

OHIO

House

of

Representatives

JOURNAL

WEDNESDAY, MAY 28, 2014

ONE HUNDRED SIXTIETH DAY
Hall of the House of Representatives, Columbus, Ohio
Wednesday, May 28, 2014, 8:30 a.m.

The House met pursuant to adjournment.

Pursuant to House Rule No. 23, the Clerk called the House to order.

Representative Damschroder was selected to preside under the Rule.

The journal of yesterday was read and approved.

Representative Pelanda moved that the House advance to the fifth order of business, being reports of standing and select committees and bills for second consideration.

The motion was agreed to.

**REPORTS OF STANDING AND SELECT COMMITTEES AND BILLS
FOR SECOND CONSIDERATION**

Representative Williams submitted the following report:

The standing committee on Public Utilities to which was referred **Am. Sub. S. B. No. 310**-Senator Balderson, et al., having had the same under consideration, reports it back as a substitute bill and recommends its passage.

RE: RENEWABLE ENERGY/ENERGY EFFICIENCY/PEAK
DEMAND-REVISE/STUDY

Representative Stautberg moved to amend the title as follows:

Add the name: "Representative Stautberg."

PETER STAUTBERG	SANDRA WILLIAMS
JOHN ADAMS	RON AMSTUTZ
LOUIS W. BLESSING	JIM BUTLER
MARGARET CONDITT	ANNE GONZALES
CHRISTINA HAGAN	KRISTINA ROEGNER
CLIFF ROSENBERGER	LOUIS TERHAR
ANDY THOMPSON	

The following members voted "NO"

KEVIN BOYCE	NICHOLAS J. CELEBREZZE
JACK CERA	SEAN O'BRIEN
DAN RAMOS	JOHN M. ROGERS
MARK J. ROMANCHUK	MICHAEL STINZIANO
FRED STRAHORN	

The report was agreed to.

The bill was ordered to be engrossed and placed on the calendar.

Representative Sykes submitted the following report:

The standing committee on Finance and Appropriations to which was referred **Sub. S. B. No. 287**-Senator Hughes, et al., having had the same under consideration, reports it back and recommends its passage.

RE: UNIFORM DEPOSITORY ACT-MODIFY AUTHORIZED INVESTMENTS OF INTERIM/INACTIVE MONEYS

Representative Amstutz moved to amend the title as follows:

Add the name: "Representative Amstutz."

RON AMSTUTZ	TERRY BOOSE
VERNON SYKES	RICHARD ADAMS
MARLENE ANIELSKI	NICKIE J. ANTONIO
PETER BECK	KATHLEEN CLYDE
TIMOTHY DERICKSON	MIKE DOVILLA
DENISE DRIEHAUS	MIKE FOLEY
ANNE GONZALES	CHERYL GROSSMAN
DAVE HALL	BILL HAYES
MATT LUNDY	RON MAAG
JEFF MCCLAIN	ROSS MCGREGOR
DEBBIE PHILLIPS	CLIFF ROSENBERGER
BARBARA R. SEARS	RYAN SMITH
ROBERT COLE SPRAGUE	PETER STAUTBERG

The report was agreed to.

The bill was ordered to be engrossed and placed on the calendar.

Representative Curtin submitted the following report:

The standing committee on Policy and Legislative Oversight to which was referred **H. B. No. 557**-Representatives Derickson, Mallory, having had the same under consideration, reports it back and recommends its passage.

RE: FREEDOM SUMMER DAY-JUNE 20, 2014

Representative Dovilla moved to amend the title as follows:

Add the names: "Dovilla, Brenner, Perales, Clyde, Lundy, Sykes."

MIKE DOVILLA	JOHN ADAMS
LOUIS W. BLESSING	ANDREW BRENNER
DOROTHY PELANDA	RICK PERALES
KATHLEEN CLYDE	MICHAEL F. CURTIN
MATT LUNDY	VERNON SYKES

The report was agreed to.

The bill was ordered to be engrossed and placed on the calendar.

Representative Mallory submitted the following report:

The standing committee on Transportation, Public Safety and Homeland Security to which was referred **H. B. No. 145**-Representative Henne, et al., having had the same under consideration, reports it back and recommends its passage.

RE: MOTOR VEHICLES-SAFE PASSING DISTANCE FROM BICYCLES/MALFUNCTIONING SIGNAL PROTOCOL

Representative Damschroder moved to amend the title as follows:

Add the names: "Damschroder, Mallory, Hagan, R.."

REX DAMSCHRODER	MARGARET RUHL
DALE MALLORY	JOHN BECKER
NICHOLAS J. CELEBREZZE	ANTHONY DEVITIS
ROBERT F. HAGAN	TERRY JOHNSON
ZACK MILKOVICH	BILL PATMON
RICK PERALES	

The following members voted "NO"

DOUG GREEN	ROSS MCGREGOR
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The report was agreed to.

The bill was ordered to be engrossed and placed on the calendar.

Representative Mallory submitted the following report:

The standing committee on Transportation, Public Safety and Homeland Security to which was referred **H. B. No. 207**-Representative Damschroder, et al., having had the same under consideration, reports it back with the following amendment and recommends its passage when so amended.

RE: LAW ENFORCEMENT-PROHIBIT FROM USING DRONES-SOVEREIGN IMMUNITY NOT A DEFENSE

Representative Damschroder moved to amend the title as follows:

Add the names: "Mallory, DeVitis, Green."

Representative DeVitis moved to amend as follows:

In line 138, after "(D)" insert "No drone shall be equipped with any weapon of any kind.

(E)"

The motion was agreed to and the bill so amended.

REX DAMSCHRODER	MARGARET RUHL
DALE MALLORY	JOHN BECKER
ANTHONY DEVITIS	DOUG GREEN

TERRY JOHNSON
BILL PATMON

ZACK MILKOVICH

The following members voted "NO"

NICHOLAS J. CELEBREZZE
ROSS MCGREGOR

ROBERT F. HAGAN
RICK PERALES

The report was agreed to.

The bill was ordered to be engrossed and placed on the calendar.

Representative Clyde submitted the following report:

The standing committee on State and Local Government to which was referred **H. B. No. 221**-Representatives Terhar, Heard, et al., having had the same under consideration, reports it back with the following amendment and recommends its passage when so amended.

RE: CREDIT UNIONS-PUBLIC DEPOSITORIES/SMALL BUSINESS
LOAN GUARANTEE PROGRAMS

Representative Boose moved to amend as follows:

In line 185, delete " association" and insert " administration"; after " a" insert " credit union"

In line 195, delete " association" and insert " administration"; after " a" insert " credit union"

In line 396, reinsert "therefor"; delete " therefore"

In line 737, after " a" insert " credit union"

In line 1030, delete " association" and insert " administration"; after " a" insert " credit union"

In line 1040, delete " association" and insert " administration"; after " a" insert " credit union"

In line 1494, after " a" insert " credit union"

The motion was agreed to and the bill so amended.

MARLENE ANIELSKI
BILL PATMON
MATT LUNDY
RON YOUNG
TIM W. BROWN
TERRY BLAIR

KATHLEEN CLYDE
JOHN M. ROGERS
MARGARET CONDITT
TERRY BOOSE
MICHAEL SHEEHY

The following members voted "NO"

BRIAN HILL
RICHARD ADAMS
RON MAAG

CHERYL GROSSMAN
ROBERT HACKETT
TONY BURKLEY

The report was agreed to.

The bill was ordered to be engrossed and placed on the calendar.

Representative Pillich submitted the following report:

The standing committee on Military and Veterans Affairs to which was referred **S. B. No. 301**-Senator Bacon, et al., having had the same under consideration, reports it back and recommends its passage.

RE: OHIO WARRIOR AWARENESS WEEK-WEEK IN MAY
COINCIDING WITH ARMED FORCES WEEK

Representative Johnson moved to amend the title as follows:

Add the names: "Representatives Johnson, Landis, Pillich, Anielski, Barborak, Bishoff, Dovilla, Fedor, Milkovich, Perales, Retherford, Rosenberger."

TERRY JOHNSON
CONNIE PILLICH
NICK BARBORAK
MIKE DOVILLA
ZACK MILKOVICH
WES RETHERFORD

AL LANDIS
MARLENE ANIELSKI
HEATHER BISHOFF
TERESA FEDOR
RICK PERALES
CLIFF ROSENBERGER

The report was agreed to.

The bill was ordered to be engrossed and placed on the calendar.

Representative Pillich submitted the following report:

The standing committee on Military and Veterans Affairs to which was referred **H. C. R. No. 54**-Representative Perales, et al., having had the same under consideration, reports it back and recommends its adoption.

RE: F-35 JOINT STRIKE FIGHTER'S TECHNOLOGY-URGE
CONGRESS-CONTINUE FULL FUNDING AND PRODUCTION

Representative Johnson moved to amend the title as follows:

Add the names: "Johnson, Landis, Pillich, Barborak, Bishoff, Dovilla, Fedor, Milkovich, Retherford, Rosenberger, Anielski."

TERRY JOHNSON
CONNIE PILLICH
NICK BARBORAK

AL LANDIS
MARLENE ANIELSKI
HEATHER BISHOFF

MIKE DOVILLA
ZACK MILKOVICH
WES RETHERFORD

TERESA FEDOR
RICK PERALES
CLIFF ROSENBERGER

The report was agreed to.

The concurrent resolution was ordered to be engrossed and placed on the calendar.

Representative Phillips reported for the Rules and Reference committee, recommending that the following House Bill be considered for the second time and referred to the following committee for consideration:

H.B. No. 575 – Representatives Baker and Anielski
TO CREATE THE OHIO ECONOMIC COUNCIL ON WOMEN.
To the committee on Economic Development and Regulatory Reform

MATT HUFFMAN
ANDREW BRENNER
ARMOND BUDISH
DAN RAMOS

JOHN ADAMS
DOROTHY PELANDA
DEBBIE PHILLIPS

Representative Pelanda moved that the House and Constitutional Rules requiring bills to be considered by each house on three different days be suspended as to the second consideration of the House Bill contained in the report of the committee on Rules and Reference.

The motion was agreed to without objection.

The report was agreed to.

Said House Bill was considered the second time and referred as recommended.

MOTIONS AND RESOLUTIONS

Representative Pelanda moved that **Am. Sub. S.B. No. 43**-Senators Burke, Tavares, et al., be taken from the calendar and re-referred to the committee on Rules and Reference.

The motion was agreed to without objection.

Representative Pelanda moved that the House revert to the second order of business, being introduction of bills.

The motion was agreed to.

On motion of Representative Pelanda, the House recessed.

The House met pursuant to recess.

Prayer was offered by Pastor Scott Estep of the Dayspring Church in Bowling Green, Ohio, followed by the Pledge of Allegiance to the Flag.

The following guests of the House of Representatives were recognized by Speaker Pro Tempore Huffman prior to the commencement of business:

Kyle Conel received H.R. 385, presented by Representative Patterson-99th district.

Lindsey LaPinta received H.R. 423, presented by Representative Dovilla-7th district.

The Mineral Ridge High School History Club received H.R. 427, presented by Representative O'Brien-63rd district.

Michael Brush received H.R. 402, presented by Representatives Blair-42nd district and Butler-41st district.

Representatives from Pizza Plus and Simon Horn received H.Rs. 426 and 438 respectively, presented by Representative Stinziano-18th district. The Sylvania Southview High School Mock Trial team and the Sylvania Northview High School hockey team received H.Rs. 293 and 358 respectively, presented by Representative Sears-47th district.

The University of Cincinnati dance team received H.R. 410, presented by Representative Driehaus-31st district.

Sam Gross received H.Rs. 383 and 243, presented by Representative Budish-8th district.

Jessica Robinson, a guest of Representative Bishoff-20th district.

Members of the Awaken Women of Excellence Miss Diamond Pageant Program of Central Ohio, guests of Representative Heard-26th district.

Representatives of Cincinnati Children's Hospital, guests of Representative Retherford-51st district.

Brent Centers, a guest of Representative Maag-62nd district.

Caroline Murray and Kim, Clay, and Madison Brown, guests of Representative Green-66th district.

The Webster family, guests of Representative Perales-73rd district.

Michal Hood (the wife of Representative Hood), and members of the Classical Conversations Homeschool Group, guests of Representatives Hood-78th district, Curtin-17th district, Grossman-23rd district, Kunze-24th district, and Scherer-92nd district.

Jason Schaumleffel, a guest of Representative Hill-97th district.

INTRODUCTION OF BILLS

The following bills were introduced:

H. B. No. 576-Representative Green.

Cosponsors: Representatives Rosenberger, Buchy, Amstutz, Grossman, Scherer, Terhar, Huffman, Pelanda, Foley, Ruhl, Brenner.

To amend section 5705.19 of the Revised Code to lengthen the maximum term of a property tax levied for the purpose of operating a cemetery.

H. B. No. 577-Representative Phillips.

Cosponsors: Representatives Antonio, Hagan, R., Ruhl.

To amend section 3313.60 of the Revised Code to require the health curriculum of each school district to include instruction on the positive effects of organ and tissue donation.

Said bills were considered the first time.

CONSIDERATION OF SENATE AMENDMENTS

The Senate amendments to **Sub. H. B. No. 289**-Representative Schuring, et al., were taken up for consideration.

Sub. H. B. No. 289-Representative Schuring.

Cosponsors: Representatives Beck, Brenner, Grossman, Henne, Hood, McGregor, Hackett, Amstutz, Blair, Boose, Brown, Burkley, Duffey, Green, Hagan, C., Hayes, Hottinger, Huffman, Letson, McClain, O'Brien, Romanchuk, Ruhl, Scherer, Sheehy, Smith, Thompson, Speaker Batchelder. Senators Coley, Brown, Burke, Gardner, Jordan, Oelslager.

To amend sections 9.482, 715.691, and 715.771, to enact sections 715.692 and 715.84, and to repeal section 715.69 of the Revised Code to terminate the authority to create new alternative joint economic development zones (JEDZs) or substantially modify existing alternative JEDZs after December 31, 2014, to require the creation of review councils to approve the economic development plans for alternative JEDZs created or substantially amended before that date, to eliminate municipal-only JEDZs, to authorize municipal corporations to create municipal utility districts (MUDs) for economic development purposes, to allow existing municipal-only JEDZs to continue operating as MUDs, and to declare an emergency.

The question being, "Shall the emergency clause stand as part of the bill?"

The yeas and nays were taken and resulted - yeas 84, nays 13, as follows:

Those who voted in the affirmative were: Representatives

Adams J.	Adams R.	Amstutz	Anielski
Antonio	Baker	Barborak	Barnes
Beck	Becker	Bishoff	Blair
Boose	Boyd	Brenner	Brown
Buchy	Budish	Burkley	Butler
Carney	Celebrezze	Cera	Clyde
Conditt	Curtin	Damschroder	DeVitis
Derickson	Dovilla	Driehaus	Duffey
Fedor	Gerberry	Gonzales	Green
Grossman	Hackett	Hagan, C.	Hall
Hayes	Henne	Hill	Hood
Hottinger	Huffman	Johnson	Kunze
Landis	Lundy	Maag	Mallory
McClain	McGregor	Milkovich	O'Brien
Patmon	Patterson	Pelanda	Perales
Phillips	Retherford	Roegner	Rogers
Romanchuk	Rosenberger	Ruhl	Scherer
Schuring	Sears	Sheehy	Slaby
Slesnick	Smith	Sprague	Stebelton
Stinziano	Sykes	Thompson	Wachtmann
Williams	Winburn	Young	Batchelder-84.

Those who voted in the negative were: Representatives

Blessing	Boyce	Foley	Hagan, R.
Heard	Letson	Pillich	Ramos
Redfern	Reece	Stautberg	Strahorn
			Terhar-13.

Having received a constitutional majority, the emergency clause stood as part of the bill.

The question being, "Shall the Senate amendments be concurred in?"

The yeas and nays were taken and resulted - yeas 91, nays 6, as follows:

Those who voted in the affirmative were: Representatives

Adams J.	Adams R.	Amstutz	Anielski
Antonio	Baker	Barborak	Barnes
Beck	Becker	Bishoff	Blair
Boose	Boyce	Boyd	Brenner
Brown	Buchy	Budish	Burkley
Butler	Carney	Celebrezze	Cera
Clyde	Conditt	Curtin	Damschroder
DeVitis	Derickson	Dovilla	Driehaus
Duffey	Fedor	Foley	Gerberry
Gonzales	Green	Grossman	Hackett
Hagan, C.	Hagan, R.	Hall	Hayes

Heard	Henne	Hill	Hood
Hottinger	Huffman	Johnson	Kunze
Landis	Letson	Lundy	Maag
McClain	McGregor	Milkovich	O'Brien
Patmon	Patterson	Pelanda	Perales
Phillips	Redfern	Retherford	Roegner
Rogers	Romanchuk	Rosenberger	Ruhl
Scherer	Schuring	Sears	Sheehy
Slaby	Slesnick	Smith	Sprague
Stautberg	Stebelton	Stinziano	Strahorn
Sykes	Thompson	Wachtmann	Williams
Winburn	Young		Batchelder-91.

Representatives Blessing, Mallory, Pillich, Ramos, Reece, and Terhar voted in the negative-6.

The Senate amendments were concurred in.

The Senate amendments to **Am. Sub. H. B. No. 483**-Representative Amstutz, et al., were taken up for consideration.

Am. Sub. H. B. No. 483-Representative Amstutz.

Cosponsors: Representatives Sprague, McGregor, Grossman, Hackett, McClain, Sears, Stebelton, Wachtmann, Speaker Batchelder. Senators Bacon, Burke, Coley, Faber, Oelslager, Peterson.

To amend sections 7.10, 7.16, 9.37, 9.482, 9.90, 9.91, 103.63, 118.27, 121.084, 122.12, 122.121, 122.861, 124.32, 125.13, 125.182, 126.21, 126.25, 131.35, 133.06, 133.07, 135.143, 149.311, 149.38, 153.56, 156.03, 163.15, 163.53, 163.54, 163.55, 164.26, 173.47, 175.04, 175.05, 175.06, 191.01, 306.04, 307.699, 307.982, 340.02, 340.021, 341.12, 757.03, 757.04, 757.05, 757.06, 757.07, 757.08, 955.01, 955.05, 1321.535, 1321.55, 1322.03, 1322.031, 1322.04, 1322.041, 1322.051, 1322.06, 1322.11, 1345.06, 1711.50, 1711.53, 1724.10, 1901.08, 2101.026, 2151.417, 2151.421, 2152.19, 2305.09, 2710.06, 2743.191, 2907.28, 2915.08, 2929.20, 2945.402, 3123.89, 3303.41, 3313.372, 3314.08, 3317.02, 3317.0217, 3317.06, 3318.36, 3358.03, 3517.20, 3701.132, 3701.34, 3701.74, 3701.83, 3702.511, 3702.52, 3702.526, 3702.59, 3702.71, 3702.74, 3702.75, 3702.91, 3702.95, 3721.02, 3730.09, 3735.31, 3735.67, 3737.02, 3745.71, 3772.02, 4141.01, 4141.09, 4141.11, 4141.131, 4141.20, 4141.25, 4141.29, 4141.35, 4303.021, 4503.44, 4511.191, 4715.14, 4715.30, 4715.302, 4717.10, 4723.28, 4723.486, 4723.487, 4725.01, 4725.091, 4725.092, 4725.16, 4725.19, 4729.12, 4729.54, 4729.541, 4729.65, 4729.80, 4729.83, 4729.86, 4730.25, 4730.48, 4730.53, 4731.055, 4731.15, 4731.155, 4731.22, 4731.24, 4731.241, 4731.281, 4737.045, 4758.01, 4758.02, 4758.06, 4758.16, 4758.20, 4758.21, 4758.23, 4758.24, 4758.26, 4758.28, 4758.29, 4758.30, 4758.31, 4758.35, 4758.36, 4758.50, 4758.51, 4758.55, 4758.561, 4758.59, 4758.60, 4758.61, 4758.71, 4781.04, 4905.911, 4906.20, 4906.201, 4923.02, 5104.03, 5104.34, 5104.341, 5104.38, 5119.40,

5123.01, 5123.011, 5123.012, 5123.16, 5123.162, 5123.19, 5123.191, 5123.21, 5123.61, 5123.75, 5123.76, 5123.89, 5124.01, 5124.101, 5124.106, 5124.15, 5124.151, 5124.17, 5124.19, 5124.21, 5124.28, 5124.38, 5124.60, 5124.61, 5124.62, 5124.67, 5126.01, 5126.02, 5126.022, 5126.0219, 5126.041, 5126.046, 5126.051, 5126.08, 5126.21, 5126.25, 5126.42, 5126.43, 5126.45, 5139.05, 5139.34, 5139.36, 5139.41, 5153.21, 5153.42, 5165.03, 5165.031, 5165.10, 5165.106, 5165.15, 5165.23, 5165.25, 5165.65, 5165.68, 5513.01, 5531.10, 5703.052, 5703.21, 5705.10, 5709.12, 5709.121, 5709.40, 5713.012, 5713.08, 5715.19, 5715.27, 5717.01, 5727.111, 5739.05, 5739.09, 5747.02, 5747.025, 5747.50, and 5747.71; to amend for the purpose of codifying and changing the number of Section 323.280 of Am. Sub. H.B. 59 of the 130th General Assembly to section 5165.157 of the Revised Code; to enact sections 5.074, 5.077, 9.54, 9.911, 127.163, 127.164, 164.261, 175.053, 193.01, 193.02, 193.03, 193.04, 193.05, 193.07, 193.09, 193.11, 193.13, 306.14, 307.678, 307.6910, 307.863, 341.121, 1541.50, 2935.012, 3123.90, 3302.15, 3313.351, 3313.902, 3326.29, 3345.56, 3721.122, 4121.443, 4715.15, 4723.433, 4729.861, 4730.093, 4731.77, 4741.49, 4758.48, 4758.62, 4758.63, 4758.64, 5101.345, 5101.90, 5103.05, 5103.051, 5119.401, 5122.36, 5123.0420, 5139.12, 5139.45, and 5155.28; to repeal sections 1322.063, 3125.191, 3702.93, 4171.03, 4171.04, 5124.63, 5124.64, and 5126.037 of the Revised Code; to amend Sections 207.10, 209.30, 221.10, 241.10, 245.10, 257.10, 257.20, 259.10, 259.210, 263.10, 263.230, 263.240, 263.250, 263.270, 263.320, 263.325, 275.10, 282.10, 282.30, 285.10, 285.20, 301.10, 301.33, 301.40, 301.143, 327.10, 327.83, 333.10, 340.10, 349.10, 359.10, 363.10, 365.10, 395.10, 403.10, 512.70, 512.80, and 751.10 of Am. Sub. H.B. 59 of the 130th General Assembly; to amend Sections 207.100, 207.250, 207.340, 207.440, 223.10, 239.10, 253.330, 269.10, and 701.50 of Am. H.B. 497 of the 130th General Assembly; to amend Section 9 of Am. Sub. S.B. 206 of the 130th General Assembly; and to repeal Section 747.40 of Am. Sub. H.B. 59 of the 130th General Assembly to make operating and other appropriations and to provide authorization and conditions for the operation of state programs and to repeal section 5101.345 of the Revised Code on the first day of the forty-ninth month after its effective date.

The question being, "Shall the Senate amendments be concurred in?"

The yeas and nays were taken and resulted - yeas 1, nays 96, as follows: Representative Redfern voted in the affirmative-1.

Those who voted in the negative were: Representatives

Adams J.	Adams R.	Amstutz	Anielski
Antonio	Baker	Barborak	Barnes
Beck	Becker	Bishoff	Blair
Blessing	Boose	Boyce	Boyd
Brenner	Brown	Buchy	Budish
Burkley	Butler	Carney	Celebrezze

Cera	Clyde	Conditt	Curtin
Damschroder	DeVitis	Derickson	Dovilla
Driehaus	Duffey	Fedor	Foley
Gerberry	Gonzales	Green	Grossman
Hackett	Hagan, C.	Hagan, R.	Hall
Hayes	Heard	Henne	Hill
Hood	Hottinger	Huffman	Johnson
Kunze	Landis	Letson	Lundy
Maag	Mallory	McClain	McGregor
Milkovich	O'Brien	Patmon	Patterson
Pelanda	Perales	Phillips	Pillich
Ramos	Reece	Retherford	Roegner
Rogers	Romanchuk	Rosenberger	Ruhl
Scherer	Schuring	Sears	Sheehy
Slaby	Slesnick	Smith	Sprague
Stautberg	Stebelton	Stinziano	Strahorn
Sykes	Terhar	Thompson	Wachtmann
Williams	Winburn	Young	Batchelder-96.

The Senate amendments were not concurred in.

The Senate amendments to **Am. Sub. H. B. No. 487**-Representative Brenner, et al., were taken up for consideration.

Am. Sub. H. B. No. 487-Representative Brenner.

Cosponsors: Representatives Anielski, Grossman, Henne, Stebelton, Terhar, Speaker Batchelder. Senators Lehner, Gardner, Hite, Sawyer.

To amend sections 133.06, 149.433, 921.06, 3301.079, 3301.0711, 3301.0712, 3301.0714, 3301.0715, 3302.03, 3302.10, 3310.03, 3310.031, 3310.13, 3310.14, 3310.522, 3311.24, 3311.25, 3311.38, 3311.86, 3313.372, 3313.537, 3313.539, 3313.603, 3313.6013, 3313.6014, 3313.6016, 3313.61, 3313.612, 3313.843, 3313.90, 3314.02, 3314.029, 3314.03, 3314.08, 3317.03, 3318.70, 3319.111, 3319.112, 3319.22, 3319.26, 3319.31, 3321.07, 3321.08, 3324.07, 3325.02, 3325.06, 3325.07, 3325.10, 3326.11, 3326.36, 3328.24, 3328.25, 3331.04, 3333.041, 3333.35, 3333.43, 3333.86, 3345.06, 3345.061, 3365.04, 3365.041, 3365.05, 3365.06, 3365.08, 3365.11, 3707.511, and 5705.10; to amend, for the purpose of adopting new section numbers as indicated in parentheses, sections 3365.04 (3365.06), 3365.041 (3365.032), 3365.05 (3365.12), 3365.06 (3365.031), and 3365.11 (3365.09); to enact new sections 3313.536, 3365.01, 3365.02, 3365.03, 3365.04, 3365.05, 3365.07, 3365.10, 3365.11, and 3365.15 and sections 3301.078, 3301.163, 3301.947, 3302.036, 3302.15, 3311.241, 3311.251, 3313.21, 3313.212, 3313.6020, 3314.191, 3314.352, 3325.071, 3325.09, 3325.17, 3326.29, 3365.033, 3365.071, 3365.13, and 3707.521; and to repeal sections 3313.536, 3345.062, 3365.01, 3365.02, 3365.021, 3365.022, 3365.03, 3365.07, 3365.09, 3365.10, 3365.12, and 3365.15 of the Revised Code; and to amend the versions of sections 3314.03 and 3326.11 of the Revised Code that result from Section 1 of this act and to repeal section 3313.6015 of the Revised Code on July 1,

2015, with regard to education provisions for students in grades kindergarten through twelve.

The question being, "Shall the Senate amendments be concurred in?"

The yeas and nays were taken and resulted - yeas 6, nays 91, as follows: Representatives Antonio, Letson, Patterson, Phillips, Redfern, and Stinziano voted in the affirmative-6.

Those who voted in the negative were: Representatives

Adams J.	Adams R.	Amstutz	Anielski
Baker	Barborak	Barnes	Beck
Becker	Bishoff	Blair	Blessing
Boose	Boyce	Boyd	Brenner
Brown	Buchy	Budish	Burkley
Butler	Carney	Celebrezze	Cera
Clyde	Conditt	Curtin	Damschroder
DeVitis	Derickson	Dovilla	Driehaus
Duffey	Fedor	Foley	Gerberry
Gonzales	Green	Grossman	Hackett
Hagan, C.	Hagan, R.	Hall	Hayes
Heard	Henne	Hill	Hood
Hottinger	Huffman	Johnson	Kunze
Landis	Lundy	Maag	Mallory
McClain	McGregor	Milkovich	O'Brien
Patmon	Pelanda	Perales	Pillich
Ramos	Reece	Retherford	Roegner
Rogers	Romanchuk	Rosenberger	Ruhl
Scherer	Schuring	Sears	Sheehy
Slaby	Slesnick	Smith	Sprague
Stautberg	Stebelton	Strahorn	Sykes
Terhar	Thompson	Wachtmann	Williams
Winburn	Young		Batchelder-91.

The Senate amendments were not concurred in.

REPORTS OF CONFERENCE COMMITTEES

Representative Blair submitted the following report:

The committee of Conference to which the matters of difference between the two houses were referred on Sub. S.B. 172, Senator Patton – et al., having had the same under consideration, recommends to the respective houses as follows:

The bill as passed by the House with the following amendments:

In line 2037, reinsert "For the purposes of"

In line 2038, reinsert "this division,"; after " as" insert " "occupied real properties" includes all real properties that are not unoccupied as that term is

defined"; reinsert "in section"

Reinsert line 2039

Managers on the Part of the
Senate

Managers on the Part of the
House

/s/ SENATOR THOMAS F. PATTON
SENATOR THOMAS F. PATTON

/s/ REPRESENTATIVE TERRY BLAIR
REPRESENTATIVE TERRY BLAIR

/s/ SENATOR WILLIAM P. COLEY, II
SENATOR WILLIAM P. COLEY, II

/s/ REPRESENTATIVE RICHARD N. ADAMS
REPRESENTATIVE RICHARD N.
ADAMS

/s/ SENATOR MICHAEL J. SKINDELL
SENATOR MICHAEL J. SKINDELL

/s/ REPRESENTATIVE KEVIN BOYCE
REPRESENTATIVE KEVIN BOYCE

The question being, "Shall the report of the committee of Conference be agreed to?"

May 28, 2014

The Honorable William G. Batchelder, Speaker
The Ohio House of Representatives
Columbus, Ohio
Speaker Batchelder,

Pursuant to House Rule No. 57, I respectfully request that I be excused from voting on the report of the committee of Conference on **Sub. S. B. No. 172**-Senator Patton, et al., because it might be construed that I have an interest in the legislation.

Sincerely yours,

/s/ JOHN ROGERS
John Rogers
State Representative
60th House District

The request was granted.

The yeas and nays were taken and resulted - yeas 95, nays 1, as follows:

Those who voted in the affirmative were: Representatives

Adams J.	Adams R.	Amstutz	Anielski
Antonio	Baker	Barborak	Barnes
Beck	Becker	Bishoff	Blair
Blessing	Boose	Boyce	Boyd
Brenner	Brown	Buchy	Budish
Burkley	Butler	Carney	Celebrezze
Cera	Clyde	Conditt	Curtin
Damschroder	DeVitis	Derickson	Dovilla

Driehaus	Duffey	Fedor	Foley
Gerberry	Gonzales	Green	Grossman
Hackett	Hagan, C.	Hagan, R.	Hall
Hayes	Heard	Henne	Hill
Hottinger	Huffman	Johnson	Kunze
Landis	Letson	Lundy	Maag
Mallory	McClain	McGregor	Milkovich
O'Brien	Patmon	Patterson	Pelanda
Perales	Phillips	Pillich	Ramos
Redfern	Reece	Retherford	Roegner
Romanchuk	Rosenberger	Ruhl	Scherer
Schuring	Sears	Sheehy	Slaby
Slesnick	Smith	Sprague	Stautberg
Stebelton	Stinziano	Strahorn	Sykes
Terhar	Thompson	Wachtmann	Williams
Winburn	Young		Batchelder-95.

Representative Hood voted in the negative-1.

The report of the committee of Conference was agreed to.

REPORTS OF STANDING AND SELECT COMMITTEES AND BILLS FOR SECOND CONSIDERATION

Representative Lundy submitted the following report:

The standing committee on State and Local Government to which was referred **H. B. No. 321**-Representatives Duffey, Hagan, C., et al., having had the same under consideration, reports it back as a substitute bill and recommends its passage.

RE: DATAOHIO BOARD/POSTING PUBLIC RECORDS ONLINE

Representative Blair moved to amend the title as follows:

Add the names: "Hackett, Young, Brown."

MARLENE ANIELSKI	BRIAN HILL
CHERYL GROSSMAN	JOHN M. ROGERS
MATT LUNDY	MARGARET CONDITT
RICHARD ADAMS	ROBERT HACKETT
RON MAAG	RON YOUNG
STEPHEN SLESNICK	TERRY BOOSE
TIM W. BROWN	TONY BURKLEY
MICHAEL SHEEHY	TERRY BLAIR

The report was agreed to.

The bill was ordered to be engrossed and placed on the calendar.

Representative Lundy submitted the following report:

The standing committee on State and Local Government to which was referred **H. B. No. 322**-Representatives Duffey, Hagan, C., et al., having had the same under consideration, reports it back and recommends its passage.

RE: PUBLIC OFFICES-UNIFORM ACCOUNTING SYSTEM

Representative Blair moved to amend the title as follows:

Add the names: "Hackett, Young, Brown."

MARLENE ANIELSKI	BRIAN HILL
CHERYL GROSSMAN	JOHN M. ROGERS
MATT LUNDY	MARGARET CONDITT
RICHARD ADAMS	ROBERT HACKETT
RON MAAG	RON YOUNG
STEPHEN SLESNICK	TERRY BOOSE
TIM W. BROWN	TONY BURKLEY
MICHAEL SHEEHY	TERRY BLAIR

The report was agreed to.

The bill was ordered to be engrossed and placed on the calendar.

Representative Lundy submitted the following report:

The standing committee on State and Local Government to which was referred **H. B. No. 323**-Representatives Duffey, Hagan, C., et al., having had the same under consideration, reports it back as a substitute bill and recommends its passage.

RE: ONLINE CATALOG OF PUBLIC DATA-DATA.OHIO.GOV

Representative Blair moved to amend the title as follows:

Add the names: "Hackett, Young, Brown."

MARLENE ANIELSKI	BRIAN HILL
CHERYL GROSSMAN	JOHN M. ROGERS
MATT LUNDY	MARGARET CONDITT
RICHARD ADAMS	ROBERT HACKETT
RON MAAG	RON YOUNG
STEPHEN SLESNICK	TERRY BOOSE
TIM W. BROWN	TONY BURKLEY
MICHAEL SHEEHY	TERRY BLAIR

The report was agreed to.

The bill was ordered to be engrossed and placed on the calendar.

Representative Lundy submitted the following report:

The standing committee on State and Local Government to which was referred **H. B. No. 324**-Representatives Duffey, Hagan, C., et al., having had the same under consideration, reports it back as a substitute bill and recommends its re-referral to the committee on Rules and Reference.

RE: LOCAL GOVERNMENT INFORMATION EXCHANGE GRANT PROGRAM

Representative Blair moved to amend the title as follows:

Add the names: "Hackett, Young, Brown."

MARLENE ANIELSKI	BRIAN HILL
CHERYL GROSSMAN	JOHN M. ROGERS
MATT LUNDY	MARGARET CONDITT
RICHARD ADAMS	ROBERT HACKETT
RON MAAG	RON YOUNG
STEPHEN SLESNICK	TERRY BOOSE
TIM W. BROWN	TONY BURKLEY
MICHAEL SHEEHY	TERRY BLAIR

The report was agreed to.

The bill was ordered to be engrossed and re-referred to the committee on Rules and Reference.

Representative Fedor submitted the following report:

The standing committee on Education to which was referred **H. B. No. 470**-Representative Barnes, et al., having had the same under consideration, reports it back and recommends its passage.

RE: SCHOOL BULLYING PREVENTION AWARENESS ACT

Representative Stebelton moved to amend the title as follows:

Add the names: "Strahorn, Brenner, Slaby, Smith, Fedor, Driehaus, Patterson."

GERALD L. STEBELTON	ANDREW BRENNER
JOHN BECKER	TIMOTHY DERICKSON
BILL HAYES	MICHAEL HENNE
TONY BURKLEY	STEPHANIE KUNZE
KRISTINA ROEGNER	MARILYN SLABY
RYAN SMITH	ANDY THOMPSON
TERESA FEDOR	NICKIE J. ANTONIO
HEATHER BISHOFF	DENISE DRIEHAUS
DEBBIE PHILLIPS	JOHN PATTERSON
FRED STRAHORN	

The report was agreed to.

The bill was ordered to be engrossed and placed on the calendar.

Representative Fedor submitted the following report:

The standing committee on Education to which was referred **H. B. No. 454**-Representative Gonzales, et al., having had the same under consideration, reports it back with the following amendment and recommends its passage when so amended.

RE: CONCEALED HANDGUN-POSSESS IN SCHOOL SAFETY ZONE-EXPAND/CLARIFY AUTHORITY

Representative Stebelton moved to amend the title as follows:

Add the names: "Smith, Brenner."

Representative Brenner moved to amend as follows:

In line 55, reinsert "all of"; reinsert "following"

In line 56, reinsert "apply:"

In line 59, strike through "person is carrying a valid concealed handgun license"

Delete line 60

In line 61, delete " (a)"; strike through the balance of the line

Strike through line 62

Reinsert line 71

In line 72, delete " All of the following apply:"

In line 73, delete " (i)"

In line 77, reinsert "(c)"

In line 78, delete " (ii)"

In line 79, delete " (iii)" and insert " (d)"; delete " and intends to"

Delete line 80

In line 81, delete " school activity in the school safety zone"

In line 82, delete " in which the handgun is located"

The motion was agreed to and the bill so amended.

GERALD L. STEBELTON
JOHN BECKER
BILL HAYES
TONY BURKLEY
KRISTINA ROEGNER

ANDREW BRENNER
TIMOTHY DERICKSON
MICHAEL HENNE
STEPHANIE KUNZE
MARILYN SLABY

RYAN SMITH
HEATHER BISHOFF
JOHN PATTERSON

ANDY THOMPSON
DEBBIE PHILLIPS
FRED STRAHORN

The following members voted "NO"

TERESA FEDOR
DENISE DRIEHAUS

NICKIE J. ANTONIO

The report was agreed to.

The bill was ordered to be engrossed and placed on the calendar.

Representative Antonio submitted the following report:

The standing committee on Health and Aging to which was referred **H. B. No. 463**-Representative Johnson, et al., having had the same under consideration, reports it back as a substitute bill and recommends its passage.

RE: DENTAL PROFESSIONALS-MODIFY LAWS GOVERNING

Representative Wachtmann moved to amend the title as follows:

Add the names: "Wachtmann, Sprague."

LYNN R. WACHTMANN
NICKIE J. ANTONIO
HEATHER BISHOFF
JOHN PATRICK CARNEY
BRIAN HILL
TERRY JOHNSON
KIRK SCHURING
RYAN SMITH

ANNE GONZALES
JOHN BARNES
TIM W. BROWN
CHRISTINA HAGAN
JAY HOTTINGER
DALE MALLORY
BARBARA R. SEARS
ROBERT COLE SPRAGUE

The report was agreed to.

The bill was ordered to be engrossed and placed on the calendar.

Representative Antonio submitted the following report:

The standing committee on Health and Aging to which was referred **H. B. No. 131**-Representatives Johnson, Stinziano, et al., having had the same under consideration, reports it back as a substitute bill and recommends its passage.

RE: CHEMICAL TANNING-REGULATE/SUN LAMPS-
PROHIBITED FOR THOSE UNDER 18

Representative Wachtmann moved to amend the title as follows:

Add the names: "Wachtmann, Bishoff."

LYNN R. WACHTMANN
NICKIE J. ANTONIO

ANNE GONZALES
JOHN BARNES

HEATHER BISHOFF
JOHN PATRICK CARNEY
ROBERT F. HAGAN
JAY HOTTINGER
RON MAAG
KIRK SCHURING
ROBERT COLE SPRAGUE

TIM W. BROWN
CHRISTINA HAGAN
BRIAN HILL
TERRY JOHNSON
DALE MALLORY
RYAN SMITH

The following members voted "NO"

DAN RAMOS

BARBARA R. SEARS

The report was agreed to.

The bill was ordered to be engrossed and placed on the calendar.

Representative Phillips submitted the following report:

The standing committee on Rules and Reference to which was referred **Am. Sub. S. B. No. 43**-Senators Burke, Tavares, et al., having had the same under consideration, reports it back with the following amendment and recommends its passage when so amended.

RE: CIVIL COMMITMENT/TREATMENT OF MENTALLY ILL-CHANGE LAWS

Representative Huffman moved to amend as follows:

Delete line 4419

The motion was agreed to and the bill so amended.

MATT HUFFMAN
ANDREW BRENNER
DOROTHY PELANDA
DEBBIE PHILLIPS
ARMOND BUDISH

JOHN ADAMS
STEPHANIE KUNZE
JIM BUCHY
DAN RAMOS

The report was agreed to.

The bill was ordered to be engrossed and placed on the calendar.

MOTIONS AND RESOLUTIONS

Representative Grossman moved that majority party members asking leave to be absent or absent the week of Wednesday, May 28, 2014, be excused, so long as a written request is on file in the majority leadership offices.

The motion was agreed to.

Representative Ramos moved that minority party members asking leave to be absent or absent the week of Wednesday, May 28, 2014, be excused, so long as a written request is on file in the minority leadership offices.

The motion was agreed to.

BILLS FOR THIRD CONSIDERATION

Sub. S. B. No. 310-Senator Balderson.

Cosponsors: Senators Coley, Eklund, Faber, Jones, Seitz. Representative Stautberg.

To amend sections 3706.25, 4928.01, 4928.20, 4928.53, 4928.64, 4928.65, and 4928.66, to amend, for the purpose of adopting a new section number as indicated in parentheses, section 4928.65 (4928.645), and to enact new section 4928.65 and sections 4928.112, 4928.641, 4928.643, 4928.644, 4928.662, 4928.6610, 4928.6611, 4928.6612, 4928.6613, 4928.6614, 4928.6615, and 4928.6616 of the Revised Code to make changes to the renewable energy, energy efficiency, and peak demand reduction requirements, to prohibit the imposition of a waiting period before enrolling an eligible customer in the percentage of income payment plan, and to create a study committee, was taken up for consideration the third time.

The question being, "Shall the bill pass?"

Representative Strahorn moved to amend as follows:

In line 19, after "4928.662," insert "4928.664,"

In line 804, reinsert "2025"; delete " 2027"

In line 845, reinsert "3.5"; delete " 2.5"; reinsert "0.15"; delete " 0.12"

In line 846, reinsert "4.5"; delete " 2.5"; reinsert "0.18"; delete " 0.12"

In line 847, reinsert "5.5"; delete " 3.5"; reinsert "0.22"; delete " 0.15"

In line 848, reinsert "6.5"; delete " 4.5"; reinsert "0.26"; delete " 0.18"

In line 849, reinsert "7.5"; delete " 5.5"; reinsert "0.3"; delete " 0.22"

In line 850, reinsert "8.5"; delete " 6.5"; reinsert "0.34"; delete " 0.26"

In line 851, reinsert "9.5"; delete " 7.5"; reinsert "0.38"; delete " 0.3"

In line 852, reinsert "10.5"; delete " 8.5"; reinsert "0.42"; delete " 0.34"

In line 853, reinsert "11.5"; delete " 9.5"; reinsert "0.46"; delete " 0.38"

In line 854, reinsert "and each calendar;" reinsert "12.5"; delete " 10.5"; reinsert "0.5"; delete " 0.42"

In line 854a, reinsert "year thereafter"

Delete lines 855 through 856a

In line 884, reinsert "starting at four"; delete " as follows:"

In line 885, delete " (i) Three"; reinsert "fifty"; reinsert "2009, four"; delete " 2014, 2015,"

Delete line 886

In line 887, delete " (ii) Two"; delete " fifty"; reinsert "2010"; delete " 2017"; reinsert "2011, and"

In line 888, reinsert "similarly"; delete " 2018:"

Delete line 889

In line 890, delete " (iv) Similarly"

In line 891, reinsert "2024"; delete " 2026"

In line 1178, delete " and"; reinsert "from"; delete " in"

In line 1179, reinsert "to" and delete the balance of the line

Delete lines 1180 through 1187

In line 1188, delete all before "2018"; delete " 2019, and"

In line 1189, delete all before "and"

In line 1191, reinsert "2025"; delete " 2027"

In line 1201, reinsert the first "2018"; delete " 2014"; strike through "In"; delete " 2015 and 2016"; strike through the comma

In line 1204, delete " an electric distribution utility shall"

Delete lines 1205 through 1215

In line 1216, strike through "peak demand"; strike through the period

In line 1227, delete " any" and insert " either"

In line 1233, delete the underlined semicolon

Delete lines 1234 and 1235

In line 1236, delete " assembly"

Between lines 1389 and 1390, insert:

" **Sec. 4928.664.** The governor, in consultation with the public utilities commission chairperson, shall appoint an energy program advisory committee. The committee shall study renewable energy, energy efficiency, and peak demand requirements in order to decide whether to continue, modify, or end any or all of the requirements. The committee shall submit to the general assembly a report of its recommendations semiannually until December 19, 2014, at which point the committee shall issue a final report indicating whether to continue, modify, or end any or all of the requirements. Upon submission of the final report, the committee shall cease to exist. The general assembly shall enact

legislation based on the committee's final report not later than December 31, 2015."

Delete lines 1515 through 1731

In line 7 of the title, after "4928.662" insert "4928.664,"

In line 14 of the title, delete "a study" and insert "an advisory"

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

Representative Sears moved that the motion be laid on the table.

The question being, "Shall the motion to amend be laid on the table?"

The yeas and nays were taken and resulted - yeas 57, nays 40, as follows:

Those who voted in the affirmative were: Representatives

Adams J.	Adams R.	Amstutz	Anielski
Baker	Beck	Becker	Blair
Blessing	Boose	Brenner	Brown
Buchy	Butler	Conditt	DeVitis
Derickson	Dovilla	Duffey	Gonzales
Green	Grossman	Hackett	Hagan, C.
Hall	Hayes	Henne	Hill
Hood	Hottinger	Huffman	Johnson
Kunze	Landis	Maag	McClain
McGregor	Pelanda	Perales	Retherford
Roegner	Romanchuk	Rosenberger	Ruhl
Scherer	Schuring	Sears	Slaby
Smith	Sprague	Stautberg	Stebelton
Terhar	Thompson	Wachtmann	Young
			Batchelder-57.

Those who voted in the negative were: Representatives

Antonio	Barborak	Barnes	Bishoff
Boyce	Boyd	Budish	Burkley
Carney	Celebrezze	Cera	Clyde
Curtin	Damschroder	Driehaus	Fedor
Foley	Gerberry	Hagan, R.	Heard
Letson	Lundy	Mallory	Milkovich
O'Brien	Patmon	Patterson	Phillips
Pillich	Ramos	Redfern	Reece
Rogers	Sheehy	Slesnick	Stinziano
Strahorn	Sykes	Williams	Winburn-40.

The motion to amend was laid on the table.

The question recurring, "Shall the bill pass?"

Representative Rogers moved to amend as follows:

In line 15, delete "3706.25, 4928.01, 4928.20,"

In line 16, delete "4928.65,"; delete ", section 4928.65"

Delete line 17

In line 18, delete "number as indicated in parentheses,"; delete "new section 4928.65 and"

In line 19, delete all after "sections"

In line 21, delete "and"; after "4928.6616" insert ", and 4928.6620"

Delete lines 22 through 715

In line 767, reinsert the stricken language

In line 768, reinsert "of the Revised Code"; delete " this section"; reinsert "alternative"; delete " qualifying"

In line 769, delete " renewable"; reinsert "an advanced energy resource or"; delete " a"

In line 771, reinsert "of"; delete " on or after"

In line 772, reinsert "after"; delete " with respect to any run-of-the-river"

Delete line 773

In line 774, delete " 1980"

In line 777, reinsert the stricken language

In line 792, reinsert "an advanced energy resource or"; delete " a"

In line 793, reinsert the stricken semicolon

Reinsert lines 794 through 798

In line 799, reinsert the stricken language

In line 802, reinsert "an advanced energy resource or"; delete " qualifying"

In line 804, delete " (1)"; delete " 2027" and insert " 2026"

In line 805, reinsert "alternative"; delete " qualifying renewable"

In line 806, reinsert "alternative"; delete " qualifying"

In line 807, delete " renewable"

In line 812, reinsert "alternative"; delete " qualifying renewable"

In line 813, reinsert "alternative"; delete " qualifying renewable"

In line 815, reinsert "twenty-five" and delete " twelve and one-half"

In line 823, reinsert the stricken language

Reinsert lines 824 through 833

In line 834, reinsert "At least half" and delete the balance of the line

In line 835, delete " of this section"

In line 846, delete " 2.5" and insert " 3.5"; delete " 0.12" and insert " 0.15"

In line 847, delete " 3.5" and insert " 4.5"; delete " 0.15" and insert " 0.18"

In line 848, delete " 4.5" and insert " 5.5"; delete " 0.18" and insert " 0.22"

In line 849, delete " 5.5" and insert " 6.5"; delete " 0.22" and insert " 0.26"

In line 850, delete " 6.5" and insert " 7.5"; delete " 0.26" and insert " 0.3"

In line 851, delete " 7.5" and insert " 8.5"; delete " 0.3" and insert " 0.34"

In line 852, delete " 8.5" and insert " 9.5"; delete " 0.34" and insert " 0.38"

In line 853, delete " 9.5" and insert " 10.5"; delete " 0.38" and insert " 0.42"

In line 854, delete " 10.5" and insert " 11.5"; delete " 0.42" and insert " 0.46"

In line 855, after " 2025" insert " and each calendar year thereafter"; delete " 11.5" and insert " 12.5"; delete " 0.46" and insert " 0.5"

In line 856, delete " 2026 and each calendar"; delete " 12.5%"; delete " 0.5%."

In line 856a, delete " year thereafter"

In line 857, reinsert "At least one half of the"; delete " The qualifying"

In line 859, reinsert "through"; delete " either:"

In line 860, delete " (a) Through"; reinsert "the remainder"

In line 861, reinsert "shall be met with"; delete " or"

In line 862, delete " (b) With"

In line 870, reinsert "advanced energy or"; delete " qualifying"

In line 884, reinsert "starting at four"; delete " as follows:"

In line 885, delete " (i) Three"; reinsert "fifty"; reinsert "2009, four"; delete " 2014, 2015."

Delete line 886

In line 887, delete " (ii) Two"; delete " fifty"; reinsert "2010"; delete " 2017"; reinsert "2011, and"

In line 888, reinsert "similarly"; delete " 2018:"

Delete line 889

In line 890, delete " (iv) Similarly"

In line 891, delete " 2026" and insert " 2025"

In line 911, reinsert "(1) or"

In line 932, delete " qualifying"

In line 938, delete " qualifying"

In line 942, delete " qualifying"

In line 948, delete " qualifying"

In line 966, reinsert "alternative"; delete " renewable"

In line 976, delete " qualifying"

In line 989, reinsert "alternative"; delete " qualifying renewable"

Delete lines 1014 through 1157

In line 1178, delete " and"; reinsert "from"; delete " in"

In line 1179, reinsert "to" and delete the balance of the line

Delete lines 1180 through 1187

In line 1188, delete " savings requirements shall be, for years 2017,"; delete " 2019, and"

In line 1189, delete " 2020, one per cent of the baseline."

In line 1190, reinsert "a"; reinsert ", annual"

In line 1191, delete " 2027" and insert " 2026"

In line 1201, reinsert "2018"; delete " 2014"; reinsert "2018"; delete " 2015 and 2016"; reinsert "the standing committees"

Reinsert lines 1202 and 1203

In line 1204, reinsert "assembly regarding future"; delete the balance of the line

Delete lines 1205 through 1215

In line 1216, reinsert "reduction targets"

Delete line 1227 and insert " The commission shall exclude from the baselines the load and usage of any customer that has elected to opt out under sections 4928.6611 to 4928.6616 of the Revised Code."

Delete lines 1228 through 1236

In line 1293, delete " divisions" and insert " division"; delete " (IV) and"

Delete lines 1345 through 1389

In line 1392, delete all after " (A)" and insert " Energy efficiency"

requirements" means the savings requirements under section 4928.66 of the Revised Code.

(B) "Peak demand reduction requirements" means the peak demand reduction requirements under section 4928.66 of the Revised Code.

(C) "Regional transmission organization" means the PJM interconnection regional transmission organization, L.L.C. or any entity performing the functions identified in section 4928.12 of the Revised Code within this state."

Delete lines 1393 through 1511

Between lines 1511 and 1512, insert:

" **Sec. 4928.6611.** Any customer of an electric distribution utility may opt out of both the opportunity and ability to obtain direct benefits from the utility's program to comply with the energy efficiency and peak demand reduction requirements if either of the following applies:

(A) The customer receives service above the primary voltage level as determined by the utility's tariff classification.

(B) The customer's account is subject to the self-assessing purchaser option under section 5727.81 of the Revised Code.

Sec. 4928.6612. Any customer electing to opt out under sections 4928.6611 to 4928.6616 of the Revised Code shall do so by providing a written notice of intent to opt out to the electric distribution utility from which it receives service and submitting a complete copy of the opt-out notice to the secretary of the public utilities commission.

(A) The notice provided to the utility shall include the following:

(1) A statement indicating that the customer has elected to opt out;

(2) The effective date of the election to opt out;

(3) The customer's account numbers for each account that is subject to the opt out;

(4) The physical location of the customer's load center.

(B) The opt-out notice shall include a written election to opt out and a verified statement that affirms all of the following:

(1) That the customer has contracted with a third party energy efficiency aggregator or has ongoing energy efficiency expertise or processes that enable the customer to identify and implement cost-effective energy efficiency and peak demand reduction programs on its own;

(2) That the customer, only in its sole discretion, shall identify and implement only cost-effective energy efficiency and peak demand reduction programs;

(3) That the customer or aggregator utilizes measurement and verification

protocols that meet or exceed measurement and verification protocols that are accepted by the commission for purposes of the electric distribution utility's energy efficiency and peak demand reduction programs or accepted by the regional transmission organization;

(4) That the customer or aggregator, in order to provide compensation to the customer, shall bid the eligible and cost-effective energy efficiency savings and peak demand reduction savings that the customer has achieved into the capacity market of the regional transmission organization.

Sec. 4928.6613. Upon a customer's election to opt out under sections 4928.6611 to 4928.6616 of the Revised Code, each of the following applies:

(A) An account properly identified in the customer's verified notice is:

(1) Not subject to mechanisms to recover the electric distribution utility's costs of complying with the energy efficiency and peak demand reduction requirements; and

(2) Not eligible to participate in, or directly benefit from, programs arising from electric distribution utility compliance plans approved by the commission to meet the energy efficiency and peak demand reduction requirements.

(B) The customer is not eligible to participate in a cost recovery exemption agreement under division (A)(2)(c) of section 4928.66 of the Revised Code.

Sec. 4928.6614. (A) A customer subsequently may opt in under section 4928.6615 of the Revised Code after a previous election to opt out under sections 4928.6611 and 4928.6612 of the Revised Code if both of the following apply:

(1) The customer has previously opted out for a period of at least three consecutive calendar years.

(2) Six months prior to the next calendar year of the electric distribution utility's commission-approved plan for complying with the energy efficiency and peak demand reduction requirements, the customer gives notice of the customer's intent to opt in to the public utilities commission and the electric distribution utility from which it receives service.

(B) A customer that opts in under this section shall maintain its opt-in status for three consecutive calendar years before being eligible subsequently to exercise its right to opt out. Before exercising its right to opt out under this section, the customer shall give notice to the commission and the electric distribution utility six months prior to the next calendar year of the electric distribution utility's commission-approved plan for complying with the energy efficiency and peak demand reduction requirements.

Sec. 4928.6615. Any customer electing to opt in under section 4928.6614 of the Revised Code shall do so by providing a written notice of intent to opt in

to the electric distribution utility from which it receives service and submitting a complete copy of the opt-in notice to the secretary of the public utilities commission. The notice shall include the following:

(A) A statement indicating that the customer has elected to opt in;

(B) The effective date of the election to opt in;

(C) The customer's account numbers for each account that is subject to the opt in;

(D) The physical location of the customer's load center.

Sec. 4928.6616. A customer that has elected to opt out under sections 4928.6611 to 4928.6615 of the Revised Code retains ownership rights to energy efficiency and peak demand reduction savings that the customer has achieved and shall bid the eligible and cost-effective energy efficiency and peak demand reduction savings into the capacity market of the regional transmission organization.

Sec. 4928.6620. (A) An electric distribution utility need not comply with the energy efficiency and peak demand reduction requirements allocated to a specific rate class in any calendar to the extent the cost of meeting those allocated requirements exceeds the cost cap under division (B) of this section for the applicable calendar year.

(B) For each calendar year, beginning in 2015 and every year thereafter, the cost cap for complying with the energy efficiency and peak demand reduction requirements for a specific rate class of the electric distribution utility shall equal the costs allocated to that rate class and approved by the public utilities commission for calendar year 2013, plus an amount not to exceed three per cent a year, as follows:

<u>Compliance Year</u>	<u>Maximum percentage of the 2013 allocation added to the 2013 allocation</u>
<u>2015</u>	<u>3%</u>
<u>2016</u>	<u>6%</u>
<u>2017</u>	<u>9%</u>
<u>2018 and every year thereafter</u>	<u>Add 3% to the previous year's percentage"</u>

In line 1512, delete "3706.25, 4928.01, 4928.20,"

In line 1513, delete "4928.65,"

In line 1515, delete all after "3."

Delete lines 1516 through 1531

In line 1532, delete "**Section 4.**"

In line 1569, after "(4)" delete the balance of the line

Delete lines 1570 through 1577

In line 1578, delete "(5)"

In line 1584, delete "(6)" and insert "(5)"

In line 1587, delete "(7)" and insert "(6)"

Delete lines 1591 through 1781 and insert:

"(7) A review of the ratemaking provisions of Am. Sub. S.B. 221 of the 127th General Assembly with recommendations regarding how to ensure that consumers are assured of reliable power at affordable and reasonable rates."

In line 1 of the title, delete "3706.25, 4928.01, 4928.20,"

In line 2 of the title, delete "4928.65,"; delete ", to amend, for the"

Delete lines 3 and 4 of the title

In line 5 of the title, delete "(4928.65),"; delete "new section 4928.65 and"

In line 6 of the title, delete "4928.112, 4928.641, 4928.643, 4928.644,"

In line 7 of the title, delete "4928.662"

In line 8 of the title, delete "and"; after "4928.6616" insert ", and 4928.6620"

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

Representative Sears moved that the motion be laid on the table.

The question being, "Shall the motion to amend be laid on the table?"

The yeas and nays were taken and resulted - yeas 54, nays 43, as follows:

Those who voted in the affirmative were: Representatives

Adams J.	Adams R.	Amstutz	Anielski
Baker	Beck	Becker	Blair
Blessing	Boose	Brenner	Buchy
Butler	Conditt	Damschroder	DeVitis
Derickson	Dovilla	Gonzales	Green
Grossman	Hackett	Hagan, C.	Hall
Hayes	Henne	Hill	Hood
Hottinger	Huffman	Johnson	Kunze
Landis	Maag	McClain	Pelanda
Perales	Retherford	Roegner	Rosenberger
Ruhl	Scherer	Schuring	Sears
Slaby	Smith	Sprague	Stautberg
Stebelton	Terhar	Thompson	Wachtmann
Young			Batchelder-54.

Those who voted in the negative were: Representatives

Antonio	Barborak	Barnes	Bishoff
Boyce	Boyd	Brown	Budish
Burkley	Carney	Celebrezze	Cera
Clyde	Curtin	Driehaus	Duffey
Fedor	Foley	Gerberry	Hagan, R.
Heard	Letson	Lundy	Mallory
McGregor	Milkovich	O'Brien	Patmon

Patterson	Phillips	Pillich	Ramos
Redfern	Reece	Rogers	Romanchuk
Sheehy	Slesnick	Stinziano	Strahorn
Sykes	Williams		Winburn-43.

The motion to amend was laid on the table.

The question recurring, "Shall the bill pass?"

Representative Antonio moved that **Sub. S. B. No. 310**-Senator Balderson, et al., be re-referred to the committee on Rules and Reference.

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

The yeas and nays were taken and resulted - yeas 40, nays 57, as follows:

Those who voted in the affirmative were: Representatives

Antonio	Baker	Barborak	Barnes
Bishoff	Boyce	Boyd	Brown
Budish	Burkley	Carney	Celebrezze
Cera	Clyde	Curtin	Driehaus
Duffey	Fedor	Foley	Gerberry
Hagan, R.	Heard	Letson	Lundy
Mallory	Milkovich	O'Brien	Patmon
Patterson	Phillips	Pillich	Ramos
Redfern	Reece	Rogers	Sheehy
Stinziano	Strahorn	Sykes	Winburn-40.

Those who voted in the negative were: Representatives

Adams J.	Adams R.	Amstutz	Anielski
Beck	Becker	Blair	Blessing
Boose	Brenner	Buchy	Butler
Conditt	Damschroder	DeVitis	Derickson
Dovilla	Gonzales	Green	Grossman
Hackett	Hagan, C.	Hall	Hayes
Henne	Hill	Hood	Hottinger
Huffman	Johnson	Kunze	Landis
Maag	McClain	McGregor	Pelanda
Perales	Retherford	Roegner	Romanchuk
Rosenberger	Ruhl	Scherer	Schuring
Sears	Slaby	Slesnick	Smith
Sprague	Stautberg	Stebelton	Terhar
Thompson	Wachtmann	Williams	Young
			Batchelder-57.

The motion was not agreed to.

The question recurring, "Shall the bill pass?"

The yeas and nays were taken and resulted - yeas 55, nays 42, as follows:

Those who voted in the affirmative were: Representatives

Adams J.	Adams R.	Amstutz	Anielski
Baker	Beck	Becker	Blair

Blessing	Boose	Brenner	Buchy
Butler	Conditt	Damschroder	DeVitis
Derickson	Dovilla	Gonzales	Green
Grossman	Hackett	Hagan, C.	Hall
Hayes	Henne	Hill	Hood
Hottinger	Huffman	Johnson	Kunze
Landis	Maag	McClain	Perales
Retherford	Roegner	Rosenberger	Ruhl
Scherer	Schuring	Sears	Slaby
Slesnick	Smith	Sprague	Stautberg
Stebelton	Terhar	Thompson	Wachtmann
Williams	Young		Batchelder-55.

Those who voted in the negative were: Representatives

Antonio	Barborak	Barnes	Bishoff
Boyce	Boyd	Brown	Budish
Burkley	Carney	Celebrezze	Cera
Clyde	Curtin	Driehaus	Duffey
Fedor	Foley	Gerberry	Hagan, R.
Heard	Latson	Lundy	Mallory
McGregor	Milkovich	O'Brien	Patmon
Patterson	Pelanda	Phillips	Pillich
Ramos	Redfern	Reece	Rogers
Romanchuk	Sheehy	Stinziano	Strahorn
Sykes			Winburn-42.

The bill passed.

Representative Stautberg moved to amend the title as follows:

Add the names: "Adams, J., Buchy, Hill, Huffman, Maag, Retherford, Roegner, Ruhl, Terhar, Wachtmann, Batchelder."

The motion was agreed to and the title so amended.

The title as amended was agreed to.

Am. H. B. No. 511-Representative Sears.

Cosponsors: Representatives Boose, Grossman, Henne, Romanchuk, Smith, Wachtmann, Young.

To amend sections 1751.14, 3923.24, 3923.241, and 3924.01, to enact sections 505.377, 737.082, and 737.222 of the Revised Code to clarify the status of volunteer firefighters for purposes of the Patient Protection and Affordable Care Act and to make changes regarding coverage for a dependent child under a parent's health insurance plan and the hours of work needed to qualify for coverage under a small employer health benefit plan, was taken up for consideration the third time.

The question being, "Shall the bill pass?"

Representative Sears moved to amend as follows:

In line 10, after "sections" insert "1739.061,"; after "1751.14," insert "3923.022,"; after "3923.241," insert "3923.281, 3923.57, 3923.58, 3923.601, 3923.65, 3923.83,"

Between lines 36 and 37, insert:

"Sec. 1739.061. (A)(1) This section applies to both of the following:

(a) A multiple employer welfare arrangement that issues or requires the use of a standardized identification card or an electronic technology for submission and routing of prescription drug claims;

(b) A person or entity that a multiple employer welfare arrangement contracts with to issue a standardized identification card or an electronic technology described in division (A)(1)(a) of this section.

(2) Notwithstanding division (A)(1) of this section, this section does not apply to the issuance or required use of a standardized identification card or an electronic technology for the submission and routing of prescription drug claims in connection with any of the following:

(a) Any program or arrangement covering only accident, credit, dental, disability income, long-term care, hospital indemnity, medicare supplement, medicare, tricare, specified disease, or vision care; coverage under a one-time-limited-duration policy ~~of not longer than six~~ twelve months; coverage issued as a supplement to liability insurance; insurance arising out of workers' compensation or similar law; automobile medical payment insurance; or insurance under which benefits are payable with or without regard to fault and which is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

(b) Coverage provided under the medicaid program.

(c) Coverage provided under an employer's self-insurance plan or by any of its administrators, as defined in section 3959.01 of the Revised Code, to the extent that federal law supersedes, preempts, prohibits, or otherwise precludes the application of this section to the plan and its administrators.

(B) A standardized identification card or an electronic technology issued or required to be used as provided in division (A)(1) of this section shall contain uniform prescription drug information in accordance with either division (B)(1) or (2) of this section.

(1) The standardized identification card or the electronic technology shall be in a format and contain information fields approved by the national council for prescription drug programs or a successor organization, as specified in the council's or successor organization's pharmacy identification card implementation guide in effect on the first day of October most immediately preceding the issuance or required use of the standardized identification card or the electronic technology.

(2) If the multiple employer welfare arrangement or person under contract with it to issue a standardized identification card or an electronic technology requires the information for the submission and routing of a claim, the standardized identification card or the electronic technology shall contain any of the following information:

- (a) The name of the multiple employer welfare arrangement;
- (b) The individual's name, group number, and identification number;
- (c) A telephone number to inquire about pharmacy-related issues;
- (d) The issuer's international identification number, labeled as "ANSI BIN" or "RxBIN";
- (e) The processor's control number, labeled as "RxPCN";
- (f) The individual's pharmacy benefits group number if different from the insured's medical group number, labeled as "RxGrp."

(C) If the standardized identification card or the electronic technology issued or required to be used as provided in division (A)(1) of this section is also used for submission and routing of nonpharmacy claims, the designation "Rx" is required to be included as part of the labels identified in divisions (B)(2)(d) and (e) of this section if the issuer's international identification number or the processor's control number is different for medical and pharmacy claims.

(D) Each multiple employer welfare arrangement described in division (A) of this section shall annually file a certificate with the superintendent of insurance certifying that it or any person it contracts with to issue a standardized identification card or electronic technology for submission and routing of prescription drug claims complies with this section.

(E)(1) Except as provided in division (E)(2) of this section, if there is a change in the information contained in the standardized identification card or the electronic technology issued to an individual, the multiple employer welfare arrangement or person under contract with it to issue a standardized identification card or an electronic technology shall issue a new card or electronic technology to the individual.

(2) A multiple employer welfare arrangement or person under contract with it is not required under division (E)(1) of this section to issue a new card or electronic technology to an individual more than once during a twelve-month period.

(F) Nothing in this section shall be construed as requiring a multiple employer welfare arrangement to produce more than one standardized identification card or one electronic technology for use by individuals accessing health care benefits provided under a multiple employer welfare arrangement."

Between lines 96 and 97, insert:

"**Sec. 3923.022.** (A) As used in this section:

(1)(a) "Administrative expense" means the amount resulting from the following: the amount of premiums earned by the insurer for sickness and accident insurance business plus the amount of losses recovered from reinsurance coverage minus the sum of the amount of claims for losses paid; the amount of losses incurred but not reported; the amount incurred for state fees, federal and state taxes, and reinsurance; and the incurred costs and expenses related, either directly or indirectly, to the payment of commissions, measures to control fraud, and managed care.

(b) "Administrative expense" does not include any amounts collected, or administrative expenses incurred, by an insurer for the administration of an employee health benefit plan subject to regulation by the federal "Employee Retirement Income Security Act of 1974," 88 Stat. 832, 29 U.S.C.A. 1001, as amended. "Amounts collected or administrative expenses incurred" means the total amount paid to an administrator for the administration and payment of claims minus the sum of the amount of claims for losses paid and the amount of losses incurred but not reported.

(2) "Insurer" means any insurance company authorized under Title XXXIX of the Revised Code to do the business of sickness and accident insurance in this state.

(3) "Sickness and accident insurance business" does not include coverage provided by an insurer for specific diseases or accidents only; any hospital indemnity, medicare supplement, long-term care, disability income, one-time-limited-duration policy ~~of no longer~~ that is less than six twelve months, or other policy that offers only supplemental benefits; or coverage provided to individuals who are not residents of this state.

(4) "Individual business" includes both individual sickness and accident insurance and sickness and accident insurance made available by insurers in the individual market to individuals, with or without family members or dependents, through group policies issued to one or more associations or entities.

(B) Notwithstanding section 3941.14 of the Revised Code, each insurer shall have aggregate administrative expenses of no more than twenty per cent of the premium income of the insurer, based on the premiums earned in that year on the sickness and accident insurance business of the insurer.

(C)(1) Each insurer, on the first day of January or within sixty days thereafter, shall annually prepare, under oath, and deposit in the office of the superintendent of insurance a statement of the aggregate administrative expenses of the insurer, based on the premiums earned in the immediately preceding calendar year on the sickness and accident insurance business of the insurer. The statement shall itemize and separately detail all of the following information with respect to the insurer's sickness and accident insurance business:

(a) The amount of premiums earned by the insurer both before and after any costs related to the insurer's purchase of reinsurance coverage;

(b) The total amount of claims for losses paid by the insurer both before and after any reimbursement from reinsurance coverage;

(c) The amount of any losses incurred by the insurer but not reported by the insurer in the current or prior year;

(d) The amount of costs incurred by the insurer for state fees and federal and state taxes;

(e) The amount of costs incurred by the insurer for reinsurance coverage;

(f) The amount of costs incurred by the insurer that are related to the insurer's payment of commissions;

(g) The amount of costs incurred by the insurer that are related to the insurer's fraud prevention measures;

(h) The amount of costs incurred by the insurer that are related to managed care; and

(i) Any other administrative expenses incurred by the insurer.

(2) The statement also shall include all of the information required under division (C)(1) of this section separately detailed for the insurer's individual business, small group business, and large group business.

(D) No insurer shall fail to comply with this section.

(E) If the superintendent determines that an insurer has violated this section, the superintendent, pursuant to an adjudication conducted in accordance with Chapter 119. of the Revised Code, may order the suspension of the insurer's license to do the business of sickness and accident insurance in this state until the superintendent is satisfied that the insurer is in compliance with this section. If the insurer continues to do the business of sickness and accident insurance in this state while under the suspension order, the superintendent shall order the insurer to pay one thousand dollars for each day of the violation.

(F) Any money collected by the superintendent under division (E) of this section shall be deposited by the superintendent into the state treasury to the credit of the department of insurance operating fund.

(G) The statement of aggregate expenses filed pursuant to this section separately detailing an insurer's individual, small group, and large group business shall be considered work papers resulting from the conduct of a market analysis of an entity subject to examination by the superintendent under division (C) of section 3901.48 of the Revised Code, except that the superintendent may share aggregated market information that identifies the premiums earned as reported under division (C)(1)(a) of this section, the administrative expenses reported under division (C)(1)(i) of this section, the amount of commissions reported under division (C)(1)(f) of this section, the amount of taxes paid as reported under division (C)(1)(d) of this section, the total of the remaining benefit costs as reported under divisions (C)(1)(b) and (c) of this section, and the

amount of fraud and managed care expenses reported under divisions (C)(1)(g) and (h) of this section."

In line 166, strike through "of not longer" and insert " that is less"; strike through "six" and insert " twelve"

In line 228, strike through "of not longer" and insert " that is less"; strike through "six" and insert " twelve"

Between lines 240 and 241, insert:

"**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" has the same meaning as in section 3923.01 of the Revised Code, but excludes any hospital indemnity, medicare supplement, long-term care, disability income, one-time-limited-duration policy ~~of not longer~~ that is less than six ~~twelve~~ months, supplemental benefit, or other policy that provides coverage for specific diseases or accidents only; 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 medicaid recipients.

(B) Notwithstanding section 3901.71 of the Revised Code, and subject to division (E) of this section, every 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 pre-admission 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 any 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 incurred claims for diagnostic and treatment services for biologically based mental illnesses 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) Incurred claims for diagnostic and treatment services for biologically based mental illnesses 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 subject to Chapter 119. of the Revised Code.

Sec. 3923.57. Notwithstanding any provision of this chapter, every individual policy of sickness and accident insurance that is delivered, issued for delivery, or renewed in this state is subject to the following conditions, as applicable:

(A) Pre-existing conditions provisions shall not exclude or limit coverage for a period beyond twelve months following the policyholder's effective date of coverage and may only relate to conditions during the six months immediately preceding the effective date of coverage.

(B) In determining whether a pre-existing conditions provision applies to a policyholder or dependent, each policy shall credit the time the policyholder or dependent was covered under a previous policy, contract, or plan if the previous coverage was continuous to a date not more than thirty days prior to the effective date of the new coverage, exclusive of any applicable service waiting period under the policy.

(C)(1) Except as otherwise provided in division (C) of this section, an insurer that provides an individual sickness and accident insurance policy to an individual shall renew or continue in force such coverage at the option of the individual.

(2) An insurer may nonrenew or discontinue coverage of an individual in the individual market based only on one or more of the following reasons:

(a) The individual failed to pay premiums or contributions in accordance with the terms of the policy or the insurer has not received timely premium payments.

(b) The individual performed an act or practice that constitutes fraud or made an intentional misrepresentation of material fact under the terms of the policy.

(c) The insurer is ceasing to offer coverage in the individual market in accordance with division (D) of this section and the applicable laws of this state.

(d) If the insurer offers coverage in the market through a network plan, the individual no longer resides, lives, or works in the service area, or in an area for which the insurer is authorized to do business; provided, however, that such coverage is terminated uniformly without regard to any health status-related factor of covered individuals.

(e) If the coverage is made available in the individual market only through one or more bona fide associations, the membership of the individual in the association, on the basis of which the coverage is provided, ceases; provided,

however, that such coverage is terminated under division (C)(2)(e) of this section uniformly without regard to any health status-related factor of covered individuals.

An insurer offering coverage to individuals solely through membership in a bona fide association shall not be deemed, by virtue of that offering, to be in the individual market for purposes of sections 3923.58 and 3923.581 of the Revised Code. Such an insurer shall not be required to accept applicants for coverage in the individual market pursuant to sections 3923.58 and 3923.581 of the Revised Code unless the insurer also offers coverage to individuals other than through bona fide associations.

(3) An insurer may cancel or decide not to renew the coverage of a dependent of an individual if the dependent has performed an act or practice that constitutes fraud or made an intentional misrepresentation of material fact under the terms of the coverage and if the cancellation or nonrenewal is not based, either directly or indirectly, on any health status-related factor in relation to the dependent.

(D)(1) If an insurer decides to discontinue offering a particular type of health insurance coverage offered in the individual market, coverage of such type may be discontinued by the insurer if the insurer does all of the following:

(a) Provides notice to each individual provided coverage of this type in such market of the discontinuation at least ninety days prior to the date of the discontinuation of the coverage;

(b) Offers to each individual provided coverage of this type in such market, the option to purchase any other individual health insurance coverage currently being offered by the insurer for individuals in that market;

(c) In exercising the option to discontinue coverage of this type and in offering the option of coverage under division (D)(1)(b) of this section, acts uniformly without regard to any health status-related factor of covered individuals or of individuals who may become eligible for such coverage.

(2) If an insurer elects to discontinue offering all health insurance coverage in the individual market in this state, health insurance coverage may be discontinued by the insurer only if both of the following apply:

(a) The insurer provides notice to the department of insurance and to each individual of the discontinuation at least one hundred eighty days prior to the date of the expiration of the coverage.

(b) All health insurance delivered or issued for delivery in this state in such market is discontinued and coverage under that health insurance in that market is not renewed.

(3) In the event of a discontinuation under division (D)(2) of this section in the individual market, the insurer shall not provide for the issuance of any health insurance coverage in the market and this state during the five-year period

beginning on the date of the discontinuation of the last health insurance coverage not so renewed.

(E) Notwithstanding divisions (C) and (D) of this section, an insurer may, at the time of coverage renewal, modify the health insurance coverage for a policy form offered to individuals in the individual market if the modification is consistent with the law of this state and effective on a uniform basis among all individuals with that policy form.

(F) Such policies are subject to sections 2743 and 2747 of the "Health Insurance Portability and Accountability Act of 1996," Pub. L. No. 104-191, 110 Stat. 1955, 42 U.S.C.A. 300gg-43 and 300gg-47, as amended.

(G) Sections 3924.031 and 3924.032 of the Revised Code shall apply to sickness and accident insurance policies offered in the individual market in the same manner as they apply to health benefit plans offered in the small employer market.

In accordance with 45 C.F.R. 148.102, divisions (C) to (G) of this section also apply to all group sickness and accident insurance policies that are not sold in connection with an employment-related group health plan and that provide more than short-term, limited duration coverage.

In applying divisions (C) to (G) of this section with respect to health insurance coverage that is made available by an insurer in the individual market to individuals only through one or more associations, the term "individual" includes the association of which the individual is a member.

For purposes of this section, any policy issued pursuant to division (C) of section 3923.13 of the Revised Code in connection with a public or private college or university student health insurance program is considered to be issued to a bona fide association.

As used in this section, "bona fide association" has the same meaning as in section 3924.03 of the Revised Code, and "health status-related factor" and "network plan" have the same meanings as in section 3924.031 of the Revised Code.

This section does not apply to any policy that provides coverage for specific diseases or accidents only, or to any hospital indemnity, medicare supplement, long-term care, disability income, one-time-limited-duration policy ~~of no longer than six months~~ that is less than six twelve months, or other policy that offers only supplemental benefits.

Sec. 3923.58. (A) As used in sections 3923.58 and 3923.59 of the Revised Code:

(1) "Base rate" means, as to any health benefit plan that is issued by a carrier in the individual market, the lowest premium rate for new or existing business prescribed by the carrier for the same or similar coverage under a plan or arrangement covering any individual with similar case characteristics.

(2) "Carrier," "health benefit plan," and "MEWA" have the same meanings as in section 3924.01 of the Revised Code.

(3) "Network plan" means a health benefit plan of a carrier under which the financing and delivery of medical care, including items and services paid for as medical care, are provided, in whole or in part, through a defined set of providers under contract with the carrier.

(4) "Ohio health care basic and standard plans" means those plans established under section 3924.10 of the Revised Code.

(5) "Pre-existing conditions provision" means a policy provision that excludes or limits coverage for charges or expenses incurred during a specified period following the insured's effective date of coverage as to a condition which, during a specified period immediately preceding the effective date of coverage, had manifested itself in such a manner as would cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment or for which medical advice, diagnosis, care, or treatment was recommended or received, or a pregnancy existing on the effective date of coverage.

(B) Beginning in January of each year, carriers in the business of issuing health benefit plans to individuals and nonemployer groups, except individual health benefit plans issued pursuant to sections 1751.16 and 3923.122 of the Revised Code, shall accept applicants for open enrollment coverage, as set forth in this division, in the order in which they apply for coverage and subject to the limitation set forth in division (G) of this section. Carriers shall accept for coverage pursuant to this section individuals to whom both of the following conditions apply:

(1) The individual is not applying for coverage as an employee of an employer, as a member of an association, or as a member of any other group.

(2) The individual is not covered, and is not eligible for coverage, under any other private or public health benefits arrangement, including the medicare program established under Title XVIII of the "Social Security Act," 49 Stat. 620 (1935), 42 U.S.C.A. 301, as amended, or any other act of congress or law of this or any other state of the United States that provides benefits comparable to the benefits provided under this section, any medicare supplement policy, or any continuation of coverage policy under state or federal law.

(C) A carrier shall offer to any individual accepted under this section the Ohio health care basic and standard plans or health benefit plans that are substantially similar to the Ohio health care basic and standard plans in benefit plan design and scope of covered services.

A carrier may offer other health benefit plans in addition to, but not in lieu of, the plans required to be offered under this division. A basic health benefit plan shall provide, at a minimum, the coverage provided by the Ohio health care basic plan or any health benefit plan that is substantially similar to the Ohio health care basic plan in benefit plan design and scope of covered

services. A standard health benefit plan shall provide, at a minimum, the coverage provided by the Ohio health care standard plan or any health benefit plan that is substantially similar to the Ohio health care standard plan in benefit plan design and scope of covered services.

For purposes of this division, the superintendent of insurance shall determine whether a health benefit plan is substantially similar to the Ohio health care basic and standard plans in benefit plan design and scope of covered services.

(D)(1) Health benefit plans issued under this section may establish pre-existing conditions provisions that exclude or limit coverage for a period of up to twelve months following the individual's effective date of coverage and that may relate only to conditions during the six months immediately preceding the effective date of coverage. A health insuring corporation may apply a pre-existing condition provision for any basic health care service related to a transplant of a body organ if the transplant occurs within one year after the effective date of an enrollee's coverage under this section except with respect to a newly born child who meets the requirements for coverage under section 1751.61 of the Revised Code.

(2) In determining whether a pre-existing conditions provision applies to an insured or dependent, each policy shall credit the time the insured or dependent was covered under a previous policy, contract, or plan if the previous coverage was continuous to a date not more than sixty-three days prior to the effective date of the new coverage, exclusive of any applicable service waiting period under the policy.

(E) Premiums charged to individuals under this section may not exceed the amounts specified below:

(1) For calendar years 2010 and 2011, an amount that is two times the base rate for coverage offered to any other individual to which the carrier is currently accepting new business, and for which similar copayments and deductibles are applied;

(2) For calendar year 2012 and every year thereafter, an amount that is one and one-half times the base rate for coverage offered to any other individual to which the carrier is currently accepting new business and for which similar copayments and deductibles are applied, unless the superintendent of insurance determines that the amendments by this act to this section and section 3923.581 of the Revised Code, have resulted in the market-wide average medical loss ratio for coverage sold to individual insureds and nonemployer group insureds in this state, including open enrollment insureds, to increase by more than five and one quarter percentage points during calendar year 2010. If the superintendent makes that determination, the premium limit established by division (E)(1) of this section shall remain in effect. The superintendent's determination shall be supported by a signed letter from a member of the American academy of actuaries.

(F) In offering health benefit plans under this section, a carrier may require the purchase of health benefit plans that condition the reimbursement of health services upon the use of a specific network of providers.

(G)(1) A carrier shall not be required to accept new applicants under this section if the total number of the carrier's current insureds with open enrollment coverage issued under this section calculated as of the immediately preceding thirty-first day of December and excluding the carrier's medicare supplement policies and conversion or continuation of coverage policies under state or federal law and any policies described in division (L) of this section meets the following limits:

(a) For calendar years 2010 and 2011, four per cent of the carrier's total number of individual or nonemployer group insureds in this state;

(b) For calendar year 2012 and every year thereafter, eight per cent of the carrier's total number of insured individuals and nonemployer group insureds in this state, unless the superintendent of insurance determines that the amendments by this act to this section and section 3923.581 of the Revised Code, have resulted in the market-wide average medical loss ratio for coverage sold to individual insureds and nonemployer group insureds in this state, including open enrollment insureds, to increase by more than five and one quarter percentage points during calendar year 2010. If the superintendent makes that determination, the enrollment limit established by division (G)(1)(a) of this section shall remain in effect. The superintendent's determination shall be supported by a signed letter from a member of the American academy of actuaries.

(2) An officer of the carrier shall certify to the department of insurance when it has met the enrollment limit set forth in division (G)(1) of this section. Upon providing such certification, the carrier shall be relieved of its open enrollment requirement under this section as long as the carrier continues to meet the open enrollment limit. If the total number of the carrier's current insureds with open enrollment coverage issued under this section falls below the enrollment limit, the carrier shall accept new applicants. A carrier may establish a waiting list if the carrier has met the open enrollment limit and shall notify the superintendent if the carrier has a waiting list in effect.

(H) A carrier shall not be required to accept under this section applicants who, at the time of enrollment, are confined to a health care facility because of chronic illness, permanent injury, or other infirmity that would cause economic impairment to the carrier if the applicants were accepted. A carrier shall not be required to make the effective date of benefits for individuals accepted under this section earlier than ninety days after the date of acceptance, except that when the individual had prior coverage with a health benefit plan that was terminated by a carrier because the carrier exited the market and the individual was accepted for open enrollment under this section within sixty-three days of that termination, the effective date of benefits shall be the date of enrollment.

(I) The requirements of this section do not apply to any carrier that is currently in a state of supervision, insolvency, or liquidation. If a carrier demonstrates to the satisfaction of the superintendent that the requirements of this section would place the carrier in a state of supervision, insolvency, or liquidation, or would otherwise jeopardize the carrier's economic viability overall or in the individual market, the superintendent may waive or modify the requirements of division (B) or (G) of this section. The actions of the superintendent under this division shall be effective for a period of not more than one year. At the expiration of such time, a new showing of need for a waiver or modification by the carrier shall be made before a new waiver or modification is issued or imposed.

(J) No hospital, health care facility, or health care practitioner, and no person who employs any health care practitioner, shall balance bill any individual or dependent of an individual for any health care supplies or services provided to the individual or dependent who is insured under a policy issued under this section. The hospital, health care facility, or health care practitioner, or any person that employs the health care practitioner, shall accept payments made to it by the carrier under the terms of the policy or contract insuring or covering such individual as payment in full for such health care supplies or services.

As used in this division, "hospital" has the same meaning as in section 3727.01 of the Revised Code; "health care practitioner" has the same meaning as in section 4769.01 of the Revised Code; and "balance bill" means charging or collecting an amount in excess of the amount reimbursable or payable under the policy or health care service contract issued to an individual under this section for such health care supply or service. "Balance bill" does not include charging for or collecting copayments or deductibles required by the policy or contract.

(K) A carrier may pay an agent a commission in the amount of not more than five per cent of the premium charged for initial placement or for otherwise securing the issuance of a policy or contract issued to an individual under this section, and not more than four per cent of the premium charged for the renewal of such a policy or contract. The superintendent may adopt, in accordance with Chapter 119. of the Revised Code, such rules as are necessary to enforce this division.

(L) This section does not apply to any policy that provides coverage for specific diseases or accidents only, or to any hospital indemnity, medicare supplement, long-term care, disability income, one-time-limited-duration policy ~~of no longer than six~~ twelve months, or other policy that offers only supplemental benefits.

(M) If a carrier offers a health benefit plan in the individual market through a network plan, the carrier may do both of the following:

(1) Limit the individuals that may apply for such coverage to those who live, work, or reside in the service area of the network plan;

(2) Within the service area of the network plan, deny the coverage to individuals if the carrier has demonstrated both of the following to the superintendent:

(a) The carrier will not have the capacity to deliver services adequately to any additional individuals because of the carrier's obligations to existing group contract holders and individuals.

(b) The carrier is applying division (M)(2) of this section uniformly to all individuals without regard to any health status-related factors of those individuals.

(N) A carrier that, pursuant to division (M)(2) of this section, denies coverage to an individual in the service area of a network plan, shall not offer coverage in the individual market within that service area for at least one hundred eighty days after the date the carrier denies the coverage.

Sec. 3923.601. (A)(1) This section applies to both of the following:

(a) A sickness and accident insurer that issues or requires the use of a standardized identification card or an electronic technology for submission and routing of prescription drug claims pursuant to a policy, contract, or agreement for health care services;

(b) A person that a sickness and accident insurer contracts with to issue a standardized identification card or an electronic technology described in division (A)(1)(a) of this section.

(2) Notwithstanding division (A)(1) of this section, this section does not apply to the issuance or required use of a standardized identification card or an electronic technology for the submission and routing of prescription drug claims in connection with any of the following:

(a) Any individual or group policy of sickness and accident insurance covering only accident, credit, dental, disability income, long-term care, hospital indemnity, medicare supplement, medicare, tricare, specified disease, or vision care; coverage under a one-time-limited-duration policy ~~of not longer than six~~ that is less than twelve months; coverage issued as a supplement to liability insurance; insurance arising out of workers' compensation or similar law; automobile medical payment insurance; or insurance under which benefits are payable with or without regard to fault and which is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

(b) Coverage provided under the medicaid program.

(c) Coverage provided under an employer's self-insurance plan or by any of its administrators, as defined in section 3959.01 of the Revised Code, to the extent that federal law supersedes, preempts, prohibits, or otherwise precludes the application of this section to the plan and its administrators.

(B) A standardized identification card or an electronic technology issued or required to be used as provided in division (A)(1) of this section shall contain

uniform prescription drug information in accordance with either division (B)(1) or (2) of this section.

(1) The standardized identification card or the electronic technology shall be in a format and contain information fields approved by the national council for prescription drug programs or a successor organization, as specified in the council's or successor organization's pharmacy identification card implementation guide in effect on the first day of October most immediately preceding the issuance or required use of the standardized identification card or the electronic technology.

(2) If the insurer or person under contract with the insurer to issue a standardized identification card or an electronic technology requires the information for the submission and routing of a claim, the standardized identification card or the electronic technology shall contain any of the following information:

- (a) The insurer's name;
- (b) The insured's name, group number, and identification number;
- (c) A telephone number to inquire about pharmacy-related issues;
- (d) The issuer's international identification number, labeled as "ANSI BIN" or "RxBIN";
- (e) The processor's control number, labeled as "RxPCN";
- (f) The insured's pharmacy benefits group number if different from the insured's medical group number, labeled as "RxGrp."

(C) If the standardized identification card or the electronic technology issued or required to be used as provided in division (A)(1) of this section is also used for submission and routing of nonpharmacy claims, the designation "Rx" is required to be included as part of the labels identified in divisions (B)(2)(d) and (e) of this section if the issuer's international identification number or the processor's control number is different for medical and pharmacy claims.

(D) Each sickness and accident insurer described in division (A) of this section shall annually file a certificate with the superintendent of insurance certifying that it or any person it contracts with to issue a standardized identification card or electronic technology for submission and routing of prescription drug claims complies with this section.

(E)(1) Except as provided in division (E)(2) of this section, if there is a change in the information contained in the standardized identification card or the electronic technology issued to an insured, the insurer or person under contract with the insurer to issue a standardized identification card or an electronic technology shall issue a new card or electronic technology to the insured.

(2) An insurer or person under contract with the insurer is not required under division (E)(1) of this section to issue a new card or electronic technology

to an insured more than once during a twelve-month period.

(F) Nothing in this section shall be construed as requiring an insurer to produce more than one standardized identification card or one electronic technology for use by insureds accessing health care benefits provided under a policy of sickness and accident insurance.

Sec. 3923.65. (A) As used in this section:

(1) "Emergency medical condition" means a medical condition that manifests itself by such acute symptoms of sufficient severity, including severe pain, that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following:

(a) Placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy;

(b) Serious impairment to bodily functions;

(c) Serious dysfunction of any bodily organ or part.

(2) "Emergency services" means the following:

(a) A medical screening examination, as required by federal law, that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department, to evaluate an emergency medical condition;

(b) Such further medical examination and treatment that are required by federal law to stabilize an emergency medical condition and are within the capabilities of the staff and facilities available at the hospital, including any trauma and burn center of the hospital.

(B) Every individual or group policy of sickness and accident insurance that provides hospital, surgical, or medical expense coverage shall cover emergency services without regard to the day or time the emergency services are rendered or to whether the policyholder, the hospital's emergency department where the services are rendered, or an emergency physician treating the policyholder, obtained prior authorization for the emergency services.

(C) Every individual policy or certificate furnished by an insurer in connection with any sickness and accident insurance policy shall provide information regarding the following:

(1) The scope of coverage for emergency services;

(2) The appropriate use of emergency services, including the use of the 9-1-1 system and any other telephone access systems utilized to access prehospital emergency services;

(3) Any copayments for emergency services.

(D) This section does not apply to any individual or group policy of

sickness and accident insurance covering only accident, credit, dental, disability income, long-term care, hospital indemnity, medicare supplement, medicare, tricare, specified disease, or vision care; coverage under a one-time limited duration policy ~~of no longer than six~~ twelve months; coverage issued as a supplement to liability insurance; insurance arising out of workers' compensation or similar law; automobile medical payment insurance; or insurance under which benefits are payable with or without regard to fault and which is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

Sec. 3923.83. (A)(1) This section applies to both of the following:

(a) A public employee benefit plan that issues or requires the use of a standardized identification card or an electronic technology for submission and routing of prescription drug claims pursuant to a policy, contract, or agreement for health care services;

(b) A person or entity that a public employee benefit plan contracts with to issue a standardized identification card or an electronic technology described in division (A)(1)(a) of this section.

(2) Notwithstanding division (A)(1) of this section, this section does not apply to the issuance or required use of a standardized identification card or an electronic technology for the submission and routing of prescription drug claims in connection with either of the following:

(a) Any individual or group policy of insurance covering only accident, credit, dental, disability income, long-term care, hospital indemnity, medicare supplement, medicare, tricare, specified disease, or vision care; coverage under a one-time-limited-duration policy ~~of not longer than six~~ twelve months; coverage issued as a supplement to liability insurance; insurance arising out of workers' compensation or similar law; automobile medical payment insurance; or insurance under which benefits are payable with or without regard to fault and which is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

(b) Coverage provided under the medicaid program.

(B) A standardized identification card or an electronic technology issued or required to be used as provided in division (A)(1) of this section shall contain uniform prescription drug information in accordance with either division (B)(1) or (2) of this section.

(1) The standardized identification card or the electronic technology shall be in a format and contain information fields approved by the national council for prescription drug programs or a successor organization, as specified in the council's or successor organization's pharmacy identification card implementation guide in effect on the first day of October most immediately preceding the issuance or required use of the standardized identification card or the electronic technology.

(2) If the public employee benefit plan or person under contract with the plan to issue a standardized identification card or an electronic technology requires the information for the submission and routing of a claim, the standardized identification card or the electronic technology shall contain any of the following information:

- (a) The plan's name;
- (b) The insured's name, group number, and identification number;
- (c) A telephone number to inquire about pharmacy-related issues;
- (d) The issuer's international identification number, labeled as "ANSI BIN" or "RxBIN";
- (e) The processor's control number, labeled as "RxPCN";
- (f) The insured's pharmacy benefits group number if different from the insured's medical group number, labeled as "RxGrp."

(C) If the standardized identification card or the electronic technology issued or required to be used as provided in division (A)(1) of this section is also used for submission and routing of nonpharmacy claims, the designation "Rx" is required to be included as part of the labels identified in divisions (B)(2)(d) and (e) of this section if the issuer's international identification number or the processor's control number is different for medical and pharmacy claims.

(D)(1) Except as provided in division (D)(2) of this section, if there is a change in the information contained in the standardized identification card or the electronic technology issued to an insured, the public employee benefit plan or person under contract with the plan to issue a standardized identification card or electronic technology shall issue a new card or electronic technology to the insured.

(2) A public employee benefit plan or person under contract with the plan is not required under division (D)(1) of this section to issue a new card or electronic technology to an insured more than once during a twelve-month period.

(E) Nothing in this section shall be construed as requiring a public employee benefit plan to produce more than one standardized identification card or one electronic technology for use by insureds accessing health care benefits provided under a health benefit plan."

In line 298, strike through "of no longer" and insert " that is less"; strike through "six" and insert " twelve"

In line 365, after "sections" insert "1739.061,"; after "1751.14," insert "3923.022,"; after "3923.241," insert "3923.281, 3923.57, 3923.58, 3923.601, 3923.65, 3923.83,"

After line 374, insert:

"Section 4. The General Assembly declares that the amendments made to section 3923.58 of the Revised Code by this act are not to supersede the suspension of the operation of this section enacted by Section 3 of Sub. S.B. 9 of the 130th General Assembly. Rather, it is the intent of the General Assembly to ensure consistency in Ohio Insurance Law should this suspension be nullified."

In line 1 of the title, after "sections" insert "1739.061,"; after "1751.14," insert "3923.022,"; after "3923.241," insert "3923.281, 3923.57, 3923.58, 3923.601, 3923.65, 3923.83,"

In line 5 of the title, delete the second "and" and insert a comma

In line 9 of the title, after "plan" insert ", and to increase the duration of the health insurance considered to be short-term under certain insurance laws"

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

The motion was agreed to and the bill so amended.

The question being, "Shall the bill as amended pass?"

The yeas and nays were taken and resulted - yeas 65, nays 30, as follows:

Those who voted in the affirmative were: Representatives

Adams J.	Adams R.	Amstutz	Anielski
Baker	Beck	Becker	Bishoff
Blair	Blessing	Boose	Brenner
Brown	Buchy	Burkley	Butler
Cera	Conditt	Curtin	Damschroder
DeVitis	Derickson	Dovilla	Duffey
Gonzales	Green	Grossman	Hackett
Hagan, C.	Hall	Hayes	Henne
Hill	Hood	Hottinger	Huffman
Johnson	Kunze	Landis	Maag
Mallory	McClain	McGregor	Milkovich
Pelanda	Perales	Retherford	Roegner
Romanchuk	Rosenberger	Ruhl	Scherer
Schuring	Sears	Slaby	Smith
Sprague	Stautberg	Stebelton	Stinziano
Terhar	Thompson	Wachtmann	Young
			Batchelder-65.

Those who voted in the negative were: Representatives

Antonio	Barborak	Barnes	Boyce
Budish	Carney	Celebrezze	Clyde
Driehaus	Fedor	Foley	Gerberry
Hagan, R.	Heard	Letson	Lundy
O'Brien	Patmon	Patterson	Phillips
Pillich	Ramos	Redfern	Reece
Rogers	Sheehy	Strahorn	Sykes
Williams			Winburn-30.

The bill passed.

Representative Sears moved to amend the title as follows:

Add the names: "Amstutz, Beck, Blessing, Burkley, Conditt, Green, Hackett, Hill, Scherer, Thompson, Batchelder."

The motion was agreed to and the title so amended.

The title as amended was agreed to.

Sub. S. B. No. 140-Senator Bacon.

Cosponsors: Senators Kearney, Eklund, Hite, Lehner, Patton, Peterson, Sawyer, Seitz, Turner. Representatives Hackett, Henne, Carney, Bishoff, McGregor, O'Brien, Retherford, Sears, Slaby, Sprague.

To amend sections 1751.25, 3901.043, 3901.045, 3901.17, 3901.32, 3901.321, 3901.33, 3901.34, 3901.341, 3901.35, 3901.36, 3901.62, 3901.63, 3901.64, 3903.72, 3903.721, 3903.83, 3907.14, 3913.01, 3913.34, 3915.04, 3915.071, 3915.072, 3921.21, 3925.08, 3939.01, and 3953.15, to amend, for the purpose of adopting new section numbers as indicated in parentheses, sections 3903.72 (3903.723) and 3903.721 (3903.724), to enact new sections 3903.72 and 3903.721 and sections 3901.351, 3901.371, 3901.372, 3901.373, 3901.374, 3901.375, 3901.376, 3901.377, 3901.378, 3901.41, 3901.621, 3901.631, 3903.722, 3903.725, 3903.726, 3903.727, 3903.728, 3903.729, 3903.7210, 3903.7211, 3906.01 to 3906.15, and 3937.19, and to repeal sections 3907.09, 3907.10, 3907.11, and 3907.13 of the Revised Code to enact the Insurance Regulatory Modernization Act to revise the insurance laws regarding alternative investments, holding company systems, risk management, reserves kept for life insurance policies, automated transactions, reinsurance, and mergers and consolidations, was taken up for consideration the third time.

The question being, "Shall the bill pass?"

The yeas and nays were taken and resulted - yeas 94, nays 1, as follows:

Those who voted in the affirmative were: Representatives

Adams J.	Adams R.	Amstutz	Anielski
Antonio	Baker	Barborak	Barnes
Beck	Becker	Bishoff	Blair
Blessing	Boose	Boyce	Brenner
Brown	Buchy	Budish	Burkley
Butler	Carney	Celebrezze	Cera
Clyde	Conditt	Curtin	Damschroder
Derickson	Dovilla	Driehaus	Duffey
Fedor	Foley	Gerberry	Gonzales
Green	Grossman	Hackett	Hagan, C.
Hagan, R.	Hall	Hayes	Heard
Henne	Hill	Hood	Hottinger
Huffman	Johnson	Kunze	Landis
Letson	Lundy	Maag	Mallory
McClain	McGregor	Milkovich	O'Brien
Patmon	Patterson	Pelanda	Perales

Phillips	Pillich	Ramos	Redfern
Reece	Retherford	Roegner	Rogers
Romanchuk	Rosenberger	Ruhl	Scherer
Schuring	Sears	Sheehy	Slaby
Smith	Sprague	Stautberg	Stebelton
Stinziano	Strahorn	Sykes	Terhar
Thompson	Wachtmann	Williams	Winburn
Young			Batchelder-94.

Representative DeVitis voted in the negative-1.

The bill passed.

Representative Hackett moved to amend the title as follows:

Add the names: "Anielski, Beck, Buchy, Celebrezze, Grossman, Hottinger, Mallory, McClain, Milkovich, Pillich, Stinziano, Wachtmann, Young, Batchelder."

The motion was agreed to and the title so amended.

The title as amended was agreed to.

Sub. S. B. No. 287-Senator Hughes.

Cosponsors: Senators Eklund, Patton, Sawyer, Seitz. Representative Amstutz.

To amend sections 135.14, 135.142, 135.143, 135.35, and 3770.06 and to enact section 135.48 of the Revised Code to modify authorized investments of interim moneys and inactive moneys under the Uniform Depository Act, was taken up for consideration the third time.

The question being, "Shall the bill pass?"

The yeas and nays were taken and resulted - yeas 95, nays 0, as follows:

Those who voted in the affirmative were: Representatives

Adams J.	Adams R.	Amstutz	Anielski
Antonio	Baker	Barborak	Barnes
Beck	Becker	Bishoff	Blair
Blessing	Boose	Boyce	Brenner
Brown	Buchy	Budish	Burkley
Butler	Carney	Celebrezze	Cera
Clyde	Conditt	Curtin	Damschroder
DeVitis	Derickson	Dovilla	Driehaus
Duffey	Fedor	Foley	Gerberry
Gonzales	Green	Grossman	Hackett
Hagan, C.	Hagan, R.	Hall	Hayes
Heard	Henne	Hill	Hood
Hottinger	Huffman	Johnson	Kunze
Landis	Letson	Lundy	Maag
Mallory	McClain	McGregor	Milkovich
O'Brien	Patmon	Patterson	Pelanda
Perales	Phillips	Pillich	Ramos
Redfern	Reece	Retherford	Roegner

Rogers	Romanchuk	Rosenberger	Ruhl
Scherer	Schuring	Sears	Sheehy
Slaby	Smith	Sprague	Stautberg
Stebelton	Stinziano	Strahorn	Sykes
Terhar	Thompson	Wachtmann	Williams
Winburn	Young		Batchelder-95.

The bill passed.

Representative Sprague moved to amend the title as follows:

Add the names: "Anielski, Beck, Blessing, Boose, Budish, Burkley, Damschroder, Hackett, Henne, Huffman, Letson, Ruhl, Terhar, Young."

The motion was agreed to and the title so amended.

The title as amended was agreed to.

Am. H. B. No. 494-Representative Schuring.

Cosponsors: Representatives Hagan, C., Slesnick, Slaby, Amstutz, Landis, Barborak, Blair, Boose, Brown, Burkley, Damschroder, Grossman, Hackett, Hill, Maag, Young, Adams, R., Hottinger, Williams, Rogers.

To amend sections 133.01, 4504.08, and 4504.09 and to enact sections 4504.22 and 5595.01 to 5595.14 of the Revised Code to authorize counties to undertake regional transportation improvement projects funded by the issuance of securities and by revenue pledges from the state and political subdivisions and taxing districts located within the cooperating counties, was taken up for consideration the third time.

The question being, "Shall the bill pass?"

The yeas and nays were taken and resulted - yeas 94, nays 0, as follows:

Those who voted in the affirmative were: Representatives

Adams J.	Adams R.	Amstutz	Anielski
Antonio	Baker	Barborak	Barnes
Beck	Becker	Bishoff	Blair
Blessing	Boose	Boyce	Brenner
Brown	Buchy	Budish	Burkley
Butler	Carney	Celebrezze	Cera
Clyde	Conditt	Curtin	Damschroder
DeVitis	Derickson	Dovilla	Driehaus
Duffey	Fedor	Foley	Gerberry
Gonzales	Green	Grossman	Hackett
Hagan, C.	Hagan, R.	Hall	Hayes
Heard	Henne	Hill	Hood
Hottinger	Huffman	Johnson	Kunze
Landis	Letson	Lundy	Maag
Mallory	McClain	McGregor	Milkovich
O'Brien	Patterson	Pelanda	Perales

Phillips	Pillich	Ramos	Redfern
Reece	Retherford	Roegner	Rogers
Romanchuk	Rosenberger	Ruhl	Scherer
Schuring	Sears	Sheehy	Slaby
Smith	Sprague	Stautberg	Stebelton
Stinziano	Strahorn	Sykes	Terhar
Thompson	Wachtmann	Williams	Winburn
Young			Batchelder-94.

The bill passed.

Representative Schuring moved to amend the title as follows:

Add the names: "Adams, J., Anielski, Antonio, Beck, Blessing, Green, Huffman, Johnson, McClain, Milkovich, Patterson, Romanchuk, Ruhl, Scherer, Sheehy, Terhar, Thompson."

The motion was agreed to and the title so amended.

The title as amended was agreed to.

Message from the Senate

Mr. Speaker:

I am directed to inform the House of Representatives that the Senate insists on its amendments to:

Am. Sub. H. B. No. 483-Representative Amstutz - et al.

and asks for a Committee of Conference.

Attest:

Vincent L. Keeran,
Clerk.

MESSAGE FROM THE SPEAKER

The Speaker hereby appoints the following members of the House to the committee of Conference on matters of difference between the two houses on:

Am. Sub. H.B. No. 483— Representative Amstutz, et al.

Representatives Amstutz, Wachtmann, and Driehaus.

Message from the Senate

Mr. Speaker:

I am directed to inform the House of Representatives that the President of the Senate has appointed as managers on the part of the Senate on matters of difference between the two Houses on:

Am. Sub. H. B. No. 483-Representative Amstutz - et al.

Senators Oelslager, Coley and Skindell

Attest:

Vincent L. Keeran,
Clerk.

Message from the Senate

Mr. Speaker:

I am directed to inform the House of Representatives that the Senate insists on its amendments to:

Am. Sub. H. B. No. 487-Representative Brenner - et al.

and asks for a Committee of Conference.

Attest:

Vincent L. Keeran,
Clerk.

MESSAGE FROM THE SPEAKER

The Speaker hereby appoints the following members of the House to the committee of Conference on matters of difference between the two houses on:

Am. Sub. H.B. No. 487– Representative Brenner, et al.

Representatives Stebelton, Brenner, and Fedor.

Message from the Senate

Mr. Speaker:

I am directed to inform the House of Representatives that the President of the Senate has appointed as managers on the part of the Senate on matters of difference between the two Houses on:

Am. Sub. H. B. No. 487-Representative Brenner - et al.

Senators Lehner, Gardner and Sawyer

Attest:

Vincent L. Keeran,
Clerk.

MESSAGE FROM THE SPEAKER

Pursuant to Section 5540.02(C) of the Ohio Revised Code, the Speaker hereby appoints Representative Phillips to the Transportation Improvement District, Board of Trustees of Athens County.

On motion of Representative Sears, the House adjourned until Thursday, May 29, 2014 at 9:00 o'clock a.m.

Attest:

BRADLEY J. YOUNG,
Clerk.