

OHIO

SENATE

JOURNAL

THURSDAY, DECEMBER 11, 2014

TWO HUNDRED FORTY-NINTH DAY
Senate Chamber, Columbus, Ohio
Thursday, December 11, 2014, 11:00 o'clock a.m.

The Senate met pursuant to adjournment.

Prayer was offered by Tom McCullough, The Capitol Commission, Granville, Ohio, followed by the Pledge of Allegiance to the Flag.

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

REPORTS OF STANDING AND SELECT COMMITTEES

Senator Coley submitted the following report:

The standing committee on Civil Justice, to which was referred **H. B. No. 290**-Representative Stebelton, et al., having had the same under consideration, reports back a substitute bill and recommends its passage.

Co-Sponsor: Coley.

YES - 7: EDNA BROWN, LARRY OBHOF, BILL COLEY,
SCOTT OELSLAGER, JOE UECKER, JOHN EKLUND,
BILL SEITZ.

NO - 2: ERIC H. KEARNEY, MICHAEL J. SKINDELL.

Senator Coley submitted the following report:

The standing committee on Civil Justice, to which was referred **Sub. H. B. No. 307**-Representative Buchy, et al., having had the same under consideration, reports back a substitute bill and recommends its passage.

Co-Sponsor: Coley.

YES - 8: ERIC H. KEARNEY, EDNA BROWN, LARRY OBHOF,
BILL COLEY, SCOTT OELSLAGER, JOE UECKER,
JOHN EKLUND, BILL SEITZ.

NO - 1: MICHAEL J. SKINDELL.

Senator Coley submitted the following report:

The standing committee on Civil Justice, to which was referred **H. B. No. 595**-Representatives Brenner, Ruhl, et al., having had the same under consideration, reports it back and recommends its passage.

YES - 10: ERIC H. KEARNEY, EDNA BROWN, MICHAEL J. SKINDELL, LARRY OBHOF, BILL COLEY, KEVIN BACON, SCOTT OELSLAGER, JOE UECKER, JOHN EKLUND, BILL SEITZ.

NO - 0.

Senator Lehner submitted the following report:

The standing committee on Education, to which was referred **Am. H. B. No. 113**-Representatives Antonio, Henne, et al., having had the same under consideration, reports back a substitute bill and recommends its passage.

Co-Sponsor: Sawyer.

YES - 8: THOMAS SAWYER, NINA TURNER, BILL BEAGLE, RANDY GARDNER, GAYLE MANNING, PEGGY B. LEHNER, BILL COLEY, CLIFF HITE.

NO - 1: ERIC H. KEARNEY.

Senator Lehner submitted the following report:

The standing committee on Education, to which was referred **Am. H. B. No. 460**-Representatives Brenner, Driehaus, et al., having had the same under consideration, reports back a substitute bill and recommends its passage.

Co-Sponsors: Sawyer, Beagle.

YES - 9: THOMAS SAWYER, NINA TURNER, BILL BEAGLE, TROY BALDERSON, RANDY GARDNER, GAYLE MANNING, PEGGY B. LEHNER, ERIC H. KEARNEY, BILL COLEY.

NO - 0.

Senator Seitz submitted the following report:

The standing committee on Public Utilities, to which was referred **Sub. H. B. No. 319**-Representative Grossman, et al., having had the same under consideration, reports it back and recommends its passage.

YES - 13: BILL SEITZ, TOM PATTON, ERIC H. KEARNEY, LOU GENTILE, THOMAS SAWYER, MICHAEL J. SKINDELL, FRANK LAROSE, TROY BALDERSON,

BILL COLEY, JOE UECKER, JOHN EKLUND, CLIFF HITE, SHANNON JONES.

NO - 0.

Senator Faber submitted the following report:

Pursuant to Senate Rule No. 37 the standing committee on Rules, recommends that **Am Sub.H. B. No. 109**-Representative Damschroder, having been referred to the standing committee on Commerce and Labor, be re-referred to the standing committee on Rules.

YES - 11: KEITH L. FABER, CHRIS WIDENER, TOM PATTON, SCOTT OELSLAGER, LARRY OBHOF, DAVE BURKE, BILL COLEY, JIM HUGHES, LOU GENTILE, EDNA BROWN, JOSEPH SCHIAVONI.

NO - 0.

Senator Faber submitted the following report:

Pursuant to Senate Rule No. 37 the standing committee on Rules, recommends that **Sub.H. B. No. 131**-Representatives Johnson, Stinziano, having been referred to the standing committee on Commerce and Labor, be re-referred to the standing committee on Rules.

YES - 11: KEITH L. FABER, CHRIS WIDENER, TOM PATTON, SCOTT OELSLAGER, LARRY OBHOF, DAVE BURKE, BILL COLEY, JIM HUGHES, LOU GENTILE, EDNA BROWN, JOSEPH SCHIAVONI.

NO - 0.

Senator Faber submitted the following report:

Pursuant to Senate Rule No. 37 the standing committee on Rules, recommends that **Sub.H. B. No. 412**-Representative Gonzales, having been referred to the standing committee on Medicaid, Health and Human Services, be re-referred to the standing committee on Rules.

YES - 11: KEITH L. FABER, CHRIS WIDENER, TOM PATTON, SCOTT OELSLAGER, LARRY OBHOF, DAVE BURKE, BILL COLEY, JIM HUGHES, LOU GENTILE,

EDNA BROWN, JOSEPH SCHIAVONI.

NO - 0.

Senator Faber submitted the following report:

Pursuant to Senate Rule No. 37 the standing committee on Rules, recommends that **Sub.H. B. No. 552**-Representative Stautberg, having been referred to the standing committee on Medicaid, Health and Human Services, be re-referred to the standing committee on Rules.

YES - 11: KEITH L. FABER, CHRIS WIDENER, TOM PATTON, SCOTT OELSLAGER, LARRY OBHOF, DAVE BURKE, BILL COLEY, JIM HUGHES, LOU GENTILE, EDNA BROWN, JOSEPH SCHIAVONI.

NO - 0.

The question being, "Shall the reports of the committees be accepted?"

The reports of the committees were accepted.

On the motion of Senator Widener, the Senate recessed until 4:30 p.m.

The Senate met pursuant to the recess.

Senator Eklund submitted the following report:

The standing committee on Criminal Justice, to which was referred **Am. H. B. No. 663**-Representatives Buchy, Huffman, et al., having had the same under consideration, reports back a substitute bill and recommends its passage.

YES - 7: JOHN EKLUND, BILL SEITZ, JIM HUGHES, DAVE BURKE, CHRIS WIDENER, LARRY OBHOF, TIMOTHY O. SCHAFFER.

NO - 3: ERIC H. KEARNEY, EDNA BROWN, MICHAEL J. SKINDELL.

Senator Faber submitted the following report:

The standing committee on Rules, to which was re-referred **Am. Sub. H. B. No. 109**-Representative Damschroder, et al., having had the same under consideration, re-reports it back with the following amendments and

recommends its passage when so amended.

In line 28, delete "evidence"

Delete lines 29 and 30

In line 31, delete "aid pursuant to division (B) of this section" and insert "received a written acknowledgment from the ultimate consumer that the ultimate consumer was advised that an in-person examination by a licensed professional is recommended"

YES - 12: JOSEPH SCHIAVONI, EDNA BROWN, LOU GENTILE, JIM HUGHES, BILL COLEY, DAVE BURKE, LARRY OBHOF, SCOTT OELSLAGER, TOM PATTON, CHRIS WIDENER, KEITH L. FABER, CAPRI S. CAFARO.

NO - 0.

Senator Faber submitted the following report:

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

YES - 11: JOSEPH SCHIAVONI, EDNA BROWN, LOU GENTILE, JIM HUGHES, BILL COLEY, DAVE BURKE, LARRY OBHOF, SCOTT OELSLAGER, TOM PATTON, CHRIS WIDENER, KEITH L. FABER.

NO - 1: CAPRI S. CAFARO.

Senator Faber submitted the following report:

The standing committee on Rules, to which was re-referred **Sub. H. B. No. 412**-Representative Gonzales, et al., having had the same under consideration, re-reports back a substitute bill and recommends its passage.

YES - 12: JOSEPH SCHIAVONI, CAPRI S. CAFARO, EDNA BROWN, LOU GENTILE, JIM HUGHES, BILL COLEY, DAVE BURKE, LARRY OBHOF, SCOTT OELSLAGER, TOM PATTON, CHRIS WIDENER, KEITH L. FABER.

NO - 0.

Senator Faber submitted the following report:

The standing committee on Rules, to which was re-referred **Sub. H. B. No. 552**-Representative Stautberg, et al., having had the same under consideration, re-reports back a substitute bill and recommends its passage.

YES - 12: JOSEPH SCHIAVONI, EDNA BROWN, LOU GENTILE, JIM HUGHES, BILL COLEY, DAVE BURKE, LARRY OBHOF, SCOTT OELSLAGER, TOM PATTON, CHRIS WIDENER, KEITH L. FABER, CAPRI S. CAFARO.

NO - 0.

The question being, "Shall the reports of the committees be accepted?"

The reports of the committees were accepted.

RESOLUTIONS REPORTED BY COMMITTEE

Sub. S. J. R. No. 8-Senator Faber.

Cosponsors: Senators Widener, Patton, Obhof, Oelslager, Peterson.

Proposing to enact new Sections 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12 of Article XI and to repeal Sections 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, and 15 of Article XI of the Constitution of the State of Ohio to revise the redistricting process for General Assembly districts.

The question being, "Shall the resolution, **Sub. S. J. R. No. 8**, be adopted?"

On the motion of Senator Widener, **Sub. S. J. R. No. 8** was informally passed and retained its place on the calendar.

BILLS FOR THIRD CONSIDERATION

H. B. No. 474-Representatives Dovilla, Pelanda.

Cosponsors: Representatives Brenner, Ramos, Derickson, Stebelton, Blessing, Damschroder, Ruhl, Mallory, Celebrezze, DeVitis, Green, Hagan, R., Perales, Adams, R., Anielski, Antonio, Baker, Barborak, Beck, Brown, Buchy, Budish, Burkley, Fedor, Hackett, Hagan, C., Hall, Hayes, Hill, Johnson, Kunze, Landis, Letson, Milkovich, Patterson, Roegner, Rogers, Schuring, Sheehy, Smith, Sprague, Strahorn, Thompson, Wachtmann, Young, Speaker Batchelder. Senators LaRose, Gentile.

To amend section 4501.21 and to enact section 4503.576 of the Revised Code to create the "Ohio State Beekeepers Association" license plate, was considered the third time.

The question being, "Shall the bill, **H. B. No. 474**, pass?"

On the motion of Senator Widener, **H. B. No. 474** was informally passed and retained its place on the calendar.

Sub. S. B. No. 53-Senator Kearney.

Cosponsors: Senators Smith, Tavares, Schiavoni, Turner, Seitz, LaRose.

To amend sections 4503.10, 4503.102, 4503.12, 4503.182, 4505.061, 4506.08, 4507.24, 4507.50, 4507.52, 4519.03, 4519.10, 4519.56, and 4519.69 of the Revised Code to require the Registrar of Motor Vehicles and all deputy registrars to accept credit and debit cards for all transactions and to establish a deputy registrar document security fee, was considered the third time.

The question being, "Shall the bill, **Sub. S. B. No. 53**, pass?"

On the motion of Senator Widener, **Sub. S. B. No. 53** was informally passed and retained its place on the calendar.

Sub. H. B. No. 178-Representative Phillips.

Cosponsors: Representatives Hayes, Mallory, Strahorn, Reece, Fedor, Heard, Antonio, Bishoff, Amstutz, Anielski, Ashford, Baker, Barborak, Barnes, Beck, Boyce, Boyd, Brenner, Brown, Budish, Burkley, Carney, Celebrezze, Cera, Clyde, Curtin, Derickson, DeVitis, Driehaus, Grossman, Hottinger, Huffman, Kunze, Letson, Lundy, Milkovich, O'Brien, Patmon, Patterson, Pillich, Roegner, Rogers, Ruhl, Sheehy, Stebelton, Winburn, Young, Speaker Batchelder.

To amend sections 3313.976, 3314.03, 3326.11, 3328.24, and 3737.73 and to enact section 3319.46 of the Revised Code and to amend Sections 263.10 and 263.230 of Am. Sub. H.B. 59 of the 130th General Assembly, as subsequently amended, with respect to school safety drills in public and private schools; the use of seclusion and physical restraint on students and positive behavior intervention supports in public schools; and the qualification of private schools that are located within the boundaries of a city, local, or exempted village school district adjacent to the pilot project school district for the Pilot Project Scholarship Program and to make an appropriation, was considered the third time.

The question being, "Shall the bill, **Sub. H. B. No. 178**, pass?"

Senator Patton moved to amend as follows:

In line 25, strike through "is"

In line 26, delete "Located" and insert "Offers any of grades kindergarten through twelve and is located"

In line 28, delete "Located" and insert "Offers any of grades nine through twelve and is located"

In line 29, delete "adjacent" and insert "that is both:

(i) Located in a municipal corporation with a population of fifty thousand or more:

(ii) Adjacent

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

The motion was agreed to.

The question recurred, "Shall the bill, **Sub. H. B. No. 178**, pass?"

The yeas and nays were taken and resulted - yeas 31, nays 0, as follows:

Those who voted in the affirmative were: Senators

Bacon	Balderson	Beagle	Brown
Burke	Cafaro	Coley	Eklund
Gardner	Gentile	Hite	Hughes
Jones	Jordan	Kearney	LaRose
Lehner	Manning	Obhof	Oelslager
Patton	Peterson	Sawyer	Schaffer
Schiavoni	Seitz	Skindell	Turner
Uecker	Widener		Faber-31.

So the bill passed.

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

Senator Lehner moved to amend the title as follows:

Add the names: "Gentile, Hughes, Patton, Sawyer, Skindell, Turner."

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

The motion was agreed to and the title so amended.

Sub. H. B. No. 201-Representative Butler.

Cosponsors: Representatives Adams, J., Terhar, Thompson, Hayes, Adams, R., Amstutz, Anielski, Beck, Bishoff, Blair, Blessing, Boyce, Budish, Burkley, Conditt, Green, Hood, Huffman, Letson, Milkovich, Perales, Retherford, Strahorn, Sykes, Winburn, Speaker Batchelder.

To amend section 5301.36 and to enact section 5301.361 of the Revised Code to make changes relative to entries of satisfaction, was considered the third time.

The question being, "Shall the bill, **Sub. H. B. No. 201**, pass?"

Senator Burke moved to amend as follows:

In line 4, delete the first "section" and insert "sections 1739.061, 1751.14, 1751.69, 3923.022, 3923.24, 3923.241, 3923.281, 3923.57, 3923.58, 3923.601, 3923.65, 3923.83, 3923.85, 3924.01, and"; delete the second "section" and insert "sections 505.377, 737.082, 737.222, and"

Between lines 5 and 6, insert:

" **Sec. 505.377.** A volunteer firefighter appointed pursuant to this chapter is a bona fide volunteer and not an employee for purposes of section 513 of the "Patient Protection and Affordable Care Act," 124 Stat. 119 (2010), 26 U.S.C. 4980H, if, for providing those fire protection services, the volunteer receives any of the benefits provided in Chapter 146., 4121., or 4123. or section 9.65, 505.23, 3333.26, 3923.13, or 4113.41 of the Revised Code.

Sec. 737.082. A volunteer firefighter appointed pursuant to this chapter is a bona fide volunteer and not an employee for purposes of section 513 of the "Patient Protection and Affordable Care Act," 124 Stat. 119 (2010), 26 U.S.C. 4980H, if, for providing those fire protection services, the volunteer receives any of the benefits provided in Chapter 146., 4121., or 4123. or section 9.65, 505.23, 3333.26, 3923.13, or 4113.41 of the Revised Code.

Sec. 737.222. A volunteer firefighter appointed pursuant to this chapter is a bona fide volunteer and not an employee for purposes of section 513 of the "Patient Protection and Affordable Care Act," 124 Stat. 119 (2010), 26 U.S.C. 4980H, if, for providing those fire protection services, the volunteer receives any of the benefits provided in Chapter 146., 4121., or 4123. or section 9.65, 505.23, 3333.26, 3923.13, or 4113.41 of the Revised Code.

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~~ that is less 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.

Sec. 1751.14. (A) Notwithstanding section 3901.71 of the Revised Code, any policy, contract, or agreement for health care services authorized by this chapter that is issued, delivered, or renewed in this state and that provides that coverage of an unmarried dependent child will terminate upon attainment of the limiting age for dependent children specified in the policy, contract, or agreement, shall also provide in substance both of the following:

(1) Once an unmarried child has attained the limiting age for dependent children, as provided in the policy, contract, or agreement, upon the request of the subscriber, the health insuring corporation shall offer to cover the unmarried child until the child attains ~~twenty-eight~~ twenty-six years of age if all of the following are true:

(a) The child is the natural child, stepchild, or adopted child of the subscriber.

(b) The child is a resident of this state or a full-time student at an accredited public or private institution of higher education.

(c) The child is not employed by an employer that offers any health benefit plan under which the child is eligible for coverage.

(d) The child is not eligible for coverage under the medicaid program or the medicare program.

(2) That attainment of the limiting age for dependent children shall not operate to terminate the coverage of a dependent child if the child is and continues to be both of the following:

(a) Incapable of self-sustaining employment by reason of mental retardation or physical handicap;

(b) Primarily dependent upon the subscriber for support and maintenance.

(B) Proof of incapacity and dependence for purposes of division (A)(2) of this section shall be furnished to the health insuring corporation within thirty-one days of the child's attainment of the limiting age. Upon request, but not more frequently than annually, the health insuring corporation may require proof satisfactory to it of the continuance of such incapacity and dependency.

(C) Nothing in this section shall do any of the following:

(1) Require that any policy, contract, or agreement offer coverage for dependent children or provide coverage for an unmarried dependent child's children as dependents on the policy, contract, or agreement;

(2) Require an employer to pay for any part of the premium for an unmarried dependent child that has attained the limiting age for dependents, as provided in the policy, contract, or agreement;

(3) Require an employer to offer health insurance coverage to the dependents of any employee.

(D) This section does not apply to any health insuring corporation policy, contract, or agreement offering only supplemental health care services or specialty health care services.

(E) As used in this section, "health benefit plan" has the same meaning as in section 3924.01 of the Revised Code and also includes both of the following:

(1) A public employee benefit plan;

(2) A health benefit plan as regulated under the "Employee Retirement Income Security Act of 1974," 29 U.S.C. 1001, et seq.

Sec. 1751.69. (A) As used in this section, "cost sharing" means the cost to an individual insured under an individual or group health insuring corporation policy, contract, or agreement according to any coverage limit, copayment, coinsurance, deductible, or other out-of-pocket expense requirements imposed by the policy, contract, or agreement.

(B) Notwithstanding section 3901.71 of the Revised Code and subject to division (D) of this section, no individual or group health insuring corporation policy, contract, or agreement providing basic health care services or prescription drug services that is delivered, issued for delivery, or renewed in

this state, if the policy, contract, or agreement provides coverage for cancer chemotherapy treatment, shall fail to comply with either of the following:

(1) The policy, contract, or agreement shall not provide coverage or impose cost sharing for a prescribed, orally administered cancer medication on a less favorable basis than the coverage it provides or cost sharing it imposes for intravenously administered or injected cancer medications.

(2) The policy, contract, or agreement shall not comply with division (B)(1) of this section by imposing an increase in cost sharing solely for orally administered, intravenously administered, or injected cancer medications.

(C) Notwithstanding any provision of this section to the contrary, an individual or group health insuring corporation policy, contract, or agreement shall be deemed to be in compliance with this section if the cost sharing imposed under such a policy, contract, or agreement for orally administered cancer treatments does not exceed one hundred dollars per prescription fill. The cost sharing limit of one hundred dollars per prescription fill shall apply to a high deductible plan, as defined in 26 U.S.C. 223, or a catastrophic plan, as defined in 42 U.S.C. 18022, only after the deductible has been met.

(D) The prohibitions in division (B) of this section do not preclude an individual or group health insuring corporation policy, contract, or agreement from requiring an enrollee to obtain prior authorization before orally administered cancer medication is dispensed to the enrollee.

(E) A health insuring corporation that offers coverage for basic health care services is not required to comply with division (B) of this section if all of the following apply:

(1) The health insuring corporation submits documentation certified by an independent member of the American academy of actuaries to the superintendent of insurance showing that compliance with division (B)(1) of this section for a period of at least six months independently caused the health insuring corporation's costs for claims and administrative expenses for the coverage of basic health care services to increase by more than one per cent per year.

(2) The health insuring corporation submits a signed letter from an independent member of the American academy of actuaries to the superintendent of insurance opining that the increase in costs described in division (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 health insuring corporation for the coverage of basic health care services.

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

(i) Compliance with division (B)(1) of this section for a period of at least six months independently caused the health insuring corporation's costs for

claims and administrative expenses for the coverage of basic health care services to increase more than one per cent per year.

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

(b) Any determination made by the superintendent under division (E)(3) of this section is subject to Chapter 119. of the Revised Code.

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 than six~~ 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.

Sec. 3923.24. (A) Notwithstanding section 3901.71 of the Revised Code, every certificate furnished by an insurer in connection with, or pursuant to any provision of, any group sickness and accident insurance policy delivered, issued for delivery, renewed, or used in this state on or after January 1, 1972, every policy of sickness and accident insurance delivered, issued for delivery, renewed, or used in this state on or after January 1, 1972, and every multiple employer welfare arrangement offering an insurance program, which provides that coverage of an unmarried dependent child of a parent or legal guardian will terminate upon attainment of the limiting age for dependent children specified in the contract shall also provide in substance both of the following:

(1) Once an unmarried child has attained the limiting age for dependent children, as provided in the policy, upon the request of the insured, the insurer shall offer to cover the unmarried child until the child attains ~~twenty-eight~~ twenty-six years of age if all of the following are true:

(a) The child is the natural child, stepchild, or adopted child of the insured.

(b) The child is a resident of this state or a full-time student at an accredited public or private institution of higher education.

(c) The child is not employed by an employer that offers any health benefit plan under which the child is eligible for coverage.

(d) The child is not eligible for the medicaid program or the medicare program.

(2) That attainment of the limiting age for dependent children shall not operate to terminate the coverage of a dependent child if the child is and continues to be both of the following:

(a) Incapable of self-sustaining employment by reason of mental retardation or physical handicap;

(b) Primarily dependent upon the policyholder or certificate holder for support and maintenance.

(B) Proof of such incapacity and dependence for purposes of division (A)(2) of this section shall be furnished by the policyholder or by the certificate holder to the insurer within thirty-one days of the child's attainment of the limiting age. Upon request, but not more frequently than annually after the two-year period following the child's attainment of the limiting age, the insurer may require proof satisfactory to it of the continuance of such incapacity and dependency.

(C) Nothing in this section shall require an insurer to cover a dependent child who is mentally retarded or physically handicapped if the contract is underwritten on evidence of insurability based on health factors set forth in the application, or if such dependent child does not satisfy the conditions of the contract as to any requirement for evidence of insurability or other provision of the contract, satisfaction of which is required for coverage thereunder to take effect. In any such case, the terms of the contract shall apply with regard to the coverage or exclusion of the dependent from such coverage. Nothing in this section shall apply to accidental death or dismemberment benefits provided by any such policy of sickness and accident insurance.

(D) Nothing in this section shall do any of the following:

(1) Require that any policy offer coverage for dependent children or provide coverage for an unmarried dependent child's children as dependents on the policy;

(2) Require an employer to pay for any part of the premium for an unmarried dependent child that has attained the limiting age for dependents, as provided in the policy;

(3) Require an employer to offer health insurance coverage to the dependents of any employee.

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

(F) As used in this section, "health benefit plan" has the same meaning as in section 3924.01 of the Revised Code and also includes both of the following:

(1) A public employee benefit plan;

(2) A health benefit plan as regulated under the "Employee Retirement Income Security Act of 1974," 29 U.S.C. 1001, et seq.

Sec. 3923.241. (A) Notwithstanding section 3901.71 of the Revised

Code, any public employee benefit plan that provides that coverage of an unmarried dependent child will terminate upon attainment of the limiting age for dependent children specified in the plan shall also provide in substance both of the following:

(1) Once an unmarried child has attained the limiting age for dependent children, as provided in the plan, upon the request of the employee, the public employee benefit plan shall offer to cover the unmarried child until the child attains ~~twenty-eight~~ twenty-six years of age if all of the following are true:

(a) The child is the natural child, stepchild, or adopted child of the employee.

(b) The child is a resident of this state or a full-time student at an accredited public or private institution of higher education.

(c) The child is not employed by an employer that offers any health benefit plan under which the child is eligible for coverage.

(d) The child is not eligible for the medicaid program or the medicare program.

(2) That attainment of the limiting age for dependent children shall not operate to terminate the coverage of a dependent child if the child is and continues to be both of the following:

(a) Incapable of self-sustaining employment by reason of mental retardation or physical handicap;

(b) Primarily dependent upon the plan member for support and maintenance.

(B) Proof of incapacity and dependence for purposes of division (A)(2) of this section shall be furnished to the public employee benefit plan within thirty-one days of the child's attainment of the limiting age. Upon request, but not more frequently than annually, the public employee benefit plan may require proof satisfactory to it of the continuance of such incapacity and dependency.

(C) Nothing in this section shall do any of the following:

(1) Require that any public employee benefit plan offer coverage for dependent children or provide coverage for an unmarried dependent child's children as dependents on the public employee benefit plan;

(2) Require an employer to pay for any part of the premium for an unmarried dependent child that has attained the limiting age for dependents, as provided in the plan;

(3) Require an employer to offer health insurance coverage to the dependents of any employee.

(D) This section does not apply to any public employee benefit plan covering only accident, credit, dental, disability income, long-term care, hospital indemnity, medicare supplement, specified disease, or vision care; coverage

under a one-time-limited-duration policy ~~of not longer than six~~ that is less than six twelve months; coverage issued as a supplement to liability insurance; insurance arising out of a 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.

(E) As used in this section, "health benefit plan" has the same meaning as in section 3924.01 of the Revised Code and also includes both of the following:

(1) A public employee benefit plan;

(2) A health benefit plan as regulated under the "Employee Retirement Income Security Act of 1974," 29 U.S.C. 1001, et seq.

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 than six~~ 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 licensed professional clinical counselor, licensed professional counselor, independent social worker, or independent marriage and family therapist licensed under Chapter 4757. of the Revised Code; or a clinical nurse specialist or certified nurse practitioner 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~~ 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~~ that is less 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 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~~ that is less 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~~ that is less 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.

Sec. 3923.85. (A) As used in this section, "cost sharing" means the cost

to an individual insured under an individual or group policy of sickness and accident insurance or a public employee benefit plan according to any coverage limit, copayment, coinsurance, deductible, or other out-of-pocket expense requirements imposed by the policy or plan.

(B) Notwithstanding section 3901.71 of the Revised Code and subject to division (D) of this section, no individual or group policy of sickness and accident insurance that is delivered, issued for delivery, or renewed in this state and no public employee benefit plan that is established or modified in this state shall fail to comply with either of the following:

(1) The policy or plan shall not provide coverage or impose cost sharing for a prescribed, orally administered cancer medication on a less favorable basis than the coverage it provides or cost sharing it imposes for intravenously administered or injected cancer medications.

(2) The policy or plan shall not comply with division (B)(1) of this section by imposing an increase in cost sharing solely for orally administered, intravenously administered, or injected cancer medications.

(C) Notwithstanding any provision of this section to the contrary, a policy or plan shall be deemed to be in compliance with this section if the cost sharing imposed under such a policy or plan for orally administered cancer treatments does not exceed one hundred dollars per prescription fill. The cost sharing limit of one hundred dollars per prescription fill shall apply to a high deductible plan, as defined in 26 U.S.C. 223, or a catastrophic plan, as defined in 42 U.S.C. 18022, only after the deductible has been met.

(D)(1) The prohibitions in division (B) of this section do not preclude an individual or group policy of sickness and accident insurance or public employee benefit plan from requiring an insured or plan member to obtain prior authorization before orally administered cancer medication is dispensed to the insured or plan member.

(2) Division (B) of this section does not apply to the offer or renewal of any individual or group policy of sickness and accident insurance that provides coverage for specific diseases or accidents only, or to any hospital indemnity, medicare supplement, disability income, or other policy that offers only supplemental benefits.

(E) An insurer that offers any sickness and accident insurance or any public employee benefit plan that offers coverage for basic health care services is not required to comply with division (B) of this section if all of the following apply:

(1) The insurer or plan submits documentation certified by an independent member of the American academy of actuaries to the superintendent of insurance showing that compliance with division (B)(1) of this section for a period of at least six months independently caused the insurer or plan's costs for claims and administrative expenses for the coverage of basic health care services to increase by more than one per cent per year.

(2) The insurer or plan submits a signed letter from an independent member of the American academy of actuaries to the superintendent of insurance opining that the increase in costs described in division (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 or plan for the coverage of basic health care services.

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

(i) Compliance with division (B)(1) of this section for a period of at least six months independently caused the insurer or plan's costs for claims and administrative expenses for the coverage of basic health care services to increase more than one per cent per year.

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

(b) Any determination made by the superintendent under division (E)(3) of this section is subject to Chapter 119. of the Revised Code.

Sec. 3924.01. As used in sections 3924.01 to 3924.14 of the Revised Code:

(A) "Actuarial certification" means a written statement prepared by a member of the American academy of actuaries, or by any other person acceptable to the superintendent of insurance, that states that, based upon the person's examination, a carrier offering health benefit plans to small employers is in compliance with sections 3924.01 to 3924.14 of the Revised Code. "Actuarial certification" shall include a review of the appropriate records of, and the actuarial assumptions and methods used by, the carrier relative to establishing premium rates for the health benefit plans.

(B) "Adjusted average market premium price" means the average market premium price as determined by the board of directors of the Ohio health reinsurance program either on the basis of the arithmetic mean of all carriers' premium rates for an OHC plan sold to groups with similar case characteristics by all carriers selling OHC plans in the state, or on any other equitable basis determined by the board.

(C) "Base premium rate" means, as to any health benefit plan that is issued by a carrier and that covers at least two but no more than fifty employees of a small employer, the lowest premium rate for a new or existing business prescribed by the carrier for the same or similar coverage under a plan or arrangement covering any small employer with similar case characteristics.

(D) "Carrier" means any sickness and accident insurance company or health insuring corporation authorized to issue health benefit plans in this state or a MEWA. A sickness and accident insurance company that owns or operates a

health insuring corporation, either as a separate corporation or as a line of business, shall be considered as a separate carrier from that health insuring corporation for purposes of sections 3924.01 to 3924.14 of the Revised Code.

(E) "Case characteristics" means, with respect to a small employer, the geographic area in which the employees work; the age and sex of the individual employees and their dependents; the appropriate industry classification as determined by the carrier; the number of employees and dependents; and such other objective criteria as may be established by the carrier. "Case characteristics" does not include claims experience, health status, or duration of coverage from the date of issue.

(F) "Dependent" means the spouse or child of an eligible employee, subject to applicable terms of the health benefits plan covering the employee.

(G) "Eligible employee" means an employee who works a normal work week of ~~twenty-five~~ thirty or more hours. "Eligible employee" does not include a temporary or substitute employee, or a seasonal employee who works only part of the calendar year on the basis of natural or suitable times or circumstances.

(H) "Health benefit plan" means any hospital or medical expense policy or certificate or any health plan provided by a carrier, that is delivered, issued for delivery, renewed, or used in this state on or after the date occurring six months after November 24, 1995. "Health benefit plan" does not include policies covering only accident, credit, dental, disability income, long-term care, hospital indemnity, medicare supplement, specified disease, or vision care; coverage under a one-time-limited-duration policy ~~of no longer~~ that is less than six twelve months; coverage issued as a supplement to liability insurance; insurance arising out of a 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.

(I) "Late enrollee" means an eligible employee or dependent who enrolls in a small employer's health benefit plan other than during the first period in which the employee or dependent is eligible to enroll under the plan or during a special enrollment period described in section 2701(f) of the "Health Insurance Portability and Accountability Act of 1996," Pub. L. No. 104-191, 110 Stat. 1955, 42 U.S.C.A. 300gg, as amended.

(J) "MEWA" means any "multiple employer welfare arrangement" as defined in section 3 of the "Federal Employee Retirement Income Security Act of 1974," 88 Stat. 832, 29 U.S.C.A. 1001, as amended, except for any arrangement which is fully insured as defined in division (b)(6)(D) of section 514 of that act.

(K) "Midpoint rate" means, for small employers with similar case characteristics and plan designs and as determined by the applicable carrier for a rating period, the arithmetic average of the applicable base premium rate and the corresponding highest premium rate.

(L) "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 enrollment date as to a condition for which medical advice, diagnosis, care, or treatment was recommended or received during a specified period immediately preceding the enrollment date. Genetic information shall not be treated as such a condition in the absence of a diagnosis of the condition related to such information.

For purposes of this division, "enrollment date" means, with respect to an individual covered under a group health benefit plan, the date of enrollment of the individual in the plan or, if earlier, the first day of the waiting period for such enrollment.

(M) "Service waiting period" means the period of time after employment begins before an employee is eligible to be covered for benefits under the terms of any applicable health benefit plan offered by the small employer.

(N)(1) "Small employer" means, in connection with a group health benefit plan and with respect to a calendar year and a plan year, an employer who employed an average of at least two but no more than fifty eligible employees on business days during the preceding calendar year and who employs at least two employees on the first day of the plan year.

(2) For purposes of division (N)(1) of this section, all persons treated as a single employer under subsection (b), (c), (m), or (o) of section 414 of the "Internal Revenue Code of 1986," 100 Stat. 2085, 26 U.S.C.A. 1, as amended, shall be considered one employer. In the case of an employer that was not in existence throughout the preceding calendar year, the determination of whether the employer is a small or large employer shall be based on the average number of eligible employees that it is reasonably expected the employer will employ on business days in the current calendar year. Any reference in division (N) of this section to an "employer" includes any predecessor of the employer. Except as otherwise specifically provided, provisions of sections 3924.01 to 3924.14 of the Revised Code that apply to a small employer that has a health benefit plan shall continue to apply until the plan anniversary following the date the employer no longer meets the requirements of this division.

(O) "OHC plan" means an Ohio health care plan, which is the basic, standard, or carrier reimbursement plan for small employers and individuals established in accordance with section 3924.10 of the Revised Code."

In line 134, delete "section" and insert "sections 1739.061, 1751.14, 1751.69, 3923.022, 3923.24, 3923.241, 3923.281, 3923.57, 3923.58, 3923.601, 3923.65, 3923.83, 3923.85, 3924.01, and"

In line 135, delete "is" and insert "are"

After line 135, insert:

"Section 3. Section 1751.14 and division (G) of section 3924.01 of the Revised Code, as amended by this act, apply only to policies, contracts, and

agreements that are delivered, issued for delivery, or renewed in this state on or after January 1, 2016. Division (A)(1) of section 3923.24 and division (A)(1) of section 3923.241 of the Revised Code, as amended by this act, apply only to policies of sickness and accident insurance delivered, issued for delivery, or renewed in this state and public employee benefit plans or multiple employer welfare arrangement contracts and certificates that are established or modified in this state on or after January 1, 2016.

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, delete the first "section" and insert "sections 1739.061, 1751.14, 1751.69, 3923.022, 3923.24, 3923.241, 3923.281, 3923.57, 3923.58, 3923.601, 3923.65, 3923.83, 3923.85, 3924.01, and"; delete the second "section" and insert "sections 505.377, 737.082, 737.222, and"

In line 3 of the title, after "satisfaction" insert ", to clarify the status of volunteer firefighters for purposes of the Patient Protection and Affordable Care Act, 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, to increase the duration of the health insurance considered to be short-term under certain insurance laws, and to make changes to the chemotherapy parity law"

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

A roll call was requested which was properly supported.

The yeas and nays were taken and resulted - yeas 23, nays 8, as follows:

Those who voted in the affirmative were: Senators

Bacon	Balderson	Beagle	Burke
Coley	Eklund	Gardner	Hite
Hughes	Jones	Jordan	LaRose
Lehner	Manning	Obhof	Oelslager
Patton	Peterson	Schaffer	Seitz
Uecker	Widener		Faber-23.

Senators Brown, Cafaro, Gentile, Kearney, Sawyer, Schiavoni, Skindell, and Turner voted in the negative-8.

The motion was agreed to.

The question recurred, "Shall the bill, **Sub. H. B. No. 201**, pass?"

The yeas and nays were taken and resulted - yeas 26, nays 5, as follows:

Those who voted in the affirmative were: Senators

Bacon	Balderson	Beagle	Burke
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Coley	Eklund	Gardner	Gentile
Hite	Hughes	Jones	Jordan
Kearney	LaRose	Lehner	Manning
Obhof	Oelslager	Patton	Peterson
Schaffer	Schiavoni	Seitz	Uecker
Widener			Faber-26.

Senators Brown, Cafaro, Sawyer, Skindell, and Turner voted in the negative-5.

So the bill passed.

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

Senator Lehner moved to amend the title as follows:

Add the names: "Burke, Coley, Eklund, Jordan, Patton, Seitz."

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

The motion was agreed to and the title so amended.

Senator Widener moved that the vote, whereby **Sub. H. B. No. 201**-Representative Butler was passed, be now reconsidered.

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

The yeas and nays were taken and resulted - yeas 31, nays 0, as follows:

Those who voted in the affirmative were: Senators

Bacon	Balderson	Beagle	Brown
Burke	Cafaro	Coley	Eklund
Gardner	Gentile	Hite	Hughes
Jones	Jordan	Kearney	LaRose
Lehner	Manning	Obhof	Oelslager
Patton	Peterson	Sawyer	Schaffer
Schiavoni	Seitz	Skindell	Turner
Uecker	Widener		Faber-31.

The motion was agreed to.

The question being, "Shall the bill, **Sub. H. B. No. 201**, pass?"

The yeas and nays were taken and resulted - yeas 26, nays 5, as follows:

Those who voted in the affirmative were: Senators

Bacon	Balderson	Beagle	Burke
Coley	Eklund	Gardner	Gentile
Hite	Hughes	Jones	Jordan
LaRose	Lehner	Manning	Obhof
Oelslager	Patton	Peterson	Sawyer
Schaffer	Schiavoni	Seitz	Uecker
Widener			Faber-26.

Senators Brown, Cafaro, Kearney, Skindell, and Turner voted in the negative-5.

So the bill passed.

Sub. H. B. No. 247-Representative Stebelton.

Cosponsors: Representatives Huffman, Butler, Sears, Becker, Lynch, Antonio, Barnes, Bishoff, Brown, Carney, Schuring, Adams, R., Amstutz, Anielski, Beck, Blair, Boose, Buchy, Burkley, Celebrezze, DeVitis, Dovilla, Duffey, Green, Grossman, Hackett, Hagan, C., Hall, Hayes, Heard, Hill, Hottinger, Johnson, Landis, Maag, Mallory, McClain, Milkovich, O'Brien, Roegner, Rogers, Ruhl, Slaby, Smith, Sprague, Stinziano, Winburn, Speaker Batchelder. Senators Brown, Tavares.

To amend sections 2305.235, 3701.85, 5122.11, and 5122.111 of the Revised Code to make clear that any person may perform automated external defibrillation, to extend qualified immunity from civil liability to premises owners and other persons involved with automated external defibrillator placement and use, to allow proceedings for a mentally ill person subject to court order to be in a probate court in any county, rather than in the county where the mentally ill person subject to court order resides, and to modify the form of the affidavit used to initiate proceedings for court-ordered treatment of a mentally ill person, was considered the third time.

The question being, "Shall the bill, **Sub. H. B. No. 247**-Representative Stebelton, et al., pass?"

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

Those who voted in the affirmative were: Senators

Bacon	Balderson	Beagle	Brown
Burke	Cafaro	Coley	Eklund
Gardner	Gentile	Hite	Hughes
Jones	Jordan	Kearney	LaRose
Lehner	Manning	Obhof	Oelslager
Patton	Peterson	Sawyer	Schaffer
Schiavoni	Seitz	Turner	Uecker
Widener			Faber-30.

Senator Skindell voted in the negative-1.

So the bill passed.

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

Senator Coley moved to amend the title as follows:

Add the names: "Bacon, Balderson, Beagle, Coley, Eklund, Faber, Gardner, Hite, Hughes, Jones, Jordan, Kearney, LaRose, Lehner, Obhof, Patton, Peterson, Sawyer, Schaffer, Seitz, Turner, Uecker."

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

The motion was agreed to and the title so amended.

Sub. H. B. No. 258-Representative Gonzales.

Cosponsors: Representatives Becker, Grossman, Hood, Retherford, Roegner, Wachtmann, Brown, Schuring, Amstutz, Anielski, Antonio, Beck, Burkley, Damschroder, Duffey, Hackett, Reece, Sears, Speaker Batchelder.

To amend sections 4725.40 and 4725.51 and to enact section 4725.411 of the Revised Code regarding licensed spectacle dispensing opticians, was considered the third time.

The question being, "Shall the bill, **Sub. H. B. No. 258**, pass?"

The yeas and nays were taken and resulted - yeas 31, nays 0, as follows:

Those who voted in the affirmative were: Senators

Bacon	Balderson	Beagle	Brown
Burke	Cafaro	Coley	Eklund
Gardner	Gentile	Hite	Hughes
Jones	Jordan	Kearney	LaRose
Lehner	Manning	Obhof	Oelslager
Patton	Peterson	Sawyer	Schaffer
Schiavoni	Seitz	Skindell	Turner
Uecker	Widener		Faber-31.

So the bill passed.

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

Senator Jones moved to amend the title as follows:

Add the name: "Lehner."

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

The motion was agreed to and the title so amended.

Sub. H. B. No. 290-Representative Stebelton.

Cosponsors: Representatives Becker, Smith, Huffman, Grossman, Adams, J., Terhar, Blessing, Scherer, Hood, Buchy, Brenner, Fedor, Perales, Maag, Antonio, Baker, Barnes, Beck, Burkley, Driehaus, Green, Milkovich, Phillips, Sheehy, Stautberg, Speaker Batchelder. Senator Coley.

To amend sections 2305.113, 2901.12, 3313.75, 3313.76, 3313.77, 3313.78, 3721.02, and 5165.67 and to enact sections 1901.028, 1907.04, 2301.04, 2501.20, and 3313.791 of the Revised Code regarding the use of school district premises by members of the public and immunity from civil liability

for a school district and schools when permitting members of the public to use school premises, regarding the use of results of an inspection of a nursing home or the results of a Medicare or Medicaid survey of a nursing facility in an advertisement, regarding the continued orderly operation of the courts in case of a disaster, civil disorder, or other extraordinary circumstance, and regarding the limitation of claims arising out of skilled nursing care or personal care services provided in a home, was considered the third time.

The question being, "Shall the bill, **Sub. H. B. No. 290**, pass?"

The yeas and nays were taken and resulted - yeas 25, nays 6, as follows:

Those who voted in the affirmative were: Senators

Bacon	Balderson	Beagle	Brown
Burke	Coley	Eklund	Gardner
Gentile	Hite	Hughes	Jones
Jordan	LaRose	Lehner	Manning
Obhof	Oelslager	Patton	Peterson
Schaffer	Seitz	Uecker	Widener
			Faber-25.

Senators Cafaro, Kearney, Sawyer, Schiavoni, Skindell, and Turner voted in the negative-6.

So the bill passed.

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

Senator Coley moved to amend the title as follows:

Add the names: "Patton, Seitz, Uecker."

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

The motion was agreed to and the title so amended.

Sub. H. B. No. 319-Representative Grossman.

Cosponsors: Representatives Amstutz, Anielski, Boose, Buchy, Burkley, Dovilla, Hackett, Hayes, McGregor, Pelanda, Wachtmann, Young, Speaker Batchelder.

To enact sections 4929.16, 4929.161, 4929.162, 4929.163, 4929.164, 4929.165, 4929.166, and 4929.167 of the Revised Code to permit natural gas companies to apply for an infrastructure development rider to recover costs of certain economic development projects, was considered the third time.

The question being, "Shall the bill, **Sub. H. B. No. 319**, pass?"

The yeas and nays were taken and resulted - yeas 31, nays 0, as follows:

Those who voted in the affirmative were: Senators

Bacon	Balderson	Beagle	Brown
Burke	Cafaro	Coley	Eklund
Gardner	Gentile	Hite	Hughes
Jones	Jordan	Kearney	LaRose
Lehner	Manning	Obhof	Oelslager
Patton	Peterson	Sawyer	Schaffer
Schiavoni	Seitz	Skindell	Turner
Uecker	Widener		Faber-31.

So the bill passed.

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

Senator Balderson moved to amend the title as follows:

Add the names: "Balderson, Burke, Coley, Eklund, Hite, Jones, Kearney, Lehner, Patton, Peterson, Sawyer, Schaffer, Seitz."

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

The motion was agreed to and the title so amended.

Sub. H. B. No. 367-Representatives Driehaus, Sprague.

Cosponsors: Representatives Antonio, Butler, Fedor, Hackett, Perales, Smith, Phillips, Bishoff, Adams, R., Anielski, Ashford, Baker, Barnes, Beck, Blair, Blessing, Boose, Boyce, Buchy, Burkley, Carney, Celebrezze, Cera, Conditt, Curtin, Damschroder, Derickson, DeVitis, Dovilla, Duffey, Foley, Gerberry, Green, Hagan, C., Hagan, R., Hall, Hayes, Henne, Hill, Hottinger, Huffman, Johnson, Landis, Letson, Lundy, Lynch, Mallory, McClain, Milkovich, O'Brien, Patmon, Patterson, Pillich, Ramos, Reece, Rogers, Romanchuk, Rosenberger, Ruhl, Schuring, Sears, Sheehy, Slaby, Stebelton, Stinziano, Strahorn, Sykes, Terhar, Thompson, Wachtmann, Williams, Winburn, Young, Speaker Batchelder.

To amend sections 3301.0711, 3301.0712, 3301.0715, 3313.60, 3313.603, 3313.608, 3313.618, 3313.672, 3313.68, 3314.06, 3317.034, 3319.227, 3319.261, 4729.291, and 4729.541 and to enact section 4731.056 of the Revised Code and to amend Sections 263.20 and 263.320 of Am. Sub. H.B. 59 of the 130th General Assembly, as subsequently amended, and Section 9 of Am. Sub. H.B. 487 of the 130th General Assembly to require the health curriculum of each school district to include instruction in prescription opioid abuse prevention, to establish requirements regarding controlled substances containing buprenorphine used for the purpose of treating drug dependence or addiction, to revise the law regarding state assessments and academic performance reporting, to make other changes regarding primary and secondary education programs, and to make an appropriation, was considered the third time.

The question being, "Shall the bill, **Sub. H. B. No. 367**, pass?"

The yeas and nays were taken and resulted - yeas 31, nays 0, as follows:

Those who voted in the affirmative were: Senators

Bacon	Balderson	Beagle	Brown
Burke	Cafaro	Coley	Eklund
Gardner	Gentile	Hite	Hughes
Jones	Jordan	Kearney	LaRose
Lehner	Manning	Obhof	Oelslager
Patton	Peterson	Sawyer	Schaffer
Schiavoni	Seitz	Skindell	Turner
Uecker	Widener		Faber-31.

So the bill passed.

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

Senator Lehner moved to amend the title as follows:

Add the names: "Bacon, Balderson, Brown, Eklund, Hite, Hughes, Jones, LaRose, Lehner, Manning, Obhof, Patton, Peterson, Sawyer, Seitz, Turner."

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

The motion was agreed to and the title so amended.

Sub. H. B. No. 663-Representatives Buchy, Huffman.

Cosponsors: Representatives Brenner, Maag, Scherer, Wachtmann, Speaker Batchelder.

To amend sections 120.33, 149.43, 2317.02, 2941.51, 2945.10, and 2953.21 and to enact sections 2949.221 and 2949.222 of the Revised Code to provide confidentiality and license protection for persons and entities involved in executing a sentence of capital punishment by lethal injection, to provide for a schedule of fees to be paid to appointed counsel in a capital case as set by the Supreme Court, to provide that the attorney client privilege does not apply if the case is a capital case and the client subsequently claims ineffective assistance of counsel regarding the case, to provide for written jury instructions in capital cases, to provide for a joint legislative study committee to study the manner in which families of homicide victims can best be supported, to extend to 365 days the time for filing a postconviction relief petition, and to amend the version of section 149.43 of the Revised Code that is scheduled to take effect on March 20, 2015, to continue the provisions of this act on and after that date, was considered the third time.

The question being, "Shall the bill, **Sub. H. B. No. 663**, pass?"

Senator Skindell moved to amend as follows:

In line 1550, delete "twenty" and insert "ten"

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

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

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

A roll call was requested which was properly supported.

The yeas and nays were taken and resulted - yeas 22, nays 8, as follows:

Those who voted in the affirmative were: Senators

Bacon	Balderson	Beagle	Burke
Coley	Eklund	Gardner	Hite
Hughes	Jones	Jordan	LaRose
Lehner	Manning	Obhof	Patton
Peterson	Schaffer	Seitz	Uecker
Widener			Faber-22.

Senators Brown, Cafaro, Gentile, Kearney, Sawyer, Schiavoni, Skindell, and Turner voted in the negative-8.

The amendment was laid on the table.

The question recurred, "Shall the bill, **Sub. H. B. No. 663**, pass?"

The yeas and nays were taken and resulted - yeas 20, nays 10, as follows:

Those who voted in the affirmative were: Senators

Bacon	Balderson	Beagle	Burke
Cafaro	Coley	Eklund	Gardner
Hite	Hughes	Jordan	Manning
Obhof	Patton	Peterson	Schaffer
Seitz	Uecker	Widener	Faber-20.

Those who voted in the negative were: Senators

Brown	Gentile	Jones	Kearney
LaRose	Lehner	Sawyer	Schiavoni
Skindell			Turner-10.

So the bill passed.

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

Senator Eklund moved to amend the title as follows:

Add the names: "Coley, Eklund, Hughes, Patton, Seitz."

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

The motion was agreed to and the title so amended.

Sub. S. B. No. 344-Senator Seitz.

Cosponsors: Senators Brown, Beagle, Coley.

To enact sections 9.49, 9.491, 9.492, 9.493, 9.494, 9.495, 9.496, 9.497, and 9.498 of the Revised Code to provide transparency in contracts between the state and private attorneys, was considered the third time.

The question being, "Shall the bill, **Sub. S. B. No. 344**, pass?"

Senator Skindell moved to amend as follows:

In line 6, after "9.496," insert "and"; delete ", and 9.498"

Delete lines 25 through 28

In line 52, after the first "(C)" delete the remainder of the line

Delete lines 53 through 98

In line 99, delete "(E)"

In line 140, after "Code" delete the remainder of the line

Delete lines 141 and 142

Delete lines 188 through 194

In line 2 of the title, after "9.496," insert "and"; delete ", and 9.498"

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

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

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

A roll call was requested which was properly supported.

The yeas and nays were taken and resulted - yeas 22, nays 8, as follows:

Those who voted in the affirmative were: Senators

Bacon	Balderson	Beagle	Burke
Coley	Eklund	Gardner	Hite
Hughes	Jones	Jordan	LaRose
Lehner	Manning	Obhof	Patton
Peterson	Schaffer	Seitz	Uecker
Widener			Faber-22.

Senators Brown, Cafaro, Gentile, Kearney, Sawyer, Schiavoni, Skindell, and Turner voted in the negative-8.

The amendment was laid on the table.

The question recurred, "Shall the bill, **Sub. S. B. No. 344**, pass?"

Senator Seitz moved to amend as follows:

In line 8, delete " 9.497" and insert " 9.498"

In line 10, delete " 9.497" and insert " 9.498"

In line 191, after " with" insert " a"; delete " counsel" and insert " attorney"

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

The motion was agreed to.

The question recurred, "Shall the bill, **Sub. S. B. No. 344**, pass?"

The yeas and nays were taken and resulted - yeas 23, nays 7, as follows:

Those who voted in the affirmative were: Senators

Bacon	Balderson	Beagle	Brown
Burke	Coley	Eklund	Gardner
Hite	Hughes	Jones	Jordan
LaRose	Lehner	Manning	Obhof
Patton	Peterson	Schaffer	Seitz
Uecker	Widener		Faber-23.

Senators Cafaro, Gentile, Kearney, Sawyer, Schiavoni, Skindell, and Turner voted in the negative-7.

So the bill passed.

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

Senator Seitz moved to amend the title as follows:

Add the names: "Burke, Eklund, Obhof, Patton, Peterson, Schaffer."

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

The motion was agreed to and the title so amended.

Am. Sub. H. B. No. 109-Representative Damschroder.

Cosponsors: Representatives Adams, R., Ruhl, Stinziano, Brenner, Gonzales, Buchy, Maag, Barnes, Bishoff, Brown, Carney, Schuring, Smith, Barborak, Hagan, C., Mallory, Milkovich, Pillich, Speaker Batchelder.

To amend sections 1345.30 and 1345.99 of the Revised Code to specify individuals who are permitted to recommend and fit hearing aids and to prohibit specified sales of hearing aids via mail, was considered the third time.

The question being, "Shall the bill, **Am. Sub. H. B. No. 109**, pass?"

The yeas and nays were taken and resulted - yeas 30, nays 0, as follows:

Those who voted in the affirmative were: Senators

Bacon	Balderson	Beagle	Brown
Burke	Cafaro	Coley	Eklund
Gardner	Gentile	Hite	Hughes
Jones	Jordan	Kearney	LaRose
Lehner	Manning	Obhof	Patton
Peterson	Sawyer	Schaffer	Schiavoni
Seitz	Skindell	Turner	Uecker
Widener			Faber-30.

So the bill passed.

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

Senator Bacon moved to amend the title as follows:

Add the names: "Bacon, Burke, Coley, Hughes."

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

The motion was agreed to and the title so amended.

Am. Sub. H. B. No. 131-Representatives Johnson, Stinziano.

Cosponsors: Representatives Antonio, Beck, Boyd, Dovilla, Driehaus, Duffey, Fedor, Grossman, Hagan, C., Hagan, R., Letson, Ramos, Ruhl, Slaby, Stebelton, Wachtmann, Bishoff, Anielski, Baker, Butler, Carney, Kunze, Mallory, Milkovich, O'Brien, Rogers, Sprague, Terhar. Senator Kearney.

To amend sections 4713.01, 4713.08, and 4713.64 and to enact sections 4713.50 and 4713.51 of the Revised Code regarding the use and regulation of tanning facilities, was considered the third time.

The question being, "Shall the bill, **Am. Sub. H. B. No. 131**, pass?"

The yeas and nays were taken and resulted - yeas 26, nays 4, as follows:

Those who voted in the affirmative were: Senators

Bacon	Balderson	Beagle	Brown
Burke	Eklund	Gardner	Gentile
Hite	Hughes	Jones	Kearney
LaRose	Lehner	Manning	Obhof
Patton	Peterson	Sawyer	Schaffer
Schiavoni	Seitz	Skindell	Turner
Uecker			Widener-26.

Senators Cafaro, Coley, Jordan, and Faber voted in the negative-4.

So the bill passed.

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

Senator Lehner moved to amend the title as follows:

Add the names: "Hite, Lehner, Seitz, Turner."

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

The motion was agreed to and the title so amended.

Sub. H. B. No. 412-Representative Gonzales.

Cosponsors: Representatives Bishoff, Terhar, Young, Wachtmann, Schuring, Brown, Anielski, Baker, Blessing, Carney, Green, Grossman, Hackett, Huffman, Landis, Perales, Pillich, Rogers, Scherer, Speaker Batchelder.

To amend sections 1.64, 2133.211, 2151.3515, 2305.113, 2925.61, 3701.92, 3727.06, 3729.05, 4123.01, 4123.026, 4123.46, 4503.44, 4723.01, 4723.06, 4723.07, 4723.18, 4723.181, 4723.48, 4723.482, 4723.50, 4729.01, 4730.01, 4730.02, 4730.03, 4730.04, 4730.06, 4730.08, 4730.091, 4730.10, 4730.101, 4730.11, 4730.12, 4730.13, 4730.14, 4730.19, 4730.21, 4730.22, 4730.25, 4730.251, 4730.27, 4730.28, 4730.31, 4730.32, 4730.33, 4730.38, 4730.39, 4730.41, 4730.42, 4730.43, 4730.431, 4730.49, 4730.51, 4730.53, 4731.07, 4761.01, 4761.17, 4765.01, 4765.51, 5122.11, 5122.111, and 5123.47; to amend, for the purpose of adopting new section numbers as indicated in parentheses, section 4730.091 (4730.201) and 4730.092 (4730.202); to enact new section 4730.20 and sections 4723.489, 4730.111, and 4730.203; and to repeal sections 4730.081, 4730.09, 4730.15, 4730.16, 4730.17, 4730.18, 4730.20, 4730.44, 4730.45, 4730.46, 4730.47, 4730.48, 4730.50, and 4730.52 of the Revised Code to revise the law governing the practice of physician assistants, the practice of advanced practice registered nurses, eligibility for compensation and benefits under Ohio's Workers' Compensation Law, the proceedings for court-ordered treatment of a mentally ill person, and the licensure of recreational vehicle parks and recreation camps, and to amend the versions of sections 4730.25 and 4730.53 of the Revised Code that are scheduled to take effect April 1, 2015, to continue the provisions of this act on and after that effective date, was considered the third time.

The question being, "Shall the bill, **Sub. H. B. No. 412**, pass?"

The yeas and nays were taken and resulted - yeas 29, nays 1, as follows:

Those who voted in the affirmative were: Senators

Bacon	Balderson	Beagle	Brown
Burke	Cafaro	Coley	Eklund
Gardner	Gentile	Hite	Hughes
Jones	Kearney	LaRose	Lehner
Manning	Obhof	Patton	Peterson
Sawyer	Schaffer	Schiavoni	Seitz
Skindell	Turner	Uecker	Widener
			Faber-29.

Senator Jordan voted in the negative-1.

So the bill passed.

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

Senator Jones moved to amend the title as follows:

Add the names: "Beagle, Brown, Cafaro, Eklund, Gentile, Hite, Hughes, Jones, Kearney, LaRose, Lehner, Manning, Patton, Sawyer, Schaffer, Schiavoni, Uecker, Widener."

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

The motion was agreed to and the title so amended.

Sub. H. B. No. 552-Representative Stautberg.

Cosponsors: Representatives Beck, Becker, Driehaus, Grossman, Milkovich, Rosenberger, Ruhl, Slaby, Stinziano, Bishoff, Brown, Sprague, Wachtmann, Amstutz, Anielski, Antonio, Ashford, Baker, Barborak, Blessing, Boose, Boyce, Buchy, Butler, Carney, Celebrezze, Cera, Conditt, Curtin, Damschroder, Derickson, DeVitis, Dovilla, Duffey, Fedor, Gerberry, Green, Hackett, Hagan, C., Hall, Hayes, Huffman, Johnson, Kunze, Landis, Letson, Lundy, Maag, Mallory, McClain, McGregor, O'Brien, Patterson, Pelanda, Perales, Reece, Roegner, Rogers, Romanchuk, Schuring, Sears, Sheehy, Smith, Strahorn, Terhar, Thompson, Williams, Winburn, Speaker Batchelder.

To enact sections 9.57 and 3701.69 of the Revised Code to require the distribution of information on Down syndrome under certain conditions and to establish language standards for signs containing the international symbol of access, was considered the third time.

The question being, "Shall the bill, **Sub. H. B. No. 552**, pass?"

The yeas and nays were taken and resulted - yeas 30, nays 0, as follows:

Those who voted in the affirmative were: Senators

Bacon	Balderson	Beagle	Brown
Burke	Cafaro	Coley	Eklund
Gardner	Gentile	Hite	Hughes
Jones	Jordan	Kearney	LaRose
Lehner	Manning	Obhof	Patton
Peterson	Sawyer	Schaffer	Schiavoni
Seitz	Skindell	Turner	Uecker
Widener			Faber-30.

So the bill passed.

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

Senator Jones moved to amend the title as follows:

Add the names: "Bacon, Balderson, Beagle, Brown, Burke, Eklund, Faber, Gardner, Gentile, Hite, Hughes, Jones, Kearney, LaRose, Lehner, Manning,

Obhof, Patton, Peterson, Sawyer, Schiavoni, Seitz, Skindell, Turner, Uecker, Widener."

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

The motion was agreed to and the title so amended.

On the motion of Senator Widener, **H. B. No. 474**, having been informally passed, was taken up for consideration.

The question being, "Shall the bill, **H. B. No. 474**, pass?"

Senator Kearney moved to amend as follows:

In line 4, delete the second "section" and insert "sections"

In line 5, after "4503.576" insert "and 5533.242"

Between lines 362 and 363, insert:

" **Sec. 5533.242.** In addition to any other name prescribed in the Revised Code or otherwise, that portion of the highway known as interstate route seventy-five, running in a northerly and southerly direction between the Freeman avenue exit and the Hopple street viaduct exit, in Hamilton county, shall be known as the "William L. Mallory, Sr. Memorial Highway."

The director of transportation may erect suitable markers along the highway indicating its name."

In line 1 of the title, delete the second "section" and insert "sections"

In line 2 of the title, after "4503.576" insert "and 5533.242"

In line 3 of the title, after "plate" insert "and to designate a portion of Interstate Route 75 in Hamilton County as the "William L. Mallory, Sr. Memorial Highway.""

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

The motion was agreed to.

The question recurred, "Shall the bill, **H. B. No. 474**, pass?"

Senator Uecker moved to amend as follows:

In line 4, delete "section" and insert "sections"; after "4501.21" insert "and 4503.499"

Between lines 316 and 317, insert:

"Sec. 4503.499. (A) The owner or lessee of any passenger car, noncommercial motor vehicle, recreational vehicle, or other vehicle of a class approved by the registrar of motor vehicles may apply to the registrar for the

registration of the vehicle and issuance of pediatric brain tumor awareness license plates. An application made under this section may be combined with a request for a special reserved license plate under section 4503.40 or 4503.42 of the Revised Code. Upon receipt of the completed application and compliance by the applicant with divisions (B) and (C) of this section, the registrar shall issue to the applicant the appropriate vehicle registration and a set of pediatric brain tumor awareness license plates and a validation sticker, or a validation sticker alone when required by section 4503.191 of the Revised Code.

In addition to the letters and numbers ordinarily inscribed on the license plates, pediatric brain tumor awareness license plates shall be inscribed with identifying words or markings that are designed by the children's glioma cancer foundation and are approved by the registrar. Pediatric brain tumor awareness license plates shall display county identification stickers that identify the county of registration by name or number.

(B) The pediatric brain tumor awareness license plates and a validation sticker, or validation sticker alone, shall be issued upon receipt of a contribution as provided in division (C) of this section and upon payment of the regular license tax as prescribed under section 4503.04 of the Revised Code, any applicable motor vehicle license tax levied under Chapter 4504. of the Revised Code, any applicable additional fee prescribed by section 4503.40 or 4503.42 of the Revised Code, a fee of ten dollars for the purpose of compensating the bureau of motor vehicles for additional services required in the issuing of pediatric brain tumor awareness license plates, and compliance with all other applicable laws relating to the registration of motor vehicles.

(C) For each application for registration and registration renewal notice the registrar receives under this section, the registrar shall collect a contribution of thirty-five dollars. The registrar shall transmit this contribution to the treasurer of state for deposit in the license plate contribution fund created in section 4501.21 of the Revised Code.

The registrar shall transmit the additional fee of ten dollars paid to compensate the bureau for the additional services required in the issuing of pediatric brain tumor awareness license plates to the treasurer of state for deposit into the state treasury to the credit of the state bureau of motor vehicles fund created by section 4501.25 of the Revised Code.

(D) If the issuance of the license plates under this section has been terminated under section 4503.77 of the Revised Code prior to the effective date of this amendment, the bureau shall begin issuing pediatric brain tumor license plates on and after the effective date of this amendment even if the sponsor of the license plate does not comply with the requirements of section 4503.78 of the Revised Code. However, after the effective date of this amendment, the license plate may be terminated as provided in section 4503.77 of the Revised Code."

In line 363, delete "section" and insert "sections"; after "4501.21" insert "and 4503.499"

In line 364, delete "is" and insert "are"

In line 1 of the title, delete "section" and insert "sections"; after "4501.21" insert "and 4503.499"

In line 3 of the title, after "plate" insert "and to alter the law governing the pediatric brain tumor awareness license plate"

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

The motion was agreed to.

The question recurred, "Shall the bill, **H. B. No. 474**, pass?"

The yeas and nays were taken and resulted - yeas 30, nays 0, as follows:

Those who voted in the affirmative were: Senators

Bacon	Balderson	Beagle	Brown
Burke	Cafaro	Coley	Eklund
Gardner	Gentile	Hite	Hughes
Jones	Jordan	Kearney	LaRose
Lehner	Manning	Obhof	Patton
Peterson	Sawyer	Schaffer	Schiavoni
Seitz	Skindell	Turner	Uecker
Widener			Faber-30.

So the bill passed.

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

Senator Patton moved to amend the title as follows:

Add the names: "Balderson, Brown, Cafaro, Coley, Faber, Gardner, Hite, Hughes, Kearney, Manning, Patton, Peterson, Schaffer, Turner, Uecker."

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

The motion was agreed to and the title so amended.

MOTIONS

Senator Obhof moved that Senators absent the week of Sunday, December 7, 2014, be excused, so long as a written explanation is on file with the Clerk pursuant to Senate Rule No. 17.

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

The motion was agreed to.

OFFERING OF RESOLUTIONS

Pursuant to Senate Rule No. 54, the following resolutions were offered:

S. R. No. 437-Senator Coley.

Honoring Malia Berkely on being named the 2014 Ohio Ms. Soccer.

S. R. No. 438-Senator Coley.

Honoring the Stephen T. Badin High School girls soccer team as the 2014 Division III State Champion.

The question being, "Shall the resolutions listed under the President's prerogative be adopted?"

So the resolutions were adopted.

Message from the House of Representatives

Mr. President:

I am directed to inform you that the House of Representatives has concurred in the passage of the following bill:

Am. Sub. S. B. No. 42 -Senators Manning, Gardner
Cosponsors: Senators Seitz, Hite, Eklund, Oelslager, Patton, Peterson, Schaffer, Uecker Representatives Amstutz, Schuring, Anielski, Antonio, Bishoff, Boose, Brown, Burkley, Carney, Foley, Grossman, Hackett, Hill, Letson, Mallory, McClain, McGregor, Ruhl, Scherer, Smith, Sprague, Stautberg, Wachtmann, Speaker Batchelder

To amend sections 145.012, 145.09, 145.191, 145.194, 145.28, 145.29, 145.295, 145.297, 145.2914, 145.2915, 145.31, 145.311, 145.33, 145.35, 145.362, 145.363, 145.37, 145.384, 145.391, 145.40, 145.43, 145.431, 145.45, 145.46, 145.563, 145.58, 145.581, 145.584, 145.63, 145.64, 145.82, 145.88, 145.92, 145.95, 171.04, 311.01, 742.53, 742.63, 3301.079, 3307.04, 3307.35, 3307.39, 3307.41, 3307.56, 3307.563, 3307.57, 3307.58, 3307.62, 3307.66, 3307.70, 3307.71, 3307.711, 3307.73, 3309.01, 3309.11, 3309.26, 3309.261, 3309.28, 3309.301, 3309.35, 3309.381, 3309.42, 3309.45, 3309.49, 3309.51, 3309.55, 3309.56, 3309.57, 3309.571, 3309.691, 3309.82, 5505.03, 5505.04, 5505.12, 5505.14, 5505.15, 5505.16, 5505.17, 5505.174, 5505.18, 5505.33, 5505.34, 5505.59, and 5705.21; to enact sections 4113.75 and 5505.112 and new sections 145.402, 3307.561, and 3309.43; and to repeal sections 145.402, 3307.561, and 3309.43 of the Revised Code to revise the law governing Ohio's public retirement systems, to allow a private sector employer to automatically deduct from an employee's compensation contributions to an employee retirement plan or program, to change the optional qualifications to be eligible for the office of sheriff, and to authorize school districts with a safety and security tax levy to report how the district is using funding from that levy to the Ohio Department of Education.

As a substitute bill with the following additional amendments, in which the

concurrence of the Senate is requested.

In line 36, after "742.63," insert "3301.079,"

Between lines 3330 and 3331, insert:

"Sec. 3301.079. (A)(1) The state board of education periodically shall adopt statewide academic standards with emphasis on coherence, focus, and essential knowledge and that are more challenging and demanding when compared to international standards for each of grades kindergarten through twelve in English language arts, mathematics, science, and social studies.

(a) The state board shall ensure that the standards do all of the following:

(i) Include the essential academic content and skills that students are expected to know and be able to do at each grade level that will allow each student to be prepared for postsecondary instruction and the workplace for success in the twenty-first century;

(ii) Include the development of skill sets that promote information, media, and technological literacy;

(iii) Include interdisciplinary, project-based, real-world learning opportunities;

(iv) Instill life-long learning by providing essential knowledge and skills based in the liberal arts tradition, as well as science, technology, engineering, mathematics, and career-technical education;

(v) Be clearly written, transparent, and understandable by parents, educators, and the general public.

(b) Not later than July 1, 2012, the state board shall incorporate into the social studies standards for grades four to twelve academic content regarding the original texts of the Declaration of Independence, the Northwest Ordinance, the Constitution of the United States and its amendments, with emphasis on the Bill of Rights, and the Ohio Constitution, and their original context. The state board shall revise the model curricula and achievement assessments adopted under divisions (B) and (C) of this section as necessary to reflect the additional American history and American government content. The state board shall make available a list of suggested grade-appropriate supplemental readings that place the documents prescribed by this division in their historical context, which teachers may use as a resource to assist students in reading the documents within that context.

(c) When the state board adopts or revises academic content standards in social studies, American history, American government, or science under division (A)(1) of this section, the state board shall develop such standards independently and not as part of a multistate consortium.

(2) After completing the standards required by division (A)(1) of this section, the state board shall adopt standards and model curricula for instruction in technology, financial literacy and entrepreneurship, fine arts, and foreign

language for grades kindergarten through twelve. The standards shall meet the same requirements prescribed in division (A)(1)(a) of this section.

(3) The state board shall adopt the most recent standards developed by the national association for sport and physical education for physical education in grades kindergarten through twelve or shall adopt its own standards for physical education in those grades and revise and update them periodically.

The department of education shall employ a full-time physical education coordinator to provide guidance and technical assistance to districts, community schools, and STEM schools in implementing the physical education standards adopted under this division. The superintendent of public instruction shall determine that the person employed as coordinator is qualified for the position, as demonstrated by possessing an adequate combination of education, license, and experience.

(4) When academic standards have been completed for any subject area required by this section, the state board shall inform all school districts, all community schools established under Chapter 3314. of the Revised Code, all STEM schools established under Chapter 3326. of the Revised Code, and all nonpublic schools required to administer the assessments prescribed by sections 3301.0710 and 3301.0712 of the Revised Code of the content of those standards. Additionally, upon completion of any academic standards under this section, the department shall post those standards on the department's web site.

(B)(1) The state board shall adopt a model curriculum for instruction in each subject area for which updated academic standards are required by division (A)(1) of this section and for each of grades kindergarten through twelve that is sufficient to meet the needs of students in every community. The model curriculum shall be aligned with the standards, to ensure that the academic content and skills specified for each grade level are taught to students, and shall demonstrate vertical articulation and emphasize coherence, focus, and rigor. When any model curriculum has been completed, the state board shall inform all school districts, community schools, and STEM schools of the content of that model curriculum.

(2) Not later than June 30, 2013, the state board, in consultation with any office housed in the governor's office that deals with workforce development, shall adopt model curricula for grades kindergarten through twelve that embed career connection learning strategies into regular classroom instruction.

(3) All school districts, community schools, and STEM schools may utilize the state standards and the model curriculum established by the state board, together with other relevant resources, examples, or models to ensure that students have the opportunity to attain the academic standards. Upon request, the department shall provide technical assistance to any district, community school, or STEM school in implementing the model curriculum.

Nothing in this section requires any school district to utilize all or any part of a model curriculum developed under this section.

(C) The state board shall develop achievement assessments aligned with the academic standards and model curriculum for each of the subject areas and grade levels required by divisions (A)(1) and (B)(1) of section 3301.0710 of the Revised Code.

When any achievement assessment has been completed, the state board shall inform all school districts, community schools, STEM schools, and nonpublic schools required to administer the assessment of its completion, and the department shall make the achievement assessment available to the districts and schools.

(D)(1) The state board shall adopt a diagnostic assessment aligned with the academic standards and model curriculum for each of grades kindergarten through two in reading, writing, and mathematics and for grade three in reading and writing. The diagnostic assessment shall be designed to measure student comprehension of academic content and mastery of related skills for the relevant subject area and grade level. Any diagnostic assessment shall not include components to identify gifted students. Blank copies of diagnostic assessments shall be public records.

(2) When each diagnostic assessment has been completed, the state board shall inform all school districts of its completion and the department shall make the diagnostic assessment available to the districts at no cost to the district. School districts shall administer the diagnostic assessment pursuant to section 3301.0715 of the Revised Code beginning the first school year following the development of the assessment.

(E) The state board shall not adopt a diagnostic or achievement assessment for any grade level or subject area other than those specified in this section.

(F) Whenever the state board or the department consults with persons for the purpose of drafting or reviewing any standards, diagnostic assessments, achievement assessments, or model curriculum required under this section, the state board or the department shall first consult with parents of students in kindergarten through twelfth grade and with active Ohio classroom teachers, other school personnel, and administrators with expertise in the appropriate subject area. Whenever practicable, the state board and department shall consult with teachers recognized as outstanding in their fields.

If the department contracts with more than one outside entity for the development of the achievement assessments required by this section, the department shall ensure the interchangeability of those assessments.

(G) Whenever the state board adopts standards or model curricula under this section, the department also shall provide information on the use of blended or digital learning in the delivery of the standards or curricula to students in accordance with division (A)(4) of this section.

(H) The fairness sensitivity review committee, established by rule of the

state board of education, shall not allow any question on any achievement or diagnostic assessment developed under this section or any proficiency test prescribed by former section 3301.0710 of the Revised Code, as it existed prior to September 11, 2001, to include, be written to promote, or inquire as to individual moral or social values or beliefs. The decision of the committee shall be final. This section does not create a private cause of action.

(I)(1)(a) The English language arts academic standards review committee is hereby created to review academic content standards in the subject of English language arts. The committee shall consist of the following members:

(i) Three experts who are residents of this state and who primarily conduct research, provide instruction, currently work in, or possess an advanced degree in the subject area. One expert shall be appointed by each of the president of the senate, the speaker of the house of representatives, and the governor;

(ii) One parent or guardian appointed by the president of the senate;

(iii) One educator who is currently teaching in a classroom, appointed by the speaker of the house of representatives;

(iv) The chancellor of the Ohio board of regents, or the chancellor's designee;

(v) The state superintendent, or the superintendent's designee, who shall serve as the chairperson of the committee.

(b) The mathematics academic standards review committee is hereby created to review academic content standards in the subject of mathematics. The committee shall consist of the following members:

(i) Three experts who are residents of this state and who primarily conduct research, provide instruction, currently work in, or possess an advanced degree in the subject area. One expert shall be appointed by each of the president of the senate, the speaker of the house of representatives, and the governor;

(ii) One parent or guardian appointed by the speaker of the house of representatives;

(iii) One educator who is currently teaching in a classroom, appointed by the president of the senate;

(iv) The chancellor, or the chancellor's designee;

(v) The state superintendent, or the superintendent's designee, who shall serve as the chairperson of the committee.

(c) The science academic standards review committee is hereby created to review academic content standards in the subject of science. The committee shall consist of the following members:

(i) Three experts who are residents of this state and who primarily conduct research, provide instruction, currently work in, or possess an advanced

degree in the subject area. One expert shall be appointed by each of the president of the senate, the speaker of the house of representatives, and the governor;

(ii) One parent or guardian appointed by the president of the senate;

(iii) One educator who is currently teaching in a classroom, appointed by the speaker of the house of representatives;

(iv) The chancellor, or the chancellor's designee;

(v) The state superintendent, or the superintendent's designee, who shall serve as the chairperson of the committee.

(d) The social studies academic standards review committee is hereby created to review academic content standards in the subject of social studies. The committee shall consist of the following members:

(i) Three experts who are residents of this state and who primarily conduct research, provide instruction, currently work in, or possess an advanced degree in the subject area. One expert shall be appointed by each of the president of the senate, the speaker of the house of representatives, and the governor;

(ii) One parent or guardian appointed by the speaker of the house of representatives;

(iii) One educator who is currently teaching in a classroom, appointed by the president of the senate;

(iv) The chancellor, or the chancellor's designee;

(v) The state superintendent, or the superintendent's designee, who shall serve as the chairperson of the committee.

(2)(a) Each committee created in division (I)(1) of this section shall review the academic content standards for its respective subject area to ensure that such standards are clear, concise, and appropriate for each grade level and promote higher student performance, learning, subject matter comprehension, and improved student achievement. Each committee also shall review whether the standards for its respective subject area promote essential knowledge in the subject, lifelong learning, the liberal arts tradition, and college and career readiness and whether the standards reduce remediation.

(b) Each committee shall determine whether the assessments submitted to that committee under division (I)(4) of this section are appropriate for the committee's respective subject area and meet the academic content standards adopted under this section and community expectations.

(3) The department of education shall provide administrative support for each committee created in division (I)(1) of this section. Members of each committee shall be reimbursed for reasonable and necessary expenses related to the operations of the committee. Members of each committee shall serve at the pleasure of the appointing authority.

(4) Notwithstanding anything to the contrary in division (N) of section 3301.0711 of the Revised Code, the department shall submit to the appropriate committee created under division (I)(1) of this section copies of the questions and corresponding answers on the relevant assessments required by section 3301.0710 of the Revised Code on the first day of July following the school year that the assessments were administered. The department shall provide each committee with the entire content of each relevant assessment, including corresponding answers.

The assessments received by the committees are not public records of the committees and are not subject to release by the committees to any other person or entity under section 149.43 of the Revised Code. However, the assessments shall become public records in accordance with division (N) of section 3301.0711 of the Revised Code.

(J) Not later than ~~forty five~~ sixty days prior to the adoption by the state board of updated academic standards under division (A)(1) of this section or updated model curricula under division (B)(1) of this section, the superintendent of public instruction shall present the academic standards or model curricula, as applicable, ~~to~~ in person at a public hearing of the respective committees of the house of representatives and senate that consider education legislation.

(K) As used in this section:

(1) "Blended learning" means the delivery of instruction in a combination of time in a supervised physical location away from home and online delivery whereby the student has some element of control over time, place, path, or pace of learning.

(2) "Coherence" means a reflection of the structure of the discipline being taught.

(3) "Digital learning" means learning facilitated by technology that gives students some element of control over time, place, path, or pace of learning.

(4) "Focus" means limiting the number of items included in a curriculum to allow for deeper exploration of the subject matter.

(5) "Vertical articulation" means key academic concepts and skills associated with mastery in particular content areas should be articulated and reinforced in a developmentally appropriate manner at each grade level so that over time students acquire a depth of knowledge and understanding in the core academic disciplines."

In line 7027, after "742.63," insert "3301.079,"

In line 8 of the title, after "742.63," insert "3301.079,"

Attest:

Bradley J. Young,
Clerk.

Pursuant to Senate Rule No. 44, Senator Widener moved that **Am. Sub. S. B. No. 42** be brought up for consideration.

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

The motion was agreed to.

The question being, "Shall the Senate concur in the amendments of the House of Representatives?"

The yeas and nays were taken and resulted - yeas 30, nays 0, as follows:

Those who voted in the affirmative were: Senators

Bacon	Balderson	Beagle	Brown
Burke	Cafaro	Coley	Eklund
Gardner	Gentile	Hite	Hughes
Jones	Jordan	Kearney	LaRose
Lehner	Manning	Obhof	Patton
Peterson	Sawyer	Schaffer	Schiavoni
Seitz	Skindell	Turner	Uecker
Widener			Faber-30.

So the Senate concurred in the amendments of the House of Representatives.

Message from the House of Representatives

Mr. President:

I am directed to inform you that the House of Representatives has concurred in the passage of the following bill:

Am. Sub. S. B. No. 243 -Senator Bacon

Cosponsors: Senators Faber, Hite, Hughes, Jones, Lehner, Obhof, Oelslager, Schaffer Representatives Amstutz, Cera, Stautberg, Anielski, Antonio, Baker, Barborak, Boyce, Buchy, DeVitis, Dovilla, Driehaus, Duffey, Grossman, Hood, Hottinger, Milkovich, Patterson, Reece, Strahorn, Sykes, Wachtmann, Young

To amend sections 122.175, 301.27, 301.28, 5101.92, 5703.57, 5709.121, 5726.01, and 5726.04 of the Revised Code, to amend Section 253.90 of Am. H.B. 497 of the 130th General Assembly, and to amend Section 239.10 of Am. H.B. 497 of the 130th General Assembly, as subsequently amended, to provide a three-day sales tax "holiday" in August 2015 during which sales of back-to-school clothing, school supplies, and school instructional materials are exempt from sales and use taxes, to temporarily allow computer data centers more time to make the required capital investment for purposes of qualifying for a sales and use tax exemption for computer data center equipment purchases, to expand the work-related expenses that may be paid for by use of a credit card held by a board of county commissioners or the office of another

county appointing authority, and to allow a county law library resources board to accept payment for fees for services and the receipt of gifts by financial transaction devices under certain circumstances, to adjust the administration of the financial institution tax, to change the date by which the Ohio Healthier Buckeye Advisory Council must submit its recommendations to the Director of Job and Family Services from December 1, 2014, to December 1, 2015, to change the requirements for qualifying for a tax exemption for historic structures used for charitable and public purposes, to modify the tax on financial institutions, to establish the Economic Gardening Technical Assistance Pilot Program, to add the Governor or the Governor's designee to the Ohio Business Gateway Steering Committee, and to make appropriations.

As a substitute bill with the following additional amendments, in which the concurrence of the Senate is requested.

In line 1344, delete everything after "6." and insert "Notwithstanding any other provision of law, there is hereby appropriated from the Local Government Innovation Fund (5KNO) \$10 million for distribution to townships in fiscal year 2015. The Tax Commissioner, on behalf of the Director of Development Services, shall determine amounts to be distributed to each county undivided local government fund. Half of the \$10 million is to be divided among the counties so that each township in the state receives the same amount, and half is to be apportioned based on township road miles. The Tax Commissioner, on behalf of the Director of Development Services, shall transfer these amounts, and shall separately identify to each county treasurer the amount to be divided equally among townships in the county and the amount to be divided among the townships based on road miles. Each appropriate county officer shall transfer cash from the county undivided local government fund to townships in the county based on this division of funds."

Delete lines 1345 through 1358

Attest:

Bradley J. Young,
Clerk.

Pursuant to Senate Rule No. 44, Senator Widener moved that **Am. Sub. S. B. No. 243** be brought up for consideration.

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

The motion was agreed to.

The question being, "Shall the Senate concur in the amendments of the House of Representatives?"

The yeas and nays were taken and resulted - yeas 29, nays 1, as follows:

Those who voted in the affirmative were: Senators

Bacon	Balderson	Beagle	Brown
Burke	Cafaro	Coley	Eklund
Gardner	Gentile	Hite	Hughes
Jones	Jordan	Kearney	LaRose
Lehner	Manning	Obhof	Patton
Peterson	Sawyer	Schaffer	Schiavoni
Seitz	Turner	Uecker	Widener
			Faber-29.

Senator Skindell voted in the negative-1.

So the Senate concurred in the amendments of the House of Representatives.

Message from the House of Representatives

Mr. President:

I am directed to inform you that the House of Representatives has concurred in the passage of the following bill:

Sub. S. B. No. 272 -Senators Cafaro, Eklund

Cosponsors: Senators Coley, Smith, LaRose, Brown, Burke, Hite, Hughes, Manning, Obhof, Oelslager, Peterson, Skindell, Uecker Representatives Anielski, Grossman, Rogers, Brown, Sheehy, Adams, R., Amstutz, Antonio, Baker, Barborak, Barnes, Blessing, Brenner, Dovilla, Huffman, Johnson, Letson, Lynch, Mallory, Patterson, Phillips, Sprague, Strahorn

To enact sections 5.2288, 5.2296, 5.26, and 5.27 of the Revised Code to designate March as "Ohio Maple Syrup Products Month," September as "School Bullying Prevention Awareness Month," February 21 as "Rascal Flatts Day," and September as "Parkinson's Disease Awareness Month."

As a substitute bill, in which the concurrence of the Senate is requested.

Attest:

Bradley J. Young,
Clerk.

Pursuant to Senate Rule No. 44, Senator Widener moved that **Sub. S. B. No. 272** be brought up for consideration.

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

The motion was agreed to.

The question being, "Shall the Senate concur in the amendments of the House of Representatives?"

The yeas and nays were taken and resulted - yeas 30, nays 0, as follows:

Those who voted in the affirmative were: Senators

Bacon	Balderson	Beagle	Brown
Burke	Cafaro	Coley	Eklund
Gardner	Gentile	Hite	Hughes
Jones	Jordan	Kearney	LaRose
Lehner	Manning	Obhof	Patton
Peterson	Sawyer	Schaffer	Schiavoni
Seitz	Skindell	Turner	Uecker
Widener			Faber-30.

So the Senate concurred in the amendments of the House of Representatives.

Message from the House of Representatives

Mr. President:

I am directed to inform you that the House of Representatives has concurred in the passage of the following bill:

Am. Sub. S. B. No. 274 -Senator Hughes

Cosponsors: Senators Patton, Bacon, Coley, Eklund, Faber, Kearney, Schaffer, Schiavoni, Seitz Representatives Antonio, Bishoff, Burkley, Carney, Conditt, DeVitis, Duffey, Green, Grossman, Hackett, Kunze, Milkovich, Perales, Sheehy, Stinziano, Terhar, Young, Speaker Batchelder

To amend sections 1345.22, 4505.02, 4505.101, 4505.11, 4505.17, 4513.60, 4513.61, 4513.66, and 4921.25 and to enact sections 4505.191, 4513.601, 4513.611, 4513.67, 4513.68, and 4513.69 of the Revised Code to authorize towing companies to obtain title to vehicles removed from private tow-away zones that remain unclaimed, to revise the process by which a repair garage or place of storage may obtain title to vehicles left unclaimed at the repair garage or place of storage, to revise the procedures and penalties related to the towing of motor vehicles, to deem a scrap metal dealer to have valid title to a motor vehicle in specified circumstances, to make other changes in the law governing towing motor vehicles, to alter the law governing the evidence required for the issuance of a salvage certificate of title, to specify exemptions from the buyer's cooling-off period for a seller of home security systems to commence services, and to expand the manners of providing cancellation notices in home solicitation sales.

As a substitute bill with the following additional amendments, in which the concurrence of the Senate is requested.

Between lines 1106 and 1107, insert:

" (C) In addition to an award made under division (A) of this section, if a court determines that a towing service or storage facility committed a violation

that caused actual damages, the court shall award the vehicle owner three times the actual damages and reasonable attorney's fees."

Attest:

Bradley J. Young,
Clerk.

Pursuant to Senate Rule No. 44, Senator Widener moved that **Am. Sub. S. B. No. 274** be brought up for consideration.

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

The motion was agreed to.

The question being, "Shall the Senate concur in the amendments of the House of Representatives?"

The yeas and nays were taken and resulted - yeas 29, nays 1, as follows:

Those who voted in the affirmative were: Senators

Bacon	Balderson	Beagle	Brown
Burke	Cafaro	Coley	Eklund
Gardner	Gentile	Hite	Hughes
Jones	Jordan	Kearney	LaRose
Lehner	Manning	Obhof	Patton
Peterson	Sawyer	Schaffer	Schiavoni
Seitz	Skindell	Turner	Uecker
			Faber-29.

Senator Widener voted in the negative-1.

So the Senate concurred in the amendments of the House of Representatives.

Message from the House of Representatives

Mr. President:

I am directed to inform you that the House of Representatives has concurred in the passage of the following bill:

Am. Sub. S. B. No. 276 -Senators Jones, Tavares
Cosponsors: Senators Brown, Bacon, Beagle, Burke, Coley, Eklund, Faber, Gentile, Hite, Hughes, Lehner, Manning, Obhof, Oelslager, Patton, Peterson, Sawyer, Schiavoni, Skindell, Smith, Turner, Uecker, Widener Representatives Antonio, Sears, Smith, Sprague, Anielski, Baker, Blessing, Brown, Burkley, Carney, Conditt, Dovilla, Duffey, Grossman, Hackett, Hayes, Heard, Johnson, Kunze, Mallory, McGregor, Perales, Phillips, Pillich, Retherford, Rogers, Sheehy, Stinziano, Thompson, Speaker Batchelder

To amend sections 2925.02, 3701.63, 3701.64, 3719.01, 3719.061, 4715.14, 4715.30, 4723.28, 4723.481, 4723.486, 4725.16, 4725.19, 4729.12, 4729.16,

4729.18, 4729.85, 4729.86, 4730.25, 4730.41, 4730.48, 4731.22, 4731.281, 4773.03, 4773.08, 5165.08, 5165.513, 5165.515, and 5165.99; to enact sections 3701.66, 3701.67, and 3701.68; and to repeal sections 4715.15, 4723.433, 4730.093, and 4731.77 of the Revised Code to create the Commission on Infant Mortality and require the establishment of infant safe sleep procedures and policies; to modify the offense of "corrupting another with drugs"; to require the State Board of Pharmacy to prepare semiannual reports on opioid prescriptions; to revise the laws governing the Ohio Automated Rx Reporting System and opioid prescriptions issued for minors; to require under certain conditions the reinstatement of inactive licenses to practice certain radiologic professions; to eliminate requirements regarding patient notice of the limits of Lyme disease testing; to retain certain laws regarding nursing facilities' admission policies and exclusions of parts of nursing facilities from Medicaid provider agreements; to amend the versions of 4715.30, 4715.302, 4723.28, 4723.487, 4725.092, 4725.19, 4730.25, 4730.53, 4731.055, and 4731.22 of the Revised Code that are scheduled to take effect April 1, 2015, to continue the provisions of this act on and after that effective date; and to declare an emergency.

As a substitute bill with the following additional amendments, in which the concurrence of the Senate is requested.

In line 6004, delete "4729.12,"

Between lines 6006 and 6007, insert:

"Section 4729.12 of the Revised Code as amended by Am. Sub. H.B. 341, Am. Sub. H.B. 483, and Am. Sub. H.B. 488, all of the 130th General Assembly."

Attest:

Bradley J. Young,
Clerk.

Pursuant to Senate Rule No. 44, Senator Widener moved that **Am. Sub. S. B. No. 276** be brought up for consideration.

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

The motion was agreed to.

The question being, "Shall the section, Section 10, setting forth the emergency features of the bill, stand as a part of the bill?"

The yeas and nays were taken and resulted - yeas 22, nays 8, as follows:

Those who voted in the affirmative were: Senators

Bacon	Balderson	Beagle	Burke
Coley	Eklund	Gardner	Hite
Hughes	Jones	Jordan	LaRose

Lehner	Manning	Obhof	Patton
Peterson	Schaffer	Seitz	Uecker
Widener			Faber-22.

Senators Brown, Cafaro, Gentile, Kearney, Sawyer, Schiavoni, Skindell, and Turner voted in the negative-8.

So the section, Section 10, setting forth the emergency features of the bill stood as a part of the bill.

The question being, "Shall the Senate concur in the amendments of the House of Representatives?"

The yeas and nays were taken and resulted - yeas 22, nays 8, as follows:

Those who voted in the affirmative were: Senators

Bacon	Balderson	Beagle	Burke
Coley	Eklund	Gardner	Hite
Hughes	Jones	Jordan	LaRose
Lehner	Manning	Obhof	Patton
Peterson	Schaffer	Seitz	Uecker
Widener			Faber-22.

Senators Brown, Cafaro, Gentile, Kearney, Sawyer, Schiavoni, Skindell, and Turner voted in the negative-8.

So the Senate concurred in the amendments of the House of Representatives.

Pursuant to Senate Rule No. 47, Senator Schiavoni moved that the name Tavares be removed from the title of the bill.

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

The motion was agreed to.

Pursuant to Senate Rule No. 47, Senator Skindell moved that the names Brown, Gentile, Sawyer, Schiavoni, Skindell, and Turner be removed from the title of the bill.

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

The motion was agreed to.

Message from the House of Representatives

Mr. President:

I am directed to inform you that the House of Representatives has concurred in the passage of the following bill:

Am. Sub. S. B. No. 342-Senator Seitz
Cosponsors: Senators Eklund, Faber, Jones, Jordan, Kearney, Patton, Schaffer,

Tavares, Uecker Representatives Blessing, Barnes, Buchy, Burkley, Conditt, Dovilla, Green, Hottinger, Johnson, Letson, Maag, Mallory, Milkovich, Ramos, Retherford, Sprague, Stautberg, Terhar, Wachtmann, Young, Speaker Batchelder

To amend sections 1901.20, 1907.02, 4511.094, and 4511.204; to amend, for the purpose of adopting a new section number as indicated in parentheses, section 4511.093 (4511.043); to enact sections 3937.411, 4511.095, 4511.096, 4511.097, 4511.098, 4511.099, 4511.0910, 4511.0911, 4511.0912, 4511.0913, and 4511.0914; to enact new sections 4511.092 and 4511.093; and to repeal section 4511.092 of the Revised Code to establish conditions for the use by local authorities of traffic law photo-monitoring devices to detect certain traffic law violations and to require the Department of Public Safety to issue a report on texting while driving citations.

With the following additional amendments, in which the concurrence of the Senate is requested.

In line 12, delete "and"; after "4511.094" insert ", and 4511.204"

Between lines 721 and 722, insert:

"Sec. 4511.204. (A) No person shall drive a motor vehicle, trackless trolley, or streetcar on any street, highway, or property open to the public for vehicular traffic while using a handheld electronic wireless communications device to write, send, or read a text-based communication.

(B) Division (A) of this section does not apply to any of the following:

(1) A person using a handheld electronic wireless communications device in that manner for emergency purposes, including an emergency contact with a law enforcement agency, hospital or health care provider, fire department, or other similar emergency agency or entity;

(2) A person driving a public safety vehicle who uses a handheld electronic wireless communications device in that manner in the course of the person's duties;

(3) A person using a handheld electronic wireless communications device in that manner whose motor vehicle is in a stationary position and who is outside a lane of travel;

(4) A person reading, selecting, or entering a name or telephone number in a handheld electronic wireless communications device for the purpose of making or receiving a telephone call;

(5) A person receiving wireless messages on a device regarding the operation or navigation of a motor vehicle; safety-related information, including emergency, traffic, or weather alerts; or data used primarily by the motor vehicle;

(6) A person receiving wireless messages via radio waves;

(7) A person using a device for navigation purposes;

(8) A person conducting wireless interpersonal communication with a device that does not require manually entering letters, numbers, or symbols or reading text messages, except to activate, deactivate, or initiate the device or a feature or function of the device;

(9) A person operating a commercial truck while using a mobile data terminal that transmits and receives data;

(10) A person using a handheld electronic wireless communications device in conjunction with a voice-operated or hands-free device feature or function of the vehicle.

(C) (1) Notwithstanding any provision of law to the contrary, no law enforcement officer shall cause an operator of an automobile being operated on any street or highway to stop the automobile for the sole purpose of determining whether a violation of division (A) of this section has been or is being committed or for the sole purpose of issuing a ticket, citation, or summons for a violation of that nature or causing the arrest of or commencing a prosecution of a person for a violation of that nature, and no law enforcement officer shall view the interior or visually inspect any automobile being operated on any street or highway for the sole purpose of determining whether a violation of that nature has been or is being committed.

(2) On January 31 of each year, the department of public safety shall issue a report to the general assembly that specifies the number of citations issued for violations of this section during the previous calendar year.

(D) Whoever violates division (A) of this section is guilty of a minor misdemeanor.

(E) This section shall not be construed as invalidating, preempting, or superseding a substantially equivalent municipal ordinance that prescribes penalties for violations of that ordinance that are greater than the penalties prescribed in this section for violations of this section.

(F) A prosecution for a violation of this section does not preclude a prosecution for a violation of a substantially equivalent municipal ordinance based on the same conduct. However, if an offender is convicted of or pleads guilty to a violation of this section and is also convicted of or pleads guilty to a violation of a substantially equivalent municipal ordinance based on the same conduct, the two offenses are allied offenses of similar import under section 2941.25 of the Revised Code.

(G) As used in this section:

(1) "Electronic wireless communications device" includes any of the following:

- (a) A wireless telephone;
- (b) A text-messaging device;
- (c) A personal digital assistant;
- (d) A computer, including a laptop computer and a computer tablet;
- (e) Any other substantially similar wireless device that is designed or used to communicate text.

(2) "Voice-operated or hands-free device" means a device that allows the user to vocally compose or send, or to listen to a text-based communication without the use of either hand except to activate or deactivate a feature or function.

(3) "Write, send, or read a text-based communication" means to manually write or send, or read a text-based communication using an electronic wireless communications device, including manually writing or sending, or reading communications referred to as text messages, instant messages, or electronic mail."

In line 723, delete the first "and"; after "4511.094" insert ", and 4511.204"

In line 1 of the title, delete "and"; after "4511.094" insert ", and 4511.204"

In line 11 of the title, after "violations" insert "and to require the Department of Public Safety to issue a report on texting while driving citations"

In line 16, delete the first "and"; after "4511.0913" insert ", and 4511.0914"

In line 139, delete " 4511.0912" and insert " 4511.0914"

Between lines 721 and 722, insert:

" **Sec. 4511.0914.** Sections 4511.092 to 4511.0912 of the Revised Code do not affect in any manner either of the following:

(A) Any ban on the use by a local authority of traffic law photo-monitoring devices to detect traffic law violations that is in effect on the effective date of this section, irrespective of the method or means by which such a ban took effect;

(B) Any ban on the use by a local authority of traffic law photo-monitoring devices to detect traffic law violations that takes effect after the effective date of this section, irrespective of the method or means by which such a ban takes effect."

In line 6 of the title, delete "and"; after "4511.0913" insert ", and 4511.0914"

Attest: Bradley J. Young,
Clerk.

Pursuant to Senate Rule No. 44, Senator Widener moved that **Am. Sub. S. B. No. 342** be brought up for consideration.

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

The motion was agreed to.

The question being, "Shall the Senate concur in the amendments of the House of Representatives?"

The yeas and nays were taken and resulted - yeas 21, nays 9, as follows:

Those who voted in the affirmative were: Senators

Balderson	Beagle	Burke	Coley
Eklund	Gardner	Hite	Hughes
Jones	Jordan	Kearney	Lehner
Manning	Obhof	Patton	Peterson
Schaffer	Seitz	Uecker	Widener
			Faber-21.

Those who voted in the negative were: Senators

Bacon	Brown	Cafaro	Gentile
LaRose	Sawyer	Schiavoni	Skindell
			Turner-9.

So the Senate concurred in the amendments of the House of Representatives.

On the motion of Senator Widener, the Senate recessed until 3:50 a.m.

The Senate met pursuant to the recess.

Message from the House of Representatives

Mr. President:

I am directed to inform you that the House of Representatives has concurred in the passage of the following bill:

Am. Sub. S. B. No. 378-Senator Coley

Cosponsors: Senators Peterson, Hite, Eklund, Hughes, Kearney, LaRose, Patton, Sawyer, Schiavoni, Seitz, Uecker Representatives Stautberg, Burkley, Conditt, Dovilla, Grossman, Hackett, Perales, Sheehy, Strahorn

To amend sections 3781.25 and 4905.26 and to enact sections 3781.34, 3781.341, 3781.342, 3781.343, 3781.36, 3781.38, 4905.041, 4913.01, 4913.03, 4913.05, 4913.07, 4913.09, 4913.13, 4913.15, 4913.151, 4913.152, 4913.16, 4913.17, 4913.171, 4913.19, 4913.20, 4913.21, 4913.22, 4913.23, 4913.25, 4913.251, 4913.252, 4913.26, 4913.27, 4913.29, 4913.30, 4913.31, 4913.43, 4913.45, 4913.47, 4913.50, and 4913.52 of the Revised Code regarding the enforcement of the law governing the protection of underground utility facilities.

Attest: Bradley J. Young,
Clerk.

Message from the House of Representatives

Mr. President:

I am directed to inform you that the House of Representatives has refused to concur in the Senate amendments to:

Sub. H. B. No. 511 -Representative Sears - et al.

Attest: Bradley J. Young,
Clerk.

Message from the House of Representatives

Mr. President:

I am directed to inform you that the House of Representatives has concurred in the Senate amendments to:

Am. Sub. H. B. No. 234 -Representatives Grossman, Becker - et al.

Am. Sub. H. B. No. 318 -Representatives Roegner, O'Brien - et al.

Sub. H. B. No. 430-Representatives Kunze, Stinziano - et al.

Attest: Bradley J. Young,
Clerk.

MESSAGE FROM THE PRESIDENT

Pursuant to Senate Rules No. 19 and 20, the President of the Senate temporarily appoints Senator Capri Cafaro to the Rules Committee, replacing Senator Charleta Tavares, for the purpose of the committee's meeting on December 11, 2014.

On the motion of Senator Widener the Senate reverted to the Second Order of Business, Reports of Reference and Bills for Second Consideration.

REPORTS OF STANDING AND SELECT COMMITTEES

Senator Faber submitted the following report:

The standing committee on Rules, to which was referred **Sub. H. J. R. No. 12**-Representatives Huffman, Sykes, et al., having had the same under consideration, reports back a substitute resolution and recommends its adoption.

Co-Sponsors: Faber, Coley.

YES - 10: KEITH L. FABER, CHRIS WIDENER, BILL COLEY, TOM PATTON, LARRY OBHOF, DAVE BURKE, JIM HUGHES, JOSEPH SCHIAVONI, LOU GENTILE, CAPRI S. CAFARO.

NO - 0.

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

The report of the committee was accepted.

RESOLUTIONS REPORTED BY COMMITTEE

Sub. H. J. R. No. 12-Representatives Huffman, Sykes.

Cosponsors: Representatives Amstutz, Anielski, Ashford, Baker, Brown, Burkley, Clyde, Duffey, Grossman, Hackett, Hagan, C., Hayes, Kunze, Letson, McClain, McGregor, Patmon, Scherer, Schuring, Stebelton, Wachtmann, Speaker Batchelder. Senators Faber, Coley.

Proposing to enact new Sections 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10 of Article XI and to repeal Sections 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, and 15 of Article XI of the Constitution of the State of Ohio to revise the redistricting process for General Assembly districts.

Be it resolved by the General Assembly of the State of Ohio, three-fifths

of the members elected to each house concurring herein, that there shall be submitted to the electors of the state, in the manner prescribed by law at the general election to be held on November 3, 2015, a proposal to enact new Sections 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10 of Article XI of the Constitution of the State of Ohio to read as follows:

ARTICLE XI

Section 1. (A) The Ohio redistricting commission shall be responsible for the redistricting of this state for the general assembly. The commission shall consist of the following seven members:

(1) The governor;

(2) The auditor of state;

(3) The secretary of state;

(4) One person appointed by the speaker of the house of representatives;

(5) One person appointed by the legislative leader of the largest political party in the house of representatives of which the speaker of the house of representatives is not a member;

(6) One person appointed by the president of the senate; and

(7) One person appointed by the legislative leader of the largest political party in the senate of which the president of the senate is not a member.

The legislative leaders in the senate and the house of representatives of each of the two largest political parties represented in the general assembly, acting jointly by political party, shall appoint a member of the commission to serve as a co-chairperson of the commission.

(B)(1) Unless otherwise specified in this article, a simple majority of the commission members shall be required for any action by the commission.

(2)(a) Except as otherwise provided in division (B)(2)(b) of this section, a majority vote of the members of the commission, including at least one member of the commission who is a member of each of the two largest political parties represented in the general assembly, shall be required to do any of the following:

(i) Adopt rules of the commission;

(ii) Hire staff for the commission;

(iii) Expend funds.

(b) If the commission is unable to agree, by the vote required under division (B)(2)(a) of this section, on the manner in which funds should be expended, each co-chairperson of the commission shall have the authority to expend one-half of the funds that have been appropriated to the commission.

(3) The affirmative vote of four members of the commission, including at least two members of the commission who represent each of the two largest

political parties represented in the general assembly shall be required to adopt any general assembly district plan. For the purpose of this division, a member of the commission shall be considered to represent a political party if the member was appointed to the commission by a member of that political party or if, in the case of the governor, the auditor of state, or the secretary of state, the member is a member of that political party.

(C) At the first meeting of the commission, which the governor shall convene only in a year ending in the numeral one, except as provided in Sections 8 and 9 of this article, the commission shall set a schedule for the adoption of procedural rules for the operation of the commission.

The commission shall release to the public a proposed general assembly district plan for the boundaries for each of the ninety-nine house of representatives districts and the thirty-three senate districts. The commission shall draft the proposed plan in the manner prescribed in this article. Before adopting, but after introducing, a proposed plan, the commission shall conduct a minimum of three public hearings across the state to present the proposed plan and shall seek public input regarding the proposed plan. All meetings of the commission shall be open to the public. Meetings shall be broadcast by electronic means of transmission using a medium readily accessible by the general public.

The commission shall adopt a final general assembly district plan not later than the first day of September of a year ending in the numeral one. After the commission adopts a final plan, the commission shall promptly file the plan with the secretary of state. Upon filing with the secretary of state, the plan shall become effective.

Four weeks after the adoption of a general assembly district plan, the commission shall be automatically dissolved.

(D) The general assembly shall be responsible for making the appropriations it determines necessary in order for the commission to perform its duties under this article.

Section 2. Each house of representatives district shall be entitled to a single representative in each general assembly. Each senate district shall be entitled to a single senator in each general assembly.

Section 3. (A) The whole population of the state, as determined by the federal decennial census or, if such is unavailable, such other basis as the general assembly may direct, shall be divided by the number "ninety-nine" and by the number "thirty-three" and the quotients shall be the ratio of representation in the house of representatives and in the senate, respectively, for ten years next succeeding such redistricting.

(B) A general assembly district plan shall comply with all of the requirements of division (B) of this section.

(1) The population of each house of representatives district shall be

substantially equal to the ratio of representation in the house of representatives, and the population of each senate district shall be substantially equal to the ratio of representation in the senate, as provided in division (A) of this section. In no event shall any district contain a population of less than ninety-five per cent nor more than one hundred five per cent of the applicable ratio of representation.

(2) Any general assembly district plan adopted by the commission shall comply with all applicable provisions of the constitutions of Ohio and the United States and of federal law.

(3) Every general assembly district shall be composed of contiguous territory, and the boundary of each district shall be a single nonintersecting continuous line.

(C) House of representatives districts shall be created and numbered in the following order of priority, to the extent that such order is consistent with the foregoing standards:

(1) Proceeding in succession from the largest to the smallest, each county containing population greater than one hundred five per cent of the ratio of representation in the house of representatives shall be divided into as many house of representatives districts as it has whole ratios of representation. Any fraction of the population in excess of a whole ratio shall be a part of only one adjoining house of representatives district.

(2) Each county containing population of not less than ninety-five per cent of the ratio of representation in the house of representatives nor more than one hundred five per cent of the ratio shall be designated a representative district.

(3) The remaining territory of the state shall be divided into representative districts by combining the areas of counties, municipal corporations, and townships. Where feasible, no county shall be split more than once.

(D)(1)(a) Except as otherwise provided in divisions (D)(1)(b) and (c) of this section, a county, municipal corporation, or township is considered to be split if any contiguous portion of its territory is not contained entirely within one district.

(b) If a municipal corporation or township has territory in more than one county, the contiguous portion of that municipal corporation or township that lies in each county shall be considered to be a separate municipal corporation or township for the purposes of this section.

(c) If a municipal corporation or township that is located in a county that contains a municipal corporation or township that has a population of more than one ratio of representation is split for the purpose of complying with division (E)(1)(a) or (b) of this section, each portion of that municipal corporation or township shall be considered to be a separate municipal corporation or township for the purposes of this section.

(2) Representative districts shall be drawn so as to split the smallest possible number of municipal corporations and townships whose contiguous portions contain a population of more than fifty per cent, but less than one hundred per cent, of one ratio of representation.

(3) Where the requirements of divisions (B), (C), and (D) of this section cannot feasibly be attained by forming a representative district from whole municipal corporations and townships, not more than one municipal corporation or township may be split per representative district.

(E)(1) If it is not possible for the commission to comply with all of the requirements of divisions (B), (C), and (D) of this section in drawing a particular representative district, the commission shall take the first action listed below that makes it possible for the commission to draw that district:

(a) Notwithstanding division (D)(3) of this section, the commission shall create the district by splitting two municipal corporations or townships whose contiguous portions do not contain a population of more than fifty per cent, but less than one hundred per cent, of one ratio of representation.

(b) Notwithstanding division (D)(2) of this section, the commission shall create the district by splitting a municipal corporation or township whose contiguous portions contain a population of more than fifty per cent, but less than one hundred per cent, of one ratio of representation.

(c) Notwithstanding division (C)(2) of this section, the commission shall create the district by splitting, once, a single county that contains a population of not less than ninety-five per cent of the ratio of representation, but not more than one hundred five per cent of the ratio of representation.

(d) Notwithstanding division (C)(1) of this section, the commission shall create the district by including in two districts portions of the territory that remains after a county that contains a population of more than one hundred five per cent of the ratio of representation has been divided into as many house of representatives districts as it has whole ratios of representation.

(2) If the commission takes an action under division (E)(1) of this section, the commission shall include in the general assembly district plan a statement explaining which action the commission took under that division and the reason the commission took that action.

(3) If the commission complies with divisions (E)(1) and (2) of this section in drawing a district, the commission shall not be considered to have violated division (C)(1), (C)(2), (D)(2), or (D)(3) of this section, as applicable, in drawing that district, for the purpose of an analysis under division (D) of Section 9 of this article.

Section 4. (A) Senate districts shall be composed of three contiguous house of representatives districts.

(B)(1) A county having at least one whole senate ratio of representation

shall have as many senate districts wholly within the boundaries of the county as it has whole senate ratios of representation. Any fraction of the population in excess of a whole ratio shall be a part of only one adjoining senate district.

(2) Counties having less than one senate ratio of representation, but at least one house of representatives ratio of representation, shall be part of only one senate district.

(3) If it is not possible for the commission to draw representative districts that comply with all of the requirements of this article and that make it possible for the commission to comply with all of the requirements of divisions (B)(1) and (2) of this section, the commission shall draw senate districts so as to commit the fewest possible violations of those divisions. If the commission complies with this division in drawing senate districts, the commission shall not be considered to have violated division (B)(1) or (2) of this section, as applicable, in drawing those districts, for the purpose of an analysis under division (D) of Section 9 of this article.

(C) The number of whole ratios of representation for a county shall be determined by dividing the population of the county by the ratio of representation in the senate determined under division (A) of Section 3 of this article.

(D) Senate districts shall be numbered from one through thirty-three and as provided in Section 5 of this article.

Section 5. At any time the boundaries of senate districts are changed in any general assembly district plan made pursuant to any provision of this article, a senator whose term will not expire within two years of the time the plan becomes effective shall represent, for the remainder of the term for which the senator was elected, the senate district that contains the largest portion of the population of the district from which the senator was elected, and the district shall be given the number of the district from which the senator was elected. If more than one senator whose term will not so expire would represent the same district by following the provisions of this section, the plan shall designate which senator shall represent the district and shall designate which district the other senator or senators shall represent for the balance of their term or terms.

Section 6. The Ohio redistricting commission shall attempt to draw a general assembly district plan that meets all of the following standards:

(A) No general assembly district plan shall be drawn primarily to favor or disfavor a political party.

(B) The statewide proportion of districts whose voters, based on statewide state and federal partisan general election results during the last ten years, favor each political party shall correspond closely to the statewide preferences of the voters of Ohio.

(C) General assembly districts shall be compact.

Nothing in this section permits the commission to violate the district standards described in Section 2, 3, 4, 5, or 7 of this article.

Section 7. Notwithstanding the fact that boundaries of counties, municipal corporations, and townships within a district may be changed, district boundaries shall be created by using the boundaries of counties, municipal corporations, and townships as they exist at the time of the federal decennial census on which the redistricting is based, or, if unavailable, on such other basis as the general assembly has directed.

Section 8. (A)(1) If the Ohio redistricting commission fails to adopt a final general assembly district plan not later than the first day of September of a year ending in the numeral one, in accordance with Section 1 of this article, the commission shall introduce a proposed general assembly district plan by a simple majority vote of the commission.

(2) After introducing a proposed general assembly district plan under division (A)(1) of this section, the commission shall hold a public hearing concerning the proposed plan, at which the public may offer testimony and at which the commission may adopt amendments to the proposed plan. Members of the commission should attend the hearing; however, only a quorum of the members of the commission is required to conduct the hearing.

(3) After the hearing described in division (A)(2) of this section is held, and not later than the fifteenth day of September of a year ending in the numeral one, the commission shall adopt a final general assembly district plan, either by the vote required to adopt a plan under division (B)(3) of Section 1 of this article or by a simple majority vote of the commission.

(B) If the commission adopts a final general assembly district plan in accordance with division (A)(3) of this section by the vote required to adopt a plan under division (B)(3) of Section 1 of this article, the plan shall take effect upon filing with the secretary of state and shall remain effective until the next year ending in the numeral one, except as provided in Section 9 of this article.

(C)(1)(a) Except as otherwise provided in division (C)(1)(b) of this section, if the commission adopts a final general assembly district plan in accordance with division (A)(3) of this section by a simple majority vote of the commission, and not by the vote required to adopt a plan under division (B)(3) of Section 1 of this article, the plan shall take effect upon filing with the secretary of state and shall remain effective until two general elections for the house of representatives have occurred under the plan.

(b) If the commission adopts a final general assembly district plan in accordance with division (A)(3) of this section by a simple majority vote of the commission, and not by the vote required to adopt a plan under division (B) of Section 1 of this article, and that plan is adopted to replace a plan that ceased to be effective under division (C)(1)(a) of this section before a year ending in the numeral one, the plan adopted under this division shall take effect upon filing with the secretary of state and shall remain effective until a year ending in the

numeral one, except as provided in Section 9 of this article.

(2) A final general assembly district plan adopted under division (C)(1)(a) or (b) of this section shall include a statement explaining what the commission determined to be the statewide preferences of the voters of Ohio and the manner in which the statewide proportion of districts in the plan whose voters, based on statewide state and federal partisan general election results during the last ten years, favor each political party corresponds closely to those preferences, as described in division (B) of Section 6 of this article. At the time the plan is adopted, a member of the commission who does not vote in favor of the plan may submit a declaration of the member's opinion concerning the statement included with the plan.

(D) After a general assembly district plan adopted under division (C)(1)(a) of this section ceases to be effective, and not earlier than the first day of July of the year following the year in which the plan ceased to be effective, the commission shall be reconstituted as provided in Section 1 of this article, convene, and adopt a new general assembly district plan in accordance with this article, to be used until the next time for redistricting under this article. The commission shall draw the new general assembly district plan using the same population and county, municipal corporation, and township boundary data as were used to draw the previous plan adopted under division (C) of this section.

Section 9. (A) The supreme court of Ohio shall have exclusive, original jurisdiction in all cases arising under this article.

(B) In the event that any section of this constitution relating to redistricting, any general assembly district plan made by the Ohio redistricting commission, or any district is determined to be invalid by an unappealed final order of a court of competent jurisdiction then, notwithstanding any other provisions of this constitution, the commission shall be reconstituted as provided in Section 1 of this article, convene, and ascertain and determine a general assembly district plan in conformity with such provisions of this constitution as are then valid, including establishing terms of office and election of members of the general assembly from districts designated in the plan, to be used until the next time for redistricting under this article in conformity with such provisions of this constitution as are then valid.

(C) Notwithstanding any provision of this constitution or any law regarding the residence of senators and representatives, a general assembly district plan made pursuant to this section shall allow thirty days for persons to change residence in order to be eligible for election.

(D)(1) No court shall order, in any circumstance, the implementation or enforcement of any general assembly district plan that has not been approved by the commission in the manner prescribed by this article.

(2) No court shall order the commission to adopt a particular general assembly district plan or to draw a particular district.

(3) If the supreme court of Ohio determines that a general assembly district plan adopted by the commission does not comply with the requirements of Section 2, 3, 4, 5, or 7 of this article, the available remedies shall be as follows:

(a) If the court finds that the plan contains one or more isolated violations of those requirements, the court shall order the commission to amend the plan to correct the violation.

(b) If the court finds that it is necessary to amend not fewer than six house of representatives districts to correct violations of those requirements, to amend not fewer than two senate districts to correct violations of those requirements, or both, the court shall declare the plan invalid and shall order the commission to adopt a new general assembly district plan in accordance with this article.

(c) If, in considering a plan adopted under division (C) of Section 8 of this article, the court determines that both of the following are true, the court shall order the commission to adopt a new general assembly district plan in accordance with this article:

(i) The plan significantly violates those requirements in a manner that materially affects the ability of the plan to contain districts whose voters favor political parties in an overall proportion that corresponds closely to the statewide political party preferences of the voters of Ohio, as described in division (B) of Section 6 of this article.

(ii) The statewide proportion of districts in the plan whose voters, based on statewide state and federal partisan general election results during the last ten years, favor each political party does not correspond closely to the statewide preferences of the voters of Ohio.

Section 10. The various provisions of this article are intended to be severable, and the invalidity of one or more of such provisions shall not affect the validity of the remaining provisions.

EFFECTIVE DATE AND REPEAL

If adopted by a majority of the electors voting on this proposal, new Sections 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10 of Article XI take effect January 1, 2021, and Sections 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, **Section 14.**, and **Section 15.** of Article XI of the Constitution of the State of Ohio are repealed from that effective date.

The question being, "Shall the resolution, **Sub. H. J. R. No. 12**, be adopted?"

Senator LaRose moved to amend as follows:

In line 273, delete the first underlined comma

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

The motion was agreed to.

The question recurred, "Shall the resolution, **Sub. H. J. R. No. 12**, be adopted?"

The yeas and nays were taken and resulted - yeas 28, nays 1, as follows:

Those who voted in the affirmative were: Senators

Bacon	Balderson	Beagle	Burke
Cafaro	Coley	Eklund	Gardner
Gentile	Hite	Hughes	Jones
Jordan	Kearney	LaRose	Lehner
Manning	Obhof	Patton	Peterson
Sawyer	Schaffer	Schiavoni	Skindell
Turner	Uecker	Widener	Faber-28.

Senator Seitz voted in the negative-1.

So the resolution was adopted.

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

Senator LaRose moved to amend the title as follows:

Add the names: "Bacon, Balderson, Beagle, Burke, Eklund, Gardner, Gentile, Hite, LaRose, Lehner, Peterson, Sawyer, Schiavoni, Turner, Widener."

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

The motion was agreed to and the title so amended.

On the motion of Senator Widener, the Senate adjourned until Tuesday, December 16, 2014 at 9:30 a.m.

Attest:

VINCENT L. KEERAN,
Clerk.