Executive	As Passed by the House	As Passed by the Senate	As Enacted
INSCD8 Pharmacy benefit managers, pharmacists, and cost-sharing for drug purchases			
	R.C. 1739.05, 1751.92, 3923.87, 3959.12, 3959.20, 4729.48 and Section 739.20	**R.C. 1739.05, 1751.92, 3923.87, 3959.12, 3959.20, 4729.48 and Section 739.20**	**R.C. 1739.05, 1751.92, 3923.87, 3959.12, 3959.20, 4729.48 and Section 739.20**
No provision.	Prohibits health plan issuers, pharmacy benefit managers (PBMs), or any other administrators from requiring cost-sharing in an amount greater than the lesser of either of the following: (1) the amount an individual would pay for the drug if the drug were to be purchased without coverage under a health benefit plan, or (2) the net reimbursement paid to the pharmacy for the prescription drug by the health plan issuer, PBM, or other administrator.	Same as the House.	Same as the House.
No provision.	Prohibits health plan issuers, PBMs, and other administrators from retroactively adjusting a pharmacy claim for reimbursement of a prescription drug unless the adjustment is the result of either (1) a pharmacy audit, or (2) a technical billing error.	Same as the House.	Same as the House.
No provision.	Prohibits health plan issuers, PBMs, or other administrators from charging a fee related to a claim unless the amount of the fee can be determined at the time of claim adjudication.	Same as the House.	Same as the House.
No provision.	Requires a pharmacist, pharmacy intern, or terminal distributor of dangerous drugs who has information indicating that the cost-sharing amount required by the patient's health benefit plan exceeds the permitted amount to provide	Same as the House.	Same as the House.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
	such information to the patient and ensure that the patient is not charged the higher amount.		
No provision.	Allows the Superintendent of Insurance to suspend for up to two years, revoke, or not renew any license issued to a PBM, or other administrator, if the PBM or administrator violates the price disclosure requirements. Requires the Department of Insurance to create a web form that consumers can use to submit complaints associated with violations of the requirements.	Same as the House.	Same as the House.
	Fiscal effect: May increase administrative costs for the Department of Insurance and the State Board of Pharmacy. Any such costs for the Department of Insurance may be offset in part by penalties collected by the Department, and would be paid from the Department of Insurance Operating Fund (Fund 5540). Any penalties collected by the Department will also be deposited into Fund 5540. Any increase in the Board's administrative costs will be paid from the Board's appropriation item 887609, Operating Expenses (Fund 4K90); all penalties collected by the Board will be deposited into Fund 4K90. The cost-sharing requirement may have the effect of leading some health benefit plans to raise premiums to cover additional prescription costs, thereby increasing costs to local governments that provide health benefits to employees and their dependents.	**Fiscal effect: Same as the House.**	**Fiscal effect: Same as the House.**

Executive	As Passed by the House	As Passed by the Senate	As Enacted
INSCD12 Release of insurance claims information			
		R.C. 3901.89, 3904.13	
No provision.	No provision.	Requires a health plan issuer, beginning July 2020, to release the following to a requesting group policyholder: net claims paid or incurred by month; monthly enrollment data; monthly prescription claims information; and the amount paid toward each claim over $30,000 and the claimant's health condition.	No provision.
No provision.	No provision.	Defines "group policyholder" as being a policyholder for a health insurance policy covering 50 or more full-time employees who work an average of at least 30 hours per week during a calendar month, or at least 130 hours during the calendar month.	No provision.
No provision.	No provision.	Applies the disclosure requirement to claims data for the current, or immediately preceding, policy period, as requested by the policyholder.	No provision.
No provision.	No provision.	Provides protections from civil liability to the health plan issuer in relation to the disclosure of the claims data.	No provision.
No provision.	No provision.	Makes a series of violations of the disclosure requirement that, taken together, constitute a pattern or practice, an unfair or deceptive practice in the business of insurance.	No provision.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
		Fiscal effect: The requirement may minimally increase the Department of Insurance's administrative costs for regulating health insurers. Any increase in the Department's administrative costs would be paid from the Department of Insurance Operating Fund (Fund 5540). Any civil penalties that may arise from health plan issuers' failure to comply with the requirements would be deposited into Fund 5540.	
INSCD6 Direct primary care agreements			
	R.C. 3901.95	**R.C. 3901.95**	**R.C. 3901.95**
No provision.	Provides that direct primary care agreements that meet certain criteria are not considered insurance.	Same as the House, but further specifies that the agreements are not subject to Ohio insurance laws or Ohio's laws regarding multiple employer welfare arrangements, health insuring corporations, physician-health plan partnerships, or risk-based capital requirements.	Same as the Senate.
	Fiscal effect: None.	**Fiscal effect: None.**	**Fiscal effect: Same as the Senate.**

Executive	As Passed by the House	As Passed by the Senate	As Enacted
INSCD4 Telemedicine services			
R.C. 3902.30		**R.C. 3902.30, 4723.94 and 4731.2910**	**R.C. 3902.30**
Requires all health benefit plans to provide coverage for telemedicine services on the same basis and to the same extent as in-person services. Prohibits such plans from excluding telemedicine services from coverage solely because they are telemedicine services. Prohibits such plans from (1) imposing a lifetime benefit maximum in relation to telemedicine services other than a maximum imposed on all plan benefits and (2) requiring cost-sharing for telemedicine services in an amount greater than that for comparable in-person services. Specifies that the requirement and prohibitions apply to all health benefit plans issued, offered, or renewed on or after January 1, 2020.	No provision.	Same as the Executive, but delays the application of the requirement and prohibitions on or after January 1, 2021.	Same as the Senate, but also clarifies that a health plan issuer is not required to reimburse for telemedicine services at the same rate as in-person services.
No provision.	No provision.	Prohibits physicians, physician assistants, and advanced practice registered nurses from charging health plan issuers a facility, origination, or other fee with regard to covered telemedicine services.	Same as the Senate.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
Fiscal effect: The prohibition against excluding coverage for telemedicine services has the potential to increase costs for the state and local governments to provide health benefits to employees and their dependents. Currently, telemedicine service is not included in the state's health benefit plan, thus, it may minimally increase costs to the state to provide health benefits to employees and their dependents. To the extent that telemedicine services are already included in a local government's health benefit plan, there should be no impact on their costs of providing health benefits to employees and their dependents.		**Fiscal effect: Same as the Executive, but delays the effect for one year.**	**Fiscal effect: Same as the Senate.**
INSCD5 Minimum prices for health services			
	R.C. 3902.31		**R.C. 3902.31**
No provision.	Voids any provision in a contract between a third-party payer and a medical provider that (1) establishes minimum charges for health services or (2) prohibits the medical provider from advertising the provider's rates for a service. Defines third-party payers to include an insurer, a health insuring corporation, a labor organization, an employer, certain intermediary organizations, a third party administrator (such as a pharmacy benefit manager), a health delivery network, and any person that is obligated pursuant to a benefits contract to reimburse for covered health care services.	No provision.	Same as the House.
	Fiscal effect: No direct fiscal effect.		**Fiscal effect: Same as the House.**

Executive	As Passed by the House	As Passed by the Senate	As Enacted
INSCD7 **VETOED Reimbursement for out-of-network emergency care**			
	R.C. 3902.50, 3902.51, and Section 739.10	**R.C. 3902.50, 3902.51, 3902.52, 3902.53, 3902.54, and Section 739.31**	**R.C. 3902.50, 3902.51 to 3902.54, and Sections 739.21 and 812.10**
No provision.	Requires an insurer to reimburse an out-of-network provider for emergency services when those services are performed at an in-network facility.	Replaces the House provision with one that requires an insurer to reimburse an out-of-network provider for unanticipated out-of-network care when that care is performed at an in-network hospital. Defines "unanticipated out-of-network care" as health care services covered under a health benefit plan that are provided by an out-of-network provider when (1) the patient did not have the ability to request services from an in-network provider or (2) the services were emergency services.	[***VETOED: Replaces the House provision with requirements that an insurer must reimburse (1) an out-of-network provider for covered services at an in-network facility when the covered person could not request an in-network provider or the services were emergency services, and (2) an out-of-network provider and out-of-network emergency facility for emergency services provided at such a facility. Applies the provisions to providers who are individuals, and applies the provisions to facilities, rather than specifically to
No provision.	Specifies that the rate that must be reimbursed for such provider must be the greater of the following: (1) the average contracted rate for the same service delivered by an in network health care practitioner in the same or similar specialty in the same geographic area; or (2) the amount the health plan issuer would pay under the covered person's health benefit plan for out-of-network emergency services.	No provision.	[***VETOED: Replaces the House's required out-of-network reimbursement amount, instead requiring it to be the highest of (a) a negotiated amount, (b) the plan's usual and customary amount for out-of-network emergency services, or © the Medicare amount.***]
No provision.	[***VETOED: Prohibits an insurer from requiring cost-sharing from a covered person for such services at a higher rate than the in-network cost-sharing rate.***]	Same as the House, [***VETOED: but applies to unanticipated out-of-network care.***]	Same as the Senate.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
No provision.	[***VETOED: Prohibits an out-of-network provider from balance billing a patient for nonemergency services when those services are performed at an in-network facility unless certain conditions are met.***]	Same as the House, but prohibits balance billing for unanticipated out-of-network care with no conditions, and prohibits balance billing for other out-of-network care subject to similar conditions.	Same as the House, but [***VETOED: prohibits balance billing for unanticipated out-of-network care provided at in-network facilities and emergency services provided at in-state facilities.***]
No provision.	No provision.	Requires the out-of-network provider to bill the insurer for the unanticipated out-of-network care, and requires the insurer, within 30 days, to either pay the billed amount or attempt to negotiate the reimbursement amount. Suspends the Prompt Pay Law deadlines for the negotiation period.	No provision.
No provision.	[***VETOED: Requires the Superintendent of Insurance to establish alternate dispute resolution procedures to address disputes between a provider and an insurer.***]	Replaces the House provision with one that does the following: (1) Specifies that, if the insurer and out-of-network provider fail to agree on a negotiated reimbursement within 60 days, either may initiate binding arbitration if the amount billed exceeds both (a) $700 and (b) 120% of the usual and customary amount for the service in question by filing a request with the Superintendent of Insurance.(2) Prohibits an insurer from denying coverage in relation to a bill after arbitration on the bill has been initiated. (3) Specifies procedures under which arbitration must be conducted, including (a) a requirement that the arbitrator decide within 30 days, (b) limiting the arbitrator's decision to the insurer's reimbursement offer or the provider's billed amount, (c) specifying factors that the arbitrator must consider when making a decision, and (d) making the arbitrator's decision binding on the parties.	Same as the House, but [***VETOED: requires the Superintendent of Insurance to adopt rules related to alternative dispute resolution procedures and guidelines for complaints brought by individual providers or emergency facilities against health plan issuers related to reimbursement for out-of-network emergency care. Specifies that the Superintendent must require a mediation be attempted prior to arbitration. Permits an individual provider or emergency facility to request alternative dispute resolution if (1) the insurer's reimbursement offer does not meet the bill's requirements, rather than if the offer is less than what an in-network provider would receive and (2) the billed amount exceeds $700. Prohibits the disclosure of documents submitted for alternative dispute resolution.***]

Executive	As Passed by the House	As Passed by the Senate	As Enacted
No provision.	No provision.	Excludes from these provisions situations where the provider's services are subject to schedules or other monetary limitations, including Medicaid managed care plans.	No provision.
No provision.	No provision.	[***VETOED: Exempts the reimbursement for emergency out-of-network care provisions from R.C. 3901.71.***]	Same as the Senate.
No provision.	[***VETOED: Applies to insurance policies delivered, modified, or renewed on or after the sections' effective date.***]	Same as the House, but [***VETOED: applies to insurance plans beginning April 1, 2020.***]	Same as the Senate, but [***VETOED: also makes a technical correction to the effective date of the new requirements.***]
No provision.	No provision.	No provision.	[***VETOED: Provides that continuous or repeated violations constitute an unfair and deceptive act or practice in the business of insurance.***]
	Fiscal effect: The reimbursement requirement and the cost-sharing limitation may increase the costs for the state and local governments to provide health benefits to employees and their dependents. The requirement related to the alternative dispute resolution may increase the Department of Insurance's administrative costs; any increase in such costs would be paid from Fund 5540.	**Fiscal effect: Same as the House, but 1) Departmental costs may increase due to the duties imposed by the arbitration provisions (rather than the alternative dispute resolution provisions), and 2) the state and local governments may be required to pay arbitration fees if they lose an arbitration case.**	**Fiscal effect: Same as the House, but any penalties collected by the Department related to an unfair and deceptive act or practice in the business of insurance may offset some Departmental costs.**
INSCD10 Motor vehicle tire or wheel road hazard contracts			
	R.C. 3905.426		
No provision.	Excludes motor vehicle tire or wheel road hazard contracts from provisions governing motor vehicle ancillary product protection contracts.	No provision.	No provision.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
No provision.	Makes the sale of a motor vehicle tire or wheel road hazard contract a consumer transaction for purposes of the Consumer Sales Practices Act. **Fiscal effect: None.**	No provision.	No provision.

INSCD9 **VETOED Health care price transparency**

	R.C. 3962.01, 3962.011 through 3962.15, 5164.65, and Section 751.30	**R.C. 3727.46, 3727.461, 3727.462, 3902.60, 3962.01, 5162.80 (repealed), and Section 751.30**	**R.C. 3962.01, 3962.011 to 3962.15, 5164.65, and Section 751.15**
No provision.	[***VETOED: Adds to current health care price transparency requirements that apply to products, services, and procedures.***]	Replaces the House provision with one that repeals existing health care price transparency provisions which were permanently enjoined from enforcement in February 2019, and replaces them with the following provisions:	Same as the House.
No provision.	[***VETOED: Requires that certain health care providers and health plan issuers provide to patients or their representatives a cost estimate for nonemergency health care products, services, or procedures before each is provided. Enumerates certain information that must be included in a cost estimate. Clarifies what is to occur with the provision of a cost estimate when specific information (such as the provider who will be providing the health care product, service, or procedure) is not readily available at the time the appointment for the product, service, or procedure is made. Specifies that the requirement applies to a health care provider that is a hospital or hospital system or is owned by a hospital or hospital system on the effective	Replaces the House provision with a provision that requires a hospital, beginning January 1, 2020, and on the request of a patient or the patient's representative, to provide a patient with a verbal or written cost estimate for scheduled services. Specifies that the requirement does not apply if the patient is insured and the patient's health plan issuer fails to supply the necessary information to the hospital within 48 hours of the hospital's request. Enumerates certain information that must be included in a cost estimate. Requires a health plan issuer to provide to its covered persons estimates of the costs of health care services and procedures to at least the same extent it is required to do so by federal law, and	Same as the House.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
	date of this bill. Specifies that on and after March 1, 2020, the requirement applies to all other health care providers.***]	prohibits the Superintendent of Insurance from enforcing this requirement.	
No provision.	[***VETOED: Requires the cost estimates to be provided within certain time limits and in accordance with all applicable laws pertaining to the privacy of patient-identifying information.***]	Same as the House, but does not require the cost estimates to be provided in accordance with applicable privacy laws.	Same as the House.
No provision.	[***VETOED: Requires the Department of Insurance to create or procure a connector portal that health care providers may use to transmit information to health plan issuers for their use in generating cost estimates.***]	No provision.	Same as the House.
No provision.	[***VETOED: Grants qualified immunity from civil liability to a health care provider or health plan issuer that provides cost estimates in accordance with the bill's provisions.***]	No provision.	Same as the House.
No provision.	[***VETOED: Authorizes the Superintendent of Insurance, the Department of Health, Department of Medicaid, or the relevant regulatory board to impose administrative remedies on a health plan issuer or health care provider who fails to comply with the bill's health care price transparency provisions.***]	No provision.	Same as the House.
No provision.	[***VETOED: Specifies that a contract clause prohibiting a health care provider or health plan issuer from providing patients with quality or cost information is invalid and unenforceable.***]	No provision.	Same as the House.
No provision.	[***VETOED: Authorizes any member of the General Assembly to intervene in litigation that	No provision.	Same as the House.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
	challenges the bill's health care price transparency provisions or the existing law pertaining to price transparency.***]		
No provision.	[***VETOED: Specifies that it is the General Assembly's intent in enacting the bill's health care price transparency provisions to provide patients with the information they need to make informed choices regarding their health care, to maximize health care cost savings for all residents of Ohio, and to reduce the burden of health care expenditures on government entities, including Medicaid.***]	No provision.	Same as the House.
No provision.	[***VETOED: Specifies that the provision requiring the provision of a cost estimate to the patient or the patient's representative does not prohibit the provider or the patient's health plan issuer from collecting payment from the patient.***]	Replaces the House provision with a provision that specifies that the patient or the party responsible for paying for a patient's care is responsible for paying for hospital services provided even if a hospital fails to comply with the requirement to provide a cost estimate to the patient or the patient's representative.	Same as the House.
No provision.	No provision.	Requires a hospital to publish on its website the standard list of health care items and services it must annually prepare and make public under federal law.	No provision.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
	Fiscal effect: The requirement that the Department of Insurance create or procure a connector portal would increase the Department's costs by an uncertain amount. Any increase in such costs would be paid from Fund 5540. Administrative costs for the departments of Insurance, Health, and Medicaid, and other regulatory boards may increase due to regulatory need to monitor compliance by health plan issuers and health care providers. Potential reduction in costs to state and local public employee benefit plans and the Medicaid program due to potential increase in consumers shopping for lower prices for medical services; if there are any such reductions, the magnitude is uncertain.	**Fiscal effect: Uncertain.**	**Fiscal effect: Same as the House.**
INSCD11 Assigned risk insurance plan policies			
		R.C. 4509.70	**R.C. 4509.70**
No provision.	No provision.	Allows the Ohio Assigned Risk Insurance Plan (OARP) to directly issue automobile insurance policies to persons unable to meet the financial responsibility requirements through ordinary methods. (Currently, the Superintendent of Insurance contracts with private insurers to approve reasonable plans for applicants.)	Same as the Senate.
No provision.	No provision.	Requires OARP to file its policies and related items with the Superintendent of Insurance as if it were any other insurer. Requires policies issued by OARP to be treated like any policy issued by any other insurer.	Same as the Senate.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
No provision.	No provision.	Requires OARP to share information regarding issued auto policies and financials with the Superintendent. **Fiscal effect: Potential increase in administrative burden on the Ohio Department of Insurance, the extent to which is unclear.**	Same as the Senate. **Fiscal effect: Same as the Senate.**
INSCD1 Market conduct examination			
Section: 305.10 Permits the Superintendent of Insurance to assess the costs associated with a market conduct examination of an insurer doing business in this state against the insurer. Allows the Superintendent to enter into consent agreements to impose administrative assessments or fines for violations of insurance laws or rules. Requires all costs, assessments, or fines collected related to such violations to be deposited into the Department of Insurance Operating Fund (Fund 5540). **Fiscal effect: Potential revenue gain for Fund 5540.**	**Section: 305.10** Same as the Executive. **Fiscal effect: Same as the Executive.**	**Section: 305.10** Same as the Executive. **Fiscal effect: Same as the Executive.**	**Section: 305.10** Same as the Executive. **Fiscal effect: Same as the Executive.**

Executive	As Passed by the House	As Passed by the Senate	As Enacted
INSCD2 Examinations of domestic fraternal benefit societies			
Section: 305.10 Allows the Director of Budget and Management, at the request of the Superintendent, to transfer cash from Fund 5540 to the Superintendent's Examination Fund (Fund 5550), only for expenses incurred in examining domestic fraternal benefit societies.	**Section: 305.10** Same as the Executive.	**Section: 305.10** Same as the Executive.	**Section: 305.10** Same as the Executive.
INSCD3 Transfer of funds for captive insurance company regulation			
Section: 305.10 Requires the Director of Budget and Management, in consultation with the Superintendent, to establish a schedule for repaying amounts previously transferred during fiscal years 2016 and 2017 from the Captive Insurance Regulation and Supervision Fund (Fund 5PT0) to Fund 5540, when funds from captive insurance company application fees, reimbursements from captive insurance companies for examinations, and other sources have accrued to Fund 5PT0 in such amounts as are deemed sufficient to sustain departmental operations related to captive insurers.	**Section: 305.10** Same as the Executive.	**Section: 305.10** Same as the Executive.	**Section: 305.10** Same as the Executive.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
Fiscal effect: During FY 2016 and FY 2017, $1.0 million was transferred from Fund 5540 to Fund 5PT0 to pay startup costs for regulating captive insurance companies before receipts related to such regulation were received and deposited into Fund 5PT0. The money had not been repaid to Fund 5540 as of March of this year. This provision would require repayment when the funds are sufficient for that purpose.	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
JCRCD4 Agency rule review for regulatory restrictions			
		Section: 121.95	**Section: 121.95**
No provision.	No provision.	Requires certain agencies to identify which of their rules contain regulatory restrictions and to produce an inventory of regulatory restrictions before December 31, 2019.	Same as the Senate.
No provision.	No provision.	Requires these agencies to post the inventory on their websites and transmit copies to JCARR. Requires JCARR to review the inventory and transmit it to the House Speaker and Senate President.	Same as the Senate.
No provision.	No provision.	Prohibits these agencies, during FYs 2020, 2021, 2022, and 2023, from adopting a new regulatory restriction unless they simultaneously remove two or more existing regulatory restrictions.	Same as the Senate.
		Fiscal effect: Affected state agencies will incur administrative costs to develop and post the inventory and potentially to revise rules to comply with the limitations on regulatory restrictions. JCARR will incur administrative costs to review the inventories.	**Fiscal effect: Same as the Senate.**

Executive	As Passed by the House	As Passed by the Senate	As Enacted
MCDCD55 **VETOED Health care price transparency**			
	R.C. 5164.65, 3962.01-3962.15, 751.30		**R.C. 5164.65, 3962.01-3962.15, 751.15**
No provision.	[***VETOED: Requires ODM to comply with the health care price transparency law (See INSCD9).***]	No provision.	Same as the House.
MCDCD20 Medicaid prompt payment requirements waiver			
R.C. 5167.25 (repealed), with conforming changes: 3901.3814	**R.C. 5167.25 (repealed), with conforming changes: 3901.3814**	**R.C. 5167.25 (repealed), with conforming changes: 3901.3814**	**R.C. 5167.25 (repealed), with conforming changes: 3901.3814**
Repeals the requirement that the Medicaid Director apply for a waiver from the federal Medicaid prompt payment requirements that would instead require health insuring corporations to submit claims in accordance with requirements established by the Department of Insurance.	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.**
MCDCD23 Updating references			
R.C. 5168.03, 3901.381, 5168.05-5168.08	**R.C. 5168.03, 3901.381, 5168.05-5168.08**	**R.C. 5168.03, 3901.381, 5168.05-5168.08**	**R.C. 5168.03, 3901.381, 5168.05-5168.08**
Replaces references to the former U.S. Health Care Financing Administration with references to the U.S. Centers for Medicare and Medicaid Services.	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: None.	**Fiscal effect: Same as the Executive.**	**Fiscal effect: Same as the Executive.**	**Fiscal effect: Same as the Executive.**
MCDCD1 Temporary authority regarding employees			
Section: 333.20	**Section: 333.20**	**Section: 333.20**	**Section: 333.20**
Extends through July 1, 2021, the authority of ODM to establish, change, and abolish positions and to assign, reassign, classify, reclassify, transfer, reduce, promote, or demote employees who are not subject to state law governing public employee's collective bargaining.	Same as the Executive.	Same as the Executive.	Same as the Executive.
Permits a portion of various ODM appropriation items to be used to pay for costs associated with the administration of the Medicaid Program, including the personnel actions listed above.	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
DPSCD51 Non-opioid directives			
	R.C. 4765.60, 4765.601, 4765.602, 4765.603, 4765.604, 4765.604, 4765.605, 4765.606, 4765.607, 4765.608, 4765.609		
(1) No provision.	(1) Requires the State Board of Emergency Medical, Fire, and Transportation Services, within one year of the provision's effective date, to develop and make available free of charge a non-opioid directive form for use by a patient who does not want to be provided an opioid analgesic.	(1) No provision.	(1) No provision.
(2) No provision.	(2) Provides that a patient's decision to sign a non-opioid directive form is voluntary and does not become effective until it is signed and placed in the patient's medical record.	(2) No provision.	(2) No provision.
(3) No provision.	(3) Requires an individual who places a signed non-opioid directive form in a patient's medical record, or that individual's delegate, to notify the State Board of Pharmacy that the patient has signed a non-opioid directive form and where the form is maintained.	(3) No provision.	(3) No provision.
(4) No provision.	(4) Requires a non-opioid directive form be distributed to each individual who has completed treatment with a community addiction services provider at the time of discharge from such treatment, and each individual who served a prison term for a drug offense.	(4) No provision.	(4) No provision.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
(5) No provision.	(5) Provides that the patient may revoke a non-opioid directive form at any time.	(5) No provision.	(5) No provision.
(6) No provision.	(6) Provides immunity, generally, from criminal prosecution, civil liability, or professional disciplinary action to certain first responders, pharmacists or pharmacy interns, and prescribers when providing an opioid analgesic to a person with a non-opioid director form in certain specified situations.	(6) No provision.	(6) No provision.
(7) No provision.	(7) Prohibits the existence or nonexistence of a non-opioid directive from: (a) affecting the sale, procurement, issuance, or renewal of a life insurance policy or annuity, (b) modifying or invalidating the terms of a life insurance policy or annuity that is in effect on this provision's effective date, and (c) impairing or invalidating a life insurance policy or annuity or any health benefit plan. **Fiscal effect: Uncertain.**	(7) No provision.	(7) No provision.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
Sales and Use Taxes			
TAXCD81 Sales tax: Peer-to-peer car sharing and ride sharing			
		R.C. 5739.01, 4516.01, 4516.02, 4516.03, 4516.04, 4516.05, 4516.06, 4516.07, 4516.08, 4516.09, 4516.10, 4516.11, 4516.12, 4516.13, 4549.65; Section 757.301	**R.C. 5739.01, 4516.01, 4516.02, 4516.03, 4516.04, 4516.05, 4516.06, 4516.07, 4516.08, 4516.09, 4516.10, 4516.11, 4516.12, 4516.13, 4549.65; Sections 757.301 and 812.15**
No provision.	No provision.	Authorizes personal motor vehicle rentals between vehicle owners and other licensed drivers through a peer-to-peer (P2P) car sharing program and P2P car sharing agreements. Establishes requirements and responsibilities that apply to a P2P car sharing program. Requires P2P car sharing programs to collect, verify, and maintain certain records pertaining to the use of each shared vehicle and provide those records, upon request, to the vehicle owner and driver, their insurers, and law enforcement.	Same as the Senate, but instead of requiring records be provided to law enforcement upon request, requires them to be provided upon receipt of a warrant.
No provision.	No provision.	Specifies that P2P car sharing and P2P car sharing agreements are consumer transactions for the purposes of the Consumer Sales Practices Law. Specifies that a P2P car sharing program is not liable under that Law, however, if the program was provided false information and relied on that information in good faith.	Same as the Senate.
No provision.	No provision.	Declares that a violation of the general regulatory requirements of P2P car sharing is an unfair or deceptive act and a person injured by	No provision.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
		such a violation has a cause of action and that the attorney general can enforce the requirements and seek civil relief.	
No provision.	No provision.	Authorizes the operator of a public-use airport to adopt reasonable standards, regulations, procedures, and fees and requires the P2P car sharing program, shared vehicle owner, and shared vehicle driver to comply with them.	Same as the Senate.
No provision.	No provision.	Establishes specific insurance requirements, such as minimum coverage limits, and makes a P2P car sharing program ultimately responsible for ensuring that insurance requirements are met.	Same as the Senate.
No provision.	No provision.	States that a P2P car sharing program and a shared vehicle owner are exempt from vicarious liability in accordance with federal law and under any state or local law that imposes liability based only on vehicle ownership.	Same as the Senate.
No provision.	No provision.	Specifies that a P2P car sharing program is considered a service vendor for the purposes of collecting and remitting sales taxes.	Same as the Senate.
No provision.	No provision.	Specifies that defining "technology platform" as a vendor, which is consistent with current law application, shall apply retrospectively to all transactions and pending cases. Applies the vendor change beginning October 1, 2019.	Same as the Senate, but removes the retroactive application.
No provision.	No provision.	No provision.	Establishes the effective starting date for P2P car sharing provisions (except for the sales tax changes), to be 90 days after the bill's effective date.

Executive	As Passed by the House	As Passed by the Senate	As Enacted
No provision.	No provision.	Specifies that any agreement, when the transaction is for purposes that are primarily personal, family, or household, between a motor vehicle leasing dealer and the lessee or a motor vehicle renting dealer and the renter, is a consumer transaction for purposes of the Consumer Sales Practices Law. Specifies that the motor vehicle leasing dealer is not liable under that Law if the dealer was provided false information and relied on that information in good faith.	Same as the Senate.
		Fiscal effect: Increases sales tax revenue by less than $1 million each year from P2P transactions. Under codified law, 96.68% of the revenue gain will be deposited in the GRF, while the remainder will be deposited in the LGF and the PLF.	**Fiscal effect: Same as the Senate.**

Executive	As Passed by the House	As Passed by the Senate	As Enacted
LOCCD32 Self-funded health benefit programs operated by a regional council of governments			
	R.C. 167.03		
No provision.	Specifies that a program operated by a regional council of governments and a nonprofit corporation to administer and coordinate a self-funded health benefit program does not constitute engaging in the business of insurance or the business of an administrator and is not subject to Ohio's insurance laws. **Fiscal effect: None.**	No provision.	No provision.