Executive	As Passed by the House	As Passed by the Senate	As Enacted
1 INS - 18 **PARTIALLY VETOED** Health Insurance Coverage of Dependent Children			
R.C. *3923.24, 1739.05, 1751.14, 3923.241, 5747.01, Sections 803.10, 803.20*	R.C. *3923.24, 1739.05, 1751.14, 3923.241, 5747.01, Sections 803.10, 803.12, 803.20*		R.C. *1739.05, 1751.14, 3923.24, 3923.241, 5747.01, Sections 803.10 and 812.10*
(1) Requires that all health care plans (i.e., sickness and accident insurance policies, health insuring corporation plans, multiple employer welfare arrangements, and public employee benefit plans) that provide coverage for unmarried dependent children extend coverage, under certain conditions, until the dependent child reaches 29 years of age.	(1) Same as the Executive, but requires insurers to offer coverage at the insured's request, rather than requiring coverage of those dependents automatically. Specifies that the proposed offer of coverage does not require employers to pay for any part of the premium for an unmarried child that has already attained the normally limiting age specified in the policy. Specifies that multiple employer welfare arrangements must provide the same information that insurers are required to provide under the bill regarding limiting age for a dependent child's health insurance coverage.	(1) No provision.	(1) Same as the House, but changes the coverage requirement from applying until age 29 to applying until age 28, and specifies that the requirement applies only if the child is the natural child, stepchild, or adopted child of the policyholder [***VETOED: , and has been continuously covered under a health benefit plan after having attained the plan's current limiting age***].
(2) Exempts these provisions from the existing law requirement that the Superintendent of Insurance review all new health benefit mandates before a mandate may take effect.	(2) Same as the Executive.	(2) No provision.	(2) Same as the Executive.
(3) Allows an Ohio income tax deduction for the portion of payments for employer-sponsored health insurance that would normally be excluded from federal adjusted gross income but is not because it relates to a person who is not a "qualifying dependent" for federal income tax purposes.	(3) Same as the Executive, but removes a requirement that employers separately identify additional premium costs for coverage of older dependent children.	(3) No provision.	(3) Same as the House.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
Additionally allows an Ohio income tax deduction for amounts the taxpayer paid for medical care insurance or qualified long-term care insurance for certain relatives that are members of the taxpayer's household.			
Fiscal effect: Increase in the cost to the state and to local governments to provide health benefits to employees and their dependents. The increase in cost to the state may be in the millions in FY 2010 and is estimated to be approximately $9 million in FY 2011 and future fiscal years. The costs would be paid by the State Employee Health Benefit Fund (Fund 8080), of which somewhat less than half would be derived from GRF-supported payroll. The increase in cost to municipalities, townships, and counties is estimated to be approximately $31.5 million per year statewide, and the costs to school districts are estimated to be approximately $36.7 million statewide, starting in the first fiscal year that the requirement is fully phased in. **The executive proposal estimates that the tax provisions would result in a loss of GRF revenue from the income tax of approximately $6.0 million in FY 2011. That implies a loss of approximately $0.4 million to the local government funds.**	**Fiscal effect: Same as the Executive for the tax provision, but permissive for other provisions. Potential increase in expenditures for the state and local governments, if they pay for any part of the premium for such coverage.**		**Fiscal effect: Same as the House.**

Executive	As Passed by the House	As Passed by the Senate	As Enacted
2 INS - 11 Health Insuring Corporation Provider Networks			
R.C. *1751.03, 1751.04, 1751.05, 1751.19, 1751.32, 1751.321, 1751.34, 1751.35, 1751.36, 1751.45, 1751.46, 1751.48, and 1753.09*	R.C. *1751.03, 1751.04, 1751.05, 1751.19, 1751.32, 1751.321, 1751.34, 1751.35, 1751.36, 1751.45, 1751.46, 1751.48, and 1753.09*	R.C. *1751.03, 1751.04, 1751.05, 1751.19, 1751.32, 1751.321, 1751.34, 1751.35, 1751.36, 1751.45, 1751.46, 1751.48, and 1753.09*	R.C. *1751.03, 1751.04, 1751.05, 1751.19, 1751.32, 1751.321, 1751.34, 1751.35, 1751.36, 1751.45, 1751.46, 1751.48, and 1753.09*
Transfers the responsibility to review and certify that a health insuring corporation's (HIC's) provider network is sufficient to meet specified requirements to the Superintendent of Insurance from the Director of Health. Removes a requirement that the Superintendent consult with the Director concerning standards relating to those requirements. Removes existing provisions that required HICs to send annual reports, audit reports, and complaints and responses to the Director in addition to the Superintendent and removes the Director's authority to enforce the Health Insuring Corporation Law (R.C. Chapter 1751).	Same as the Executive.	Same as the Executive.	Same as the Executive.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
Fiscal effect: Potential increase, not likely to be significant, in the Department of Insurance's administrative costs associated with the responsibility to review and certify a health insuring corporation's provider network. Any such costs would be paid from the Department of Insurance Operating Fund (SSR Fund 5540). Corresponding decrease in administrative costs for the Department of Health. Potential decrease in overall costs for the state due to streamlining of regulation in this area.	**Fiscal effect: Same as the Executive.**	**Fiscal effect: Same as the Executive.**	**Fiscal effect: Same as the Executive.**

	Executive	As Passed by the House	As Passed by the Senate	As Enacted
3	**INS - 10 Open Enrollment Health Insurance Program, Conversion of Group Health Insurance Policies to Individual Policies, and Ohio Health Care Plans**			
	R.C. ***1751.15, 1751.16, 3923.122, 3923.57, 3923.58, 3923.581, 3924.01, 3924.09, and 3924.10***	R.C. ***1751.15, 1751.16, 3923.122, 3923.57, 3923.58, 3923.581, 3924.01, 3924.09, and 3924.10***		R.C. ***1751.15, 1751.16, 1751.18, 3923.122, 3923.58, 3923.581, and 3923.582***
	(1) Reduces the maximum premium rates and contractual periodic prepayments that insurers and health insuring corporations (HICs) may charge federally eligible individuals for individual health insurance contracts or policies that are converted from group contracts and policies, and prohibits insurers and HICs from using health status as a basis for refusing to renew a converted contract. Substitutes the term "base rate" for "midpoint of the standard rate" as that term relates to open enrollment and group-to-individual health insurance contract conversions, and defines "base rate" generally as the lowest premium rate for new or existing business for the same or similar coverage.	(1) Same as the Executive.	(1) No provision.	(1) Same as the Executive, but phases in a reduction more gradually from current law's two times the midpoint of the standard rate charged other individuals for similar coverage to 2 times the base rate charged other individuals for similar coverage in 2010 and 2011, and 1.5 times the base rate in 2012 and subsequent years, subject to certain conditions. Requires HICs to compare the coverage to the premium rate for an individual "in a group" with similar case characteristics for purposes of determining the "base rate" in regards to conversion of group policies to individual policies.
	(2) Removes the Ohio Health Reinsurance Program's authority to design Ohio Health Care (OHC) plans and gives that authority to the Superintendent of Insurance; allows the Ohio Health Reinsurance Program to make recommendations to the Superintendent regarding the design of OHC plans; allows the Superintendent to consider those recommendations along with the recommendations of the Ohio Health Care Coverage and Quality Council.	(2) Same as the Executive, but specifies that the rules adopted by the Superintendent concerning the OHC basic, standard, and carrier reimbursement plans that are eligible for reinsurance under the Ohio Health Reinsurance Program must be adopted in accordance with the Administrative Procedures Act, and specifies that the Superintendent must conduct an actuarial analysis of the cost impact of any proposed rule that makes changes to the basic and	(2) No provision.	(2) No provision.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
	standard plans prior to adopting such rules.		
(3) Increases the number of people that insurers, carriers, and HICs are required to accept for health insurance coverage under open enrollment, from 0.5% (or 1.0% for HICs) of the company's total number of insured individuals residing in Ohio to 4.5%. Reduces the maximum premium rate that insurers and carriers are permitted to charge people accepted for health insurance coverage under open enrollment. Makes other changes to existing law regarding open enrollment, generally with respect to the effective date of coverage, payment of commissions to insurance agents, and the way preexisting conditions exclusions and limitations are determined.	(3) Same as the Executive.	(3) No provision.	(3) Same as the Executive, but phases in an increase from current law's 0.5% total for sickness and accident insurers and 1% for HICs to 4% for each in 2010 and 2011 and 8% in 2012 and subsequent years if certain conditions are met. Requires carriers that meet the enrollment limitations to reopen coverage whenever the carrier's enrollment drops below the enrollment limits and allows carriers to establish waiting lists.
(4) No provision.	(4) No provision.	(4) No provision.	(4) Requires carriers that issue nonemployer group health benefit plans to provide open enrollment coverage to individuals who are not federally eligible in addition to carriers that issue individual plans and includes HIC policies that are converted from group policies to individual policies in the exception from that rule.
(5) No provision.	(5) No provision.	(5) No provision.	(5) Allows the Superintendent of Insurance to adopt rules to implement the open enrollment program and requires the Superintendent to prepare an annual report beginning June 30, 2011 for the General Assembly and the Governor on the program and the performance of individual markets in Ohio including market-wide average loss ratio data.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
Fiscal effect: Potential increase in the Department of Insurance's administrative costs associated with new authority to design OHC plans and with other insurance reforms recommended by the Health Care Coverage and Quality Council. Any such costs would be paid out of the Department of Insurance Operating Fund (Fund 5540).	**Fiscal effect: Same as the Executive, but the Department of Insurance may incur additional cost to conduct required actuarial analysis of any proposed rule. Any such cost is expected to be minimal, and would be paid from Fund 5540.**		**Fiscal effect: Potential increase in the Department of Insurance's administrative costs to implement the open enrollment program, adopt rules, and to prepare an annual report. Any such costs would be paid out of the Department of Insurance Operating Fund (Fund 5540).**

4 INS - 12 Continuation of Health Insurance Coverage after Termination of Employment

R.C. *1751.53, 3923.38*	R.C. *1751.53, 3923.38 and Section 105.10*		R.C. *1751.53, 3923.38 and Section 105.10*
Eliminates the requirement that an individual be eligible for unemployment compensation in order to be eligible for continued coverage under the individual's employer-sponsored health insurance plan after termination of employment, and instead requires only that the individual's employment was not terminated as a result of any gross misconduct on the part of the individual. Lengthens the time that the individual would be eligible for continued coverage from six months to twelve months.	Makes permanent the changes made to Ohio's law regarding continuation of coverage after termination of employment by Am. Sub. H.B. 2 of the 128th General Assembly. (The executive provision was enacted in H.B. 2. Under H.B. 2, the coverage was set to expire January 1, 2010.)	No provision.	Same as the House.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
Fiscal effect: None to the state and to most local governments. This provision applies only to employees of small employers (i.e., those that employ fewer than 20 employees) who are not covered under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA). It may apply to small villages and townships, however. If so, it could increase their administrative costs. Any such cost increase is expected to be minimal.	**Fiscal effect: Making permanent the executive provision would extend its fiscal effects indefinitely.**		**Fiscal effect: Same as the House.**
5 INS - 15 External Review of Health Care Denials by Insurance Companies			
R.C. *1751.831, 1751.84, 3923.66, 3923.67, 3923.68, 3923.75, 3923.76, and 3923.77*	R.C. *1751.831, 1751.84, 1751.85, 3923.66, 3923.67, 3923.68, 3923.75, 3923.76, and 3923.77*	R.C. *1751.831, 1751.84, 1751.85, 3923.66, 3923.67, 3923.68, 3923.75, 3923.76, and 3923.77*	R.C. *1751.831*
(1) Requires that a health insuring corporation (HIC) cover a health care service if the Superintendent of Insurance determines that the service is a covered service. (Current law allows an insured person or an "authorized person" to submit a request for a review by the Superintendent whenever an insurer denies coverage of a service, and requires HICs to either cover the service or afford the enrollee an opportunity for an external review; if the Superintendent determines that the service is not a covered service, existing law does not require any further action from the insurer.)	(1) Same as the Executive.	(1) No provision.	(1) Same as the Executive.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
(2) Allows the Superintendent to notify an "authorized person" instead of the insured, if the Superintendent cannot make a determination about coverage because doing so requires the resolution of a medical issue (existing law requires that the Superintendent inform both the insured and the insurer, HIC, or plan). Requires that the health insurer or plan initiate an external review automatically, i.e., without a request from the insured, upon receiving such notification from the Superintendent (current law requires that the health care insurer or plan afford the insured an opportunity for an external review, meaning the insurer or plan must conduct an external review upon the insured's request).	(2) Same as the Executive, but allows an insurer to deny an insured's request for an external review that does not result from the Superintendent's review if that request is not made within a certain time frame.	(2) Same as the House.	(2) Same as the House.
Fiscal effect: Potential increase, not likely to be significant, in the Department of Insurance's administrative costs associated with the review of health care denials by insurance companies. Any such costs would be paid out of the Department of Insurance Operating Fund (SSR Fund 5540).	**Fiscal effect: Same as the Executive.**	**Fiscal effect: Same as the Executive.**	**Fiscal effect: Same as the Executive.**

	Executive	As Passed by the House	As Passed by the Senate	As Enacted
6	**INS - 29 Payment of Claims by Third Party Payers**			
			R.C. *3901.381, Section 812.10*	R.C. *3901.381, Section 812.10*
	(1) No provision.	(1) No provision.	(1) Requires third party payers to pay claims for health care services to a provider electronically under the prompt payment law when the claim on which payment is being made was received electronically by the third party payer, effective 12 months after the bill's effective date.	(1) Same as the Senate.
	(2) No provision.	(2) No provision.	(2) Prohibits providers from refusing to accept electronic payments on the basis that the payment was transmitted electronically.	(2) Same as the Senate.
			Fiscal effect: None.	**Fiscal effect: Same as the Senate.**
7	**INS - 8 Prompt Payment Fines**			
	R.C. *3901.3812*	R.C. *3901.3812*	R.C. *3901.3812*	R.C. *3901.3812*
	Incorporates as a separate account in the Department of Insurance Operating Fund (Fund 5540) the existing Claims Processing Education Fund into which the Superintendent of Insurance must deposit 10% of fines collected under certain insurance prompt pay statutes.	Same as the Executive.	Same as the Executive.	Same as the Executive.
	Fiscal effect: None.	**Fiscal effect: Same as the Executive.**	**Fiscal effect: Same as the Executive.**	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House	As Passed by the Senate	As Enacted
8 INS - 23 Actuarial Opinion to Certify the Adequacy of a Property and Casualty Insurance Company's Reserves			
	R.C. *3903.77*	R.C. *3903.77*	R.C. *3903.77*
(1) No provision.	(1) Requires property and casualty insurance companies to annually submit to the Superintendent of Insurance a statement of actuarial opinion that certifies the adequacy of the insurance company's reserves including an actuarial opinion summary unless the insurance company is licensed but not domiciled in this state. Specifies requirements related to supporting documents for the statement of actuarial opinion and actuarial opinion summary.	(1) Same as the House, but specifies that the statement of actuarial opinion must certify to the "reasonableness" rather than the "current adequacy" of the insurance company's reserves, specifies that the actuary providing the opinion must be "qualified", and does not specify the order in which supporting documents must be prepared.	(1) Same as the Senate, but removes a requirement that the proposed actuarial review documents be submitted with the insurer's annual financial statement required under current law.
(2) No provision.	(2) Authorizes the Superintendent to contract with a "qualified actuary" at the expense of the insurance company in the event that the company fails to provide acceptable documentation for the actuarial opinion at the request of the Superintendent.	(3) Same as the House.	(2) Same as the House.
(3) No provision.	(3) Provides liability protection for the actuary appointed by an insurance company to prepare the statement of actuarial opinion and actuarial opinion summary.	(3) Same as the House.	(3) Same as the House.
(4) No provision.	(4) Specifies that the statement of actuarial opinion is a public document and a public record, but that the actuarial opinion summary and supporting documents are not public records. Provides additional requirements for the Superintendent's use and sharing of confidential documents.	(4) Same as the House.	(4) Same as the House.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
(5) No provision.	(5) Delays for one year the effective date of the above changes. **Fiscal effect: Potential increase to the Department of Insurance's administrative costs. Any such costs would be paid from the Department of Insurance Operating Fund (SSR Fund 5540).**	(5) Same as the House. **Fiscal effect: Same as the House.**	(5) Same as the House. **Fiscal effect: Same as the House.**
9 **INS - 14 Health Insurance Premium Rate Filing**			
R.C. *3923.021, 3924.06* Allows the Superintendent of Insurance to review the premium rates of sickness and accident insurance policies made available by insurers in the individual market to individuals through a group according to the current review requirements for all individual policies of sickness and accident insurance. Clarifies that insurers that offer health benefit plans to small employers must file those plans for premium rate review by the Superintendent pursuant to the current requirements for all policies and certificates of sickness and accident insurance and health insuring corporations.	R.C. *3923.021, 3924.06* Same as the Executive.	R.C. *3923.021, 3924.06* Same as the Executive.	R.C. *3923.021, 3924.06* Same as the Executive.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
Fiscal effect: Potential increase, not likely to be significant, in the Department of Insurance's administrative costs associated with the health insurance premium rate filings. Any such costs would be paid out of the Department of Insurance Operating Fund (SSR Fund 5540).	**Fiscal effect: Same as the Executive.**	**Fiscal effect: Same as the Executive.**	**Fiscal effect: Same as the Executive.**

	Executive	As Passed by the House	As Passed by the Senate	As Enacted
10	**INS - 13 Administrative Expenses Incurred by Sickness and Accident Insurers**			
	R.C. *3923.022* Includes in the definition of administrative expenses for the purposes of the current cap on sickness and accident insurers' administrative expenses premiums "earned" rather than just "received" (not necessarily equal amounts), the amount of losses recovered from reinsurance coverage, the amount "incurred" for state fees rather than "paid," and the "incurred" costs related to payment of commissions. Requires insurers to provide specified information concerning the insurer's earnings and administrative expenses related to the insurer's sickness and accident insurance business separately, including the insurer's individual, small group, and large group sickness and accident insurance businesses, as part of the currently required annual statement of the insurer's administrative expenses. Allows the Superintendent of Insurance to suspend the license of an insurer if the insurer fails to submit the required annual statement.	R.C. *3923.022* Same as the Executive.	No provision.	R.C. *3923.022* Same as the Executive, but specifies that the statement of aggregate expenses is not a public record and allows the Superintendent to share aggregated market information that identifies all of the itemized information except for the amount of costs incurred by an insurer for reinsurance coverage.

	Executive	As Passed by the House	As Passed by the Senate	As Enacted
	Fiscal effect: Potential increase, not likely to be significant, in the Department of Insurance's administrative costs associated with sickness and accident insurers' filing requirements. Any such costs would be paid from the Department of Insurance Operating Fund (SSR Fund 5540).	**Fiscal effect: Same as the Executive.**		**Fiscal effect: Same as the Executive.**
11	**INS - 28 Franchise Plans for Long-term Care or Disability Income Insurance**			
			R.C. *3923.11*	**R.C. *3923.11***
	No provision.	No provision.	Reduces from five or more to two or more the number of employees necessary to qualify for sickness and accident insurance on a "franchise plan" with respect to long-term care (LTC) insurance or disability income (DI) insurance. Reduces from ten or more to two or more the number of members of a trade or professional organization, labor union, or other association necessary to qualify for a sickness and accident insurance franchise plan with respect to LTC insurance or DI insurance.	Same as the Senate.
			Fiscal effect: None.	**Fiscal effect: Same as the Senate.**

	Executive	As Passed by the House	As Passed by the Senate	As Enacted
12	INS - 16 **PARTIALLY VETOED** Health Care Coverage and Quality Council			
	R.C. *3923.90, 3923.91*	R.C. *3923.90, 3923.91*	R.C. *3923.90, 3923.91, Section 307.20*	R.C. *3923.91, 5111.141, 5111.142, and 5111.165*
	(1) Creates a 26-member Health Care Coverage and Quality Council to advise the Governor, General Assembly, public and private entities, and consumers on strategies to expand affordable health insurance coverage to more individuals and improve the cost and quality of Ohio's health care system. Enumerates the criteria for selecting those Council members. Specifies that members be reimbursed for mileage and other necessary expenses only. Requires the Council to issue a report on or before December 31 of each year. Exempts the Council from the current sunset requirement.	(1) Same as the Executive, but revises the membership of the Council by (a) substituting the Director of Health for the Director of the Office of Healthy Ohio in the Department of Health, (b) including two additional members selected according to specified criteria, (c) removing one member appointed by the Governor, and (d) adding an unspecified number of other members appointed by the Superintendent of Insurance. Makes changes to certain duties that the Council is required to perform. Permits, rather than requires, reimbursement of necessary expenses for members.	(1) Same as the House, but does not permit Council members to be reimbursed for mileage and necessary expenses and requires the Council to hold its first meeting by September 1, 2009.	(1) Same as the Senate.
	(2) Requires advice and consent of the Senate for members appointed by the Governor.	(2) No provision.	(2) Same as the Executive.	(2) Same as the Executive.
	(3) No provision.	(3) No provision.	[***VETOED: (3) Requires the Council to evaluate and recommend strategies pursuant to the Ohio Medicaid Administrative Study Council's recommendations to establish an initiative conducted by clinicians in the Office of Ohio Health Plans within the Department of Job and Family Services (JFS) regarding disease prevention and management and Medicaid claims. Requires the Council to	(3) Same as the Senate, but adds a requirement that the Health Care Coverage and Quality Council study alternative care management options for Medicaid recipients not required to participate in the Medicaid care management system.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
		submit a report of its findings and recommendations to the Governor, Senate President, and Speaker of the House by not later than June 30, 2010.***]	
Fiscal effect: Increases the Department of Insurance's administrative costs related to the Health Care Coverage and Quality Council. The 26 members of the Council are not to be compensated for their services, but will be reimbursed for mileage and other necessary expenses. The executive proposal includes $479,575 each fiscal year in a new line item, 820609, State Coverage Initiative Administration, in order to cover administrative costs of the Council. The new line item is funded by the Department of Insurance Operating Fund (SSR Fund 5540).	**Fiscal effect: Same as the Executive, but may increase the reimbursement expenses if the Superintendent appoints more than one member. Allows for a reduction in the increase in administrative costs, due to provision making reimbursement of necessary expenses permissive. If there is any such increase, it would likely be minimal.**	**Fiscal effect: Reduces the increase in administrative costs from the Executive proposal, due to removal of provision for payment of necessary expenses for Council members.**	**Fiscal effect: Same as the Senate.**

	Executive	As Passed by the House	As Passed by the Senate	As Enacted
13	**INS - 17 The Ohio Fair Plan Underwriting Association**			
	R.C. *3929.43*	**R.C. *3929.43***	**R.C. *3929.43***	**R.C. *3929.43***
	Removes the cap on homeowners insurance rates and basic property insurance rates established by the Ohio Fair Plan Underwriting Association, which currently cannot exceed the rates filed by the state's major rating organization, and instead requires that those rates be subject directly to the approval of the Superintendent of Insurance. Allows the Association to approve payment of a percentage of the annual premium due for a binder issued under the plan; changes the effective date of the binder from 15 days after the date of application to the day after the Association receives the application.	Same as the Executive.	Same as the Executive.	Same as the Executive.
	Fiscal effect: Potential increase, not likely to be significant, in the Department of Insurance's administrative costs associated with the homeowners and basic property insurance rates. Any such costs would be paid from the Department of Insurance Operating Fund (SSR Fund 5540).	**Fiscal effect: Same as the Executive.**	**Fiscal effect: Same as the Executive.**	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House	As Passed by the Senate	As Enacted
14 INS - 9 Employer-sponsored Health Insurance Coverage			
R.C. *4113.11*	**R.C. *4113.11***		**R.C. *4113.11***
Requires employers that employ ten or more employees to adopt and maintain a "cafeteria" health insurance plan that allows the employer's employees to pay for health insurance coverage by a salary reduction arrangement under the Internal Revenue Code. Requires the Superintendent of Insurance to adopt rules to implement and enforce the requirement and requires the Health Care Coverage and Quality Council to make specified recommendations to the Superintendent concerning employer and employee implementation of the requirement. Employers that employ more than 500 employees are required to comply with the requirements by January 1, 2011, or six months after rules related to the requirements are adopted by the Superintendent. Employers that employ 150 to 500 employees must comply by July 1, 2011, or 12 months after rules are adopted. Employers that employ 10 to 149 employees must comply by January 1, 2012, or 18 months after the adoption of the rules.	Same as the Executive.	No provision.	Same as the Executive, but provides an exception for employers that already offer specified health benefits and requires the Superintendent to receive written confirmation from the federal government that the individual policies purchased under cafeteria plans do not need to comply with federal Health Insurance Portability and Accountability Act (HIPAA) requirements for group policies. If the Superintendent does not receive that confirmation, the requirement that employers provide cafeteria plans does not apply.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
Fiscal effect: The provision would require certain private and public employers to offer a "cafeteria" health insurance plan and enable them to withhold part of their employees' pre-tax earnings to pay for the plan. The benefits under the plan are not subject to federal or state taxes. As a result the provision would decrease state income tax revenue collections beginning in FY 2011. The executive proposal reports that there would be no fiscal effect from this provision during the biennium due to the timing involved with the phase-in of the requirement.	**Fiscal effect: Same as the Executive.**		**Fiscal effect: Same as the Executive, except that fiscal effect is made contingent upon federal confirmation of HIPAA requirements.**
15 INS - 3 Examinations of Domestic Fraternal Benefit Societies			
Section: *307.10* Permits the Director of Budget and Management, at the request of the Superintendent of Insurance, to transfer funds from the Department of Insurance Operating Fund (Fund 5540) to the Superintendent's Examination Fund (Fund 5550). Specifies that the permitted transfer amount is limited to expenses incurred in examining domestic fraternal benefit societies.	Section: *307.10* Same as the Executive.	Section: *307.10* Same as the Executive.	Section: *307.10* Same as the Executive.

	Executive	As Passed by the House	As Passed by the Senate	As Enacted
16	**INS - 4 Transfer from Fund 5540 to General Revenue Fund**			
	Section: ***307.10***	**Section:** ***307.10***	**Section:** ***307.10***	**Section:** ***307.10***
	Requires the Director of Budget and Management to transfer $5.0 million from the Department of Insurance Operating Fund (Fund 5540), not later than the thirty-first day of July each fiscal year, to the GRF.	Same as the Executive.	Same as the Executive.	Same as the Executive.
17	**INS - 5 Market Conduct Examination**			
	Section: ***307.10***	**Section:** ***307.10***	**Section:** ***307.10***	**Section:** ***307.10***
	Allows the Superintendent of Insurance to assess the cost of conducting a market conduct examination of an insurer against the insurer. Allows the Superintendent to enter into consent agreements to impose administrative assessments or fines for violations of insurance laws or rules. Provides that all costs, assessments, and fines collected be deposited to the Department of Insurance Operating Fund (Fund 5540).	Same as the Executive.	Same as the Executive.	Same as the Executive.

	Executive	As Passed by the House	As Passed by the Senate	As Enacted
18	INS - 22 State Coverage Initiative			
		Section: ***307.10***	**Section:** ***307.10***	**Section:** ***307.10***
	No provision.	Earmarks up to $7 million in each fiscal year of GRF appropriation item 820607, State Coverage Initiative, to be used for health information technology strategies. Specifies that the remaining balance be used for the implementation of strategies recommended by the Health Care Coverage and Quality Council, which may include patient-centered medical homes, improved consumer information, and payment reform, or may be transferred to another fund in the state treasury by ISTV for use by another state agency in implementing such strategies. Reappropriates the unexpended, unencumbered portion of appropriation item 820607, State Coverage Initiative, at the end of fiscal year 2010 for the same purpose for fiscal year 2011.	Same as the House, but reduces the earmark to $2 million each year for health information technology strategies, and removes the earmark for the implementation of strategies recommended by the Health Care Coverage and Quality Council. Specifies that the Department of Insurance must get matching private funds of at least a 1-to-1 ratio before appropriation item 820607 can be expended or used as state matching money. Requires the Department to give preference to qualified Ohio private companies in awarding the state matching money.	Same as the House, but removes GRF appropriation item 820607, State Coverage Initiative, and all accompanying earmark language. Establishes a new SSR appropriation item 820603, Health Information Technology and Health Care Coverage and Quality Council, with an appropriation of $10.1 million in FY 2010. Draws funding for the new line item from the Medical Liability Fund (Fund 5AG0), in the Department of Insurance. Earmarks up to $8 million of the new appropriation item in FY 2010 for health information technology initiatives and earmarks up to $2.1 million in FY 2010 for the implementation of strategies recommended by the Health Care Coverage and Quality Council. Reappropriates the unexpended, unencumbered portion of 820603, Health Information Technology and Health Care Coverage and Quality Council, at the end of FY 2010 for the same purpose for FY 2011.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
			Fiscal effect: Eliminates reliance on GRF to fund the initiative, and moves it to Fund 5AG0. Fund 5AG0 was established in section 3929.682 of the Ohio Revised Code to pay for funding related to the medical liability underwriting association (MLUA) or for funding another medical malpractice initiative with the approval of the General Assembly. Section 3929.63 of the Revised Code permitted the establishment of the MLUA under specified circumstances, but it was never actually established.
19 INS - 27 Alternative Retirement Plans			
		Section: *739.10*	Section: *739.10*
No provision.	No provision.	Requires the Department of Insurance to withhold from designating additional providers of investment options under alternative retirement plans established by public institutions of higher education (current law generally requires the Department to designate three or more providers).	Same as the Senate, but clarifies that the proposed requirement does not apply to additions, deletions, substitutions, or other changes to one or more of the investment options offered by an entity already designated by the Superintendent.
		Fiscal effect: None.	**Fiscal effect: Same as the Senate.**

	Executive	As Passed by the House	As Passed by the Senate	As Enacted
20	**INS - 25 **VETOED** Prompt Payment Policy Workgroup**			
		Section: ***751.30***		**Section:** ***751.30***
	No provision.	[***VETOED: Creates the Prompt Payment Policy Workgroup to research and make policy recommendations by February 1, 2010, concerning prompt payment policy for Ohio's Medicaid program. Members of the Workgroup are to serve without compensation, except to the extent that serving on the Workgroup is considered part of the members' regular employment duties.***]	No provision.	Same as the House.
21	**INS - 24 Health Insurance Coverage of Autism Spectrum Disorders**			
		Sections: ***307.10, R.C. 1739.05, 1751.68, 3923.84, and Section 271.10***		
	(1) No provision.	(1) Earmarks up to $20,000 in FY 2010 of SSR Fund 5540 appropriation item 820606, Operating Expenses, to be used by the Department of Insurance for a study related to autism spectrum disorder coverage, and requires the study to be completed by January 31, 2010.	(1) No provision.	(1) No provision.
	(2) No provision.	(2) Requires the Director of Budget and Management, in FY 2010, to transfer $20,000 cash from the General Revenue Fund to Fund 5540.	(2) No provision.	(2) No provision.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
(3) No provision.	(3) Prohibits health insurers from excluding coverage for specified autism services for individuals diagnosed with an autism spectrum disorder but allows insurers to impose a yearly maximum of $36,000 on coverage of those services. Allows an insurer to opt out of the required coverage if the insurer can show that the incurred claims for those coverages caused the insurer's costs to increase by more than 1% and that the increase could reasonably justify an increase of more than 1% in the annual premiums or rates charged by the insurer for health insurance coverage. Exempts this provision from the existing law requirement that the Superintendent of Insurance review all new health benefit mandates before a mandate may take effect.	(3) No provision.	(3) No provision.
(4) No provision.	(4) Requires the Director of Mental Retardation and Developmental Disabilities to convene a committee on the coverage of autism spectrum disorders to investigate and recommend additional treatments or therapies for autism spectrum disorders to be covered by health insurers.	(4) No provision.	(4) No provision.
(5) No provision.	(5) Delays the applicability of the requirements to plans that are issued or renewed six months after the bill's effective date.	(5) No provision.	(5) No provision.
(6) No provision.	(6) Requires the Director of Budget and Management to transfer $1.62 million from the GRF to the State Employee Health Benefit Fund (Fund 8080) on June 30, 2010, or as soon as possible thereafter.	(6) No provision.	(6) No provision.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
	Fiscal effect: The provision to mandate coverage for screening, diagnosis, and treatment of an autism spectrum disorder may potentially increase the costs to Medicaid in the tens of millions of dollars per year. The federal government would likely reimburse approximately 60% of any increase in Medicaid spending if federal rules allow the federal matching rate to apply. **It would increase costs to the state's health benefit plan for employees and their dependents by approximately $1.62 million in FY 2011, assuming such coverage applies to approximately 45 children under age 6 per year. The GRF would pay the cost of coverage for approximately half the individuals, with various state funds providing the rest. It would also increase costs, potentially in the millions per year, to counties, municipalities, townships, and school districts statewide of providing such coverage in their health benefits to employees and their dependents.**		

Executive	As Passed by the House	As Passed by the Senate	As Enacted
Medicaid			
22 JFS - 15 Medicaid Health Insuring Corporation Franchise Permit Fee			
R.C. *5111.176*	R.C. *5111.176*	R.C. *5111.176*	R.C. *5111.176*
Terminates the assessment of a franchise permit fee on Medicaid health insuring corporations after the third quarter of calendar year 2009.	Same as the Executive.	Same as the Executive.	Same as the Executive.
Fiscal effect: The executive estimates the state will lose $520 million in revenue annually.	**Fiscal effect: Same as the Executive.**	**Fiscal effect: Same as the Executive.**	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House	As Passed by the Senate	As Enacted
Corporation Franchise Tax			
23 TAX - 9 New Markets Tax Credits			
R.C. *5733.01, 5733.58, 5733.98, 5725.33, 5725.98, 5729.16, 5729.98*	R.C. *5733.01, 5733.58, 5733.98, 5725.33, 5725.98, 5729.16, 5729.98*	R.C. *5733.01, 5733.58, 5733.98, 5725.33, 5725.98, 5729.16, 5729.98*	R.C. *5733.01, 5733.58, 5733.98, 5725.33, 5725.98, 5729.16, 5729.98*
Authorizes up to $10 million of tax credits annually for insurance companies and financial institutions for purchasing and holding securities issued by low-income community organizations, in accordance with the federal New Markets Tax Credit law.	Same as the Executive, but requires the Treasurer of State to invoice insurance companies in the procedure to recapture credits and specifies that the existing three-year statute of limitations on assessing unpaid taxes does not apply to the recapture; limits the amount of credit allowed for any one business to $1 million; removes investments in long-term debt securities from the definition of qualified investments.	Same as the House, but specifies that the federal laws governing the terms used in the bill are those laws existing as of the effective date of the Revised Code sections authorizing the credits.	Same as the Senate.
No provision.	Designates the Director of Development as the administrator of the credits and authorizes fees to defray expenses of administration of the credit. Eliminates the requirement that the issuer of equity investments certify to the Director the anticipated amount of qualified investments.	Same as the House.	Same as the House.
Fiscal effect: Decreases revenues from the corporate franchise tax and insurance taxes. The revenue impact would potentially start in FY 2012.	**Fiscal effect: Same as the Executive.**	**Fiscal effect: Same as the Executive.**	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House	As Passed by the Senate	As Enacted
Sales and Use Taxes			
24 TAX - 23 Sales Taxation of Medicaid-Provided Health Care Services			
R.C. *5739.01, 5739.03, 5739.033, 5739.051*	R.C. *5739.01, 5739.03, 5739.033, 5739.051*	R.C. *5739.01, 5739.03, 5739.033, 5739.051*	R.C. *5739.01, 5739.03, 5739.033, 5739.051*
Subjects to sales and use tax health care services provided or arranged by a Medicaid health insuring corporation for Medicaid enrollees residing in Ohio. Eliminates the tax on those services if federal authorities determine that subjecting those services to taxation constitutes an impermissible "health-care related tax," the imposition of which results in a reduction in federal financial assistance for Medicaid services.	Same as the Executive, but makes technical changes.	Same as the House, but changes from September 1, 2009, to October 1, 2009, the date on which the services become taxable.	Same as the Senate.
Fiscal effect: The executive proposal estimates that this provision will increase revenue to the GRF by $138.0 million in FY 2010 and by $214.0 million in FY 2011; under the current distribution of the share of sales and use tax revenues to local government funds, the Local Government Fund and the Public Library Fund would gain $8.6 million in FY 2010 and $13.4 million in FY 2011. Revenues to local governments under permissive local and transit authorities sales taxes may be up to $31.5 million in FY 2010 and $48.9 million in FY 2011.	**Fiscal effect: Same as the Executive.**	**Fiscal effect: Same as the Executive.**	**Fiscal effect: Same as the Executive.**

Executive	As Passed by the House	As Passed by the Senate	As Enacted
Other Taxation Provisions			
25 TAX - 22 Domestic and Foreign Insurance Taxes - Medicaid Managed Care			
R.C. *5725.18, 5725.25, 5729.03*	R.C. *5725.18, 5725.25, 5729.03*	R.C. *5725.18, 5725.25, 5729.03*	R.C. *5725.18, 5725.25, 5729.03*
Includes Medicaid premiums received by domestic insurance companies (i.e., companies headquartered in Ohio) within the tax base of the domestic insurance tax; if the company is headquartered in another state, includes such premiums in the foreign insurance tax base.	Same as the Executive.	Same as the Executive.	Same as the Executive, but delays expansions of the tax bases until October 1, 2009.
Fiscal effect: The executive proposal estimates this provision will increase revenue to the GRF by $25.1 million in FY 2010 and by $39.1 million in FY 2011.	**Fiscal effect: Same as the Executive.**	**Fiscal effect: Same as the Executive.**	**Fiscal effect: Same as the Executive, but with a smaller revenue gain in FY 2010.**