



Final Analysis

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Legislative Service Commission

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Reps. Reidelbach, G. Smith, Britton, McGregor, R. Miller, D. Miller, Williams, Kilbane, Kearns, Jolivette, Hughes, Otterman, Schmidt, Patton, Coates, Cates, Willamowski, Ogg, Latell, Flowers, Rhine, Roman, Fessler

Sen. Spada

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ACT SUMMARY

HEALTH INSURANCE COVERAGE UNDER A CHILD SUPPORT ORDER

- Requires the use of the National Medical Support Notice (NMSN) to notify an employer of a person's responsibility to provide health insurance coverage for children who are the subject of a child support order.
- Requires the Department of Job and Family Services (ODJFS) to modify the NMSN to make it applicable to any person responsible for providing health insurance coverage through the person's employer.
- Requires each person subject to a child support order to provide to the court or child support enforcement agency (CSEA) a list of any group health insurance policies, contracts, or plans available to the person.
- Requires a CSEA, on receipt of a new hire match of a person required to provide health insurance coverage for children under a support order, to send an NMSN to the person's new employer and notice of medical support enforcement activity to the person.
- Requires ODJFS to adopt a standard form for the notice of medical support enforcement activity.

- Requires an employer to complete and comply with an NMSN in accordance with its instructions, federal regulations, and rules adopted by ODJFS, and send the appropriate portion of the notice to the health plan administrator or, under certain conditions, return the completed notice to the CSEA.
- Requires a health plan administrator to complete and comply with an NMSN in accordance with its instructions, federal regulations, and rules adopted by ODJFS.
- Permits a person who receives a notice of medical support enforcement activity to file a written request for an administrative hearing with the CSEA that issued it not later than seven business days after the notice is sent.
- Provides for a mistake of fact hearing administrative process through which a person who receives a notice of medical support enforcement activity may present testimony and evidence regarding whether a mistake of fact has been made in the NMSN.
- Provides that if a person fails to make a timely request for an administrative hearing the notice of medical support enforcement activity becomes a final determination and the NMSN remains in effect.
- Requires that a court or CSEA, on determination that a mistake of fact exists under an NMSN, take whatever action is necessary regarding the notice, including correction or termination of the notice.
- Requires that if a mistake of fact proceeding is instituted the withholding of amounts pursuant to an NMSN continue in accordance with the notice until the court or CSEA terminates or corrects the notice.
- Requires ODJFS to adopt rules as appropriate to implement the requirements related to the use and enforcement of the NMSN and the notice of medical support enforcement activity.
- Requires a CSEA that investigates the availability of insurance to the obligee or obligor, the obligee and the obligor, or the obligee and obligor together to inform the court in writing of the information it obtains through its investigation, including a list of available health care coverage and the costs of the coverage.

SUPPORT DEFAULT PROCEDURES

- Clarifies that the identification of a default does not affect the requirement that a CSEA send a withholding notice to an employer.
- Provides that a withholding notice sent to an obligor's new employer must require any arrearage amount resulting from a default to be withheld in addition to current support amounts.
- Provides that the issuance of a withholding notice does not affect the obligor's right to contest an identification of default or the amount of arrearage.
- Specifies that the timely filing of a written request or motion for an administrative or court hearing does not suspend a withholding notice.
- Requires the CSEA to notify the obligee that a withholding notice is being issued.
- Renames the "advance notice" the "default notice" and requires it to be sent to the obligor's last known address.
- Specifies the contents of default notices.
- Provides that a default notice becomes a final and enforceable determination by the CSEA if the obligor fails to make a timely request for an administrative hearing on the notice.
- Provides that if a court or CSEA makes a final and enforceable determination that an obligor is in default under a support order and no withholding notice was issued with respect to the order, the court or CSEA must issue one or more notices or court orders requiring withholding or deduction of income or assets or imposing other requirements.
- Provides that if a court or CSEA makes a final and enforceable determination that alters the arrearage amount stated in the default notice the court or CSEA may issue one or more notices or orders requiring withholding or deduction of income or assets or imposing other requirements.



- Requires that a withholding or deduction notice be issued no later than 15 days after the determination of default becomes final and enforceable and contain a requirement for the payment of arrearages caused by the default along with any payment for current support.
- Applies preexisting law requiring that the arrearage amount collected with each payment of current support equal at least 20% of the current support payment to a withholding or deduction notice or other appropriate order issued under the act and under state law as it existed prior to the act's effective date.
- Changes to permissive the requirement that a court assess interest if it determines a default is willful.
- Provides that if a court or CSEA makes a final and enforceable determination that an obligor is in default under a support order, each payment or installment that was due and unpaid plus any arrearage amounts that accrue after the default determination must be considered a final judgment with the full force, effect, and attributes of a judgment entered by a court.
- Provides that on request by an obligor, obligee, or authorized representative of either, the CSEA administering the order for which a judgment has arisen must issue a certified pay-off statement of the total amount due on the judgment as of the time of the request.
- Specifies that the certified pay-off statement is valid for 30 days after the date it was issued.
- Specifies that, during the period a certified pay-off statement is valid, the obligee under the support order, or the CSEA on the obligee's behalf, is permitted to bring an action in the common pleas court to obtain execution on the statement.
- Requires the court to rely on the certified pay-off statement as a rebuttable presumption of the amount of judgment and provides that the court cannot require reduction of unpaid support payments and installments or arrearages under the support order to a lump sum for purposes of execution.

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CONTENT AND OPERATION

HEALTH INSURANCE COVERAGE UNDER A CHILD SUPPORT ORDER

Under Ohio law, child support orders, whether issued by an administrative agency or a court, must address the provision of health care to the children who are the subject of the order and may require the obligor, obligee, or both to provide health insurance coverage. An obligor is a person who is required to pay support under a support order. An obligee is a person who is entitled to receive payments under the order. The obligor and obligee are usually the child's parents.



Health insurance coverage notice

(sec. 3119.29)

The act requires the use of the National Medical Support Notice (NMSN) in Ohio. The NMSN is a form jointly developed and promulgated by the Secretary of Health and Human Services and the Secretary of Labor pursuant to federal regulations. The "Child Support Performance and Incentive Act of 1998," P.L. 105-200, 112 Stat. 659, 42 U.S.C. 666(a)(10), as amended, requires state child support enforcement agencies to use the NMSN to inform a noncustodial parent's employer of the parent's responsibility to provide health insurance coverage for the children under a child support order.

The act requires that the NMSN be sent to the employer of the person required to provide health insurance coverage and to the plan administrator. It defines the "person required to provide health insurance coverage" as the obligor, obligee, or both, required by a court or child support enforcement agency (CSEA) under a child support order to provide health insurance coverage. The act defines "health plan administrator" to include any entity authorized under Ohio law to engage in the business of insurance in this state, any health insuring corporation, any legal entity that is self-insured and provides benefits to its employees or members, and the administrator of any such entity or corporation.

Modification of the NMSN

(sec. 3119.291)

The act requires the Ohio Department of Job and Family Services (ODJFS) to modify the NMSN, as necessary, to make the notice and its instructions apply to the person required to provide health insurance coverage for the children subject to a child support order.¹

¹ *The NMSN and instructions that must accompany it refer to "custodial" and "noncustodial" parents. Ohio law uses "obligor" and "obligee" in reference to parties responsible for providing and receiving child support payments. Ohio law also allows health insurance coverage to be provided through plans offered by an employer or other group policy, contract, or plan, or for the obligee and obligor to share liability for the cost of medical and health care needs of the children if health insurance coverage is not available to either the obligor or obligee. The act allows ODJFS to modify the NMSN to account for Ohio's "obligor" and "obligee" terminology and the various means of providing health insurance coverage under support orders.*

Determination of person responsible for health care

(secs. 3119.30 and 3119.31)

In any action or proceeding in which a child support order is issued or modified, the court, with respect to court child support orders, or the CSEA, with respect to administrative child support orders, is required to determine the parent responsible for the health care of the children. The act specifies that each party to the order must provide to the court or CSEA a list of any group health insurance policies, contracts, or plans available to the party. The court or CSEA must use the health insurance information received from each party in determining the person responsible for the health care of the children.

Continuing law provides that if health insurance coverage for the children is not available at a reasonable cost through a group policy, contract, or plan offered by the obligor's or obligee's employer or through any other policy, contract, or plan available to the obligor or obligee, the court or CSEA may require the obligor and the obligee to share liability for the cost of the medical and health care needs of the children under an equitable formula established by the court. The act provides that, for administrative child support orders, the CSEA may establish the formula by which the obligor and obligee share this liability. The act also requires the obligor or obligee under an administrative child support order to immediately inform the CSEA if health insurance coverage for the children becomes available.

Contents of child support order

(sec. 3119.32)

Under continuing law the person required to provide health insurance coverage must provide the other person with information regarding the benefits, limitations, and exclusions of the coverage; copies of any insurance forms necessary to receive reimbursement, payment, or other benefits under the coverage; and a copy of any necessary insurance cards. The act requires that the information be provided not later than 30 days after the issuance of a support order.

Notice to employer

(sec. 3119.33)

The act requires the CSEA to send the National Medical Support Notice (NMSN) to the employer of the person required to provide health insurance coverage for the children who are the subject of a child support order. The CSEA

must do this in accordance with federal regulations governing the NMSN and any rules adopted by ODJFS.

Notice of medical support enforcement

(secs. 3119.34, 3119.35, 3119.351, and 3119.352)

Under continuing law, an employer must make a new hire report to ODJFS regarding the hiring, rehiring, or return to work as an employee of a person who resides, works, or will be assigned to work in this state to whom the employer anticipates paying compensation. The Office of Child Support in ODJFS maintains a case registry of all support orders being administered by a CSEA. ODJFS is required to make comparisons of the social security numbers obtained from new hire reports and the social security numbers appearing in the case registry. If the comparison results in a match, ODJFS must notify the CSEA administering the child support order no later than the business day after information is entered into the directory. The CSEA must then send a support withholding notice to the employer no later than the business day after receipt of the notice.

The act provides that a CSEA, on receipt of a notice of a new hire match, must send both of the following (at the same time) if the person who is the subject of the new hire match is required to provide health insurance coverage for the children who are the subject of a child support order:

- (1) An NMSN to the person's new employer;
- (2) A notice of medical support enforcement activity to the person.

The notice of medical support enforcement activity must contain all of the following:

- (1) The date on which it is sent;
- (2) A statement that the person has been designated as a person required to provide health insurance coverage for children who are the subject of a child support order;
- (3) A statement that an NMSN has been sent to the person's employer;
- (4) A statement of the purpose of the NMSN, of what it will require of the person's employer and any applicable health plan administrator, and that amounts will be withheld from the person's income to pay for health insurance for the children;

(5) A statement of the person's right to contest the NMSN through mistake of fact proceedings;

(6) An explanation of the mistake of fact proceedings available to the person and the actions the person must take to pursue those proceedings.

The act also requires ODJFS to adopt a standard form for the notice of medical support enforcement activity to be used by all CSEAs in issuing the notice.

Employer's duties

(secs. 3119.36 and 3924.49)

On receipt of an NMSN, an employer is required to do one of the following no later than 20 business days after the date specified in the notice:

(1) If the person named in the NMSN is a current employee and health insurance coverage of the children is available through the employer, complete and comply with the notice in accordance with its instructions, federal regulations, and any rules adopted by ODJFS and send the appropriate portion of the notice to the health plan administrator.

(2) If the person named in the notice is not a current employee, health insurance coverage of the children is not available through the employer, or the employer determines that coverage of the children would cause the total amount of income withholding and health insurance contributions from the person's income to exceed the maximum amount permitted under the federal "Consumer Credit Protection Act," (15 United States Code 1673(b)), complete the notice in accordance with its instructions, federal regulations, and any rules adopted by ODJFS, and return the completed notice to the CSEA.

Health plan administrator's duties

(sec. 3119.37)

The act requires a health plan administrator, on receipt of an NMSN sent by an employer, to complete and comply with the notice in accordance with its instructions, federal regulations, and any rules adopted by ODJFS.

Mistake of fact hearing

(secs. 3119.38, 3119.39, 3119.40, and 3119.41)

Under the act, a person who receives a notice of medical support enforcement activity may file a written request for an administrative hearing with the CSEA that issued it regarding whether a mistake of fact was made in the NMSN. The request must be filed no later than seven business days after the date the notice of medical support enforcement activity is sent.

If the person makes a timely request, the act requires the CSEA to conduct an administrative hearing no later than ten days after the date the request is filed. No later than five days before the date of the hearing, the CSEA must send the person and any other individual the CSEA determines appropriate written notice of the date, time, place, and purpose of the hearing. The notice must also indicate that the person is permitted to present testimony and evidence at the hearing only regarding the issue of whether a mistake of fact has been made in the NMSN.

At the hearing, the CSEA is required by the act to determine whether there is a mistake of fact in the NMSN. The CSEA must send its determination to the person. The CSEA's determination is final unless, within seven business days after the CSEA makes its determination, the person files a written motion with the court for a hearing to determine whether there is still a mistake of fact in the NMSN.

If a person fails to make a timely request for an administrative hearing, the notice of medical support enforcement activity becomes a final determination of the CSEA that issued that notice that no mistake of fact exists in the NMSN. Under the act, when the CSEA's determination becomes final, the NMSN must remain in effect.

If after an administrative hearing a person files a timely written motion for a court hearing to determine whether there is still a mistake of fact in the NMSN, the court is required by the act to hold a hearing as soon as possible, but no later than ten days after the motion is filed. No later than five days before the date of the court hearing, the court must send the person and any other individual the CSEA determines appropriate written notice by regular mail of the date, time, place, and purpose of the hearing. The hearing must be limited to a determination of whether there is a mistake of fact in the NMSN. On the conclusion of the hearing, the court must make its determination. The act specifies that the court's determination is final.

If a court's or CSEA's determination becomes final, one of the following occurs:



(1) If the court or CSEA makes a final determination that no mistake of fact exists in an NMSN, the NMSN remains in effect;

(2) If the court or CSEA determines that a mistake of fact exists under the NMSN, the court or CSEA must take whatever action is necessary regarding the notice, which may include correction or termination of the notice.

If a mistake of fact proceeding is instituted, the act provides that withholding of amounts pursuant to an NMSN must continue in accordance with the notice until the court or CSEA terminates or corrects the notice. If the notice is corrected, withholding must occur in accordance with the corrected notice.

Rules

(sec. 3119.51)

The act requires ODJFS to adopt rules as appropriate to implement the requirements related to the use and enforcement of the NMSN and the notice of medical support enforcement activity.

Investigation of health insurance availability

(secs. 3119.47 and 3119.48)

A CSEA, under the direction of the court must, conduct an investigation to determine whether an obligor or obligee has satisfactory health insurance available for the children and inform the court in writing of its determination. The act clarifies that in addition to determining whether insurance is available to the obligor or obligee, the CSEA must determine whether health insurance for the children is available to both the obligor and obligee, or the obligor and obligee together. The act eliminates the requirement that the CSEA provide a written determination to the court; instead, it requires the CSEA to provide to the court in writing the information the CSEA obtains through its investigation, including a list of available health care coverage and the costs of coverage.

Continuing law states that the court must modify the child support order if it determines that neither the obligor nor the obligee has satisfactory health insurance coverage for the children. The act clarifies that, if a motion for modification of the health insurance requirement of a child support order is filed, the court is permitted to modify the order based on the information provided by the CSEA.

SUPPORT DEFAULT PROCEDURES

The act makes a number of changes to the procedures followed when an obligor under a support order is in default.

Clarification "administrative charge"

(sec. 3121.58)

Continuing law requires a court or CSEA that issues or modifies a child support order to impose on the obligor a processing charge that is the greater of 2% of each support payment or \$1 per month.

Prior law provided that if an obligor fails to pay the required administrative charge amount with each current support payment due in increments specified under the support order, the Office of Child Support must maintain a separate arrearage account of that amount for the obligor.

The act clarifies that the "administrative charge" is the processing charge.

New hire match

(sec. 3121.896)

Continuing law provides that if a comparison of social security numbers appearing in the child support case registry maintained by the Office of Child Support and the New Hire Registry maintained by ODJFS results in a match, ODJFS must notify the CSEA administering the child support order no later than the business day after information is entered into the directory. The CSEA must send the withholding notice to the employer no later than the business day after receipt of the notice, unless the employee's income is not subject to withholding.

The act clarifies that the identification of a default does not affect the requirement that the CSEA send a withholding notice to an employer.

Definition of "period of default"

(sec. 3123.01)

For the purposes of the default procedures, the act defines "period of default" as the period beginning on the date a default under a support order is identified and ending on the date the total arrearage amount owed under the order is paid.



Obligor in default and identified as new hire

(secs. 3123.021, 3123.022, and 3123.023)

Continuing law provides that a court or CSEA that issued, modified, or is administering a support order and is required by Ohio law to issue one or more withholding or deduction notices must issue certain notices or orders for the payment of the support and, if required, any arrearages. The act specifies that if an obligor under a support order is identified as being in default under the order and is also identified through the New Hire Directory as obtaining employment, the withholding notice must require withholding for both current support and the arrearage.

If an obligor is identified as being in default under a support order and is also identified through a source other than a new hire match as obtaining employment, the CSEA administering the order is required by the act to send a withholding notice to the employer, unless the obligor's income is not subject to withholding, no later than two business days after discovery of the employment. The withholding notice must require withholding for both current support and the arrearage.

The act also specifies that a withholding notice issued under this provision, in accordance with continuing law, must be rebuttably presumed to provide that the arrearage portion of each payment equal at least 20% of the current support payment until the period of default ends.

The act provides that the issuance of a withholding notice under this provision does not affect the obligor's right to contest an identification of default or the amount of arrearages identified under the default. Under the act, the timely filing of a written request or motion for an administrative or court hearing as described in current law does not cause the suspension of the withholding notice.

The act also requires that the CSEA notify the obligee that a withholding notice is being issued at the same time it issues the notice.

Advance notice renamed "default notice"

(secs. 3123.03 and 3123.033)

Prior law used the term "advance notice" to describe the notice sent by the Office of Child Support to the obligor after the identification of a default under a support order. The act renames the notice "default notice" and requires that it be sent to the obligor's last known address.

Contents of default notice

(sec. 3123.031)

The act requires that the default notice contain all of the following:

- (1) The date on which it is sent;
- (2) A statement that the obligor is in default under a support order;
- (3) The amount of arrearages the obligor owes due to the default as of the date the default notice is sent;
- (4) A statement that any arrearages owed by the obligor that arise after the default notice is sent and during the period of default will be added to the obligor's total child support obligation and will be subject to collection efforts without further default notice;
- (5) A statement of the types of withholding or deduction requirements and related notices or the types of court orders described in Ohio law that will be issued for payment of support and arrearages and the amount that will be withheld or deducted pursuant to those requirements;
- (6) A statement that any notice for the withholding or deduction of an amount from income or assets applies to all current and subsequent payors of the obligor and financial institutions in which the obligor has an account and that any withholding or deduction requirement and related notice or any court order described in Ohio law that is issued will not be discontinued solely because the obligor pays arrearages;²
- (7) A statement that the obligor may file with the CSEA, within seven business days after the date on which the default notice is sent, a written request for an administrative hearing;
- (8) A statement that, if the obligor files a timely written request for an administrative hearing, the obligor may file with the court, within seven business days after the CSEA makes its determination under the administrative hearing, a written motion for a court hearing;

² A payor is a person or entity, such as an employer, that makes regular payments to an obligor.

(9) An explanation of the administrative and court action that will take place if the obligor files a timely written request or motion for an administrative or court hearing;

(10) An explanation of how a final and enforceable determination of default and amount of arrearages is made under Ohio law;

(11) A statement that a withholding notice may be issued in accordance with state law if the CSEA determines the obligor has obtained employment and an explanation of the provisions of state law pertaining to the obligor's right to contest the identification of a default or the amount of arrearages identified under the default.

Failure to make timely request for administrative hearing

(secs. 3123.032 and 3123.034)

Under the act, if an obligor who has received a default notice fails to make a timely request for an administrative hearing, the notice becomes a final and enforceable determination of both of the following by the CSEA that identified the default:

- (1) The obligor is in default under the support order;
- (2) The amount of the arrearage owed as a result of the default.

The act also provides that an advance notice issued under Revised Code section 3123.03 as that section existed before December 13, 2002 (the act's effective date) must be treated the same as a default notice issued under that section as amended by the act. If an obligor subject to an advance notice has not exhausted the rights to contest withholding or deduction because of a mistake of fact pursuant to state law as it existed before December 13, 2002, the obligor is permitted to proceed in accordance with the applicable provisions of state law as amended by the act at the comparable point of the proceedings.

Time limit for filing request for administrative hearing

(sec. 3123.04)

Under prior law, an obligor was permitted to request a hearing regarding the advance notice. The act provides that the request concerning the default notice must be filed with the CSEA that identified the default no later than seven business days after the date the default notice is sent.

Final and enforceable determination of default

(secs. 3123.06 and 3123.061)

If a court or CSEA makes a final and enforceable determination that an obligor is in default under a support order, the act requires one of the following:

(1) If no withholding notice was issued with respect to the order, the court or CSEA must issue one or more notices requiring withholding or deduction of income or assets of the obligor in accordance with state law, or the court must issue one or more court orders imposing other appropriate requirements in accordance with state law;

(2) If a withholding notice was issued with respect to the order and the determination of default altered the arrearage amount stated in the default notice, the court or CSEA, whichever made the determination, must revise the withholding notice and is permitted to issue, as appropriate, any of the notices or orders requiring withholding or deduction of income or assets of the obligor in accordance with state law, or one or more court orders imposing other appropriate requirements in accordance with state law;

(3) If a withholding notice was issued with respect to the order but the final and enforceable determination of default did not alter the arrearage amount stated in the default notice, the withholding notice remains in effect. The court or CSEA, in addition and as appropriate, is permitted under the act to issue any other notice or order requiring withholding or deduction of income or assets of the obligor in accordance with state law, or one or more court orders imposing other appropriate requirements in accordance with state law.

If a court or CSEA determines that no default exists under a support order, the act requires the court or CSEA to terminate the default proceedings. If a withholding notice was issued with respect to the order, the court or agency, whichever made the determination, is required by the act to revise the withholding notice and is permitted to issue any appropriate notice or orders requiring withholding or deduction of income or assets of the obligor in accordance with state law or one or more court orders imposing other appropriate requirements in accordance with state law to collect current support.

A withholding or deduction notice issued under this provision of the act must require the payment of arrearages caused by the default along with any payment for current support and must be issued no later than 15 days after the determination of default becomes final and enforceable. The act also makes applicable to this provision the requirement in continuing law that a withholding or deduction notice or an order to collect current support due under a support order

and any arrearage owed by the obligor under a support order pertaining to the same child and spouse must be rebuttably presumed to provide that the arrearage amount collected with each payment of current support equal at least 20% of the current support payment until the date the period of default ends.

The act also applies the preexisting requirement that the arrearage portion of each support payment be at least 20% of the current support payment to a withholding or deduction notice or other appropriate order issued under Revised Code section 3123.06 before December 13, 2002.

Assessment of interest in arrearage amount

(secs. 3123.17 and 3123.171)

Under prior law, if it determined the obligor was in default under a support order, the court was required to issue a new order requiring the obligor to pay support. If it determined the default was willful, the court had to assess interest on the arrearage amount. The act makes the assessment of interest by the court discretionary. The act also specifies that the interest must be charged as provided under child support law rather than general law.

Final and enforceable determination as a final judgment

(secs. 3123.18, 3123.181, and 3123.182)

The act provides that if a court or CSEA makes a final and enforceable determination that an obligor is in default under a support order under state law as it existed before December 13, 2002 or under the provisions of the act, each payment or installment that was due and unpaid under the support order that is the basis for the default determination, plus any arrearage that accrues after the default determination and during the period of default, is a final judgment with the full force, effects, and attributes of a judgment entered by a court of this state. Execution on the judgment may be made under state laws governing the operation of the courts of common pleas.

The act also provides that on the request of an obligor, obligee, or authorized representative of an obligor or obligee, the CSEA administering the order for which a judgment has arisen must issue to the obligor and obligee or their authorized representatives a certified pay-off statement of the total amount due on the judgment as of the time of the request. Under the act, the statement is valid for 30 days after the date it was issued.

During the period a certified pay-off statement is valid, the act specifies that the obligee under the support order for which the statement was issued, or a CSEA on behalf of the obligee, is permitted to bring an action to obtain execution on the

statement in the common pleas court that issued the support order, or the common pleas court of the county served by the CSEA that issued the order. Under the act, the court must rely on the statement as a rebuttable presumption of the amount of the judgment and must not require the reduction of unpaid support payments and installments or arrearages under the support order for which the statement applies to a lump sum for purposes of execution.

Emergency clause

Federal law requires states to begin using the National Medical Support Notice in child support enforcement by January 1, 2003. The act contains an emergency clause since the act provides for the use of the notice.

Technical changes

(secs. 1349.01, 2151.231, 2151.33, 2151.49, 3111.81, 3113.07, 3119.01, 3119.301, 3119.361, 3119.362, 3119.363, 3119.364, 3119.42, 3119.421, 3119.422, 3119.43, 3119.44, 3119.45, 3119.46, 3119.47, 3119.48, 3119.49, 3119.50, 3119.54, 3119.56, 3119.76, 3121.03, 3121.035, 3121.27, 3121.67, 3123.033, 3123.05, 3123.07, 3123.183, 3123.25, 3123.42, 3123.53, 3123.62, 3123.66, 3123.67, 3123.92, 3924.48, and 4705.021)

The act makes technical changes to a number of Revised Code sections.

HISTORY

ACTION	DATE	JOURNAL ENTRY
Introduced	10-29-02	p. 2022
Reported, H. Health & Family Services	11-20-02	pp. 2081-2082
Passed House (88-3)	11-21-02	pp. 2110-2111
Reported, S. Finance & Financial Institutions	12-04-02	p. 2203
Passed Senate (31-0)	12-04-02	pp. 2252-2253

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