

As Reported by the Senate Health Committee

134th General Assembly

Regular Session

2021-2022

Sub. H. B. No. 122

Representatives Fraizer, Holmes

Cosponsors: Representatives Carfagna, Hall, Seitz, Baldrige, Blackshear, Brown, Carruthers, Click, Crossman, Cutrona, Edwards, Galonski, Ghanbari, Gross, Hoops, Householder, Ingram, Jarrells, Jones, Koehler, Lanese, LaRe, Lightbody, Liston, McClain, Miller, A., Miranda, Pavliga, Plummer, Ray, Richardson, Roemer, Russo, Sheehy, Smith, K., Smith, M., Sobecki, Stein, Stephens, Swearingen, Sweeney, West, White, Wiggam, Young, B., Young, T., Speaker Cupp

Senators Huffman, S., Romanchuk, Johnson

A BILL

To amend sections 3902.30, 4723.94, 4731.251,	1
4731.252, 4731.253, 4731.2910, 4731.30, 4732.33,	2
and 5164.95; to amend, for the purpose of	3
adopting new section numbers as indicated in	4
parentheses, sections 4731.253 (4731.254) and	5
4731.2910 (4743.09); and to enact new section	6
4731.253 and sections 3319.2212, 3701.1310,	7
3721.60, 4715.438, 4725.35, 4729.285, 4730.60,	8
4731.741, 4734.60, 4753.20, 4755.90, 4757.50,	9
4758.80, 4759.20, 4761.30, 4778.30, 4783.20,	10
5119.368, and 5164.291 of the Revised Code, and	11
to amend Section 3 of S.B. 9 of the 130th	12
General Assembly, as subsequently amended, to	13
establish and modify requirements regarding the	14
provision of telehealth services, to establish a	15
provider credentialing program within the	16
Medicaid program, to revise the law governing	17
the State Medical Board's One-Bite Program, and	18

to extend the suspension of certain programs and 19
requirements under the state's insurance laws 20
until January 1, 2026. 21

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That sections 3902.30, 4723.94, 4731.251, 22
4731.252, 4731.253, 4731.2910, 4731.30, 4732.33, and 5164.95 be 23
amended; sections 4731.253 (4731.254) and 4731.2910 (4743.09) be 24
amended for the purpose of adopting new section numbers as 25
indicated in parentheses; new section 4731.253 and sections 26
3319.2212, 3701.1310, 3721.60, 4715.438, 4725.35, 4729.285, 27
4730.60, 4731.741, 4734.60, 4753.20, 4755.90, 4757.50, 4758.80, 28
4759.20, 4761.30, 4778.30, 4783.20, 5119.368, and 5164.291 of 29
the Revised Code be enacted to read as follows: 30

Sec. 3319.2212. A school psychologist licensed by the 31
department of education under rules adopted in accordance with 32
sections 3301.07 and 3319.22 of the Revised Code may provide 33
telehealth services in accordance with section 4743.09 of the 34
Revised Code. 35

Sec. 3701.1310. During any declared disaster, epidemic, 36
pandemic, public health emergency, or public safety emergency, 37
an individual with a developmental disability or any other 38
permanent disability who is in need of surgery or any other 39
health care procedure, any medical or other health care test, or 40
any clinical care visit shall be given the opportunity to have 41
at least one parent or legal guardian present if the presence of 42
the individual's parent or legal guardian is necessary to 43
alleviate any negative reaction that may be experienced by the 44

individual who is the patient. 45

The director of health may take any action necessary to 46
enforce this section. 47

Sec. 3721.60. (A) As used in this section, "long-term care 48
facility" means all of the following: 49

(1) A home, as defined in section 3721.10 of the Revised 50
Code; 51

(2) A residential facility licensed by the department of 52
mental health and addiction services under section 5119.34 of 53
the Revised Code; 54

(3) A residential facility licensed by the department of 55
developmental disabilities under section 5123.19 of the Revised 56
Code; 57

(4) A facility operated by a hospice care program licensed 58
by the department of health under Chapter 3712. of the Revised 59
Code that is used exclusively for care of hospice patients or 60
any other facility in which a hospice care program provides care 61
for hospice patients. 62

(B) During any declared disaster, epidemic, pandemic, 63
public health emergency, or public safety emergency, each long- 64
term care facility shall provide residents and their families 65
with a video-conference visitation option if the governor, the 66
director of health, other government official or entity, or the 67
long-term care facility determines that allowing in-person 68
visits at the facility would create a risk to the health of the 69
residents. 70

Sec. 3902.30. (A) As used in this section: 71

(1) "Cost sharing" means the cost to a covered individual 72

under a health benefit plan according to any coverage limit, 73
copayment, coinsurance, deductible, or other out-of-pocket 74
expense requirements imposed by the plan. 75

(2) "Health benefit plan," "health care services," and 76
"health plan issuer" have the same meanings as in section 77
3922.01 of the Revised Code. 78

~~(2)-(3) "Health care professional" means any of the~~ 79
~~following:~~ 80

~~(a) A physician licensed under Chapter 4731. of the~~ 81
~~Revised Code to practice medicine and surgery, osteopathic~~ 82
~~medicine and surgery, or podiatric medicine and surgery;~~ 83

~~(b) A physician assistant licensed under Chapter 4731. of~~ 84
~~the Revised Code;~~ 85

~~(c) An advanced practice registered nurse as defined in~~ 86
~~section 4723.01 of the Revised Code. has the same meaning as in~~ 87
~~section 4743.09 of the Revised Code.~~ 88

~~(3)-(4) "In-person health care services" means health care~~ 89
~~services delivered by a health care professional through the use~~ 90
~~of any communication method where the professional and patient~~ 91
~~are simultaneously present in the same geographic location.~~ 92

~~(4) "Recipient" means a patient receiving health care~~ 93
~~services or a health care professional with whom the provider of~~ 94
~~health care services is consulting regarding the patient.~~ 95

~~(5) "Telemedicine" "Telehealth services" means a mode of~~ 96
~~providing health care services through synchronous or~~ 97
~~asynchronous information and communication technology by a~~ 98
~~health care professional, within the professional's scope of~~ 99
~~practice, who is located at a site other than the site where the~~ 100

~~recipient is located~~has the same meaning as in section 4743.09 101
of the Revised Code. 102

(B) (1) A health benefit plan shall provide coverage for 103
~~telemedicine~~telehealth services on the same basis and to the 104
same extent that the plan provides coverage for the provision of 105
in-person health care services. 106

(2) A health benefit plan shall not exclude coverage for a 107
service solely because it is provided as a ~~telemedicine~~ 108
telehealth service. 109

(3) A health plan issuer shall reimburse a health care 110
professional for a telehealth service that is covered under a 111
patient's health benefit plan. Division (B) (3) of this section 112
shall not be construed to require a specific reimbursement 113
amount. 114

(C) A health benefit plan shall not impose any annual or 115
lifetime benefit maximum in relation to ~~telemedicine~~telehealth 116
services other than such a benefit maximum imposed on all 117
benefits offered under the plan. 118

~~(D) This~~ (D) (1) A health benefit plan shall not impose a 119
cost-sharing requirement for telehealth services that exceeds 120
the cost-sharing requirement for comparable in-person health 121
care services. 122

(2) (a) A health benefit plan shall not impose a cost- 123
sharing requirement for a communication when all of the 124
following apply: 125

(i) The communication was initiated by the health care 126
professional. 127

(ii) The patient consented to receive a telehealth service 128

from that provider on any prior occasion. 129

(iii) The communication is conducted for the purposes of 130
preventive health care services only. 131

(b) If a communication described in division (D) (2) (a) of 132
this section is coded based on time, then only the time the 133
health care professional spends engaged in the communication is 134
billable. 135

(E) This section shall not be construed as doing any of 136
the following: 137

~~(1) Prohibiting a health benefit plan from assessing cost-~~ 138
~~sharing requirements to a covered individual for telemedicine-~~ 139
~~services, provided that such cost-sharing requirements for~~ 140
~~telemedicine services are not greater than those for comparable~~ 141
~~in-person health care services;~~ 142

~~(2)~~ Requiring a health plan issuer to reimburse a health 143
care professional for any costs or fees associated with the 144
provision of ~~telemedicine~~ telehealth services that would be in 145
addition to or greater than the standard reimbursement for 146
comparable in-person health care services; 147

~~(3)-(2)~~ Requiring a health plan issuer to reimburse a 148
~~telemedicine~~ telehealth provider for ~~telemedicine~~ telehealth 149
services at the same rate as in-person services. 150

~~(E) This section applies to all health benefit plans-~~ 151
~~issued, offered, or renewed on or after January 1, 2021.;~~ 152

(3) Requiring a health plan issuer to provide coverage for 153
asynchronous communication that differs from the coverage 154
described in the applicable health benefit plan. 155

(F) The superintendent of insurance may adopt rules in 156

accordance with Chapter 119. of the Revised Code as necessary to 157
carry out the requirements of this section. Any such rules 158
adopted by the superintendent are not subject to the 159
requirements of division (F) of section 121.95 of the Revised 160
Code. 161

Sec. 4715.438. Nothing in H.B. 122 of the 134th general 162
assembly shall be interpreted as altering any law related to the 163
practice of dentistry or rule adopted by the state dental board 164
that is in effect on the effective date of this section. 165

Sec. 4723.94. ~~(A) As used in this section:~~ 166

~~(1) "Facility fee" means any fee charged or billed for~~ 167
~~telemedicine services provided in a facility that is intended to~~ 168
~~compensate the facility for its operational expenses and is~~ 169
~~separate and distinct from a professional fee.~~ 170

~~(2) "Health plan issuer" has the same meaning as in~~ 171
~~section 3922.01 of the Revised Code.~~ 172

~~(3) "Telemedicine services" has the same meaning as in~~ 173
~~section 3902.30 of the Revised Code.~~ 174

~~(B) An advanced practice registered nurse providing~~ 175
~~telemedicine may provide telehealth services shall not charge a~~ 176
~~facility fee, an origination fee, or any fee associated with the~~ 177
~~cost of the equipment used to provide telemedicine services to a~~ 178
~~health plan issuer covering telemedicine services under in~~ 179
accordance with section 3902.30-4743.09 of the Revised Code. 180

Sec. 4725.35. An optometrist who holds a therapeutic 181
pharmaceutical agents certificate issued under this chapter may 182
provide telehealth services in accordance with section 4743.09 183
of the Revised Code. 184

Sec. 4729.285. A pharmacist may provide telehealth 185
services in accordance with section 4743.09 of the Revised Code, 186
except that in the case of dispensing a dangerous drug, a 187
pharmacist shall not use telehealth mechanisms or other virtual 188
means to perform any of the actions involved in dispensing the 189
dangerous drug unless the action is authorized by the state 190
board of pharmacy through rules it adopts under this chapter or 191
section 4743.09 of the Revised Code. 192

Sec. 4730.60. A physician assistant may provide telehealth 193
services in accordance with section 4743.09 of the Revised Code. 194

Sec. 4731.251. (A) As used in this section and in sections 195
4731.252 and 4731.253 to 4731.254 of the Revised Code: 196

(1) "Applicant" means an individual who has applied under 197
Chapter 4730., 4731., 4759., 4760., 4761., 4762., 4774., or 198
4778. of the Revised Code for a license, training or other 199
certificate, limited permit, or other authority to practice as 200
any one of the following practitioners: a physician assistant, 201
physician, podiatrist, limited branch of medicine practitioner, 202
dietitian, anesthesiologist assistant, respiratory care 203
professional, acupuncturist, radiologist assistant, or genetic 204
counselor. "Applicant" may include an individual who has been 205
granted authority by the state medical board to practice as one 206
type of practitioner, but has applied for authority to practice 207
as another type of practitioner. 208

(2) "Impaired" or "impairment" has the same meaning as in 209
division (B) (5) of section 4730.25, division (B) (26) of section 210
4731.22, division (A) (18) of section 4759.07, division (B) (6) of 211
section 4760.13, division (A) (18) of section 4761.09, division 212
(B) (6) of section 4762.13, division (B) (6) of section 4774.13, 213
or division (B) (6) of section 4778.14 of the Revised Code. 214

(2) (3) "Practitioner" means any of the following:	215
(a) An individual authorized under this chapter to	216
practice medicine and surgery, osteopathic medicine and surgery,	217
podiatric medicine and surgery, or a limited branch of medicine;	218
(b) An individual licensed under Chapter 4730. of the	219
Revised Code to practice as a physician assistant;	220
(c) An individual authorized under Chapter 4759. of the	221
Revised Code to practice as a dietitian;	222
(d) An individual authorized under Chapter 4760. of the	223
Revised Code to practice as an anesthesiologist assistant;	224
(e) An individual authorized under Chapter 4761. of the	225
Revised Code to practice respiratory care;	226
(f) An individual authorized under Chapter 4762. of the	227
Revised Code to practice as an acupuncturist or oriental	228
medicine practitioner;	229
(g) An individual authorized under Chapter 4774. of the	230
Revised Code to practice as a radiologist assistant;	231
(h) An individual licensed under Chapter 4778. of the	232
Revised Code to practice as a genetic counselor.	233
(B) The state medical board shall establish a confidential	234
program for <u>the treatment of impaired practitioners and</u>	235
<u>applicants</u> , which shall be known as the one-bite program. The	236
board shall contract with one organization to conduct the	237
program and perform monitoring services.	238
To be qualified to contract with the board under this	239
section, an organization must meet all of the following	240
requirements:	241

(1) Be sponsored by one or more professional associations	242
or societies of practitioners;	243
(2) Be organized as a not-for-profit entity and exempt	244
from federal income taxation under subsection 501(c)(3) of the	245
Internal Revenue Code;	246
(3) Contract with or employ to serve as the organization's	247
medical director an individual who is authorized under this	248
chapter to practice medicine and surgery or osteopathic medicine	249
and surgery and specializes or has training and expertise in	250
addiction medicine;	251
(4) Contract with or employ one or more of the following	252
as necessary for the organization's operation:	253
(a) An individual licensed under Chapter 4758. of the	254
Revised Code as an independent chemical dependency counselor-	255
clinical supervisor, independent chemical dependency counselor,	256
chemical dependency counselor III, or chemical dependency	257
counselor II;	258
(b) An individual licensed under Chapter 4757. of the	259
Revised Code as an independent social worker, social worker,	260
licensed professional clinical counselor, or licensed	261
professional counselor;	262
(c) An individual licensed under Chapter 4732. of the	263
Revised Code as a psychologist.	264
(C) The monitoring organization shall do all of the	265
following pursuant to the contract:	266
(1) Receive any report of suspected <u>practitioner</u>	267
impairment, including a report made under division (B)(2) of	268
section 4730.32, division (B)(2) of section 4731.224, section	269

4759.13, division (B) (2) of section 4760.16, section 4761.19, 270
division (B) (2) of section 4762.16, division (B) (2) of section 271
4774.16, or section 4778.17 of the Revised Code; 272

(2) Notify a practitioner who is the subject of a report 273
received under division (C) (1) of this section that the report 274
has been made and that the practitioner may be eligible to 275
participate in the program conducted under this section; 276

(3) Receive from the board a referral regarding an 277
applicant, as described in section 4731.253 of the Revised Code; 278

(4) Evaluate the records of an applicant who is the 279
subject of a referral received under division (C) (3) of this 280
section, in particular records from another jurisdiction 281
regarding the applicant's prior treatment for impairment or 282
current monitoring; 283

(5) Determine whether a practitioner reported or applicant 284
referred to the monitoring organization is eligible to 285
participate in the program and notify the practitioner or 286
applicant of the determination; 287

~~(4)~~ (6) In the case of a practitioner reported by a 288
treatment provider, notify the treatment provider of the 289
eligibility determination; 290

~~(5)~~ (7) Report to the board any practitioner or applicant 291
who is determined ~~ineligible~~ to participate in the program; 292

~~(6)~~ (8) Refer an eligible practitioner who chooses to 293
participate in the program for evaluation by a treatment 294
provider approved by the board under section 4731.25 of the 295
Revised Code, unless the report received by the monitoring 296
organization was made by an approved treatment provider and the 297
practitioner has already been evaluated by the treatment 298

provider; 299

~~(7)~~ (9) Monitor the evaluation of an eligible 300
practitioner; 301

~~(8)~~ (10) Refer an eligible practitioner who chooses to 302
participate in the program to a treatment provider approved by 303
the board under section 4731.25 of the Revised Code; 304

~~(9)~~ (11) Establish, in consultation with the treatment 305
provider to which a practitioner is referred, the terms and 306
conditions with which the practitioner must comply for continued 307
participation in and successful completion of the program; 308

~~(10)~~ (12) Report to the board any practitioner who does 309
not complete evaluation or treatment or does not comply with any 310
of the terms and conditions established by the monitoring 311
organization and the treatment provider; 312

~~(11)~~ (13) Perform any other activities specified in the 313
contract with the board or that the monitoring organization 314
considers necessary to comply with this section and sections 315
4731.252 ~~and 4731.253~~ to 4731.254 of the Revised Code. 316

(D) The monitoring organization shall not disclose to the 317
board the name of a practitioner or applicant or any records 318
relating to a practitioner or applicant, unless any of the 319
following occurs: 320

(1) The practitioner or applicant is determined to be 321
ineligible to participate in the program. 322

(2) The practitioner or applicant requests the disclosure. 323

(3) The practitioner or applicant is unwilling or unable 324
to complete or comply with any part of the program, including 325
evaluation, treatment, or monitoring. 326

(4) The practitioner or applicant presents an imminent 327
danger to the public or to the practitioner, as a result of the 328
practitioner's or applicant's impairment. 329

(5) The practitioner has relapsed or the practitioner's 330
impairment has not been substantially alleviated by 331
participation in the program. 332

(E) (1) The monitoring organization shall develop 333
procedures governing each of the following: 334

(a) Receiving reports of practitioner impairment; 335

(b) Notifying practitioners of reports and eligibility 336
determinations; 337

(c) Receiving applicant referrals as described in section 338
4731.253 of the Revised Code; 339

(d) Evaluating records of referred applicants, in 340
particular records from other jurisdictions regarding prior 341
treatment for impairment or continued monitoring; 342

(e) Notifying applicants of eligibility determinations; 343

(f) Referring eligible practitioners for evaluation or 344
treatment; 345

~~(d)-(g)~~ Establishing individualized treatment plans for 346
eligible practitioners, as recommended by treatment providers; 347

~~(e)-(h)~~ Establishing individualized terms and conditions 348
with which eligible practitioners or applicants must comply for 349
continued participation in and successful completion of the 350
program. 351

(2) The monitoring organization, in consultation with the 352
board, shall develop procedures governing each of the following: 353

(a) Providing reports to the board on a periodic basis on 354
the total number of practitioners or applicants participating in 355
the program, without disclosing the names or records of any 356
program participants other than those about whom reports are 357
required by this section; 358

(b) Reporting to the board any practitioner or applicant 359
who due to impairment presents an imminent danger to the public 360
or to the practitioner or applicant; 361

(c) Reporting to the board any practitioner or applicant 362
who is unwilling or unable to complete or comply with any part 363
of the program, including evaluation, treatment, or monitoring; 364

(d) Reporting to the board any practitioner or applicant 365
whose impairment was not substantially alleviated by 366
participation in the program or who has relapsed. 367

(F) The board may adopt any rules it considers necessary 368
to implement this section and sections 4731.252 ~~and 4731.253~~ to 369
4731.254 of the Revised Code, including rules regarding the 370
monitoring organization and treatment providers that provide 371
treatment to practitioners referred by the monitoring 372
organization. Any such rules shall be adopted in accordance with 373
Chapter 119. of the Revised Code. 374

Sec. 4731.252. (A) A practitioner is eligible to 375
participate in the program established under section 4731.251 of 376
the Revised Code if all of the following are the case: 377

(1) The practitioner is impaired. 378

(2) The practitioner has not participated previously in 379
the program. 380

(3) Unless the state medical board has referred the 381

practitioner to the program, the practitioner has not been 382
sanctioned previously by the board ~~under division (B) (5) of~~ 383
~~section 4730.25, division (B) (26) of section 4731.22, division~~ 384
~~(A) (18) of section 4759.07, division (B) (6) of section 4760.13,~~ 385
~~division (A) (18) of section 4761.09, division (B) (6) of section~~ 386
~~4762.13, division (B) (6) of section 4774.13, or division (B) (6)~~ 387
~~of section 4778.14 of the Revised Code~~for impairment. 388

(B) All of the following apply to a practitioner who 389
participates in the program: 390

(1) The practitioner must comply with all terms and 391
conditions for continued participation in and successful 392
completion of the program. 393

(2) On acceptance into the program, the practitioner must 394
suspend practice until after the later of the following: 395

(a) The date the treatment provider determines that the 396
practitioner is no longer impaired and is able to practice 397
according to acceptable and prevailing standards of care; 398

(b) The end of a period specified by the treatment 399
provider, which shall be not less than thirty days. 400

(3) The practitioner is responsible for all costs 401
associated with participation. 402

(4) The practitioner is deemed to have waived any right to 403
confidentiality that would prevent the monitoring organization 404
conducting the program or a treatment provider from making 405
reports required by section 4731.251 of the Revised Code. 406

Sec. 4731.253. (A) Subject to division (B) of this 407
section, the state medical board shall not limit or suspend a 408
license, certificate, or limited permit, refuse to issue a 409

license, certificate, or limited permit, or reprimand or place 410
on probation an applicant solely on the grounds of impairment 411
occurring prior to the applicant seeking authority to practice 412
in this state. 413

(B) (1) An applicant who was authorized to practice in 414
another jurisdiction before seeking authority to practice in 415
this state is not subject to disciplinary action, as provided by 416
division (A) of this section, and is eligible to participate in 417
the program established under section 4731.251 of the Revised 418
Code, only if all of the following are the case: 419

(a) As part of the process of applying for authority to 420
practice in this state, the applicant disclosed to the board 421
impairment that occurred while practicing in the other 422
jurisdiction. 423

(b) The applicant does all of the following: 424

(i) Participates currently in a confidential treatment and 425
monitoring program for impairment in the other jurisdiction; 426

(ii) Agrees to provide to the board or monitoring 427
organization documentation of the applicant's current 428
participation; 429

(iii) Waives any right to confidentiality that would 430
prevent the board or monitoring organization from sharing that 431
documentation with each other. 432

(c) The applicant remains in good standing with the other 433
jurisdiction's licensing authority and confidential treatment 434
and monitoring program. 435

(d) The applicant has not participated previously in the 436
program established under section 4731.251 of the Revised Code 437

and certifies a willingness to participate in this program. 438

(e) The applicant has not been sanctioned previously by 439
the board for impairment. 440

(2) An applicant who was not authorized to practice in any 441
jurisdiction before seeking authority to practice in this state 442
is not subject to disciplinary action, as provided by division 443
(A) of this section, and is eligible to participate in the 444
program established under section 4731.251 of the Revised Code, 445
only if all of the following are the case: 446

(a) As part of the process of applying for authority to 447
practice in this state, the applicant disclosed to the board 448
impairment that occurred before applying for authority to 449
practice. 450

(b) For the impairment disclosed to the board, the 451
applicant meets all of the following: 452

(i) Participated in and successfully completed a treatment 453
program and any terms of aftercare; 454

(ii) Agrees to provide to the board or monitoring 455
organization documentation of the applicant's participation and 456
successful completion; 457

(iii) Waives any right to confidentiality that would 458
prevent the board or monitoring organization from sharing that 459
documentation with each other. 460

(c) The applicant has not participated previously in the 461
program established under section 4731.251 of the Revised Code 462
and certifies a willingness to participate in this program. 463

(d) The applicant has not been sanctioned previously by 464
the board for impairment. 465

(C) The monitoring organization shall evaluate the 466
applicant's treatment and monitoring records and promptly notify 467
the board if the records do not meet the monitoring 468
organization's eligibility standards for the program established 469
under section 4731.251 of the Revised Code. 470

(D) If the board grants an applicant described in this 471
section a license, certificate, or limited permit to practice in 472
this state, the board shall refer the practitioner to the 473
monitoring organization conducting the program established under 474
section 4731.251 of the Revised Code. 475

(E) Upon the board's referral to the monitoring 476
organization, all of the following apply: 477

(1) The practitioner shall enter into a monitoring 478
agreement with the monitoring organization conducting the 479
program established under section 4731.251 of the Revised Code. 480

(2) Based on an evaluation of the practitioner's prior 481
treatment or monitoring, the monitoring organization shall 482
determine the length and terms of the practitioner's monitoring 483
agreement. 484

(3) The practitioner shall comply with all terms and 485
conditions for continued participation in and successful 486
completion of the program. 487

(4) The practitioner shall be responsible for all costs 488
associated with participation in the program. 489

(5) The practitioner shall be deemed to have waived any 490
right to confidentiality that would prevent the monitoring 491
organization conducting the program from making reports required 492
by section 4731.251 of the Revised Code. 493

Sec. ~~4731.253~~ 4731.254. In the absence of fraud or bad 494
faith, no monitoring organization that conducts a program 495
established under section 4731.251 of the Revised Code and no 496
agent, employee, member, or representative of such organization 497
shall be liable in damages in a civil action or subject to 498
criminal prosecution for performing any of the duties required 499
by that section, the contract with the state medical board, or 500
section 4731.252 or 4731.253 of the Revised Code. 501

Sec. 4731.30. (A) As used in this section and sections 502
4731.301 and 4731.302 of the Revised Code, "medical marijuana," 503
"drug database," "physician," and "qualifying medical condition" 504
have the same meanings as in section 3796.01 of the Revised 505
Code. 506

(B) (1) Except as provided in division (B) (4) of this 507
section, a physician seeking to recommend treatment with medical 508
marijuana shall apply to the state medical board for a 509
certificate to recommend. An application shall be submitted in 510
the manner established in rules adopted under section 4731.301 511
of the Revised Code. 512

(2) The board shall grant a certificate to recommend if 513
both of the following conditions are met: 514

(a) The application is complete and meets the requirements 515
established in rules. 516

(b) The applicant demonstrates that the applicant does not 517
have an ownership or investment interest in or compensation 518
arrangement with an entity licensed under Chapter 3796. of the 519
Revised Code or an applicant for licensure. 520

(3) A certificate to recommend expires according to the 521
renewal schedule established in rules adopted under section 522

4731.301 of the Revised Code and may be renewed in accordance 523
with the procedures established in those rules. 524

(4) This section does not apply to a physician who 525
recommends treatment with marijuana or a drug derived from 526
marijuana under any of the following that is approved by an 527
investigational review board or equivalent entity, the United 528
States food and drug administration, or the national institutes 529
of health or one of its cooperative groups or centers under the 530
United States department of health and human services: 531

(a) A research protocol; 532

(b) A clinical trial; 533

(c) An investigational new drug application; 534

(d) An expanded access submission. 535

(C) (1) A physician who holds a certificate to recommend 536
may recommend that a patient be treated with medical marijuana 537
if all of the following conditions are met: 538

(a) The patient has been diagnosed with a qualifying 539
medical condition; 540

(b) A bona fide physician-patient relationship has been 541
established through all of the following: 542

(i) An ~~in-person physical~~ examination of the patient by 543
the physician either in person or through the use of telehealth 544
services in accordance with section 4743.09 of the Revised Code; 545

(ii) A review of the patient's medical history by the 546
physician; 547

(iii) An expectation of providing care and receiving care 548
on an ongoing basis. 549

(c) The physician has requested, or a physician delegate 550
approved by the state board of pharmacy has requested, from the 551
drug database a report of information related to the patient 552
that covers at least the twelve months immediately preceding the 553
date of the report, and the physician has reviewed the report. 554

(2) In the case of a patient who is a minor, the physician 555
may recommend treatment with medical marijuana only after 556
obtaining the consent of the patient's parent or other person 557
responsible for providing consent to treatment. 558

(D) (1) When issuing a written recommendation to a patient, 559
the physician shall specify any information required in rules 560
adopted by the board under section 4731.301 of the Revised Code. 561

(2) A written recommendation issued to a patient under 562
this section is valid for a period of not more than ninety days. 563
The physician may renew the recommendation for not more than 564
three additional periods of not more than ninety days each. 565
Thereafter, the physician may issue another recommendation to 566
the patient only upon ~~a physical~~ an examination of the patient 567
as described in division (C) (1) (b) (i) of this section. 568

(E) Annually, the physician shall submit to the state 569
medical board a report that describes the physician's 570
observations regarding the effectiveness of medical marijuana in 571
treating the physician's patients during the year covered by the 572
report. When submitting reports, a physician shall not include 573
any information that identifies or would tend to identify any 574
specific patient. 575

(F) Each physician who holds a certificate to recommend 576
shall complete annually at least two hours of continuing medical 577
education in medical marijuana approved by the state medical 578

board. 579

(G) A physician shall not do any of the following: 580

(1) Personally furnish or otherwise dispense medical 581
marijuana; 582

(2) Issue a recommendation for a family member or the 583
physician's self. 584

(H) A physician is immune from civil liability, is not 585
subject to professional disciplinary action by the state medical 586
board or state board of pharmacy, and is not subject to criminal 587
prosecution for any of the following actions: 588

(1) Advising a patient, patient representative, or 589
caregiver about the benefits and risks of medical marijuana to 590
treat a qualifying medical condition; 591

(2) Recommending that a patient use medical marijuana to 592
treat or alleviate the condition; 593

(3) Monitoring a patient's treatment with medical 594
marijuana. 595

Sec. 4731.741. A physician may provide telehealth services 596
in accordance with sections 4743.09 of the Revised Code. 597

Sec. 4732.33. (A) The state board of psychology shall 598
adopt rules governing the use of telepsychology for the purpose 599
of protecting the welfare of recipients of telepsychology 600
services and establishing requirements for the responsible use 601
of telepsychology in the practice of psychology and school 602
psychology, including supervision of persons registered with the 603
state board of psychology as described in division (B) of 604
section 4732.22 of the Revised Code. The rules adopted by the 605
board shall be consistent with section 4743.09 of the Revised 606

Code. The rules are not subject to the requirements of division 607
(F) of section 121.95 of the Revised Code. 608

(B) A psychologist or school psychologist may provide 609
telehealth services in accordance with section 4743.09 of the 610
Revised Code. 611

Sec. 4734.60. A chiropractor may provide telehealth 612
services in accordance with section 4743.09 of the Revised Code. 613

Sec. ~~4731.2910~~ 4743.09. (A) As used in this section: 614

(1) "Durable medical equipment" means a type of equipment, 615
such as a remote monitoring device utilized by a physician, 616
physician assistant, or advanced practice registered nurse in 617
accordance with this section, that can withstand repeated use, 618
is primarily and customarily used to serve a medical purpose, 619
and generally is not useful to a person in the absence of 620
illness or injury and, in addition, includes repair and 621
replacement parts for the equipment. 622

(2) "Facility fee" has the same meaning as in section 623
4723.94 of the Revised Code means any fee charged or billed for 624
telehealth services provided in a facility that is intended to 625
compensate the facility for its operational expenses and is 626
separate and distinct from a professional fee. 627

~~(2)~~ (3) "Health care professional" means: 628

(a) An advanced practice registered nurse, as defined in 629
section 4723.01 of the Revised Code; 630

(b) An optometrist licensed under Chapter 4725. of the 631
Revised Code to practice optometry under a therapeutic 632
pharmaceutical agents certificate; 633

(c) A pharmacist licensed under Chapter 4729. of the 634

Revised Code; 635

(d) A physician assistant licensed under Chapter 4730. of 636
the Revised Code; 637

(e) A physician licensed under ~~this chapter~~ Chapter 4731. 638
of the Revised Code to practice medicine and surgery, 639
osteopathic medicine and surgery, or podiatric medicine and 640
surgery; 641

~~(b) A physician assistant licensed under Chapter 4730.~~ 642

(f) A psychologist or school psychologist licensed under 643
Chapter 4732. of the Revised Code or under rules adopted in 644
accordance with sections 3301.07 and 3319.22 of the Revised 645
Code; 646

(g) A chiropractor licensed under Chapter 4734. of the 647
Revised Code; 648

(h) An audiologist or speech-language pathologist licensed 649
under Chapter 4753. of the Revised Code; 650

(i) An occupational therapist or physical therapist 651
licensed under Chapter 4755. of the Revised Code; 652

(j) An occupational therapy assistant or physical 653
therapist assistant licensed under Chapter 4755. of the Revised 654
Code; 655

(k) A professional clinical counselor, independent social 656
worker, or independent marriage and family therapist licensed 657
under Chapter 4757. of the Revised Code; 658

(l) An independent chemical dependency counselor licensed 659
under Chapter 4758. of the Revised Code; 660

(m) A dietitian licensed under Chapter 4759. of the 661

Revised Code; 662

(n) A respiratory care professional licensed under Chapter 663
4761. of the Revised Code; 664

(o) A genetic counselor licensed under Chapter 4778. of 665
the Revised Code; 666

(p) A certified Ohio behavior analyst certified under 667
Chapter 4783. of the Revised Code. 668

~~(3)~~-(4) "Health care professional licensing board" means 669
any of the following: 670

(a) The board of nursing; 671

(b) The state vision professionals board; 672

(c) The state board of pharmacy; 673

(d) The state medical board; 674

(e) The state board of psychology; 675

(f) The state board of education with respect to the 676
licensure of school psychologists; 677

(g) The state chiropractic board; 678

(h) The state speech and hearing professionals board; 679

(i) The Ohio occupational therapy, physical therapy, and 680
athletic trainers board; 681

(j) The counselor, social worker, and marriage and family 682
therapist board; 683

(k) The chemical dependency professionals board. 684

(5) "Health plan issuer" has the same meaning as in 685
section 3922.01 of the Revised Code. 686

~~(4)-(6) "Telemedicine-Telehealth services" has the same~~ 687
~~meaning as in section 3902.30 of the Revised Code means health~~ 688
~~care services provided through the use of information and~~ 689
~~communication technology by a health care professional, within~~ 690
~~the professional's scope of practice, who is located at a site~~ 691
~~other than the site where either of the following is located:~~ 692

(a) The patient receiving the services; 693

(b) Another health care professional with whom the 694
provider of the services is consulting regarding the patient. 695

(B)(1) Each health care professional licensing board shall 696
permit a health care professional under its jurisdiction to 697
provide the professional's services as telehealth services in 698
accordance with this section. Subject to division (B)(2) of this 699
section, a board may adopt any rules it considers necessary to 700
implement this section. All rules adopted under this section 701
shall be adopted in accordance with Chapter 119. of the Revised 702
Code. Any such rules adopted by a board are not subject to the 703
requirements of division (F) of section 121.95 of the Revised 704
Code. 705

(2)(a) Except as provided in division (B)(2)(b) of this 706
section, the rules adopted by a health care professional 707
licensing board under this section shall establish a standard of 708
care for telehealth services that is equal to the standard of 709
care for in-person services. 710

(b) Subject to division (B)(2)(c) of this section, a board 711
may require an initial in-person visit prior to prescribing a 712
schedule II controlled substance to a new patient, equivalent to 713
applicable state and federal requirements. 714

(c)(i) A board shall not require an initial in-person 715

visit for a new patient whose medical record indicates that the 716
patient is receiving hospice or palliative care, who is 717
receiving medication-assisted treatment or any other medication 718
for opioid-use disorder, who is a patient with a mental health 719
condition, or who, as determined by the clinical judgment of a 720
health care professional, is in an emergency situation. 721

(ii) Notwithstanding division (B) of section 3796.01 of 722
the Revised Code, medical marijuana shall not be considered a 723
schedule II controlled substance. 724

(C) With respect to the provision of telehealth services, 725
all of the following apply: 726

(1) A health care professional may use synchronous or 727
asynchronous technology to provide telehealth services to a 728
patient during an initial visit if the appropriate standard of 729
care for an initial visit is satisfied. 730

(2) A health care professional may deny a patient 731
telehealth services and, instead, require the patient to undergo 732
an in-person visit. 733

(3) When providing telehealth services in accordance with 734
this section, a health care professional shall comply with all 735
requirements under state and federal law regarding the 736
protection of patient information. A health care professional 737
shall ensure that any username or password information and any 738
electronic communications between the professional and a patient 739
are securely transmitted and stored. 740

(4) A health care professional may use synchronous or 741
asynchronous technology to provide telehealth services to a 742
patient during an annual visit if the appropriate standard of 743
care for an annual visit is satisfied. 744

(5) In the case of a health care professional who is a 745
physician, physician assistant, or advanced practice registered 746
nurse, both of the following apply: 747

(a) The professional may provide telehealth services to a 748
patient located outside of this state if permitted by the laws 749
of the state in which the patient is located. 750

(b) The professional may provide telehealth services 751
through the use of medical devices that enable remote 752
monitoring, including such activities as monitoring a patient's 753
blood pressure, heart rate, or glucose level. 754

(D) When a patient has consented to receiving telehealth 755
services, the health care professional who provides those 756
services is not liable in damages under any claim made on the 757
basis that the services do not meet the same standard of care 758
that would apply if the services were provided in-person. 759

(E) (1) A health care professional providing ~~telemedicine-~~ 760
telehealth services shall not charge a patient or a health plan 761
issuer covering telehealth services under section 3902.30 of the 762
Revised Code any of the following: a facility fee, an 763
origination fee, or any fee associated with the cost of the 764
equipment used at the provider site to provide ~~telemedicine-~~ 765
telehealth services to a health plan issuer covering 766
~~telemedicine services under section 3902.30 of the Revised Code.~~ 767

A health care professional providing telehealth services 768
may charge a health plan issuer for durable medical equipment 769
used at a patient or client site. 770

(2) A health care professional may negotiate with a health 771
plan issuer to establish a reimbursement rate for fees 772
associated with the administrative costs incurred in providing 773

telehealth services as long as a patient is not responsible for 774
any portion of the fee. 775

(3) A health care professional providing telehealth 776
services shall obtain a patient's consent before billing for the 777
cost of providing the services, but the requirement to do so 778
applies only once. 779

(F) Nothing in this section limits or otherwise affects 780
any other provision of the Revised Code that requires a health 781
care professional who is not a physician to practice under the 782
supervision of, in collaboration with, in consultation with, or 783
pursuant to the referral of another health care professional. 784

(G) It is the intent of the general assembly, through the 785
amendments to this section, to expand access to and investment 786
in telehealth services in this state in congruence with the 787
expansion and investment in telehealth services made during the 788
COVID-19 pandemic. 789

Sec. 4753.20. An audiologist or speech-language 790
pathologist may provide telehealth services in accordance with 791
section 4743.09 of the Revised Code. 792

Sec. 4755.90. An occupational therapist or physical 793
therapist may provide telehealth services in accordance with 794
section 4743.09 of the Revised Code. 795

An occupational therapy assistant or physical therapist 796
assistant may provide telehealth services in accordance with 797
section 4743.09 of the Revised Code. 798

Sec. 4757.50. A professional clinical counselor, 799
independent social worker, or independent marriage and family 800
therapist may provide telehealth services in accordance with 801
section 4743.09 of the Revised Code. 802

Sec. 4758.80. An independent chemical dependency counselor 803
may provide telehealth services in accordance with section 804
4743.09 of the Revised Code. 805

Sec. 4759.20. A dietitian may provide telehealth services 806
in accordance with section 4743.09 of the Revised Code. 807

Sec. 4761.30. A respiratory care professional may provide 808
telehealth services in accordance with section 4743.09 of the 809
Revised Code. 810

Sec. 4778.30. A genetic counselor may provide telehealth 811
services in accordance with section 4743.09 of the Revised Code. 812

Sec. 4783.20. A certified Ohio behavior analyst may 813
provide telehealth services in accordance with section 4743.09 814
of the Revised Code. 815

Sec. 5119.368. (A) As used in this section, "telehealth 816
services" has the same meaning as in section 4743.09 of the 817
Revised Code. 818

(B) Each community mental health services provider and 819
community addiction services provider shall establish written 820
policies and procedures describing how the provider will ensure 821
that staff persons assisting clients with receiving telehealth 822
services or providing telehealth services are fully trained in 823
using equipment necessary for providing the services. 824

(C) Prior to providing telehealth services to a client, a 825
provider shall describe to the client the potential risks 826
associated with receiving treatment through telehealth services 827
and shall document that the client was provided with the risks 828
and agreed to assume those risks. The risks communicated to a 829
client shall address the following: 830

(1) Clinical aspects of receiving treatment through 831
telehealth services; 832

(2) Security considerations when receiving treatment 833
through telehealth services; 834

(3) Confidentiality for individual and group counseling. 835

(D) It is the responsibility of the provider, to the 836
extent possible, to ensure contractually that any entity or 837
individuals involved in the transmission of information through 838
telehealth mechanisms guarantee that the confidentiality of the 839
information is protected. 840

(E) Every provider shall have a contingency plan for 841
providing telehealth services to clients in the event that 842
technical problems occur during the provision of those services. 843

(F) Providers shall maintain, at a minimum, the following 844
information pertaining to local resources: 845

(1) The local suicide prevention telephone hotline, if 846
available, or the national suicide prevention telephone hotline. 847

(2) Contact information for the local police and fire 848
departments. 849

The provider shall provide the client written information 850
on how to access assistance in a crisis, including one caused by 851
equipment malfunction or failure. 852

(G) It is the responsibility of the provider to ensure 853
that equipment meets standards sufficient to do the following: 854

(1) To the extent possible, ensure confidentiality of 855
communication; 856

(2) Provide for interactive communication between the 857

provider and the client; 858

(3) When providing telehealth services using synchronous 859
technology, ensure that video or audio are sufficient to enable 860
real-time interaction between the client and the provider and to 861
ensure the quality of the service provided. 862

(H) A mental health facility or unit that is serving as a 863
client site shall be maintained in such a manner that 864
appropriate staff persons are on hand at the facility or unit in 865
the event of a malfunction with the equipment used to provide 866
telehealth services. 867

(I) (1) All telehealth services provided by interactive 868
videoconferencing shall meet both of the following conditions: 869

(a) Begin with the verification of the client through a 870
name and password or personal identification number when 871
treatment services are being provided; 872

(b) Be provided in accordance with state and federal law. 873

(2) When providing telehealth services in accordance with 874
this section, a provider shall comply with all requirements 875
under state and federal law regarding the protection of patient 876
information. Each provider shall ensure that any username or 877
password information and any electronic communications between 878
the provider and a client are securely transmitted and stored. 879

(J) The department of mental health and addiction services 880
may adopt rules as it considers necessary to implement this 881
section. The rules shall be adopted in accordance with Chapter 882
119. of the Revised Code. Any such rules adopted by the 883
department are not subject to the requirements of division (F) 884
of section 121.95 of the Revised Code. 885

Sec. 5164.291. The department of medicaid shall establish 886
a credentialing program that includes a credentialing committee 887
to review the competence, professional conduct, and quality of 888
care provided by medicaid providers. 889

Any activities performed by the credentialing committee 890
shall be considered activities of a peer review committee of a 891
health care entity and shall be subject to sections 2305.25 to 892
2305.253 of the Revised Code. 893

The medicaid director may adopt rules under section 894
5164.02 of the Revised Code as necessary to implement this 895
section. Any rules adopted shall be consistent with the 896
requirements that apply to medicare advantage organizations 897
under 42 C.F.R. 422.204. 898

Sec. 5164.95. (A) As used in this section, "telehealth 899
service" means a health care service delivered to a patient 900
through the use of interactive audio, video, or other 901
telecommunications or electronic technology from a site other 902
than the site where the patient is located. 903

(B) The department of medicaid shall establish standards 904
for medicaid payments for health care services the department 905
determines are appropriate to be covered by the medicaid program 906
when provided as telehealth services. The standards shall be 907
established in rules adopted under section 5164.02 of the 908
Revised Code. 909

In accordance with section 5162.021 of the Revised Code, 910
the medicaid director shall adopt rules authorizing the 911
directors of other state agencies to adopt rules regarding the 912
medicaid coverage of telehealth services under programs 913
administered by the other state agencies. Any such rules adopted 914

by the medicaid director or the directors of other state 915
agencies are not subject to the requirements of division (F) of 916
section 121.95 of the Revised Code. 917

(C)(1) To the extent permitted under rules adopted under 918
section 5164.02 of the Revised Code and applicable federal law, 919
the following practitioners are eligible to provide telehealth 920
services covered pursuant to this section: 921

(a) A physician licensed under Chapter 4731. of the 922
Revised Code to practice medicine and surgery, osteopathic 923
medicine and surgery, or podiatric medicine and surgery; 924

(b) A psychologist or school psychologist licensed under 925
Chapter 4732. of the Revised Code or under rules adopted in 926
accordance with sections 3301.07 and 3319.22 of the Revised 927
Code; 928

(c) A physician assistant licensed under Chapter 4730. of 929
the Revised Code; 930

(d) A clinical nurse specialist, certified nurse-midwife, 931
or certified nurse practitioner licensed under Chapter 4723. of 932
the Revised Code; 933

(e) An independent social worker, independent marriage and 934
family therapist, or professional clinical counselor licensed 935
under Chapter 4757. of the Revised Code; 936

(f) An independent chemical dependency counselor licensed 937
under Chapter 4758. of the Revised Code; 938

(g) A supervised practitioner or supervised trainee; 939

(h) An audiologist or speech-language pathologist licensed 940
under Chapter 4753. of the Revised Code; 941

(i) An audiology aide or speech-language pathology aide, 942
as defined in section 4753.072 of the Revised Code, or an 943
individual holding a conditional license under section 4753.071 944
of the Revised Code; 945

(j) An occupational therapist or physical therapist 946
licensed under Chapter 4755. of the Revised Code; 947

(k) An occupational therapy assistant or physical 948
therapist assistant licensed under Chapter 4755. of the Revised 949
Code. 950

(l) A dietitian licensed under Chapter 4759. of the 951
Revised Code; 952

(m) A chiropractor licensed under Chapter 4734. of the 953
Revised Code; 954

(n) A pharmacist licensed under Chapter 4729. of the 955
Revised Code; 956

(o) A genetic counselor licensed under Chapter 4778. of 957
the Revised Code; 958

(p) An optometrist licensed under Chapter 4725. of the 959
Revised Code to practice optometry under a therapeutic 960
pharmaceutical agents certificate; 961

(q) A respiratory care professional licensed under Chapter 962
4761. of the Revised Code; 963

(r) A certified Ohio behavior analyst certified under 964
Chapter 4783. of the Revised Code; 965

(s) A practitioner who provides services through a 966
medicaid school program; 967

(t) Subject to section 5119.368 of the Revised Code, a 968

practitioner authorized to provide services and supports 969
certified under section 5119.36 of the Revised Code through a 970
community mental health services provider or community addiction 971
services provider; 972

(u) Any other practitioner the medicaid director considers 973
eligible to provide telehealth services. 974

(2) In accordance with division (B) of this section and to 975
the extent permitted under rules adopted under section 5164.02 976
of the Revised Code and applicable federal law, the following 977
provider types are eligible to submit claims for medicaid 978
payments for providing telehealth services: 979

(a) Any practitioner described in division (C) (1) of this 980
section, except for those described in divisions (C) (1) (g), (i), 981
and (k) of this section; 982

(b) A professional medical group; 983

(c) A federally qualified health center or federally 984
qualified health center look-alike, as defined in section 985
3701.047 of the Revised Code; 986

(d) A rural health clinic; 987

(e) An ambulatory health care clinic; 988

(f) An outpatient hospital; 989

(g) A medicaid school program; 990

(h) Subject to section 5119.368 of the Revised Code, a 991
community mental health services provider or community addiction 992
services provider that offers services and supports certified 993
under section 5119.36 of the Revised Code; 994

(i) Any other provider type the medicaid director 995

considers eligible to submit the claims for payment. 996

(D) (1) When providing telehealth services under this 997
section, a practitioner shall comply with all requirements under 998
state and federal law regarding the protection of patient 999
information. A practitioner shall ensure that any username or 1000
password information and any electronic communications between 1001
the practitioner and a patient are securely transmitted and 1002
stored. 1003

(2) When providing telehealth services under this section, 1004
every practitioner site shall have access to the medical records 1005
of the patient at the time telehealth services are provided. 1006

Section 2. That existing sections 3902.30, 4723.94, 1007
4731.251, 4731.252, 4731.253, 4731.2910, 4731.30, 4732.33, and 1008
5164.95 of the Revised Code are hereby repealed. 1009

Section 3. That Section 3 of S.B. 9 of the 130th General 1010
Assembly (as amended by H.B. 49 of the 132nd General Assembly) 1011
be amended to read as follows: 1012

Sec. 3. (A) During the period beginning on January 1, 1013
2014, and expiring January 1, ~~2022~~2026, the operation of 1014
sections 1751.15, 1751.16, 1751.17, 3923.122, 3923.58, 3923.581, 1015
3923.582, 3923.59, 3924.07, 3924.08, 3924.09, 3924.10, 3924.11, 1016
3924.111, 3924.12, 3924.13, and 3924.14 of the Revised Code are 1017
suspended. The suspension shall take effect in accordance with 1018
the following: 1019

(1) Carriers shall not be required to offer open 1020
enrollment coverage under the Ohio Open Enrollment Program on or 1021
after January 1, 2014. In addition, carriers shall not reinsure 1022
any insurance policies with the Ohio Health Reinsurance Program 1023
during the suspension of the Program on or after January 1, 1024

2014. 1025

(2) Notwithstanding this section, the Board of Directors 1026
of the Ohio Health Reinsurance Program shall continue to have 1027
all of the authority and protection provided by sections 3924.07 1028
to 3924.14 of the Revised Code during the period beginning 1029
January 1, 2014, and ending December 31, 2014, in order to wind 1030
up the affairs of the Ohio Health Reinsurance Program. This 1031
shall include, but is not limited to, the receipt, processing, 1032
and payment of all claims incurred on or before January 1, 2014, 1033
assessments needed to fund the wind up of the Program, the 1034
refund of any excess assessments, and the preparation of final 1035
audited financial statements and tax returns. 1036

(3) With respect to an open enrollment or conversion 1037
policy or contract issued prior to January 1, 2014, a carrier 1038
may terminate such policy or contract on or after January 1, 1039
2014, if the carrier does both of the following: 1040

(a) Provides notice of termination to the policy or 1041
contract holder at the time the policy is issued or at least 1042
ninety days prior to the termination; 1043

(b) Offers the policy or contract holder the option to 1044
purchase other coverage offered by the insurer to be effective 1045
at the time of the termination. 1046

(4) Carriers shall not be required to include any option 1047
to convert coverage as required by sections 1751.16, 1751.17, 1048
and 3923.122 of the Revised Code in any policy or contract 1049
issued on or after January 1, 2014. 1050

(B) If the amendments made by 42 U.S.C. 300gg-1 and 300gg- 1051
6, regarding the requirements related to health insurance 1052
coverage become ineffective prior to the expiration of the 1053

suspension on January 1, ~~2022~~2026, then sections 1751.15, 1054
1751.16, 1751.17, 3923.122, 3923.58, 3923.581, 3923.582, 1055
3923.59, 3924.07, 3924.08, 3924.09, 3924.10, 3924.11, 3924.111, 1056
3924.12, 3924.13, and 3924.14 of the Revised Code, in either 1057
their present form or as they are later amended, again become 1058
operational. 1059

Section 4. That existing Section 3 of S.B. 9 of the 130th 1060
General Assembly (as amended by H.B. 49 of the 132nd General 1061
Assembly) is hereby repealed. 1062

Section 5. Section 3902.30 of the Revised Code, as amended 1063
by this act, applies to health benefit plans, as defined in 1064
section 3922.01 of the Revised Code, that are in effect on the 1065
effective date of the amendment to that section and to plans 1066
that are issued, renewed, modified, or amended on or after the 1067
effective date of that amendment. 1068

Section 6. Beginning on the effective date of this 1069
section, a health care professional licensing board, as defined 1070
in section 4743.09 of the Revised Code, may suspend the 1071
enforcement of any rules that the board has in effect on the 1072
effective date of this section regarding the provision of 1073
telehealth and in-person services by a health care professional 1074
under the board's jurisdiction, and requirements for the 1075
prescribing of controlled substances, while the board amends or 1076
adopts new rules that are consistent with the provisions of this 1077
act. 1078