

Ohio Association of Health Underwriters
Legislative Update
October 21, 2014
Prepared by John T. McGough

2014 General Election Update
Major statewide offices up for election with Republicans holding every office

Governor-Incumbent John Kasich (R) vs. Ed FitzGerald (D)

- Governor Kasich is heavily favored with Democrat financial resources likely to be shifted to down ticket races. Two Democrat races that may benefit financially due to shift of Democrat funding priorities:
 - Auditor - Incumbent David Yost (R) vs. John Carney (D)
 - Treasurer – Incumbent Josh Mandel (R) vs. Connie Pillich (D)

Other races

- Incumbent Secretary of State Jon Husted (R) vs. Nina Turner (D)
- Incumbent Attorney General Mike DeWine (R) vs. David Pepper (D)

Ohio Supreme Court

Incumbent Sharon Kennedy (R) vs. Tom Letson (D)

- Kennedy has good ballot name and opponent raising very little money.

Incumbent Judith French (R) vs. John O'Donnell (D)

- While Justice French has significantly outraised her opponent, the O'Donnell name could be very popular in this race without party identification listed on ballot. Current Ohio Supreme Court already has a Justice O'Donnell.

Ohio Legislature

Republicans are likely to retain their strong majorities in both Ohio House & Senate. House Republicans currently has a 60-39 majority and Senate Republicans have a 23-10 majority with both majority caucus having a significant fundraising edge over the House and Senate minority caucuses.

House Speaker Bill Batchelder is term-limited at the end of this year and the front-runner to succeed Batchelder is Representative Cliff Rosenberger from Clinton County. Rosenberger has joined forces with Representative Ron Amstutz (Wooster) who was also interested in seeking the Speakership. The more conservative wing of the House Republican Caucus is still working to elect Representative Jim Butler as Speaker. The election for Speaker will not occur until after the November General Election, so things could change based on the number of seats House Republicans win in the election and the impact of newly-elected House Republicans elected in November.

In the Ohio Senate, Senate President Keith Faber (Celina) is expected to retain his leadership position.

Ohio Selected as SHOP “Early Launch” State **SHOP technical assistance meeting held in Columbus**

The State of Ohio has been selected by HHS/CMS as one of 5 states that will have an “early launch” for the new SHOP Marketplace online option for small businesses this fall. The Early Launch begins October 20 and the online SHOP Marketplace opens November 15. Beginning October 20, small employers (50 or fewer employees) will be able to browse the SHOP Marketplace on www.healthcare.gov.

Employers can complete the SHOP application, receive an eligibility determination, and upload an employee roster. Once qualified health plans are available (about a week before November 15), employers will also be able to browse the plans to determine how much coverage will cost so that they can begin to purchase the coverage starting November 15. The Early Launch will give employers the chance to browse early and it will give HHS/CMS the chance to get feedback on the SHOP Marketplace before the nationwide launch on November 15. The other 4 states selected for the “early launch” are Delaware, Illinois, Missouri and New Jersey.

On October 16, 2014, the Federal Health Insurance Marketplace held an in-person technical assistance and stakeholder event in Columbus to preview the new online features of the SHOP Marketplace. Agents, small business owners and assisters participated.

HHS Announces Navigator Grants

The U.S. Department of Health & Human Services has announced over \$2.6 million in Navigator grants for Ohio in the 2014-15 enrollment period. Nationally, \$60 million in grants were awarded to 90 organizations. Below is the Ohio Navigator list announced.

Ohio Association of Foodbanks - Anticipated grant amount: \$2,188,846

Since 1991 the Ohio Association of Foodbanks has benefited thousands of people in need in the State of Ohio. The Ohio Association of Foodbanks served as a 2013 Navigator grantee and will continue to provide outreach support through a variety of phone, online, and promotional tools during year 2 of the Marketplace.

Midwest Asian Health Association (MAHA) - Anticipated grant amount: \$149,397

MAHA will be targeting the Asian population in Delaware, Franklin, Montgomery, Hamilton, Union, and Cuyahoga counties. It will be serving as a Navigator grantee in Illinois and Michigan as well and plans to conduct outreach and public education that helps inform tri-state target communities about the new opportunities for accessing health care coverage, and assistance paying for health coverage.

HRS/Erase, Inc. - Anticipated grant amount: \$275,000

HRS/Erase assisted individuals, through the provision of its current eligibility & enrollment work, to apply for premium tax credits and cost sharing reductions during the 2014 open enrollment period. It has developed a comprehensive plan to utilize these skills and continue to assist consumers during year 2 of open enrollment in the Marketplace.

OAHU Priority Legislation – H.B. 511

The Ohio Legislature broke for recess in June and is scheduled to be back in session after the November 4th General Election during the second week of November. The Legislature will then have a 4 to 5 week “lame duck” session to wind up the 2-year legislative session. Any pending legislation that does not pass into Ohio law this year dies and would need to be re-introduced next year.

OAHU’s top legislative priority is to have [HB 511](#) passed into Ohio law this year. The sponsor of the legislation is OAHU member, Representative Barbara Sears. H.B. 511 passed the Ohio House on May 28, 2014 and has been referred to the Senate Insurance & Financial Institutions Committee.

The purpose of H.B. 511 is to harmonize certain provisions of Ohio law with federal law to reduce confusion in Ohio’s health insurance market and to help small employers continue to provide health insurance for their employees. Also, if any of the provisions of H.B. 511 result in an individual previously covered by an employer plan, looking for health insurance in the individual market, they cannot be denied coverage because of their health status.

The major provisions included in H.B. 511 are:

1. Increases from 25-30 hours the threshold to be considered a full-time employee to be eligible for employer-sponsored health insurance in Ohio’s small group market.
2. Decreases the dependent age for health insurance coverage from age 28 to age 26.
3. Extends the maximum length of a short-term health insurance policy from “no longer than 6 months” to “less than 12 months”.

In addition to OAHU, other proponents of H.B. 511 include the Ohio Restaurant Association and the National Federation of Independent Business–Ohio.

The Senate Insurance & Financial Institutions Committee is comprised of 9 republican and 4 democrat members. If you would like to contact them to express your support for H.B. 511, their contact information is as follows:

Republicans

Jim Hughes (Chair) (Columbus) Office: 614-466-5981; Email: sd16@ohiosenate.gov

Kevin Bacon (Vice-Chair) (Minerva Park) Office: 614-466-8064; Email: sd03@ohiosenate.gov

Bill Beagle (Tipp City) Office: 614-466-6247; Email: sd05@ohiosenate.gov

David Burke (Marysville) Office: 614-466-8049; Email: sd26@ohiosenate.gov

Cliff Hite (Findlay) Office: 614-466-8150; Email: sd01@ohiosenate.gov

Shannon Jones (Springboro): 614-466-9737; Email: sd07@ohiosenate.gov

Gayle Manning (North Ridgeville) Office: 614-644-7613; Email: sd13@ohiosenate.gov

Larry Obhof (Medina) Office: 614-466-7505; Email: sd22@ohiosenate.gov

Bob Peterson (Sabina) Office: 614-466-8156; Email: sd17@ohiosenate.gov

Democrats

Nina Turner (Ranking Member) (Cleveland) Office: 614-466-4583; Email: sd25@ohiosenate.gov

Edna Brown (Toledo) Office: 614-466-5204; Email: sd11@ohiosenate.gov

Lou Gentile (Steubenville) Office: 614-466-6508; Email: sd30@ohiosenate.gov

Eric Kearney (Cincinnati) Office: 614-466-5980; Email: sd09@ohiosenate.gov

Ohio Department of Insurance Finalizes Annuity Rule

The Ohio Department of Insurance Annuity Disclosure Rule (3901-6-14) is now final and becomes effective January 1, 2015. The rule specifies the minimum information that must be disclosed to protect consumers and promote consumer education. [Click here](#) to review the final rule.

Ohio's New Medicaid/Medicare Dual-Eligible "MyCare" Program

Integrated Care Delivery System

- System of managed care plans selected to coordinate physical, behavioral and long-term care for individuals over age of 18 who are eligible for both Medicaid and Medicare.
- Includes people with disabilities, older adults and individuals who receive behavioral health services.
- Plans selected – Aetna, Buckeye, CareSource, Molina & United

Impetus for Program

- Medicaid and Medicare programs had very little connection to each other. No one entity accountable for the whole person.
- Current system confusing and difficult for individuals to navigate.
- Program will coordinate both government programs, including long-term care, behavioral health and physical health which are currently fragmented and poorly coordinated.
- Managed Care Plan will become single point of contact.

- Managed Care Plan to encourage choice and self-direction, help individuals remain independent and in the community, and provide care management that includes face-to-face visits in the home and community.

Regions & Enrollment as of 8/21/2014 – 5 managed care plans

Northwest – Fulton, Lucas, Ottawa & Wood Counties
Aetna (4,242) & Buckeye (4,104)

Southwest – Butler, Clermont, Clinton, Hamilton & Warren Counties
Aetna (9,166) & Molina (7,346)

West Central – Clark, Greene & Montgomery Counties
Buckeye (6,443) & Molina (4,650)

Central – Delaware, Franklin, Madison, Pickaway & Union Counties
Aetna (7,399) & Molina (6,380)

East Central – Portage, Stark, Summit & Wayne Counties
CareSource (7,908) & United (6,519)

Northeast Central – Trumbull, Mahoning & Columbiana Counties
CareSource (4,092) & United (3,952)

Northeast – Cuyahoga, Geauga, Lake, Lorain & Medina Counties
Buckeye (4,711) & CareSource (14,116)

The program is being phased-in starting May 1 through the end of 2014.

All dual-eligibles in the 29 participating counties starting in May were required to enroll in one of the Managed Care Plans selected for their county to receive their Medicaid covered services; however, they can stay on their current Medicare plan or choose to also receive their Medicare services through the MyCare plan they have selected.

The MyCare Program has started notifying all individuals enrolled in a MyCare plan, that if they want to opt-out of MyCare for purposes of their Medicare services beginning January 2015, they need to notify MyCare prior to the end of 2014.

Recently Enacted Legislation

[SB 99](#) **CANCER MEDICATIONS** (Oelslager & Tavares) (Effective 09/17/2014) Regarding insurance coverage for orally administered cancer medications.

[SB 230](#) **CANCER DRUGS** (Manning) (Effective 09/17/2014) To establish standards for the delivery of non-self injectable cancer drugs.

[HB 314](#) **MINOR PRESCRIPTIONS** (Baker & Kunze) (Effective 09/17/2014) Regarding informed consent requirements for opioid prescriptions issued to minors, disclosure of medical and other information to child fatality review boards and fetal and infant mortality review teams, and the location of methadone treatment facilities.

[HB 341](#) **CONTROLLED SUBSTANCES** (Smith) (Effective 09/16/2014) To establish requirements to be followed by prescribers in reviewing patient information in the State Board of Pharmacy's Ohio Automated Rx Reporting System (OARRS).

[HB 487](#) **MBR EDUCATION** (Brenner) (Effective 09/17/2014) The bill includes a provision that creates the School Based Health Care Advisory Workgroup which is comprised of state government officials, including administration department heads, legislators and various organizations.

The Workgroup is charged with the following duties:

- Reviewing evidence of the correlation between student health and academic achievement;
- Identifying existing best practices to improve academic achievement through better student health;
- Based on existing best practices, recommending one or more models for communities that want to improve academic achievement through better student health;
- Recommending financial strategies to sustain the models over time, with an emphasis on health coverage through commercial insurance and Medicaid, not other governmental subsidies;
- Recommending health care service delivery strategies that are known to improve health outcomes, such as patient-centered medical homes;
- Exploring the community learning center model delivery of student health care services;
- Ensuring that all recommendations adhere to state and federal law.

[HB 264](#) **DIABETES** (Wachtmann & Barnes) (Effective 09/11/2014) Regarding care for students with diabetes in schools.

[HB 483](#) **MBR APPROPRIATIONS** (Amstutz) (Effective 09/15/2014) To make operating and other appropriations and to provide authorization and conditions for the operation of state programs. The bill includes several provisions relating to mental health and addiction services. It appropriates \$47.5 million in SFY 2015 to support the following:

- \$6.5 million to help prevent substance abuse statewide, including the Start Talking! program.
- Doubles the state's budget for licensed community-based housing through the Residential State Supplement program to create more safe places where people in crisis can achieve housing stability in a community setting (\$7.5 million).

- Expands access to recovery housing, which is a necessary support for many people who are early in their sobriety and need to be in an environment that supports healing (\$5 million).
- Defrays payroll costs so local courts can hire additional staff to support a specialty docket to ensure offenders comply with treatment (\$4.4 million).
- Address gaps in care identified in consultation with boards of mental health and addiction services, with an emphasis on crisis services and housing-related challenges (\$24.1 million).

H.B. 483 also includes provisions that establish a full array of services for opioid and co-occurring drug addiction, requires local boards to support a full continuum of care across mental health and addiction services, and defines recovery housing as a service and earmarks \$5 million in Ohio Department of Mental Health & Addiction Services community capital funds to develop greater access.

[SB 140 INSURANCE HOLDING COMPANIES](#) (Bacon) (Effective 09/4/2014) To enact the Insurance Regulatory Modernization Act to revise the insurance laws regarding alternative investments, holding company systems, risk management, reserves kept for life insurance policies, automated transactions, reinsurance, and mergers and consolidations.

Other Enacted Legislation this Session

[HB 315 HOSPITAL REPORTING](#) (Wachtmann) (Effective 07/10/2014) To require reports to the Department of Health regarding newborns diagnosed as opioid dependent, to update the chemical name for a type of controlled substance, and to specify procedures for granting variances or waivers of any requirement in the rules governing operation of maternity homes.

[HB 232 PROFESSIONAL COUNSELORS](#) (Sears & Milkovich) (Effective 07/10/2014) To modify the laws governing professional counselors, social workers, and marriage and family therapists.

[HB 170 DRUG OVERDOSES](#) (Johnson & Stinziano) (Effective 03/11/14) To provide for increased access to naloxone, ensures English proficiency in licensed practitioners of Oriental medicine and acupuncture, permits certain nurses seeking prescriptive authority to complete portion of their study through Internet-based study, and declares an emergency.

[HB 123 TELEHEALTH SERVICES](#) (Gonzales & Wachtmann) (Effective 05/20/2014) Regarding health care peer review committee proceedings and Medicaid coverage of telehealth services.

[SB 206 MEDICAID REVISIONS](#) (Burke) (Effective 03/20/2014) To require implementation of certain Medicaid revisions, reform systems, and program oversight, and to make an appropriation. The bill establishes the Joint Medicaid Oversight Committee comprised of five House and five Senate members to oversee the Department of Medicaid's implementation of

reforms in the Medicaid program. Policies and strategies are to encourage Medicaid recipients to become self-sufficient and to reduce the use of the Medicaid program.

HB 126 POWER OF ATTORNEY (Kunze & Stinziano) (Effective 03/20/2014) To allow a person who creates a durable power of attorney for health care to authorize the attorney in fact to obtain health information about the person, to make an individual who is designated as an alternate attorney in fact ineligible to witness the instrument that creates a durable power of attorney for health care, to permit the principal to nominate a guardian in a durable power of attorney for health care, and to establish a presumption that a valid living will declaration revokes all prior declarations.

SB 4 NEWBORN SCREENING (Manning & Oelslager) (Effective 09/27/2013) To require a pulse oximetry screening for each newborn born in a hospital or freestanding birthing center.

SB 9 (OPEN ENROLLMENT CHANGES) (Bacon) (Effective 09/4/2013)

S.B. 9 does the following:

- (1) Requires health insuring corporations to file any changes in a solicitation document with the Superintendent of Insurance 30 days prior to use for informational purposes. The Superintendent may disapprove any solicitation document or require that the document be amended if the Superintendent finds that the document fails to comply with the necessary requirements.
- (2) Suspends the operation of the following programs during the period beginning January 1, 2014, and expiring January 1, 2018: Ohio's Open Enrollment Program, Ohio's Health Reinsurance Program, and the option to convert certain health insurance contracts and policies.
- (3) Requires that if the applicable sections of the federal Patient Protection and Affordable Care Act of 2010, related to health insurance coverage, do not take effect January 1, 2014, or become ineffective prior to the expiration of the suspension on January 1, 2018, then the suspended sections in either their present form or as they are later amended, again become operational.

HB 3 INSURANCE AGENTS & NAVIGATORS (Sears) (Effective 07/30/2013)

To specify licensing and continuing education requirements for insurance agents involved in selling, soliciting, or negotiating sickness and accident insurance through a health benefit exchange; to specify training and certification requirements for navigators providing services in a health benefit exchange; and to make changes to copayments, cost sharing, and deductibles for health insuring corporations.

Recently Introduced Legislation

SB 364 (Cafaro) (Introduced 09/22/2014) which mandates a \$150 out-of-pocket cap per monthly supply for specialty drugs to treat rare diseases.

[SB 355](#) (Tavares & Turner) (Introduced 07/31/2014) and [HB 604](#) (Clyde) (Introduced 08/05/2014) **CONTRACEPTIVE COVERAGE** To require health insurers to provide coverage for contraceptive drugs and devices approved by the United States Food and Drug Administration and to prohibit employment discrimination under the Ohio Civil Rights Law on the basis of reproductive health decisions made by a person or a person's dependent or on the basis of the employer's personal beliefs about drugs, devices, and services related to reproductive health.

Active Pending Legislation (at time of summer recess)

[SB 258](#) **PHARMACY AUDITS** (Balderson) (Introduced 12/16/2013) To establish standards for the performance of pharmacy audits in Ohio and to authorize the continued use of certain analgesic controlled substances in the practice of optometry. The bill passed the Senate on March 25, 2014 and passed out of the House Health & Aging Committee on June 4, 2014.

[HB 511](#) **HEALTH INSURANCE** (Sears) (Introduced 4/1/2014) To clarify the status of volunteer firefighters for purposes of the ACA, and to make the following changes to Ohio law:

4. Increases from 25-30 hours the threshold to be considered a full-time employee to be eligible for employer health insurance in Ohio's small group market.
5. Decreases the dependent age for health insurance coverage from age 28 to age 26.
6. Extends the maximum length of a short-term health insurance policy from "no longer than 6 months" to "less than 12 months".

The bill passed the House on May 28, 2014 and has been referred to the Senate Insurance & Financial Institutions Committee.

[HB 394](#) **IMMUNIZATIONS** (Smith & Antonio) (Introduced 12/23/2013) Regarding the authority of pharmacists and pharmacy interns to administer immunizations. The bill passed the House on April 2, 2014 and has been referred to the Senate Medicaid, Health & Human Services Committee.

[SB 54](#) **MAMMOGRAMS** (Kearney) (Introduced 02/25/2013) To require a physician interpreting a mammogram who determines that the patient has dense breast tissue to specify this in the mammography report sent to the patient. The bill passed the Senate on May 28, 2014 and has been referred to the House Health & Aging Committee.

[SB 276](#) **INFANT SLEEP** (Jones & Tavares) (Introduced 02/12/2014) To require the Department of Health to establish the Safe Sleep Education Program, hospitals and freestanding birthing centers to implement an infant safe sleep screening policy, and certain persons and entities to adopt an internal infant safe sleep policy. The bill passed out of the Senate Medicaid, Health & Human Services Committee on May 28, 2014 and passed the Senate on June 3, 2014.

Infant Mortality related Legislation

[SB 277](#) INFANT MORTALITY (Jones & Tavares) (Introduced 02/12/2014) To create the Commission on Infant Mortality. The bill is pending in the Senate State Government & Oversight Reform Committee.

[SB 279](#) PRENATAL CARE (Jones & Tavares) (Introduced 02/12/2014) To require the Director of Health to establish and operate a prenatal group health care pilot program that is based on the centering pregnancy model of care and to make an appropriation. The bill is pending in the Senate Finance Committee.

[SB 280](#) INFANT MORTALITY (Jones & Tavares) (Introduced 02/12/2014) To require that case management services for postpartum care be included in the Medicaid managed care system, to require the Director of Health to award grants for community-based services that are not covered by Medicaid and are intended to reduce infant mortality rates among at-risk populations, and to make an appropriation. The bill is pending in the Senate Finance Committee.

Opiate related Legislation

[HB 369](#) MEDICAID COVERAGE (Sprague) (Introduced 12/3/2013) Relating to the administration, funding, and provision of mental health and addiction services The bill passed the House on April 9, 2014 and is pending in the Senate Finance Committee.

[HB 92](#) SYRINGE EXCHANGE (Antonio & Sears) (Introduced 3/5/2013) To authorize the establishment of syringe exchange programs. The bill passed the House on October 2, 2013 and is pending in the Senate Medicaid, Health & Human Services Committee.

[HB 332](#) PAIN MEDICATION (Wachtmann & Antonio) (Introduced 11/05/2013) To establish standards and procedures for opioid treatment of chronic, intractable pain resulting from non cancer conditions and to require that professional disciplinary action be taken for failing to comply with those standards and procedures. The bill received has received nine hearings in the House Health & Aging Committee's Opiate Addiction Treatment & Reform Subcommittee.

[HB 359](#) PRESCRIPTION DRUGS (Sprague) (Introduced 11/21/2013) To require disclosure of the addictive nature of certain prescription drugs. The bill has received seven hearings in the House Health & Aging Committee's Opiate Addiction Treatment & Reform Subcommittee.

[HB 378](#) OPIOID ADDICTION TREATMENTS (Smith & Sprague) (Introduced 12/5/2013) To prohibit a physician from prescribing or personally furnishing certain drugs to treat opioid dependence or addiction unless the patient is receiving appropriate behavioral counseling or treatment. The bill has received seven hearings in the House Health & Aging Committee's Opiate Addiction Treatment & Reform Subcommittee.

[HB 381](#) CONTROLLED SUBSTANCES (Sears) (Introduced 12/11/2013) To require a retail terminal distributor of dangerous drugs to verify identification when dispensing a controlled

substance or tramadol. The bill is pending in the House Health & Aging Committee.

[HB 363](#) **GOOD SAMARITAN** (Sprague, Driehaus) (Introduced 11/26/2013) To provide an immunity from arrest, prosecution, conviction, or supervised release sanctioning for a minor drug possession offense for a person who seeks or obtains medical assistance for self or another person who is experiencing a medical emergency as a result of ingesting drugs or alcohol or for a person who is experiencing such a medical emergency and for whom medical assistance is sought. The bill has been referred to the House Judiciary Committee.

[HB 367](#) **DRUG ABUSE PREVENTION** (Driehaus & Sprague) (Introduced 12/2/2103) To require the health curriculum of each school district to include instruction in prescription opioid abuse prevention. The bill passed the House on March 12, 2014 and has been referred to the Senate Education Committee.

Other Pending Legislation

[SB 330](#) **INSURER AUTHORIZATION** (Cafaro) (Introduced 4/15/2014) To amend the law related to the prior Authorization requirements of insurers and of the medical assistance programs administered by the Department of Medicaid. The bill has been referred to the Senate Insurance & Financial Institutions Committee.

[HB 320](#) **HEALTH CARE SERVICES** (Young) (Introduced 10/29/2013) To require the Department of Health to maintain information on its web site regarding free clinics, to designate December as "Free Clinic Appreciation Month," to modify the state's loan repayment programs for physicians and dentists who participate by providing care at free clinics, to create a volunteer's certificate for retired nurses, and to extend for a specified period qualified immunity from civil liability for certain volunteer health care services provided to individuals eligible for or receiving Medicaid. The bill passed the House on February 12, 2014 and has been referred to the Senate Finance Committee.

[SB 228](#) **CONTROLLING BOARD** (Widener) (Introduced 11/05/2013) To limit the Controlling Board's authority to approve the expenditure of certain funds and to require state agencies to provide certain information to the Controlling Board regarding requested purchases from out-of state suppliers. The bill passed out of the Senate on November 20, 2013 and is pending in the House State & Local Government Committee.

[HB 485](#) **MBR HUMAN SERVICES** (Smith & Johnson) (Introduced 3/18/2014) The bill passed the House on April 9, 2014 and is pending in the Senate Medicaid, Health & Human Services Committee. Numerous provisions contained in H.B. 483 relating to opioids have been included in H.B. 483 as enacted into law.

[HB 227](#) **HEALTH CARE COMPACT** (Retherford & Boose) (Introduced 6/27/2013) To enter into the Health Care Compact. The bill passed out of the House State & Local Government Committee on April 1, 2014.

[HB 361](#) **BRAIN INJURY COVERAGE** (Gonzales & Smith) (Introduced 11/26/2013) To prohibit health insurers from excluding coverage related to acquired brain injuries. The bill received is pending in the House Health & Aging Committee on February 19, 2014.

[HB 159](#) **DENTAL SERVICES** (Hackett & Schuring) (Introduced 05/07/2013) To prohibit a health insurer from establishing a fee schedule for dental providers for services that are not covered by any contract or participating provider agreement between the health insurer and the dental provider. The bill has received eight hearings in the House Insurance Committee.

[HB 384](#) **PHARMACIST IMMUNIZATIONS** (Antonio & Smith) (Introduced 12/10/2013) To decrease the minimum age of the patients for whom a pharmacist may administer certain immunizations. The bill is pending in the House Health & Aging Committee.

[SB 240](#) **PHARMACIST CONSULT PACTS** (Burke) (Introduced 11/18/13) To revise the laws governing pharmacist consult agreements and to authorize a pharmacist to prescribe and administer drugs under a consult agreement. The bill is pending in the Senate Medicaid, Health & Human Services Committee.

[SB 271](#) **DANGEROUS DRUGS** (Jones) (Introduced 02/04/2014) To require a retail terminal distributor of dangerous drugs to verify the prospective purchaser's identity when dispensing a controlled substance or tramadol. The bill is pending in the Senate Commerce & Labor Committee.

[HB 348](#) **COLLEGE HEALTH PLANS** (Henne & C. Hagan) (Introduced 11/14/2013) To prohibit state institutions of higher education from requiring students to be covered by a health insurance policy as a condition of enrollment or from automatically enrolling students in such policies or plans. The bill has received two hearings in the House Education Committee.

[HB 433](#) **MEDICAID DENTAL SERVICES** (Barnes) (Introduced 02/12/2014) Regarding Medicaid coverage of dental services for the eligibility expansion group authorized by the Patient Protection and Affordable Care Act. The bill has received sponsor testimony in the House Insurance Committee.

[HB 398](#) **HEALTH CARE** (Sears) (Introduced 12/23/2013) To create the Veterans and Medicaid Eligibility Study Committee and the Health Care Access and Innovation Study Committee. The bill has been referred to the House Health & Aging Committee.

[HB 353](#) **VETERANS HEALTH CARE** (Wachtmann) (Introduced 11/19/2013) To create the Ohio Veterans Health Care System. The bill received sponsor testimony in the House Health & Aging Committee on December 3, 2013.

[SB 145](#) & [HB 208](#) **MEDICAID** (Burke) & (Amstutz & Sykes) (Both Introduced 6/13/2013) To require the Medicaid Director to implement certain reforms to the Medicaid program, to require the Director of Job and Family Services to implement certain reforms to workforce development activities, to create the Joint Medicaid Oversight Committee to review proposed rules regarding the Medicaid and workforce development activity reforms, to require the Joint Medicaid

Oversight Committee to issue reports recommending certain changes to the Medicaid program, and to abolish the Joint Legislative Committee on Health Care Oversight and the Joint Legislative Committee on Medicaid Technology and Reform. S.B. 145 has received sponsor testimony in the Senate Finance Medicaid Subcommittee and H.B. 208 received its third hearing in the House Finance & Appropriations Committee on December 3, 2013.

[HB 351](#) **ABORTION** (Becker) (Introduced 11/13/2013) To prohibit insurers from offering coverage for abortion services. The bill has been referred to the House Insurance Committee.

[HB 316](#) **BEHAVIORAL HEALTH** (Wachtmann) (Introduced 10/24/2013) Regarding Medicaid-covered community behavioral health services. The bill has been referred to the House Health & Aging Committee and received sponsor testimony on November 6, 2013.

[HB 317](#) **MEDICAID** (Sears) (10/24/2013) Regarding reforms relating to Medicaid, fraud committed against the state, penalties for certain drug offenses committed against pregnant women, non-opiate medication for released inmates, prescription-related identification requirements, and education for individuals without a high school diploma. The bill is pending in the House Health & Aging Committee.

[SB 79](#) **VACCINATIONS** (Kearney) (Introduced 03/13/2013) To decrease the minimum age for which a pharmacist may administer certain vaccinations. The bill received its fourth hearing in the Senate Medicaid, Health & Human Services Committee on November 20, 2013.

[HB 258](#) **LICENSED SPECTACLE DISPENSING OPTICIANS** (Gonzales) (Introduced 9/4/2013) Authorizes a “licensed spectacle dispensing optician” to engage in both of the following:

- Dispensing of optical aides other than contact lenses
- Dispensing of contact lenses if the only action necessary is to match the description of the contact lenses that is on the packaging to a written prescription. The bill passed the Ohio House on November 6, 2013 and is pending in the Senate Medicaid, Health & Human Services Committee.

[HB 94](#) **HEALTH PLANS** (Gonzales) (Introduced 3/6/2013) To require a health insuring corporation, public employee benefit plan, or sickness and accident insurer to reimburse a board of health for any services provided to an individual by the board that is covered by a plan issued to the individual by the health insuring corporation, public employee benefit plan, or sickness and accident insurer upon request submitted by the board of health. The bill has received two hearings in the House Insurance Committee.

[SB 49](#) **PHYSICIAN DESIGNATIONS** (Patton) (Introduced 2/25/2013) To establish standards for physician designations by health care insurers. The bill has received two hearings in the Senate Insurance & Financial Institutions Committee.

[SB 117](#) **MEDICAID** (Smith) (Introduced 04/30/2013) To permit the Medicaid program to cover the eligibility expansion group authorized by the Patient Protection and Affordable Care Act and to make an appropriation. The bill has been referred to the Senate Finance Committee.

[SB 118](#) **TELEMEDICINE** (Tavares) (Introduced 04/30/2013) Regarding insurance and Medicaid coverage of telemedicine services. The bill has received sponsor testimony in the Senate Insurance Committee.

[HB 125](#) **MEDICAID EXPANSION** (Carney & Antonio) (Introduced 4/16/2013) To permit the Medicaid program to cover the eligibility expansion group authorized by the Patient Protection and Affordable Care Act and to make an appropriation. The bill has been referred to the House Finance & Appropriations Committee.

[SB 104](#) **HEALTH CARE** (Skindell) (Introduced 04/16/2013) To establish and operate the Ohio Health Care Plan to provide universal health care coverage to all Ohio residents. The bill has been referred to the Senate Medicaid, Health & Human Services Committee.

[SB 100](#) **PROMPT PAYMENT** (Tavares) (Introduced 04/09/2013) To specify that the Ohio prompt payment law applies to payment of claims by Medicaid managed care organizations. The bill has been referred to the Senate Insurance & Financial Institutions Committee.

[HB 60](#) **MATERNITY UNITS** (Huffman) (Introduced 2/12/2013) To require that rules governing maternity units, newborn care nurseries, and maternity homes include certain provisions pertaining to the authority to make decisions regarding the transfer of patients to other facilities and to specify procedures for granting variances or waivers of any requirement in the rules governing operation of such facilities. The bill has received three hearings in the House Health & Aging Committee.

[SB 39](#) **HPV VACCINE** (Brown & Schiavoni) (Introduced 2/12/2013) To require insurance providers to cover human papillomavirus screenings and vaccines. The bill has received one hearing Senate Insurance & Financial Institutions Committee.