

**As Introduced**

**133rd General Assembly**

**Regular Session**

**2019-2020**

**S. B. No. 29**

**Senator Dolan**

**Cosponsors: Senators Brenner, Maharath, Hackett, Antonio, Sykes, Thomas,  
Craig**

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**A BILL**

To amend section 5162.20 of the Revised Code 1  
regarding Medicaid copayment requirements. 2

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

**Section 1.** That section 5162.20 of the Revised Code be 3  
amended to read as follows: 4

**Sec. 5162.20.** (A) The department of medicaid shall 5  
institute cost-sharing requirements for the medicaid program. 6  
The department shall not institute cost-sharing requirements in 7  
a manner that does ~~either~~ any of the following: 8

(1) Disproportionately impacts the ability of medicaid 9  
recipients with chronic illnesses to obtain medically necessary 10  
medicaid services; 11

(2) Requires a medicaid recipient who meets both of the 12  
following requirements to pay a copayment for any medicaid 13  
service: 14

(a) The recipient has a developmental disability or 15  
serious mental illness; 16

(b) The recipient's sole source of income is either or 17  
both of the following: 18

(i) Social security disability insurance benefits provided 19  
under Title II of the "Social Security Act," 42 U.S.C. 401 et 20  
seq.; 21

(ii) Supplemental security income benefits provided under 22  
Title XVI of the "Social Security Act," 42 U.S.C. 1381 et seq. 23

(3) Violates section 5164.09 of the Revised Code. 24

(B) A medicaid recipient who is exempt from paying 25  
copayments pursuant to division (A) (2) of this section may 26  
present to a medicaid provider the recipient's benefit 27  
verification letter from the United States social security 28  
administration for the purpose of verifying the recipient's 29  
exemption from copayment requirements. If a recipient does so, 30  
the provider shall not charge the recipient a copayment. 31

(C) (1) No medicaid provider shall refuse to provide a 32  
medicaid service to a medicaid recipient who is unable to pay a 33  
required copayment for the service. 34

(2) Division ~~(B)~~ (C) (1) of this section shall not be 35  
considered to do either of the following with regard to a 36  
medicaid recipient who is unable to pay a required copayment: 37

(a) Relieve the medicaid recipient from the obligation to 38  
pay a copayment; 39

(b) Prohibit the medicaid provider from attempting to 40  
collect an unpaid copayment. 41

~~(C)~~ (D) Except as provided in division ~~(F)~~ (G) of this 42  
section, no medicaid provider shall waive a medicaid recipient's 43  
obligation to pay the provider a copayment. 44

~~(D)~~-(E) No medicaid provider or drug manufacturer, 45  
including the manufacturer's representative, employee, 46  
independent contractor, or agent, shall pay any copayment on 47  
behalf of a medicaid recipient. 48

~~(E)~~-(F) If it is the routine business practice of a\_ 49  
medicaid provider to refuse service to any individual who owes 50  
an outstanding debt to the provider, the provider may consider 51  
an unpaid copayment imposed by the cost-sharing requirements as 52  
an outstanding debt and may refuse service to a medicaid 53  
recipient who owes the provider an outstanding debt. If the\_ 54  
medicaid provider intends to refuse service to a medicaid 55  
recipient who owes the provider an outstanding debt, the 56  
provider shall notify the recipient of the provider's intent to 57  
refuse service. 58

~~(F)~~-(G) In the case of a medicaid provider that is a 59  
hospital, the cost-sharing program shall permit the hospital to 60  
take action to collect a copayment by providing, at the time 61  
medicaid services are rendered to a medicaid recipient, notice 62  
that a copayment may be owed. If the hospital provides the 63  
notice and chooses not to take any further action to pursue 64  
collection of the copayment, the prohibition against waiving 65  
copayments specified in division ~~(C)~~-(D) of this section does 66  
not apply. 67

~~(G)~~-(H) The department of medicaid may collaborate with a 68  
state agency that is administering, pursuant to a contract 69  
entered into under section 5162.35 of the Revised Code, one or 70  
more components, or one or more aspects of a component, of the 71  
medicaid program as necessary for the state agency to apply the 72  
cost-sharing requirements to the components or aspects of a 73  
component that the state agency administers. 74

**Section 2.** That existing section 5162.20 of the Revised Code is hereby repealed. 75  
76