and FY 2025, respectively.

balance of GRF ALI 048321, at the end of FY 2023 and FY 2024 to FY 2024

Joint Medicaid Oversight Committee	Main Operating Appropriations Bill H.B. 33
Executive	In House Finance
JCRCD3 Principles of law or policies not restated in rule	
	R.C. 121.93
No provision.	Exempts legislative agencies, commissions, and committees from the law requiring state agencies to review their operations once each gubernatorial term and report to JCARR principles of law or policies on which they rely with an explanation as to whether the principles or policies should be replaced with administrative rules.
	Fiscal effect: Minimal.

Joint Medicaid Oversight Committee	Main Operating Appropriations Bill H.B. 33
Executive	In House Finance
MCDCD48 Projected Medicaid program trend report	
	R.C. 103.414
No provision.	Requires ODM to submit to JMOC a report by October 1 of each even- numbered year with:
No provision.	(1) Historical and projected Medicaid program expenditure and utilization trend rates for each year of the upcoming fiscal biennium, and
No provision.	(2) Interventions taken to curb the Medicaid per member per month cost.
	Fiscal effect: Possible administrative costs.
MCDCD49 Report on Medicaid reforms	
	R.C. 5162.70
No provision.	Requires ODM to submit to JMOC a report detailing the Medicaid reforms required under continuing law that ODM has implemented during the previous two years.
	Fiscal effect: Possible administrative costs.
MCDCD41 Joint Medicaid Oversight Committee reporting	
R.C. 5168.90	
Reduces the frequency of required reporting from the ODM Director to JMOC regarding specified fees from quarterly to semiannually.	No provision.
Fiscal effect: None.	

Executive In House Finance

MCDCD20 Post-COVID Medicaid redetermination

Section: 333.210

Requires ODM to use third-party data to conduct an eligibility redetermination of all Ohio Medicaid recipients after the conclusion of the COVID-19 emergency period.

Requires ODM to conduct an eligibility review of those recipients for whom a review has not been conducted in the past 12 months, as well as those recipients for whom a review has been conducted in the past 12 months. Requires ODM to disenroll those recipients who are no longer eligible, and requires that ODM oversee the county determinations and administration to ensure timely and accurate compliance.

Requires ODM to complete a report containing its findings from the third-party data systems and submit the report to JMOC.

Section: 333.210

Same as the Executive.

Same as the Executive.

Same as the Executive.

MCDCD21 Pandemic and federally mandated requirements for restoration of normal Medicaid eligibility determinations

Section: 333.220

Provides that, due to unusual and inflationary pressures within the economy, the provider rate increases and the per member unwinding impact identified by the JMOC actuary not be considered for the purposes of reforms to the Medicaid program required by existing law.

No provision.