every person specified in such division shall have in effect a plan for peer review. Such plans shall have the purpose of ensuring high quality patient care and effective and efficient utilization of available health facilities and services.

(D) Nothing in this section shall be construed to require an insurer to pay benefits which are greater than usual, customary, and reasonable.

(E)(1) ~~Services performed under the clinical supervision of a licensed physician or licensed psychologist~~ health care professional identified in division (A) of this section, in order to be reimbursable under the coverage required in division (A) of this section, shall meet both of the following requirements:

(a) The services shall be performed in accordance with a treatment plan that describes the expected duration, frequency, and type of services to be performed;

(b) The plan shall be reviewed and approved by ~~a licensed physician or licensed psychologist~~ the health care professional every three months.

(2) Payment of benefits for services reimbursable under division (E)(1) of this section shall not be restricted to services described in the treatment plan or conditioned upon standards of clinical supervision that are more restrictive than standards of ~~a licensed physician or licensed psychologist~~ health care professional described in division (A) of this section, which at least equal the requirements of division (E)(1) of this section.

(F) The benefits provided by this section for mental and emotional disorders shall not be reduced by the cost of benefits provided pursuant to section 3923.281 of the Revised Code for diagnostic and treatment services for biologically based mental illnesses. This section does not provide benefits for diagnostic and treatment services for biologically based mental illnesses.

Sec. 3923.281. (A) As used in this section:

(1) "Biologically based mental illness" means schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, and panic disorder, as these terms are defined in the most recent edition of the diagnostic and statistical manual of mental disorders published by the American psychiatric association.

(2) "Policy of sickness and accident insurance" excludes any hospital indemnity, medicare supplement, long-term care, disability income, one-time-limited-duration policy of not longer than six months, supplemental benefit, or other policy that provides coverage for specific diseases or accidents only; any policy or certificate of sickness and accident insurance that is underwritten by an insurer on an individual basis; any policy that provides coverage for workers' compensation claims compensable pursuant to Chapters 4121. and 4123. of the Revised Code; and any policy that provides coverage to beneficiaries enrolled in Title XIX of the "Social Security Act," 49 Stat. 620 (1935), 42 U.S.C.A. 301, as amended, known as the medical assistance program or medicaid, as provided by the Ohio department of job and family services under Chapter 5111. of the Revised Code.

(B) Notwithstanding section 3901.71 of the Revised Code, and subject to division (E) of this section, each group policy of sickness and accident insurance shall provide benefits for the diagnosis and treatment of biologically based mental illnesses on the same terms and conditions as, and shall provide benefits no less extensive than, those provided under the policy of sickness and accident insurance for the treatment and diagnosis of all other physical diseases and disorders, if both of the following apply:

(1) The biologically based mental illness is clinically diagnosed by a physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery; a psychologist licensed under Chapter 4732. of the Revised Code; a professional clinical counselor, professional counselor, or independent social worker licensed under Chapter 4757. of the Revised Code; or a clinical nurse specialist licensed under Chapter 4723. of the Revised Code whose nursing specialty is mental health.

(2) The prescribed treatment is not experimental or investigational, having proven its clinical effectiveness in accordance with generally accepted medical standards.

(C) Division (B) of this section applies to all coverages and terms and conditions of the policy of sickness and accident insurance, including, but not limited to, coverage of inpatient hospital services, outpatient services, and medication; maximum lifetime benefits; copayments; and individual and family deductibles.

(D) Nothing in this section shall be construed as prohibiting a sickness and accident insurance company from taking any of the following actions:

(1) Negotiating separately with mental health care providers with regard to reimbursement rates and the delivery of health care services;

(2) Offering policies that provide benefits solely for the diagnosis and treatment of biologically based mental illnesses;

(3) Managing the provision of benefits for the diagnosis or treatment of biologically based mental illnesses through the use of preadmission screening, by requiring beneficiaries to obtain authorization prior to treatment, or through the use of any other mechanism designed to limit coverage to that treatment determined to be necessary;

(4) Enforcing the terms and conditions of a policy of sickness and accident insurance.

(E) An insurer that offers a group policy of sickness and accident insurance is not required to provide benefits for the diagnosis and treatment of biologically based mental illnesses pursuant to division (B) of this section if all of the following apply:

(1) The insurer submits documentation certified by an independent member of the American academy of actuaries to the superintendent of insurance showing that actual claims for diagnostic and treatment services for biologically based mental illnesses incurred for a period of at least six months independently caused the insurer's costs for claims and administrative expenses for the coverage of all other physical diseases and disorders to increase by more than one per cent per year.

(2) The insurer submits a signed letter from an independent member of the American academy of actuaries to the superintendent of insurance opining that the increase described in division (E)(1) of this section could reasonably justify an increase of more than one per cent in the annual premiums or rates charged by the insurer for the coverage of all other physical diseases and disorders.

(3) The superintendent of insurance makes the following determinations from the documentation and opinion submitted pursuant to divisions (E)(1) and (2) of this section:

(a) Actual claims for diagnostic and treatment services for biologically based mental illnesses incurred for a period of at least six months independently caused the insurer's costs for claims and administrative expenses for the coverage of all other physical diseases and disorders to increase by more than one per cent per year.

(b) The increase in costs reasonably justifies an increase of more than one per cent in the annual premiums or rates charged by the insurer for the coverage of all other physical diseases and disorders.

Any determination made by the superintendent under this division is final.

Sec. 3923.282. (A) As used in this section:

(1) "Biologically based mental illness" means schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, and panic disorder, as these terms are defined in the most recent edition of the diagnostic and statistical manual of mental disorders published by the American psychiatric association.

(2) "Plan of health insurance" includes any private or public employer group self-insurance plan that provides payment for health care benefits for other than specific diseases or accidents only, which benefits are not provided by contract with a sickness and accident insurer or health insuring corporation.

(B) Notwithstanding section 3901.71 of the Revised Code, and subject to division (F) of this section, each plan of health insurance shall provide benefits for the diagnosis and treatment of biologically based mental illnesses on the same terms and conditions as, and shall provide benefits no less extensive than, those provided under the plan of health insurance for the treatment and diagnosis of all other physical diseases and disorders, if both of the following apply:

(1) The biologically based mental illness is clinically diagnosed by a physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery; a psychologist licensed under Chapter 4732. of the Revised Code; a professional clinical counselor, professional counselor, or independent social worker licensed under Chapter 4757. of the Revised Code; or a clinical nurse specialist licensed under Chapter 4723. of the Revised Code whose nursing specialty is mental health.

(2) The prescribed treatment is not experimental or investigational, having proven its clinical effectiveness in accordance with generally accepted medical standards.

(C) Division (B) of this section applies to all coverages and terms and conditions of the plan of health insurance, including, but not limited to, coverage of inpatient hospital services, outpatient services, and medication; maximum lifetime benefits; copayments; and individual and family deductibles.

(D) This section does not apply to a plan of health insurance if federal law supersedes, preempts, prohibits, or otherwise precludes its application to such plans. This section does not apply to long-term care, hospital indemnity, disability income, or medicare supplement plans of health insurance, or to any other supplemental benefit plans of health insurance.

(E) Nothing in this section shall be construed as prohibiting an employer from taking any of the following actions in connection with a plan of health insurance:

(1) Negotiating separately with mental health care providers with regard to reimbursement rates and the delivery of health care services;

(2) Managing the provision of benefits for the diagnosis or treatment of biologically based mental illnesses through the use of preadmission screening, by requiring beneficiaries to obtain authorization prior to treatment, or through the use of any other mechanism designed to limit coverage to that treatment determined to be necessary;

(3) Enforcing the terms and conditions of a plan of health insurance.

(F) An insurer that offers a plan of health insurance is not required to provide benefits for the diagnosis and treatment of biologically based mental illnesses in combination with benefits for the treatment and diagnosis of all other physical diseases and disorders as described in division (B) of this section if all of the following apply:

(1) The insurer submits documentation certified by an independent member of the American academy of actuaries to the superintendent of insurance showing that actual claims for diagnostic and treatment services for biologically based mental illnesses incurred for a period of at least six months independently caused the insurer's costs for claims and administrative expenses for the coverage of all other physical diseases and disorders to increase by more than one per cent per year.

(2) The insurer submits a signed letter from an independent member of the American academy of actuaries to the superintendent of insurance opining that the increase described in division (F)(1) of this section could reasonably justify an increase of more than one per cent in the annual premiums or rates charged by the insurer for the coverage of all other physical diseases and disorders.

(3) The superintendent of insurance makes the following determinations from the documentation and opinion submitted pursuant to divisions (F)(1) and (2) of this section:

(a) Actual claims for diagnostic and treatment services for biologically based mental illnesses incurred for a period of at least six months independently caused the insurer's costs for claims and administrative expenses for the coverage of all other physical diseases and disorders to increase by more than one per cent per year.

(b) The increase in costs reasonably justifies an increase of more than one per cent in the annual premiums or rates charged by the insurer for the coverage of all other physical diseases and disorders.

Any determination made by the superintendent under this division is final.

Sec. 3923.30. Every person, the state and any of its instrumentalities, any county, township, school district, or other political subdivisions and any of its instrumentalities, and any municipal corporation and any of its instrumentalities, which provides payment for health care benefits for any of its employees resident in this state, which benefits are not provided by contract with an insurer

qualified to provide sickness and accident insurance, or a health insuring corporation, shall include the following benefits in its plan of health care benefits commencing on or after January 1, 1979:

(A) If such plan of health care benefits provides payment for the treatment of mental or nervous disorders, then such plan shall provide benefits for services on an outpatient basis for each eligible employee and dependent for mental or emotional disorders, or for evaluations, that are at least equal to the following:

(1) Payments not less than five hundred fifty dollars in a twelve-month period, for services legally performed by or under the clinical supervision of a ~~licensed physician or a licensed~~ authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery; a psychologist licensed under Chapter 4732. of the Revised Code; a professional clinical counselor, professional counselor, or independent social worker licensed under Chapter 4757. of the Revised Code; or a clinical nurse specialist licensed under Chapter 4723. of the Revised Code whose nursing specialty is mental health, whether performed in an office, in a hospital, or in a community mental health facility so long as the hospital or community mental health facility is approved by the joint commission on accreditation of healthcare organizations, the council on accreditation for children and family services, the rehabilitation accreditation commission, or, until two years after ~~the effective date of this amendment~~ June 6, 2001, certified by the department of mental health as being in compliance with standards established under division (H) of section 5119.01 of the Revised Code;

(2) Such benefit shall be subject to reasonable limitations, and may be subject to reasonable deductibles and co-insurance costs.

(3) In order to qualify for participation under this division, every facility specified in this division shall have in effect a plan for utilization review and a plan for peer review and every person specified in this division shall have in effect a plan for peer review. Such plans shall have the purpose of ensuring high quality patient care and effective and efficient utilization of available health facilities and services.

(4) Such payment for benefits shall not be greater than usual, customary, and reasonable.

(5)(a) Services performed ~~by or~~ under the clinical supervision of a ~~licensed physician or licensed psychologist~~ health care professional identified in division (A)(1) of this section, in order to be reimbursable under the coverage required in division (A) of this section, shall meet both of the following requirements:

(i) The services shall be performed in accordance with a treatment plan that describes the expected duration, frequency, and type of services to be performed;

(ii) The plan shall be reviewed and approved by ~~a licensed physician or~~

~~licensed psychologist~~ the health care professional every three months.

(b) Payment of benefits for services reimbursable under division (A)(5)(a) of the section shall not be restricted to services described in the treatment plan or conditioned upon standards of a licensed physician or licensed psychologist, which at least equal the requirements of division (A)(5)(a) of this section.

(B) Payment for benefits for alcoholism treatment for outpatient, inpatient, and intermediate primary care for each eligible employee and dependent that are at least equal to the following:

(1) Payments not less than five hundred fifty dollars in a twelve-month period for services legally performed by or under the clinical supervision of a ~~licensed physician or licensed psychologist~~ health care professional identified in division (A)(1) of this section, whether performed in an office, or in a hospital or a community mental health facility or alcoholism treatment facility so long as the hospital, community mental health facility, or alcoholism treatment facility is approved by the joint commission on accreditation of hospitals or certified by the department of health;

(2) The benefits provided under this division shall be subject to reasonable limitations and may be subject to reasonable deductibles and co-insurance costs.

(3) A ~~licensed physician or licensed psychologist~~ health care professional shall every three months certify a patient's need for continued services performed by such facilities.

(4) In order to qualify for participation under this division, every facility specified in this division shall have in effect a plan for utilization review and a plan for peer review and every person specified in this division shall have in effect a plan for peer review. Such plans shall have the purpose of ensuring high quality patient care and efficient utilization of available health facilities and services. Such person or facilities shall also have in effect a program of rehabilitation or a program of rehabilitation and detoxification.

(5) Nothing in this section shall be construed to require reimbursement for benefits which is greater than usual, customary, and reasonable.

(C) The benefits provided by division (A) of this section for mental and emotional disorders shall not be reduced by the cost of benefits provided pursuant to section 3923.282 of the Revised Code for diagnostic and treatment services for biologically based mental illness. This section does not provide benefits for diagnostic and treatment services for biologically based mental illnesses.

Sec. 3923.51. (A) As used in this section, "official poverty line" means the poverty line as defined by the United States office of management and budget and revised by the secretary of health and human services under 95 Stat. 511, 42 U.S.C.A. 9902, as amended.

(B) Every insurer that is authorized to write sickness and accident insurance in this state may offer group contracts of sickness and accident insurance to any charitable foundation that is certified as exempt from taxation under section 501(c)(3) of the "Internal Revenue Code of 1986," 100 Stat. 2085, 26 U.S.C.A. 1, as amended, and that has the sole purpose of issuing certificates of coverage under these contracts to persons under the age of nineteen who are members of families that have incomes that are no greater than three hundred per cent of the official poverty line.

(C) Contracts offered pursuant to division (B) of this section are not subject to any of the following:

(1) Sections 3923.122, 3923.24, 3923.28, 3923.281, and 3923.29 of the Revised Code;

(2) Any other sickness and accident insurance coverage required under this chapter on August 3, 1989. Any requirement of sickness and accident insurance coverage enacted after that date applies to this section only if the subsequent enactment specifically refers to this section.

(3) Chapter 1751. of the Revised Code."

In line 1077, after "1731.09," insert "1739.05, 1751.01, 1751.02,"; after "2921.01," insert "3923.28, 3923.30, 3923.51,"

After line 1085, insert:

"Section 4. Section 1751.01 of the Revised Code, as amended by this act, shall apply only to policies, contracts, and agreements that are delivered, issued for delivery, or renewed in this state on or after the effective date of this act; section 3923.28 of the Revised Code, as amended by this act, shall apply only to policies of sickness and accident insurance on or after the effective date of this act in accordance with section 3923.01 of the Revised Code; sections 3923.281 and 3923.282 of the Revised Code, as enacted by this act, shall apply only to policies of sickness and accident insurance and plans of health insurance that are established or modified in this state on or after the effective date of this act; and section 3923.30 of the Revised Code, as amended by this act, shall apply only to public employee health plans established or modified in this state on or after the effective date of this act."

In line 1 of the title, after "1731.09," insert "1739.05, 1751.01, 1751.02,"

In line 2 of the title, after "2921.01," insert "3923.28, 3923.30, 3923.51,"

In line 3 of the title, after "sections" insert "3923.281, 3923.282,"; after "3923.81" insert a comma

In line 12 of the title, delete "and"

In line 14 of the title, after "plans" insert "; and to prohibit, subject to certain exceptions, discrimination in group health care policies, contracts, and agreements in the coverage provided for the diagnosis, care, and treatment of

biologically based mental illnesses"

The question being, "Shall the amendment be agreed to?"

Senator Stivers moved that the amendment be laid on the table.

The question being, "Shall the motion be agreed to?"

A roll call was requested which was properly supported.

The yeas and nays were taken and resulted - yeas 18, nays 13, as follows:

Those who voted in the affirmative were: Senators

Amstutz	Armbruster	Austria	Carey
Cates	Clancy	Coughlin	Goodman
Grendell	Hottinger	Jacobson	Mumper
Niehaus	Padgett	Schuler	Stivers
Wachtmann			Harris-18.

Those who voted in the negative were: Senators

Dann	Fedor	Fingerhut	Gardner
Hagan	Kearney	Miller D	Miller R
Prentiss	Roberts	Schuring	Spada
			Zurz-13.

The amendment was laid on the table.

The question recurred, "Shall the bill, **Sub. S. B. No. 5**, pass?"

Senator Fingerhut moved that **Sub. S. B. No. 5** be recommitted to the Committee on Insurance, Commerce and Labor.

The question being, "Shall the motion to recommit be agreed to?"

The yeas and nays were taken and resulted - yeas 12, nays 19, as follows:

Those who voted in the affirmative were: Senators

Armbruster	Dann	Fedor	Fingerhut
Hagan	Kearney	Miller D	Miller R
Prentiss	Roberts	Spada	Zurz-12.

Those who voted in the negative were: Senators

Amstutz	Austria	Carey	Cates
Clancy	Coughlin	Gardner	Goodman
Grendell	Hottinger	Jacobson	Mumper
Niehaus	Padgett	Schuler	Schuring
Stivers	Wachtmann		Harris-19.

The motion to recommit was not agreed to.

The question recurred, "Shall the bill, **Sub. S. B. No. 5**, pass?"

Senator Fedor moved to amend as follows:

In line 16, after "sections" insert "1751.661, 3923.602, 3923.611,"

Between lines 394 and 395, insert:

"Sec. 1751.661. (A) No individual or group health insuring corporation policy, contract, or agreement shall do either of the following:

(1) Limit or exclude coverage for prescription contraceptive drugs or devices approved by the United States food and drug administration, if the policy, contract, or agreement provides coverage for other prescription drugs or devices;

(2) Limit or exclude coverage for physician-directed outpatient services that are related to the provision of such drugs or devices, if the policy, contract, or agreement provides coverage for other outpatient services rendered by a provider.

(B) The coverage provided under division (A) of this section shall be subject to the same terms and conditions, including copayment charges, that apply to similar coverage provided under the policy, contract, or agreement.

(C) This section applies notwithstanding section 3901.71 of the Revised Code."

Between lines 474 and 475, insert:

"Sec. 3923.602. (A) No individual or group policy of sickness and accident insurance shall do either of the following:

(1) Limit or exclude coverage for prescription contraceptive drugs or devices approved by the United States food and drug administration, if the policy provides coverage for other prescription drugs or devices;

(2) Limit or exclude coverage for outpatient services rendered by a health care professional that are related to the provision of such drugs or devices, if the policy provides coverage for other outpatient services rendered by a health care professional.

(B) The coverage provided under division (A) of this section shall be subject to the same terms and conditions, including copayments and deductibles, that apply to similar coverage provided under the policy.

(C) This section applies notwithstanding section 3901.71 of the Revised Code.

Sec. 3923.611. (A) No public employee benefit plan shall do either of the following:

(1) Limit or exclude coverage for prescription contraceptive drugs or devices approved by the United States food and drug administration, if the plan provides coverage for other prescription drugs or devices;

(2) Limit or exclude coverage for outpatient services rendered by a health care professional that are related to the provision of such drugs and devices, if the plan provides coverage for other outpatient services rendered by a health care professional.

(B) The coverage provided under division (A) of this section shall be subject to the same terms and conditions, including copayments and deductibles, that apply to similar coverage provided under the plan.

(C) This section applies notwithstanding section 3901.71 of the Revised Code."

After line 1085, insert:

"**Section 4.** Section 1751.661 of the Revised Code shall apply only to policies, contracts, and agreements that are delivered, issued for delivery, or renewed in this state on or after the effective date of this act; section 3923.602 of the Revised Code shall apply to policies of sickness and accident insurance on or after the effective date of this act in accordance with section 3923.01 of the Revised Code; and section 3923.611 of the Revised Code shall apply only to plans that are established or modified in this state on or after the effective date of this act."

In line 3 of the title, after "sections" insert "1751.661, 3923.602, 3923.611,"; after "3923.81" insert a comma

In line 12 of the title, delete "and"

In line 14 of the title, after "plans" insert "; and to require certain sickness and accident insurance policies, public employee benefit plans, and health insuring corporation policies, contracts, and agreements to provide coverage for prescription contraceptive drugs and devices and outpatient services related to the provision of such drugs and devices"

The question being, "Shall the amendment be agreed to?"

Senator Stivers moved that the amendment be laid on the table.

The question being, "Shall the motion be agreed to?"

A roll call was requested which was properly supported.

The yeas and nays were taken and resulted - yeas 21, nays 10, as follows:

Those who voted in the affirmative were: Senators

Amstutz	Armbruster	Austria	Carey
Cates	Clancy	Coughlin	Gardner
Goodman	Grendell	Hottinger	Jacobson
Mumper	Niehaus	Padgett	Schuler
Schuring	Spada	Stivers	Wachtmann
			Harris-21.

Those who voted in the negative were: Senators

Dann	Fedor	Fingerhut	Hagan
Kearney	Miller D	Miller R	Prentiss
Roberts			Zurz-10.

The amendment was laid on the table.

The question recurred, "Shall the bill, **Sub. S. B. No. 5**, pass?"

The yeas and nays were taken and resulted - yeas 30, nays 1, as follows:

Those who voted in the affirmative were: Senators

Amstutz	Armbruster	Austria	Carey
Cates	Clancy	Coughlin	Dann
Fedor	Fingerhut	Gardner	Goodman
Grendell	Hottinger	Jacobson	Kearney
Miller D	Miller R	Mumper	Niehaus
Padgett	Prentiss	Roberts	Schuler
Schuring	Spada	Stivers	Wachtmann
Zurz			Harris-30.

Senator Hagan voted in the negative-1.

So the bill passed.

The question being, "Shall the title be agreed to?"

Senator Hottinger moved to amend the title as follows:

Add the name: "Harris."

The question being, "Shall the motion be agreed to?"

The motion was agreed to and the title so amended.

INTRODUCTION AND FIRST CONSIDERATION OF BILLS

The following bill was introduced and considered the first time:

S. B. No. 394-Senators Austria, Armbruster, Clancy, Harris, Spada.

To amend sections 149.43, 317.24, 317.27, and 2921.22 of the Revised Code to exempt certain armed forces discharges that have been recorded with a county recorder from inspection or copying as a public record subject to a journalist's right to inspect such a discharge, and to prohibit a recipient of information illegally obtained from a computer system or cable, telecommunications, or information service, or a person knowing of such a violation, from failing to report the violation to law enforcement authorities.

OFFERING OF RESOLUTIONS

Senator Harris offered the following resolution:

S. R. No. 248-Senators Harris, Grendell, Amstutz, Armbruster, Gardner, Carey, Niehaus, Stivers, Coughlin, Padgett, Wachtmann, Mumper, Spada, Jacobson, Austria, Fingerhut, Jordan, Schuler, Cates, Schuring, Miller, D., Miller, R., Clancy, Roberts, Wilson, Hottinger, Fedor.

Honoring Richard L. Schafrath as an outstanding Ohioan.

The question being, "Shall the resolution, **S. R. No. 248**, be adopted?"

So the resolution was adopted.

Senator Goodman offered the following resolution:

S. R. No. 249-Senators Goodman, Jacobson, Wachtmann, Mumper, Clancy, Coughlin, Schuler, Fingerhut, Wilson, Miller, D., Fedor.

Honoring Mary Wilson for outstanding professional achievement.

The question being, "Shall the resolution, **S. R. No. 249**, be adopted?"

So the resolution was adopted.

On the motion of Senator Jacobson, the Senate adjourned until Wednesday, November 15, 2006 at 1:30 p.m.

Attest:

DAVID A. BATTOCLETTI,
Clerk.