

As Introduced

**132nd General Assembly
Regular Session
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H. B. No. 27

Representative Brinkman

A BILL

To amend sections 4123.29, 4123.53, 4123.54, 4123.56, 1
4123.57, 4123.66, 4123.71, 4167.01, 4167.02, and 2
4167.10 and to repeal sections 4123.72 and 4167.19 3
of the Revised Code to make changes to the 4
Workers' Compensation Law, to make appropriations 5
for the Bureau of Workers' Compensation for the 6
biennium beginning July 1, 2017, and ending June 7
30, 2019, and to provide authorization and 8
conditions for the operation of the Bureau's 9
programs. 10

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

Section 101.01. That sections 4123.29, 4123.53, 4123.54, 11
4123.56, 4123.57, 4123.66, 4123.71, 4167.01, 4167.02, and 4167.10 12
of the Revised Code be amended to read as follows: 13

Sec. 4123.29. (A) The administrator of workers' compensation, 14
subject to the approval of the bureau of workers' compensation 15
board of directors, shall do all of the following: 16

(1) Classify occupations or industries with respect to their 17
degree of hazard and determine the risks of the different classes 18
according to the categories the national council on compensation 19
insurance establishes that are applicable to employers in this 20

state; 21

(2)(a) Fix the rates of premium of the risks of the classes 22
based upon the total payroll in each of the classes of occupation 23
or industry sufficiently large to provide a fund for the 24
compensation provided for in this chapter and to maintain a state 25
insurance fund from year to year. The administrator shall set the 26
rates at a level that assures the solvency of the fund. Where the 27
payroll cannot be obtained or, in the opinion of the 28
administrator, is not an adequate measure for determining the 29
premium to be paid for the degree of hazard, the administrator may 30
determine the rates of premium upon such other basis, consistent 31
with insurance principles, as is equitable in view of the degree 32
of hazard, and whenever in this chapter reference is made to 33
payroll or expenditure of wages with reference to fixing premiums, 34
the reference shall be construed to have been made also to such 35
other basis for fixing the rates of premium as the administrator 36
may determine under this section. 37

(b) If an employer elects to obtain other-states' coverage, 38
including limited other-states' coverage, pursuant to section 39
4123.292 of the Revised Code through the administrator, if the 40
administrator elects to offer such coverage, calculate the 41
employer's premium for the state insurance fund in the same manner 42
as otherwise required under division (A) of this section and 43
section 4123.34 of the Revised Code, except that the administrator 44
may establish in rule an alternative calculation of the employer's 45
premium to appropriately account for the expenditure of wages, 46
payroll, or both attributable to the labor performed and services 47
provided by that employer's employees when those employees 48
performed labor and provided services in this state and in the 49
other state or states for which the employer elects to secure 50
other-states' coverage. 51

(c) If an employer elects to obtain other-states' coverage 52

pursuant to section 4123.292 of the Revised Code through an 53
other-states' insurer, calculate the employer's premium for the 54
state insurance fund in the same manner as otherwise required 55
under division (A) of this section and section 4123.34 of the 56
Revised Code, except that when the administrator determines the 57
expenditure of wages, payroll, or both upon which to base the 58
employer's premium, the administrator shall use only the 59
expenditure of wages, payroll, or both attributable to the labor 60
performed and services provided by that employer's employees when 61
those employees performed labor and provided services in this 62
state only and to which the other-states' coverage does not apply. 63
The administrator may adopt rules setting forth the information 64
that an employer electing to obtain other-states' coverage through 65
an other-states' insurer shall report for purposes of determining 66
the expenditure of wages, payroll, or both attributable to the 67
labor performed and services provided in this state. 68

(d) The administrator in setting or revising rates shall 69
furnish to employers an adequate explanation of the basis for the 70
rates set. 71

(3) Develop and make available to employers who are paying 72
premiums to the state insurance fund alternative premium plans. 73
Alternative premium plans shall include retrospective rating 74
plans. The administrator may make available plans under which an 75
advanced deposit may be applied against a specified deductible 76
amount per claim. 77

(4)(a) Offer to insure the obligations of employers under 78
this chapter under a plan that groups, for rating purposes, 79
employers, and pools the risk of the employers within the group 80
provided that the employers meet all of the following conditions: 81

(i) All of the employers within the group are members of an 82
organization that has been in existence for at least two years 83
prior to the date of application for group coverage; 84

(ii) The organization was formed for purposes other than that of obtaining group workers' compensation under this division;	85 86
(iii) The employers' business in the organization is substantially similar such that the risks which are grouped are substantially homogeneous;	87 88 89
(iv) The group of employers consists of at least one hundred members or the aggregate workers' compensation premiums of the members, as determined by the administrator, are estimated to exceed one hundred fifty thousand dollars during the coverage period;	90 91 92 93 94
(v) The formation and operation of the group program in the organization will substantially improve accident prevention and claims handling for the employers in the group;	95 96 97
(vi) Each employer seeking to enroll in a group for workers' compensation coverage has an account in good standing with the bureau of workers' compensation. The administrator shall adopt rules setting forth the criteria by which the administrator will determine whether an employer's account is in good standing.	98 99 100 101 102
(b) If an organization sponsors more than one employer group to participate in group plans established under this section, that organization may submit a single application that supplies all of the information necessary for each group of employers that the organization wishes to sponsor.	103 104 105 106 107
(c) In providing employer group plans under division (A)(4) of this section, the administrator shall consider an employer group as a single employing entity for purposes of group rating. No employer may be a member of more than one group for the purpose of obtaining workers' compensation coverage under this division.	108 109 110 111 112
(d) At the time the administrator revises premium rates pursuant to this section and section 4123.34 of the Revised Code, if the premium rate of an employer who participates in a group	113 114 115

plan established under this section changes from the rate 116
established for the previous year, the administrator, in addition 117
to sending the invoice with the rate revision to that employer, 118
shall ~~send a copy of that invoice~~ provide an explanation of the 119
rate revision to the third-party administrator that administers 120
the group plan for that employer's group. 121

(e) In providing employer group plans under division (A)(4) 122
of this section, the administrator shall establish a program 123
designed to mitigate the impact of a significant claim that would 124
come into the experience of a private, state fund group-rated 125
employer or a taxing district employer for the first time and be a 126
contributing factor in that employer being excluded from a 127
group-rated plan. The administrator shall establish eligibility 128
criteria and requirements that such employers must satisfy in 129
order to participate in this program. For purposes of this 130
program, the administrator shall establish a discount on premium 131
rates applicable to employers who qualify for the program. 132

(f) In no event shall division (A)(4) of this section be 133
construed as granting to an employer status as a self-insuring 134
employer. 135

(g) The administrator shall develop classifications of 136
occupations or industries that are sufficiently distinct so as not 137
to group employers in classifications that unfairly represent the 138
risks of employment with the employer. 139

(5) Generally promote employer participation in the state 140
insurance fund through the regular dissemination of information to 141
all classes of employers describing the advantages and benefits of 142
opting to make premium payments to the fund. To that end, the 143
administrator shall regularly make employers aware of the various 144
workers' compensation premium packages developed and offered 145
pursuant to this section. 146

(6) Make available to every employer who is paying premiums 147
to the state insurance fund a program whereby the employer or the 148
employer's agent pays to the claimant or on behalf of the claimant 149
the first fifteen thousand dollars of a compensable workers' 150
compensation medical-only claim filed by that claimant that is 151
related to the same injury or occupational disease. No formal 152
application is required; however, an employer must elect to 153
participate by telephoning the bureau after July 1, 1995. Once an 154
employer has elected to participate in the program, the employer 155
will be responsible for all bills in all medical-only claims with 156
a date of injury the same or later than the election date, unless 157
the employer notifies the bureau within fourteen days of receipt 158
of the notification of a claim being filed that it does not wish 159
to pay the bills in that claim, or the employer notifies the 160
bureau that the fifteen thousand dollar maximum has been paid, or 161
the employer notifies the bureau of the last day of service on 162
which it will be responsible for the bills in a particular 163
medical-only claim. If an employer elects to enter the program, 164
the administrator shall not reimburse the employer for such 165
amounts paid and shall not charge the first fifteen thousand 166
dollars of any medical-only claim paid by an employer to the 167
employer's experience or otherwise use it in merit rating or 168
determining the risks of any employer for the purpose of payment 169
of premiums under this chapter. A certified health care provider 170
shall extend to an employer who participates in this program the 171
same rates for services rendered to an employee of that employer 172
as the provider bills the administrator for the same type of 173
medical claim processed by the bureau and shall not charge, 174
assess, or otherwise attempt to collect from an employee any 175
amount for covered services or supplies that is in excess of that 176
rate. If an employer elects to enter the program and the employer 177
fails to pay a bill for a medical-only claim included in the 178
program, the employer shall be liable for that bill and the 179

employee for whom the employer failed to pay the bill shall not be 180
liable for that bill. The administrator shall adopt rules to 181
implement and administer division (A)(6) of this section. Upon 182
written request from the bureau, the employer shall provide 183
documentation to the bureau of all medical-only bills that they 184
are paying directly. Such requests from the bureau may not be made 185
more frequently than on a semiannual basis. Failure to provide 186
such documentation to the bureau within thirty days of receipt of 187
the request may result in the employer's forfeiture of 188
participation in the program for such injury. The provisions of 189
this section shall not apply to claims in which an employer with 190
knowledge of a claimed compensable injury or occupational disease, 191
has paid wages in lieu of compensation or total disability. 192

(B) The administrator, with the advice and consent of the 193
board, by rule, may do both of the following: 194

(1) Grant an employer who pays the employer's annual 195
estimated premium in full prior to the start of the policy year 196
for which the estimated premium is due, a discount as the 197
administrator fixes from time to time; 198

(2) Levy a minimum annual administrative charge upon risks 199
where premium reports develop a charge less than the administrator 200
considers adequate to offset administrative costs of processing. 201

Sec. 4123.53. (A) The administrator of workers' compensation 202
or the industrial commission may require any employee claiming the 203
right to receive compensation to submit to a medical examination, 204
vocational evaluation, or vocational questionnaire at any time, 205
and from time to time, at a place reasonably convenient for the 206
employee, and as provided by the rules of the commission or the 207
administrator of workers' compensation. A claimant required by the 208
commission or administrator to submit to a medical examination or 209
vocational evaluation, at a point outside of the place of 210

permanent or temporary residence of the claimant, as provided in 211
this section, is entitled to have paid to the claimant by the 212
bureau of workers' compensation the necessary and actual expenses 213
on account of the attendance for the medical examination or 214
vocational evaluation after approval of the expense statement by 215
the bureau. Under extraordinary circumstances and with the 216
unanimous approval of the commission, if the commission requires 217
the medical examination or vocational evaluation, or with the 218
approval of the administrator, if the administrator requires the 219
medical examination or vocational evaluation, the bureau shall pay 220
an injured or diseased employee the necessary, actual, and 221
authorized expenses of treatment at a point outside the place of 222
permanent or temporary residence of the claimant. 223

(B) ~~When~~ (1) Except as provided in divisions (B)(2) and (3) 224
of this section, when an employee initially receives temporary 225
total disability compensation pursuant to section 4123.56 of the 226
Revised Code for a consecutive ninety-day period, the 227
administrator shall refer the employee to the bureau medical 228
section ~~for~~ to schedule a medical examination to determine the 229
employee's continued entitlement to such compensation, the 230
employee's rehabilitation potential, and the appropriateness of 231
the medical treatment the employee is receiving. The bureau 232
medical section shall ~~conduct~~ schedule the examination for a date 233
not later than thirty days following the end of the initial 234
ninety-day period. If the medical examiner, upon an initial or any 235
subsequent examination recommended by the medical examiner under 236
this division, determines that the employee is temporarily and 237
totally impaired, the medical examiner shall recommend a date when 238
the employee should be reexamined. Upon the issuance of the 239
medical examination report containing a recommendation for 240
reexamination, the administrator shall schedule an examination 241
and, if at the date of reexamination the employee is receiving 242
temporary total disability compensation, the employee shall be 243

examined. The 244

(2) The administrator, for good cause, may waive the 245
scheduling of a medical examination under division (B)(1) of this 246
section. If the employee's employer objects to the administrator's 247
waiver, the administrator shall refer the employee to the bureau 248
medical section to schedule the examination or the administrator 249
shall schedule the examination. 250

(3) The administrator shall adopt a rule, pursuant to Chapter 251
119. of the Revised Code, permitting employers to waive the 252
administrator's scheduling of any such examinations. 253

(C) If an employee refuses to submit to any medical 254
examination or vocational evaluation scheduled pursuant to this 255
section or obstructs the same, or refuses to complete and submit 256
to the bureau or commission a vocational questionnaire within 257
thirty days after the bureau or commission mails the request to 258
complete and submit the questionnaire the employee's right to have 259
~~his or her~~ the employee's claim for compensation considered, if 260
the claim is pending before the bureau or commission, or to 261
receive any payment for compensation theretofore granted, is 262
suspended during the period of the refusal or obstruction. 263
Notwithstanding this section, an employee's failure to submit to a 264
medical examination or vocational evaluation, or to complete and 265
submit a vocational questionnaire, shall not result in the 266
dismissal of the employee's claim. 267

(D) Medical examinations scheduled under this section do not 268
limit medical examinations provided for in other provisions of 269
this chapter or Chapter 4121. of the Revised Code. 270

Sec. 4123.54. (A) Except as otherwise provided in this 271
division or divisions (I) and (K) of this section, every employee, 272
who is injured or who contracts an occupational disease, and the 273
dependents of each employee who is killed, or dies as the result 274

of an occupational disease contracted in the course of employment, 275
wherever the injury has occurred or occupational disease has been 276
contracted, is entitled to receive the compensation for loss 277
sustained on account of the injury, occupational disease, or 278
death, and the medical, nurse, and hospital services and 279
medicines, and the amount of funeral expenses in case of death, as 280
are provided by this chapter. The compensation and benefits shall 281
be provided, as applicable, directly from the employee's 282
self-insuring employer as provided in section 4123.35 of the 283
Revised Code or from the state insurance fund. An employee or 284
dependent is not entitled to receive compensation or benefits 285
under this division if the employee's injury or occupational 286
disease is either of the following: 287

(1) Purposely self-inflicted; 288

(2) Caused by the employee being intoxicated, under the 289
influence of a controlled substance not prescribed by a physician, 290
or under the influence of marihuana if being intoxicated, under 291
the influence of a controlled substance not prescribed by a 292
physician, or under the influence of marihuana was the proximate 293
cause of the injury. 294

(B) For the purpose of this section, provided that an 295
employer has posted written notice to employees that the results 296
of, or the employee's refusal to submit to, any chemical test 297
described under this division may affect the employee's 298
eligibility for compensation and benefits pursuant to this chapter 299
and Chapter 4121. of the Revised Code, there is a rebuttable 300
presumption that an employee is intoxicated, under the influence 301
of a controlled substance not prescribed by the employee's 302
physician, or under the influence of marihuana and that being 303
intoxicated, under the influence of a controlled substance not 304
prescribed by the employee's physician, or under the influence of 305
marihuana is the proximate cause of an injury under either of the 306

following conditions:	307
(1) When any one or more <u>either</u> of the following is true:	308
(a) The employee, through a qualifying chemical test administered within eight hours of an injury, is determined to have an alcohol concentration level equal to or in excess of the levels established in divisions (A)(1)(b) to (i) of section 4511.19 of the Revised Code:	309 310 311 312 313
(b) The employee, through a qualifying chemical test administered within thirty-two hours of an injury, is determined to have one of the following a controlled substances <u>substance</u> not prescribed by the employee's physician or marihuana in the employee's system that tests above the following levels in an enzyme multiplied immunoassay technique screening test and above the levels established in division (B)(1)(c) of this section in a gas chromatography mass spectrometry test:	314 315 316 317 318 319 320 321
(i) For amphetamines, one thousand nanograms per milliliter of urine;	322 323
(ii) For cannabinoids, fifty nanograms per milliliter of urine;	324 325
(iii) For cocaine, including crack cocaine, three hundred nanograms per milliliter of urine;	326 327
(iv) For opiates, two thousand nanograms per milliliter of urine;	328 329
(v) For phencyclidine, twenty five nanograms per milliliter of urine.	330 331
(c) The employee, through a qualifying chemical test administered within thirty two hours of an injury, is determined to have one of the following controlled substances not prescribed by the employee's physician or marihuana in the employee's system that tests above the following levels by a gas chromatography mass	332 333 334 335 336

spectrometry test:	337
(i) For amphetamines, five hundred nanograms per milliliter of urine:	338
(ii) For cannabinoids, fifteen nanograms per milliliter of urine:	340
(iii) For cocaine, including crack cocaine, one hundred fifty nanograms per milliliter of urine:	342
(iv) For opiates, two thousand nanograms per milliliter of urine:	344
(v) For phencyclidine, twenty five nanograms per milliliter of urine.	346
(d) The employee, through a qualifying chemical test administered within thirty two hours of an injury, is determined to have barbiturates, benzodiazepines, methadone, or propoxyphene in the employee's system that tests above levels established by laboratories certified by the United States department of health and human services at a level equal to or in excess of the cutoff concentration level for the particular substance as provided in section 40.87 of Title 49 of the Code of Federal Regulations, 49 C.F.R. 40.87, as amended.	348
(2) When the employee refuses to submit to a requested chemical test, on the condition that that employee is or was given notice that the refusal to submit to any chemical test described in division (B)(1) of this section may affect the employee's eligibility for compensation and benefits under this chapter and Chapter 4121. of the Revised Code.	349
(C)(1) For purposes of division (B) of this section, a chemical test is a qualifying chemical test if it is administered to an employee after an injury under at least one of the following conditions:	350
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(a) When the employee's employer had reasonable cause to suspect that the employee may be intoxicated, under the influence of a controlled substance not prescribed by the employee's physician, or under the influence of marihuana;

(b) At the request of a police officer pursuant to section 4511.191 of the Revised Code, and not at the request of the employee's employer;

(c) At the request of a licensed physician who is not employed by the employee's employer, and not at the request of the employee's employer.

(2) As used in division (C)(1)(a) of this section, "reasonable cause" means, but is not limited to, evidence that an employee is or was using alcohol, a controlled substance, or marihuana drawn from specific, objective facts and reasonable inferences drawn from these facts in light of experience and training. These facts and inferences may be based on, but are not limited to, any of the following:

(a) Observable phenomena, such as direct observation of use, possession, or distribution of alcohol, a controlled substance, or marihuana, or of the physical symptoms of being under the influence of alcohol, a controlled substance, or marihuana, such as but not limited to slurred speech; dilated pupils; odor of alcohol, a controlled substance, or marihuana; changes in affect; or dynamic mood swings;

(b) A pattern of abnormal conduct, erratic or aberrant behavior, or deteriorating work performance such as frequent absenteeism, excessive tardiness, or recurrent accidents, that appears to be related to the use of alcohol, a controlled substance, or marihuana, and does not appear to be attributable to other factors;

(c) The identification of an employee as the focus of a

criminal investigation into unauthorized possession, use, or 398
trafficking of a controlled substance or marihuana; 399

(d) A report of use of alcohol, a controlled substance, or 400
marihuana provided by a reliable and credible source; 401

(e) Repeated or flagrant violations of the safety or work 402
rules of the employee's employer, that are determined by the 403
employee's supervisor to pose a substantial risk of physical 404
injury or property damage and that appear to be related to the use 405
of alcohol, a controlled substance, or marihuana and that do not 406
appear attributable to other factors. 407

(D) Nothing in this section shall be construed to affect the 408
rights of an employer to test employees for alcohol or controlled 409
substance abuse. 410

(E) For the purpose of this section, laboratories certified 411
by the United States department of health and human services or 412
laboratories that meet or exceed the standards of that department 413
for laboratory certification shall be used for processing the test 414
results of a qualifying chemical test. 415

(F) The written notice required by division (B) of this 416
section shall be the same size or larger than the proof of 417
workers' compensation coverage furnished by the bureau of workers' 418
compensation and shall be posted by the employer in the same 419
location as the proof of workers' compensation coverage or the 420
certificate of self-insurance. 421

(G) If a condition that pre-existed an injury is 422
substantially aggravated by the injury, and that substantial 423
aggravation is documented by objective diagnostic findings, 424
objective clinical findings, or objective test results, no 425
compensation or benefits are payable because of the pre-existing 426
condition once that condition has returned to a level that would 427
have existed without the injury. 428

(H)(1) Whenever, with respect to an employee of an employer 429
who is subject to and has complied with this chapter, there is 430
possibility of conflict with respect to the application of 431
workers' compensation laws because the contract of employment is 432
entered into and all or some portion of the work is or is to be 433
performed in a state or states other than Ohio, the employer and 434
the employee may agree to be bound by the laws of this state or by 435
the laws of some other state in which all or some portion of the 436
work of the employee is to be performed. The agreement shall be in 437
writing and shall be filed with the bureau of workers' 438
compensation within ten days after it is executed and shall remain 439
in force until terminated or modified by agreement of the parties 440
similarly filed. If the agreement is to be bound by the laws of 441
this state and the employer has complied with this chapter, then 442
the employee is entitled to compensation and benefits regardless 443
of where the injury occurs or the disease is contracted and the 444
rights of the employee and the employee's dependents under the 445
laws of this state are the exclusive remedy against the employer 446
on account of injury, disease, or death in the course of and 447
arising out of the employee's employment. If the agreement is to 448
be bound by the laws of another state and the employer has 449
complied with the laws of that state, the rights of the employee 450
and the employee's dependents under the laws of that state are the 451
exclusive remedy against the employer on account of injury, 452
disease, or death in the course of and arising out of the 453
employee's employment without regard to the place where the injury 454
was sustained or the disease contracted. If an employer and an 455
employee enter into an agreement under this division, the fact 456
that the employer and the employee entered into that agreement 457
shall not be construed to change the status of an employee whose 458
continued employment is subject to the will of the employer or the 459
employee, unless the agreement contains a provision that expressly 460
changes that status. 461

(2) If an employee or the employee's dependents receive an award of compensation or benefits under this chapter or Chapter 4121., 4127., or 4131. of the Revised Code for the same injury, occupational disease, or death for which the employee or the employee's dependents previously pursued or otherwise elected to accept workers' compensation benefits and received a decision on the merits as defined in section 4123.542 of the Revised Code under the laws of another state or recovered damages under the laws of another state, the claim shall be disallowed and the administrator or any self-insuring employer, by any lawful means, may collect from the employee or the employee's dependents any of the following:

(a) The amount of compensation or benefits paid to or on behalf of the employee or the employee's dependents by the administrator or a self-insuring employer pursuant to this chapter or Chapter 4121., 4127., or 4131. of the Revised Code for that award;

(b) Any interest, attorney's fees, and costs the administrator or the self-insuring employer incurs in collecting that payment.

(3) If an employee or the employee's dependents receive an award of compensation or benefits under this chapter or Chapter 4121., 4127., or 4131. of the Revised Code and subsequently pursue or otherwise elect to accept workers' compensation benefits or damages under the laws of another state for the same injury, occupational disease, or death the claim under this chapter or Chapter 4121., 4127., or 4131. of the Revised Code shall be disallowed. The administrator or a self-insuring employer, by any lawful means, may collect from the employee or the employee's dependents or other-states' insurer any of the following:

(a) The amount of compensation or benefits paid to or on behalf of the employee or the employee's dependents by the

administrator or the self-insuring employer pursuant to this 494
chapter or Chapter 4121., 4127., or 4131. of the Revised Code for 495
that award; 496

(b) Any interest, costs, and attorney's fees the 497
administrator or the self-insuring employer incurs in collecting 498
that payment; 499

(c) Any costs incurred by an employer in contesting or 500
responding to any claim filed by the employee or the employee's 501
dependents for the same injury, occupational disease, or death 502
that was filed after the original claim for which the employee or 503
the employee's dependents received a decision on the merits as 504
described in section 4123.542 of the Revised Code. 505

(4) If the employee's employer pays premiums into the state 506
insurance fund, the administrator shall not charge the amount of 507
compensation or benefits the administrator collects pursuant to 508
division (H)(2) or (3) of this section to the employer's 509
experience. If the administrator collects any costs incurred by an 510
employer in contesting or responding to any claim pursuant to 511
division (H)(2) or (3) of this section, the administrator shall 512
forward the amount collected to that employer. If the employee's 513
employer is a self-insuring employer, the self-insuring employer 514
shall deduct the amount of compensation or benefits the 515
self-insuring employer collects pursuant to this division from the 516
paid compensation the self-insuring employer reports to the 517
administrator under division (L) of section 4123.35 of the Revised 518
Code. 519

(5) If an employee is a resident of a state other than this 520
state and is insured under the workers' compensation law or 521
similar laws of a state other than this state, the employee and 522
the employee's dependents are not entitled to receive compensation 523
or benefits under this chapter, on account of injury, disease, or 524
death arising out of or in the course of employment while 525

temporarily within this state, and the rights of the employee and 526
the employee's dependents under the laws of the other state are 527
the exclusive remedy against the employer on account of the 528
injury, disease, or death. 529

(6) An employee, or the dependent of an employee, who elects 530
to receive compensation and benefits under this chapter or Chapter 531
4121., 4127., or 4131. of the Revised Code for a claim may not 532
receive compensation and benefits under the workers' compensation 533
laws of any state other than this state for that same claim. For 534
each claim submitted by or on behalf of an employee, the 535
administrator or, if the employee is employed by a self-insuring 536
employer, the self-insuring employer, shall request the employee 537
or the employee's dependent to sign an election that affirms the 538
employee's or employee's dependent's acceptance of electing to 539
receive compensation and benefits under this chapter or Chapter 540
4121., 4127., or 4131. of the Revised Code for that claim that 541
also affirmatively waives and releases the employee's or the 542
employee's dependent's right to file for and receive compensation 543
and benefits under the laws of any state other than this state for 544
that claim. The employee or employee's dependent shall sign the 545
election form within twenty-eight days after the administrator or 546
self-insuring employer submits the request or the administrator or 547
self-insuring employer shall dismiss that claim. 548

In the event a workers' compensation claim has been filed in 549
another jurisdiction on behalf of an employee or the dependents of 550
an employee, and the employee or dependents subsequently elect to 551
receive compensation, benefits, or both under this chapter or 552
Chapter 4121., 4127., or 4131. of the Revised Code, the employee 553
or dependent shall withdraw or refuse acceptance of the workers' 554
compensation claim filed in the other jurisdiction in order to 555
pursue compensation or benefits under the laws of this state. If 556
the employee or dependents were awarded workers' compensation 557

benefits or had recovered damages under the laws of the other 558
state, any compensation and benefits awarded under this chapter or 559
Chapter 4121., 4127., or 4131. of the Revised Code shall be paid 560
only to the extent to which those payments exceed the amounts paid 561
under the laws of the other state. If the employee or dependent 562
fails to withdraw or to refuse acceptance of the workers' 563
compensation claim in the other jurisdiction within twenty-eight 564
days after a request made by the administrator or a self-insuring 565
employer, the administrator or self-insuring employer shall 566
dismiss the employee's or employee's dependents' claim made in 567
this state. 568

(I) If an employee who is covered under the federal 569
"Longshore and Harbor Workers' Compensation Act," 98 Stat. 1639, 570
33 U.S.C. 901 et seq., is injured or contracts an occupational 571
disease or dies as a result of an injury or occupational disease, 572
and if that employee's or that employee's dependents' claim for 573
compensation or benefits for that injury, occupational disease, or 574
death is subject to the jurisdiction of that act, the employee or 575
the employee's dependents are not entitled to apply for and shall 576
not receive compensation or benefits under this chapter and 577
Chapter 4121. of the Revised Code. The rights of such an employee 578
and the employee's dependents under the federal "Longshore and 579
Harbor Workers' Compensation Act," 98 Stat. 1639, 33 U.S.C. 901 et 580
seq., are the exclusive remedy against the employer for that 581
injury, occupational disease, or death. 582

(J) Compensation or benefits are not payable to a claimant or 583
a dependent during the period of confinement of the claimant or 584
dependent in any state or federal correctional institution, or in 585
any county jail in lieu of incarceration in a state or federal 586
correctional institution, whether in this or any other state for 587
conviction of violation of any state or federal criminal law. 588

(K) An employer, upon the approval of the administrator, may 589

provide for workers' compensation coverage for the employer's 590
employees who are professional athletes and coaches by submitting 591
to the administrator proof of coverage under a league policy 592
issued under the laws of another state under either of the 593
following circumstances: 594

(1) The employer administers the payroll and workers' 595
compensation insurance for a professional sports team subject to a 596
collective bargaining agreement, and the collective bargaining 597
agreement provides for the uniform administration of workers' 598
compensation benefits and compensation for professional athletes. 599

(2) The employer is a professional sports league, or is a 600
member team of a professional sports league, and all of the 601
following apply: 602

(a) The professional sports league operates as a single 603
entity, whereby all of the players and coaches of the sports 604
league are employees of the sports league and not of the 605
individual member teams. 606

(b) The professional sports league at all times maintains 607
workers' compensation insurance that provides coverage for the 608
players and coaches of the sports league. 609

(c) Each individual member team of the professional sports 610
league, pursuant to the organizational or operating documents of 611
the sports league, is obligated to the sports league to pay to the 612
sports league any workers' compensation claims that are not 613
covered by the workers' compensation insurance maintained by the 614
sports league. 615

If the administrator approves the employer's proof of 616
coverage submitted under division (K) of this section, a 617
professional athlete or coach who is an employee of the employer 618
and the dependents of the professional athlete or coach are not 619
entitled to apply for and shall not receive compensation or 620

benefits under this chapter and Chapter 4121. of the Revised Code. 621
The rights of such an athlete or coach and the dependents of such 622
an athlete or coach under the laws of the state where the policy 623
was issued are the exclusive remedy against the employer for the 624
athlete or coach if the athlete or coach suffers an injury or 625
contracts an occupational disease in the course of employment, or 626
for the dependents of the athlete or the coach if the athlete or 627
coach is killed as a result of an injury or dies as a result of an 628
occupational disease, regardless of the location where the injury 629
was suffered or the occupational disease was contracted. 630

Sec. 4123.56. (A) Except as provided in division (D) of this 631
section, in the case of temporary disability, an employee shall 632
receive sixty-six and two-thirds per cent of the employee's 633
average weekly wage so long as such disability is total, not to 634
exceed a maximum amount of weekly compensation which is equal to 635
the statewide average weekly wage as defined in division (C) of 636
section 4123.62 of the Revised Code, and not less than a minimum 637
amount of compensation which is equal to thirty-three and 638
one-third per cent of the statewide average weekly wage as defined 639
in division (C) of section 4123.62 of the Revised Code unless the 640
employee's wage is less than thirty-three and one-third per cent 641
of the minimum statewide average weekly wage, in which event the 642
employee shall receive compensation equal to the employee's full 643
wages; provided that for the first twelve weeks of total 644
disability the employee shall receive seventy-two per cent of the 645
employee's full weekly wage, but not to exceed a maximum amount of 646
weekly compensation which is equal to the lesser of the statewide 647
average weekly wage as defined in division (C) of section 4123.62 648
of the Revised Code or one hundred per cent of the employee's net 649
take-home weekly wage. In the case of a self-insuring employer, 650
payments shall be for a duration based upon the medical reports of 651
the attending physician. If the employer disputes the attending 652

physician's report, payments may be terminated only upon 653
application and hearing by a district hearing officer pursuant to 654
division (C) of section 4123.511 of the Revised Code. Payments 655
shall continue pending the determination of the matter, however 656
payment shall not be made for the period when any employee has 657
returned to work, when an employee's treating physician has made a 658
written statement that the employee is capable of returning to the 659
employee's former position of employment, when work within the 660
physical capabilities of the employee is made available by the 661
employer or another employer, or when the employee has reached the 662
maximum medical improvement. Where the employee is capable of work 663
activity, but the employee's employer is unable to offer the 664
employee any employment, the employee shall register with the 665
director of job and family services, who shall assist the employee 666
in finding suitable employment. The termination of temporary total 667
disability, whether by order or otherwise, does not preclude the 668
commencement of temporary total disability at another point in 669
time if the employee again becomes temporarily totally disabled. 670

After two hundred weeks of temporary total disability 671
benefits, the medical section of the bureau of workers' 672
compensation shall schedule the claimant for an examination for an 673
evaluation to determine whether or not the temporary disability 674
has become permanent. A self-insuring employer shall notify the 675
bureau immediately after payment of two hundred weeks of temporary 676
total disability and request that the bureau schedule the claimant 677
for such an examination. 678

When the employee is awarded compensation for temporary total 679
disability for a period for which the employee has received 680
benefits under Chapter 4141. of the Revised Code, the bureau shall 681
pay an amount equal to the amount received from the award to the 682
director of job and family services and the director shall credit 683
the amount to the accounts of the employers to whose accounts the 684

payment of benefits was charged or is chargeable to the extent it 685
was charged or is chargeable. 686

If any compensation under this section has been paid for the 687
same period or periods for which temporary nonoccupational 688
accident and sickness insurance is or has been paid pursuant to an 689
insurance policy or program to which the employer has made the 690
entire contribution or payment for providing insurance or under a 691
nonoccupational accident and sickness program fully funded by the 692
employer, except as otherwise provided in this division 693
compensation paid under this section for the period or periods 694
shall be paid only to the extent by which the payment or payments 695
exceeds the amount of the nonoccupational insurance or program 696
paid or payable. Offset of the compensation shall be made only 697
upon the prior order of the bureau or industrial commission or 698
agreement of the claimant. If an employer provides supplemental 699
sick leave benefits in addition to temporary total disability 700
compensation paid under this section, and if the employer and an 701
employee agree in writing to the payment of the supplemental sick 702
leave benefits, temporary total disability benefits may be paid 703
without an offset for those supplemental sick leave benefits. 704

As used in this division, "net take-home weekly wage" means 705
the amount obtained by dividing an employee's total remuneration, 706
as defined in section 4141.01 of the Revised Code, paid to or 707
earned by the employee during the first four of the last five 708
completed calendar quarters which immediately precede the first 709
day of the employee's entitlement to benefits under this division, 710
by the number of weeks during which the employee was paid or 711
earned remuneration during those four quarters, less the amount of 712
local, state, and federal income taxes deducted for each such 713
week. 714

(B)(1) If an employee in a claim allowed under this chapter 715
suffers a wage loss as a result of returning to employment other 716

than the employee's former position of employment due to an injury 717
or occupational disease, the employee shall receive compensation 718
at sixty-six and two-thirds per cent of the difference between the 719
employee's average weekly wage and the employee's present earnings 720
not to exceed the statewide average weekly wage. The payments may 721
continue for up to a maximum of two hundred weeks, but the 722
payments shall be reduced by the corresponding number of weeks in 723
which the employee receives payments pursuant to division (A)(2) 724
of section 4121.67 of the Revised Code. 725

(2) If an employee in a claim allowed under this chapter 726
suffers a wage loss as a result of being unable to find employment 727
consistent with the employee's disability resulting from the 728
employee's injury or occupational disease, the employee shall 729
receive compensation at sixty-six and two-thirds per cent of the 730
difference between the employee's average weekly wage and the 731
employee's present earnings, not to exceed the statewide average 732
weekly wage. The payments may continue for up to a maximum of 733
fifty-two weeks. The first twenty-six weeks of payments under 734
division (B)(2) of this section shall be in addition to the 735
maximum of two hundred weeks of payments allowed under division 736
(B)(1) of this section. If an employee in a claim allowed under 737
this chapter receives compensation under division (B)(2) of this 738
section in excess of twenty-six weeks, the number of weeks of 739
compensation allowable under division (B)(1) of this section shall 740
be reduced by the corresponding number of weeks in excess of 741
twenty-six, and up to fifty-two, that is allowable under division 742
(B)(1) of this section. 743

(3) The number of weeks of wage loss payable to an employee 744
under divisions (B)(1) and (2) of this section shall not exceed 745
two hundred and twenty-six weeks in the aggregate. 746

(C) In the event an employee of a professional sports 747
franchise domiciled in this state is disabled as the result of an 748

injury or occupational disease, the total amount of payments made 749
under a contract of hire or collective bargaining agreement to the 750
employee during a period of disability is deemed an advanced 751
payment of compensation payable under sections 4123.56 to 4123.58 752
of the Revised Code. The employer shall be reimbursed the total 753
amount of the advanced payments out of any award of compensation 754
made pursuant to sections 4123.56 to 4123.58 of the Revised Code. 755

(D) If an employee receives temporary total disability 756
benefits pursuant to division (A) of this section and social 757
security retirement benefits pursuant to the "Social Security 758
Act," the weekly benefit amount under division (A) of this section 759
shall not exceed sixty-six and two-thirds per cent of the 760
statewide average weekly wage as defined in division (C) of 761
section 4123.62 of the Revised Code. 762

(E) If an employee is eligible for compensation under 763
division (A) of this section, but the employee's average or full 764
weekly wage has not been determined at the time payments are to 765
commence under division (H) of section 4123.511 of the Revised 766
Code, the employee shall receive the minimum amount of 767
compensation permitted under division (A) of this section. On 768
determination of the employee's average or full weekly wage, the 769
compensation an employee receives shall be adjusted pursuant to 770
division (A) of this section. 771

If the amount of compensation an employee receives under this 772
division is greater than the adjusted amount the employee receives 773
under division (A) of this section that is based on the employee's 774
average or full weekly wage, the excess amount shall be recovered 775
in the manner provided in division (K) of section 4123.511 of the 776
Revised Code. If the amount of compensation an employee receives 777
under this division is less than the adjusted amount the employee 778
receives under that division that is based on the employee's 779
average or full weekly wage, the employee shall receive the 780

difference between those two amounts. 781

Sec. 4123.57. Partial disability compensation shall be paid 782
as follows. 783

Except as provided in this section, not earlier than 784
twenty-six weeks after the date of termination of the latest 785
period of payments under section 4123.56 of the Revised Code, or 786
not earlier than twenty-six weeks after the date of the injury or 787
contraction of an occupational disease in the absence of payments 788
under section 4123.56 of the Revised Code, the employee may file 789
an application with the bureau of workers' compensation for the 790
determination of the percentage of the employee's permanent 791
partial disability resulting from an injury or occupational 792
disease. 793

Whenever the application is filed, the bureau shall send a 794
copy of the application to the employee's employer or the 795
employer's representative and shall schedule the employee for a 796
medical examination by the bureau medical section. The bureau 797
shall send a copy of the report of the medical examination to the 798
employee, the employer, and their representatives. Thereafter, the 799
administrator of workers' compensation shall review the employee's 800
claim file and make a tentative order as the evidence before the 801
administrator at the time of the making of the order warrants. If 802
the administrator determines that there is a conflict of evidence, 803
the administrator shall send the application, along with the 804
claimant's file, to the district hearing officer who shall set the 805
application for a hearing. 806

If an employee fails to respond to an attempt to schedule a 807
medical examination by the bureau medical section, or fails to 808
attend a medical examination scheduled under this section without 809
notice or explanation, the employee's application for a finding 810
shall be dismissed without prejudice. The employee may refile the 811

application. A dismissed application does not toll the continuing 812
jurisdiction of the industrial commission under section 4123.52 of 813
the Revised Code. 814

The administrator shall notify the employee, the employer, 815
and their representatives, in writing, of the tentative order and 816
of the parties' right to request a hearing. Unless the employee, 817
the employer, or their representative notifies the administrator, 818
in writing, of an objection to the tentative order within twenty 819
days after receipt of the notice thereof, the tentative order 820
shall go into effect and the employee shall receive the 821
compensation provided in the order. In no event shall there be a 822
reconsideration of a tentative order issued under this division. 823

If the employee, the employer, or their representatives 824
timely notify the administrator of an objection to the tentative 825
order, the matter shall be referred to a district hearing officer 826
who shall set the application for hearing with written notices to 827
all interested persons. Upon referral to a district hearing 828
officer, the employer may obtain a medical examination of the 829
employee, pursuant to rules of the industrial commission. 830

(A) The district hearing officer, upon the application, shall 831
determine the percentage of the employee's permanent disability, 832
except as is subject to division (B) of this section, based upon 833
that condition of the employee resulting from the injury or 834
occupational disease and causing permanent impairment evidenced by 835
medical or clinical findings reasonably demonstrable. The employee 836
shall receive sixty-six and two-thirds per cent of the employee's 837
average weekly wage, but not more than a maximum of thirty-three 838
and one-third per cent of the statewide average weekly wage as 839
defined in division (C) of section 4123.62 of the Revised Code, 840
per week regardless of the average weekly wage, for the number of 841
weeks which equals the percentage of two hundred weeks. Except on 842
application for reconsideration, review, or modification, which is 843

filed within ten days after the date of receipt of the decision of 844
the district hearing officer, in no instance shall the former 845
award be modified unless it is found from medical or clinical 846
findings that the condition of the claimant resulting from the 847
injury has so progressed as to have increased the percentage of 848
permanent partial disability. A staff hearing officer shall hear 849
an application for reconsideration filed and the staff hearing 850
officer's decision is final. An employee may file an application 851
for a subsequent determination of the percentage of the employee's 852
permanent disability. If such an application is filed, the bureau 853
shall send a copy of the application to the employer or the 854
employer's representative. No sooner than sixty days from the date 855
of the mailing of the application to the employer or the 856
employer's representative, the administrator shall review the 857
application. The administrator may require a medical examination 858
or medical review of the employee. The administrator shall issue a 859
tentative order based upon the evidence before the administrator, 860
provided that if the administrator requires a medical examination 861
or medical review, the administrator shall not issue the tentative 862
order until the completion of the examination or review. 863

The employer may obtain a medical examination of the employee 864
and may submit medical evidence at any stage of the process up to 865
a hearing before the district hearing officer, pursuant to rules 866
of the commission. The administrator shall notify the employee, 867
the employer, and their representatives, in writing, of the nature 868
and amount of any tentative order issued on an application 869
requesting a subsequent determination of the percentage of an 870
employee's permanent disability. An employee, employer, or their 871
representatives may object to the tentative order within twenty 872
days after the receipt of the notice thereof. If no timely 873
objection is made, the tentative order shall go into effect. In no 874
event shall there be a reconsideration of a tentative order issued 875
under this division. If an objection is timely made, the 876

application for a subsequent determination shall be referred to a 877
district hearing officer who shall set the application for a 878
hearing with written notice to all interested persons. No 879
application for subsequent percentage determinations on the same 880
claim for injury or occupational disease shall be accepted for 881
review by the district hearing officer unless supported by 882
substantial evidence of new and changed circumstances developing 883
since the time of the hearing on the original or last 884
determination. 885

No award shall be made under this division based upon a 886
percentage of disability which, when taken with all other 887
percentages of permanent disability, exceeds one hundred per cent. 888
If the percentage of the permanent disability of the employee 889
equals or exceeds ninety per cent, compensation for permanent 890
partial disability shall be paid for two hundred weeks. 891

Compensation payable under this division accrues and is 892
payable to the employee from the date of last payment of 893
compensation, or, in cases where no previous compensation has been 894
paid, from the date of the injury or the date of the diagnosis of 895
the occupational disease. 896

When an award under this division has been made prior to the 897
death of an employee, all unpaid installments accrued or to accrue 898
under the provisions of the award are payable to the surviving 899
spouse, or if there is no surviving spouse, to the dependent 900
children of the employee, and if there are no children surviving, 901
then to other dependents as the administrator determines. 902

(B) For purposes of this division, "payable per week" means 903
the seven-consecutive-day period in which compensation is paid in 904
installments according to the schedule associated with the 905
applicable injury as set forth in this division. 906

Compensation paid in weekly installments according to the 907

schedule described in this division may only be commuted to one or 908
more lump sum payments pursuant to the procedure set forth in 909
section 4123.64 of the Revised Code. 910

In cases included in the following schedule the compensation 911
payable per week to the employee is the statewide average weekly 912
wage as defined in division (C) of section 4123.62 of the Revised 913
Code per week and shall be paid in installments according to the 914
following schedule: 915

For the loss of a first finger, commonly known as a thumb, 916
sixty weeks. 917

For the loss of a second finger, commonly called index 918
finger, thirty-five weeks. 919

For the loss of a third finger, thirty weeks. 920

For the loss of a fourth finger, twenty weeks. 921

For the loss of a fifth finger, commonly known as the little 922
finger, fifteen weeks. 923

The loss of a second, or distal, phalange of the thumb is 924
considered equal to the loss of one half of such thumb; the loss 925
of more than one half of such thumb is considered equal to the 926
loss of the whole thumb. 927

The loss of the third, or distal, phalange of any finger is 928
considered equal to the loss of one-third of the finger. 929

The loss of the middle, or second, phalange of any finger is 930
considered equal to the loss of two-thirds of the finger. 931

The loss of more than the middle and distal phalanges of any 932
finger is considered equal to the loss of the whole finger. In no 933
case shall the amount received for more than one finger exceed the 934
amount provided in this schedule for the loss of a hand. 935

For the loss of the metacarpal bone (bones of the palm) for 936
the corresponding thumb, or fingers, add ten weeks to the number 937

of weeks under this division.	938
For ankylosis (total stiffness of) or contractures (due to scars or injuries) which makes any of the fingers, thumbs, or parts of either useless, the same number of weeks apply to the members or parts thereof as given for the loss thereof.	939 940 941 942
If the claimant has suffered the loss of two or more fingers by amputation or ankylosis and the nature of the claimant's employment in the course of which the claimant was working at the time of the injury or occupational disease is such that the handicap or disability resulting from the loss of fingers, or loss of use of fingers, exceeds the normal handicap or disability resulting from the loss of fingers, or loss of use of fingers, the administrator may take that fact into consideration and increase the award of compensation accordingly, but the award made shall not exceed the amount of compensation for loss of a hand.	943 944 945 946 947 948 949 950 951 952
For the loss of a hand, one hundred seventy-five weeks.	953
For the loss of an arm, two hundred twenty-five weeks.	954
For the loss of a great toe, thirty weeks.	955
For the loss of one of the toes other than the great toe, ten weeks.	956 957
The loss of more than two-thirds of any toe is considered equal to the loss of the whole toe.	958 959
The loss of less than two-thirds of any toe is considered no loss, except as to the great toe; the loss of the great toe up to the interphalangeal joint is co-equal to the loss of one-half of the great toe; the loss of the great toe beyond the interphalangeal joint is considered equal to the loss of the whole great toe.	960 961 962 963 964 965
For the loss of a foot, one hundred fifty weeks.	966
For the loss of a leg, two hundred weeks.	967

For the loss of the sight of an eye, one hundred twenty-five weeks. 968
969

For the permanent partial loss of sight of an eye, the 970
portion of one hundred twenty-five weeks as the administrator in 971
each case determines, based upon the percentage of vision actually 972
lost as a result of the injury or occupational disease, but, in no 973
case shall an award of compensation be made for less than 974
twenty-five per cent loss of uncorrected vision. "Loss of 975
uncorrected vision" means the percentage of vision actually lost 976
as the result of the injury or occupational disease. 977

For the permanent and total loss of hearing of one ear, 978
twenty-five weeks; but in no case shall an award of compensation 979
be made for less than permanent and total loss of hearing of one 980
ear. 981

For the permanent and total loss of hearing, one hundred 982
twenty-five weeks; but, except pursuant to the next preceding 983
paragraph, in no case shall an award of compensation be made for 984
less than permanent and total loss of hearing. 985

In case an injury or occupational disease results in serious 986
facial or head disfigurement which either impairs or may in the 987
future impair the opportunities to secure or retain employment, 988
the administrator shall make an award of compensation as it deems 989
proper and equitable, in view of the nature of the disfigurement, 990
and not to exceed the sum of ten thousand dollars. For the purpose 991
of making the award, it is not material whether the employee is 992
gainfully employed in any occupation or trade at the time of the 993
administrator's determination. 994

When an award under this division has been made prior to the 995
death of an employee all unpaid installments accrued or to accrue 996
under the provisions of the award shall be payable to the 997
surviving spouse, or if there is no surviving spouse, to the 998

dependent children of the employee and if there are no such 999
children, then to such dependents as the administrator determines. 1000

When an employee has sustained the loss of a member by 1001
severance, but no award has been made on account thereof prior to 1002
the employee's death, the administrator shall make an award in 1003
accordance with this division for the loss which shall be payable 1004
to the surviving spouse, or if there is no surviving spouse, to 1005
the dependent children of the employee and if there are no such 1006
children, then to such dependents as the administrator determines. 1007

(C) Compensation for partial impairment under divisions (A) 1008
and (B) of this section is in addition to the compensation paid 1009
the employee pursuant to section 4123.56 of the Revised Code. A 1010
claimant may receive compensation under divisions (A) and (B) of 1011
this section. 1012

In all cases arising under division (B) of this section, if 1013
it is determined by any one of the following: (1) the amputee 1014
clinic at University hospital, Ohio state university; (2) the 1015
opportunities for Ohioans with disabilities agency; (3) an amputee 1016
clinic or prescribing physician approved by the administrator or 1017
the administrator's designee, that an injured or disabled employee 1018
is in need of an artificial appliance, or in need of a repair 1019
thereof, regardless of whether the appliance or its repair will be 1020
serviceable in the vocational rehabilitation of the injured 1021
employee, and regardless of whether the employee has returned to 1022
or can ever again return to any gainful employment, the bureau 1023
shall pay the cost of the artificial appliance or its repair out 1024
of the surplus created by division (B) of section 4123.34 of the 1025
Revised Code. 1026

In those cases where an opportunities for Ohioans with 1027
disabilities agency's recommendation that an injured or disabled 1028
employee is in need of an artificial appliance would conflict with 1029
their state plan, adopted pursuant to the "Rehabilitation Act of 1030

1973," 87 Stat. 355, 29 U.S.C.A. 701, the administrator or the 1031
administrator's designee or the bureau may obtain a recommendation 1032
from an amputee clinic or prescribing physician that they 1033
determine appropriate. 1034

(D) If an employee of a state fund employer makes application 1035
for a finding and the administrator finds that the employee has 1036
contracted silicosis as defined in division (Y), or coal miners' 1037
pneumoconiosis as defined in division (Z), or asbestosis as 1038
defined in division (BB) of section 4123.68 of the Revised Code, 1039
and that a change of such employee's occupation is medically 1040
advisable in order to decrease substantially further exposure to 1041
silica dust, asbestos, or coal dust and if the employee, after the 1042
finding, has changed or shall change the employee's occupation to 1043
an occupation in which the exposure to silica dust, asbestos, or 1044
coal dust is substantially decreased, the administrator shall 1045
allow to the employee an amount equal to fifty per cent of the 1046
statewide average weekly wage per week for a period of thirty 1047
weeks, commencing as of the date of the discontinuance or change, 1048
and for a period of one hundred weeks immediately following the 1049
expiration of the period of thirty weeks, the employee shall 1050
receive sixty-six and two-thirds per cent of the loss of wages 1051
resulting directly and solely from the change of occupation but 1052
not to exceed a maximum of an amount equal to fifty per cent of 1053
the statewide average weekly wage per week. No such employee is 1054
entitled to receive more than one allowance on account of 1055
discontinuance of employment or change of occupation and benefits 1056
shall cease for any period during which the employee is employed 1057
in an occupation in which the exposure to silica dust, asbestos, 1058
or coal dust is not substantially less than the exposure in the 1059
occupation in which the employee was formerly employed or for any 1060
period during which the employee may be entitled to receive 1061
compensation or benefits under section 4123.68 of the Revised Code 1062
on account of disability from silicosis, asbestosis, or coal 1063

miners' pneumoconiosis. An award for change of occupation for a 1064
coal miner who has contracted coal miners' pneumoconiosis may be 1065
granted under this division even though the coal miner continues 1066
employment with the same employer, so long as the coal miner's 1067
employment subsequent to the change is such that the coal miner's 1068
exposure to coal dust is substantially decreased and a change of 1069
occupation is certified by the claimant as permanent. The 1070
administrator may accord to the employee medical and other 1071
benefits in accordance with section 4123.66 of the Revised Code. 1072

(E) If a firefighter or police officer makes application for 1073
a finding and the administrator finds that the firefighter or 1074
police officer has contracted a cardiovascular and pulmonary 1075
disease as defined in division (W) of section 4123.68 of the 1076
Revised Code, and that a change of the firefighter's or police 1077
officer's occupation is medically advisable in order to decrease 1078
substantially further exposure to smoke, toxic gases, chemical 1079
fumes, and other toxic vapors, and if the firefighter, or police 1080
officer, after the finding, has changed or changes occupation to 1081
an occupation in which the exposure to smoke, toxic gases, 1082
chemical fumes, and other toxic vapors is substantially decreased, 1083
the administrator shall allow to the firefighter or police officer 1084
an amount equal to fifty per cent of the statewide average weekly 1085
wage per week for a period of thirty weeks, commencing as of the 1086
date of the discontinuance or change, and for a period of 1087
seventy-five weeks immediately following the expiration of the 1088
period of thirty weeks the administrator shall allow the 1089
firefighter or police officer sixty-six and two-thirds per cent of 1090
the loss of wages resulting directly and solely from the change of 1091
occupation but not to exceed a maximum of an amount equal to fifty 1092
per cent of the statewide average weekly wage per week. No such 1093
firefighter or police officer is entitled to receive more than one 1094
allowance on account of discontinuance of employment or change of 1095
occupation and benefits shall cease for any period during which 1096

the firefighter or police officer is employed in an occupation in 1097
which the exposure to smoke, toxic gases, chemical fumes, and 1098
other toxic vapors is not substantially less than the exposure in 1099
the occupation in which the firefighter or police officer was 1100
formerly employed or for any period during which the firefighter 1101
or police officer may be entitled to receive compensation or 1102
benefits under section 4123.68 of the Revised Code on account of 1103
disability from a cardiovascular and pulmonary disease. The 1104
administrator may accord to the firefighter or police officer 1105
medical and other benefits in accordance with section 4123.66 of 1106
the Revised Code. 1107

(F) An order issued under this section is appealable pursuant 1108
to section 4123.511 of the Revised Code but is not appealable to 1109
court under section 4123.512 of the Revised Code. 1110

Sec. 4123.66. (A) In addition to the compensation provided 1111
for in this chapter, the administrator of workers' compensation 1112
shall disburse and pay from the state insurance fund the amounts 1113
for medical, nurse, and hospital services and medicine as the 1114
administrator deems proper and, in case death ensues from the 1115
injury or occupational disease, the administrator shall disburse 1116
and pay from the fund reasonable funeral expenses in an amount not 1117
to exceed fifty-five hundred dollars. The bureau of workers' 1118
compensation shall reimburse anyone, whether dependent, volunteer, 1119
or otherwise, who pays the funeral expenses of any employee whose 1120
death ensues from any injury or occupational disease as provided 1121
in this section. The administrator may adopt rules, with the 1122
advice and consent of the bureau of workers' compensation board of 1123
directors, with respect to furnishing medical, nurse, and hospital 1124
service and medicine to injured or disabled employees entitled 1125
thereto, and for the payment therefor. In case an injury or 1126
industrial accident that injures an employee also causes damage to 1127
the employee's eyeglasses, artificial teeth or other denture, or 1128

hearing aid, or in the event an injury or occupational disease 1129
makes it necessary or advisable to replace, repair, or adjust the 1130
same, the bureau shall disburse and pay a reasonable amount to 1131
repair or replace the same. 1132

(B) The administrator, in the rules the administrator adopts 1133
pursuant to division (A) of this section, may adopt rules 1134
specifying the circumstances under which the bureau may make 1135
immediate payment for the first fill of prescription drugs for 1136
medical conditions identified in an application for compensation 1137
or benefits under section 4123.84 or 4123.85 of the Revised Code 1138
that occurs prior to the date the administrator issues an initial 1139
determination order under division (B) of section 4123.511 of the 1140
Revised Code. If the claim is ultimately disallowed in a final 1141
administrative or judicial order, and if the employer is a state 1142
fund employer who pays assessments into the surplus fund account 1143
created under section 4123.34 of the Revised Code, the payments 1144
for medical services made pursuant to this division for the first 1145
fill of prescription drugs shall be charged to and paid from the 1146
surplus fund account and not charged through the state insurance 1147
fund to the employer against whom the claim was filed. 1148

(C)(1) If an employer or a welfare plan has provided to or on 1149
behalf of an employee any benefits or compensation for an injury 1150
or occupational disease and that injury or occupational disease is 1151
determined compensable under this chapter, the employer or a 1152
welfare plan may request that the administrator reimburse the 1153
employer or welfare plan for the amount the employer or welfare 1154
plan paid to or on behalf of the employee in compensation or 1155
benefits. The administrator shall reimburse the employer or 1156
welfare plan for the compensation and benefits paid if, at the 1157
time the employer or welfare plan provides the benefits or 1158
compensation to or on behalf of employee, the injury or 1159
occupational disease had not been determined to be compensable 1160

under this chapter and if the employee was not receiving 1161
compensation or benefits under this chapter for that injury or 1162
occupational disease. The administrator shall reimburse the 1163
employer or welfare plan in the amount that the administrator 1164
would have paid to or on behalf of the employee under this chapter 1165
if the injury or occupational disease originally would have been 1166
determined compensable under this chapter. If the employer is a 1167
merit-rated employer, the administrator shall adjust the amount of 1168
premium next due from the employer according to the amount the 1169
administrator pays the employer. The administrator shall adopt 1170
rules, in accordance with Chapter 119. of the Revised Code, to 1171
implement this division. 1172

(2) As used in this division, "welfare plan" has the same 1173
meaning as in division (1) of 29 U.S.C.A. 1002. 1174

(D)(1) Subject to the requirements of division (D)(2) of this 1175
section, the administrator may make a payment of up to five 1176
hundred dollars to either of the following: 1177

(a) The centers of medicare and medicaid services, for 1178
reimbursement of conditional payments made pursuant to the 1179
"Medicare Secondary Payer Act," 42 U.S.C. 1395y; 1180

(b) The Ohio department of medicaid, or a medical assistance 1181
provider to whom the department has assigned a right of recovery 1182
for a claim for which the department has notified the provider 1183
that the department intends to recoup the department's prior 1184
payment for the claim, for reimbursement under sections 5160.35 to 1185
5160.43 of the Revised Code for the cost of medical assistance 1186
paid on behalf of a medical assistance recipient. 1187

(2) The administrator may make a payment under division 1188
(D)(1) of this section if the administrator makes a reasonable 1189
determination that both of the following apply: 1190

(a) The payment is for reimbursement of benefits for an 1191

injury or occupational disease. 1192

(b) The injury or occupational disease is compensable, or is likely to be compensable, under this chapter or Chapter 4121., 4127., or 4131. of the Revised Code. 1193
1194
1195

(3) Any payment made pursuant to this division shall be charged to and paid from the surplus fund account created under section 4123.34 of the Revised Code. 1196
1197
1198

(4) Nothing in this division shall be construed as limiting the centers of medicare and medicaid services, the department, or any other entity with a lawful right to reimbursement from recovering sums greater than five hundred dollars. 1199
1200
1201
1202

(5) The administrator may adopt rules, with the advice and consent of the bureau of workers' compensation board of directors, to implement this division. 1203
1204
1205

Sec. 4123.71. Every physician in this state attending on or called in to visit a patient whom ~~he~~ the physician believes to be suffering from an occupational disease as defined in section 4123.68 of the Revised Code shall, within forty-eight hours from the time of making such diagnosis, send to the bureau of workers' compensation a report stating: 1206
1207
1208
1209
1210
1211

(A) Name, address, and occupation of patient; 1212

(B) Name and address of business in which employed; 1213

(C) Nature of disease; 1214

(D) Name and address of employer of patient; 1215

(E) Such other information as is reasonably required by the bureau. 1216
1217

The reports shall be made on blanks to be furnished by the bureau. ~~The mailing of~~ A physician who sends the report within the time stated, ~~in a stamped envelope addressed to the office of the~~ 1218
1219
1220

bureau is a in compliance with this section. 1221

Reports made under this section shall not be evidence of the 1222
facts therein stated in any action arising out of a disease 1223
therein reported. 1224

The bureau shall, within twenty-four hours after the receipt 1225
of the report, send a copy thereof to the employer of the patient 1226
named in the report. 1227

Sec. 4167.01. As used in this chapter: 1228

(A) "Public employer" means any of the following: 1229

(1) The state and its instrumentalities; 1230

(2) Any political subdivisions and their instrumentalities, 1231
including any county, county hospital, municipal corporation, 1232
city, village, township, park district, school district, state 1233
institution of higher learning, public or special district, state 1234
agency, authority, commission, or board; 1235

(3) Any other branch of public employment not mentioned in 1236
division (A)(1) or (2) of this section. 1237

(B) "Public employee" means any individual who engages to 1238
furnish services subject to the direction and control of a public 1239
employer, including those individuals working for a private 1240
employer who has contracted with a public employer and over whom 1241
the national labor relations board has declined jurisdiction. 1242

"Public employee" does not mean any of the following: 1243

(1) ~~A firefighter, an emergency medical technician basic, an~~ 1244
~~emergency medical technician intermediate, a paramedic, or a peace~~ 1245
officer employed by a public employer as defined in division 1246
(A)(2) of this section, or any member of the organized militia 1247
ordered to duty by state authority pursuant to Chapter 5923. of 1248
the Revised Code, ~~or a firefighter, an emergency medical~~ 1249
~~technician basic, an emergency medical technician intermediate, or~~ 1250

~~a paramedic employed by a private employer that is organized as a 1251
nonprofit fire company or life squad that contracts with a public 1252
employer to provide fire protection or emergency medical services; 1253~~

~~(2) Any person employed as a correctional officer in a county 1254
or municipal corporation correctional institution, whether the 1255
county or municipal corporation solely or in conjunction with each 1256
other operates the institution; 1257~~

~~(3) Any person who engages to furnish services subject to the 1258
direction and control of a public employer but does not receive 1259
compensation, either directly or indirectly, for those services; 1260~~

~~(4)(3) Any forest-fire investigator, natural resources 1261
officer, wildlife officer, or preserve officer. 1262~~

(C) "Public employee representative" means an employee 1263
organization certified by the state employment relations board 1264
under section 4117.05 of the Revised Code as the exclusive 1265
representative of the public employees in a bargaining unit. 1266

(D) "Employment risk reduction standard" means a standard 1267
which requires conditions, or the adoption or use of one or more 1268
practices, means, methods, operations, or processes, reasonably 1269
necessary or appropriate to provide safe and healthful employment 1270
and places of employment. 1271

(E) "Ohio employment risk reduction standard" means any risk 1272
reduction standard adopted or issued under this chapter. 1273

(F) "Undue hardship" means any requirement imposed under this 1274
chapter or a rule or order issued thereunder that would require a 1275
public employer to take an action with significant difficulty or 1276
expense when considered in light of all of the following factors: 1277

(1) The nature and cost of the action required under this 1278
chapter; 1279

(2) The overall financial resources of the public employer 1280

involved in the action;	1281
(3) The number of persons employed by the public employer at the particular location where the action may be required;	1282 1283
(4) The effect on expenses and resources or the impact otherwise of the action required upon the operations of the public employer at the location where the action may be required;	1284 1285 1286
(5) The overall size of the public employer with respect to the number of its public employees;	1287 1288
(6) The number, type, and location of the public employer's operations, including the composition, structure, and functions of the workforce of the public entity;	1289 1290 1291
(7) The geographic separateness, administrative, or fiscal relationship of the public employer's operations to the whole public employer.	1292 1293 1294
Sec. 4167.02. (A) The administrator of worker's <u>workers'</u> compensation shall operate and enforce the public employment risk reduction program created by this chapter.	1295 1296 1297
(B) The administrator shall do all of the following:	1298
(1) Adopt rules, with the advice and consent of the bureau of workers' compensation board of directors and in accordance with Chapter 119. of the Revised Code, for the administration and enforcement of this chapter, including rules covering standards. <u>The administrator shall include both of the following in the rules:</u>	1299 1300 1301 1302 1303 1304
(a) <u>Standards</u> the administrator shall follow in issuing an emergency temporary Ohio employment risk reduction standard under section 4167.08 of the Revised Code and <u>in issuing</u> a temporary variance and a variance from an Ohio employment risk reduction standard or part thereof under section 4167.09 of the Revised Code;	1305 1306 1307 1308 1309 1310

<u>(b) Standards and procedures for an effective safety</u>	1311
<u>partnership agreement program for public employers and employees</u>	1312
<u>that promotes voluntary compliance with this chapter.</u>	1313
(2) Do all things necessary and appropriate for the	1314
administration and enforcement of this chapter.	1315
(C) In carrying out the responsibilities of this chapter, the	1316
administrator may use, with the consent of any federal, state, or	1317
local agency, the services, facilities, and personnel of such	1318
agency, with or without reimbursement, and may retain or contract	1319
with experts, consultants, and organizations for services or	1320
personnel on such terms as the administrator determines	1321
appropriate.	1322
Sec. 4167.10. (A) In order to carry out the purposes of this	1323
chapter, the administrator of workers' compensation or the	1324
administrator's designee shall, as provided in this section, <u>enter</u>	1325
<u>without delay during normal working hours and at other reasonable</u>	1326
<u>times, to</u> inspect and investigate any plant, facility,	1327
establishment, construction site, or any other area, workplace, or	1328
environment where work is being performed by a public employee of	1329
a public employer, and any place of employment and all pertinent	1330
conditions, structures, machines, apparatus, devices, equipment,	1331
and materials therein, and question privately any public employer,	1332
administrator, department head, operator, agent, or public	1333
employee. The authority to inspect and investigate includes the	1334
taking of environmental samples, the taking and obtaining of	1335
photographs related to the purposes of the inspection or	1336
investigation, the examination of records required to be kept	1337
under section 4167.11 of the Revised Code and other documents and	1338
records relevant to the inspection and investigation, the issuance	1339
of subpoenas, and the conducting of tests and other studies	1340
reasonably calculated to serve the purposes of implementing and	1341

enforcing this chapter. Except as provided in this section, the
administrator or the administrator's designee shall conduct
scheduled inspections and investigations only pursuant to rules
adopted under section 4167.02 of the Revised Code, a request to do
so by a public employee or public employee representative, or the
notification the administrator receives pursuant to division (B)
of section 4167.06 of the Revised Code and only if the
administrator or the administrator's designee complies with this
section. The administrator or the administrator's designee shall
conduct all requested or required inspections within a reasonable
amount of time following receipt of the request or notification.

(B)(1) Any public employee or public employee representative
who believes that a violation of an Ohio employment risk reduction
standard exists that threatens physical harm, or that an imminent
danger exists, may request an inspection by giving written notice
to the administrator or the administrator's designee of the
violation or danger. The notice shall set forth with reasonable
particularity the grounds for the notice, and shall be signed by
the public employee or public employee representative. The names
of individual public employees making the notice or referred to
therein shall not appear in the copy provided to the public
employer pursuant to division (B)(2) of this section and shall be
kept confidential.

(2) If, upon receipt of a notification pursuant to division
(B)(1) of this section, the administrator determines that there
are no reasonable grounds to believe that a violation or danger
exists, the administrator shall inform the public employee or
public employee representative in writing of the determination.
If, upon receipt of a notification, the administrator determines
that there are reasonable grounds to believe that a violation or
danger exists, the administrator shall, within one week, excluding
Saturdays, Sundays, and any legal holiday as defined in section

1.14 of the Revised Code, after receipt of the notification, 1374
notify the public employer, by certified mail, return receipt 1375
requested, of the alleged violation or danger. The notice provided 1376
to the public employer or the public employer's agent shall 1377
~~contain a copy of the notice provided to the administrator by the~~ 1378
~~public employee or the public employee representative under~~ 1379
~~division (B)(1) of this section and shall~~ inform the public 1380
employer of the alleged violation or danger and that the 1381
administrator or the administrator's designee will investigate and 1382
inspect the public employer's workplace as provided in this 1383
section. The public employer must respond to the administrator, in 1384
a method determined by the administrator, concerning the alleged 1385
violation or danger, within thirty days after receipt of the 1386
notice. If the public employer does not correct the violation or 1387
danger within the thirty-day period or if the public employer 1388
fails to respond within that time period, the administrator or the 1389
administrator's designee shall investigate and inspect the public 1390
employer's workplace as provided in this section. The 1391
administrator or the administrator's designee shall not conduct 1392
any inspection prior to the end of the thirty-day period unless 1393
requested or permitted by the public employer. The administrator 1394
may, at any time upon the request of the public employer, inspect 1395
and investigate any violation or danger alleged to exist at the 1396
public employer's place of employment. 1397

(3) The authority of the administrator or the administrator's 1398
designee to investigate and inspect a premises pursuant to a 1399
public employee or public employee representative notification is 1400
not limited to the alleged violation or danger contained in the 1401
notification. The administrator or the administrator's designee 1402
may investigate and inspect any other area of the premises where 1403
there is reason to believe that a violation or danger exists. In 1404
addition, if the administrator or the administrator's designee 1405
detects any obvious or apparent violation at any temporary place 1406

of employment while en route to the premises to be inspected or 1407
investigated, and that violation presents a substantial 1408
probability that the condition or practice could result in death 1409
or serious physical harm, the administrator or the administrator's 1410
designee may use any of the enforcement mechanisms provided in 1411
this section to correct or remove the condition or practice. 1412

(4) If, during an inspection or investigation, the 1413
administrator or the administrator's designee finds any condition 1414
or practice in any place of employment that presents a substantial 1415
probability that the condition or practice could result in death 1416
or serious physical harm, after notifying the employer of the 1417
administrator's intent to issue an order, the administrator shall 1418
issue an order, or the administrator's designee shall issue an 1419
order after consultation either by telephone or in person with the 1420
administrator and upon the recommendation of the administrator, 1421
which prohibits the employment of any public employee or any 1422
continuing operation or process under such condition or practice 1423
until necessary steps are taken to correct or remove the condition 1424
or practice. The order shall not be effective for more than 1425
fifteen days, unless a court of competent jurisdiction otherwise 1426
orders as provided in section 4167.14 of the Revised Code. 1427

(C) In making any inspections or investigations under this 1428
chapter, the administrator or the administrator's designee may 1429
administer oaths and require, by subpoena, the attendance and 1430
testimony of witnesses and the production of evidence under oath. 1431
Witnesses shall receive the fees and mileage provided for under 1432
section 119.094 of the Revised Code. In the case of contumacy, 1433
failure, or refusal of any person to comply with an order or any 1434
subpoena lawfully issued, or upon the refusal of any witness to 1435
testify to any matter regarding which the witness may lawfully be 1436
interrogated, a judge of the court of common pleas of any county 1437
in this state, on the application of the administrator or the 1438

administrator's designee, shall issue an order requiring the 1439
person to appear and to produce evidence if, as, and when so 1440
ordered, and to give testimony relating to the matter under 1441
investigation or in question. The court may punish any failure to 1442
obey the order of the court as a contempt thereof. 1443

(D) If, upon inspection or investigation, the administrator 1444
or the administrator's designee believes that a public employer 1445
has violated any requirement of this chapter or any rule, Ohio 1446
employment risk reduction standard, or order adopted or issued 1447
pursuant thereto, the administrator or the administrator's 1448
designee shall, with reasonable promptness, issue a citation to 1449
the public employer. The citation shall be in writing and describe 1450
with particularity the nature of the alleged violation, including 1451
a reference to the provision of law, Ohio employment risk 1452
reduction standard, rule, or order alleged to have been violated. 1453
In addition, the citation shall fix a time for the abatement of 1454
the violation, as provided in division (H) of this section. The 1455
administrator may prescribe procedures for the issuance of a 1456
notice with respect to minor violations and for enforcement of 1457
minor violations that have no direct or immediate relationship to 1458
safety or health. 1459

(E) Upon receipt of any citation under this section, the 1460
public employer shall immediately post the citation, or a copy 1461
thereof, at or near each place an alleged violation referred to in 1462
the citation occurred. 1463

(F) The administrator may not issue a citation under this 1464
section after the expiration of six months following the final 1465
occurrence of any violation. 1466

(G) If the administrator issues a citation pursuant to this 1467
section, the administrator shall mail the citation to the public 1468
employer by certified mail, return receipt requested. The public 1469
employer has fourteen days after receipt of the citation within 1470

which to notify the administrator that the employer wishes to 1471
contest the citation. If the employer notifies the administrator 1472
within the fourteen days that the employer wishes to contest the 1473
citation, or if within fourteen days after the issuance of a 1474
citation a public employee or public employee representative files 1475
notice that the time period fixed in the citation for the 1476
abatement of the violation is unreasonable, the administrator 1477
shall hold an adjudication hearing in accordance with Chapter 119. 1478
of the Revised Code. 1479

(H) In establishing the time limits in which a public 1480
employer must abate a violation under this section, the 1481
administrator shall consider the costs to the public employer, the 1482
size and financial resources of the public employer, the severity 1483
of the violation, the technological feasibility of the public 1484
employer's ability to comply with requirements of the citation, 1485
the possible present and future detriment to the health and safety 1486
of any public employee for failure of the public employer to 1487
comply with requirements of the citation, and such other factors 1488
as the administrator determines appropriate. The administrator 1489
may, after considering the above factors, permit the public 1490
employer to comply with the citation over a period of up to two 1491
years and may extend that period an additional one year, as the 1492
administrator determines appropriate. 1493

(I) Any public employer may request the administrator to 1494
conduct an employment risk reduction inspection of the public 1495
employer's place of employment. The administrator or the 1496
administrator's designee shall conduct the inspection within a 1497
reasonable amount of time following the request. Neither the 1498
administrator nor any other person may use any information 1499
obtained from the inspection for a period not to exceed three 1500
years in any proceeding for a violation of this chapter or any 1501
rule or order issued thereunder nor in any other action in any 1502

court in this state. 1503

Section 101.02. That existing sections 4123.29, 4123.53, 1504
4123.54, 4123.56, 4123.57, 4123.66, 4123.71, 4167.01, 4167.02, and 1505
4167.10 of the Revised Code are hereby repealed. 1506

Section 105.01. That sections 4123.72 and 4167.19 of the 1507
Revised Code are hereby repealed. 1508

Section 201.10. All items in this section are hereby 1509
appropriated out of any moneys in the state treasury to the credit 1510
of the designated fund. For all appropriations made in this act, 1511
those in the first column are for fiscal year 2018, and those in 1512
the second column are for fiscal year 2019. 1513

BWC BUREAU OF WORKERS' COMPENSATION 1514

Dedicated Purpose Fund Group 1515

7023	855407	Claims, Risk and	\$	115,598,050	\$	118,300,550	1516
		Medical Management					

7023	855408	Fraud Prevention	\$	12,791,260	\$	12,791,260	1517
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7023	855409	Administrative	\$	109,472,100	\$	109,472,100	1518
		Services					

7023	855410	Attorney General	\$	4,621,850	\$	4,621,850	1519
		Payments					

8220	855606	Coal Workers' Fund	\$	154,000	\$	154,000	1520
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8230	855608	Marine Industry	\$	57,000	\$	57,000	1521
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8250	855605	Disabled Workers	\$	173,000	\$	173,000	1522
		Relief Fund					

8260	855609	Safety and Hygiene	\$	22,000,000	\$	22,000,000	1523
		Operating					

8260	855610	Safety Grants	\$	15,000,000	\$	15,000,000	1524
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TOTAL DPF	Dedicated Purpose Fund	\$	279,867,260	\$	282,569,760	1525
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Group

Federal Fund Group 1526

3490 855601	OSHA Enforcement	\$	1,653,900	\$	1,653,900	1527
3FW0 855614	BLS SOII Grant	\$	195,104	\$	195,104	1528
3FW0 855615	NIOSH Grant	\$	200,000	\$	200,000	1529
TOTAL FED	Federal Fund Group	\$	2,049,004	\$	2,049,004	1530
TOTAL ALL BUDGET FUND GROUPS		\$	281,916,264	\$	284,618,764	1531

WORKERS' COMPENSATION FRAUD UNIT 1532

Of the foregoing appropriation item 855410, Attorney General 1533
Payments, \$828,200 in each fiscal year shall be used to fund the 1534
expenses of the Workers' Compensation Fraud Unit within the 1535
Attorney General's Office. These payments shall be processed at 1536
the beginning of each quarter of each fiscal year and deposited 1537
into the Workers' Compensation Section Fund (Fund 1950) used by 1538
the Attorney General. 1539

SAFETY AND HYGIENE 1540

Notwithstanding section 4121.37 of the Revised Code, the 1541
Treasurer of State shall remit \$22,000,000 cash in fiscal year 1542
2018 and \$22,000,000 cash in fiscal year 2019 from the State 1543
Insurance Fund to the state treasury to the credit of the Safety 1544
and Hygiene Fund (Fund 8260). 1545

OSHA ON-SITE CONSULTATION PROGRAM 1546

A portion of the foregoing appropriation item 855609, Safety 1547
and Hygiene Operating, may be used to provide the state match for 1548
federal funding of the Occupational Safety and Health 1549
Administration's On-site Consultation Program operated by the 1550
Division of Safety and Hygiene. 1551

VOCATIONAL REHABILITATION 1552

The Bureau of Workers' Compensation and the Opportunities for 1553
Ohioans with Disabilities Agency may enter into an interagency 1554
agreement for the provision of vocational rehabilitation services 1555
and staff to mutually eligible clients. The Bureau may provide 1556
funds from the State Insurance Fund to fund vocational 1557

rehabilitation services and staff in accordance with the 1558
interagency agreement. 1559

Section 201.20. DEPUTY INSPECTOR GENERAL FOR BWC AND OIC 1560
FUNDING 1561

To pay for the FY 2018 costs related to the Deputy Inspector 1562
General for the Bureau of Workers' Compensation and Industrial 1563
Commission, on July 1, 2017, and January 1, 2018, or as soon as 1564
possible thereafter, the Director of Budget and Management shall 1565
transfer \$212,500 in cash from the Workers' Compensation Fund 1566
(Fund 7023) to the Deputy Inspector General for the Bureau of 1567
Workers' Compensation and Industrial Commission Fund (Fund 5FT0). 1568

To pay for the FY 2019 costs related to the Deputy Inspector 1569
General for the Bureau of Workers' Compensation and Industrial 1570
Commission, on July 1, 2018, and January 1, 2019, or as soon as 1571
possible thereafter, the Director of Budget and Management shall 1572
transfer \$212,500 in cash from the Workers' Compensation Fund 1573
(Fund 7023) to the Deputy Inspector General for the Bureau of 1574
Workers' Compensation and Industrial Commission Fund (Fund 5FT0). 1575

If additional amounts are needed, the Inspector General may 1576
seek Controlling Board approval for additional transfers of cash 1577
and to increase the amount appropriated in appropriation item 1578
965604, Deputy Inspector General for the Bureau of Workers' 1579
Compensation and Industrial Commission. 1580

Section 741.10. The amendment by this act to section 4123.57 1581
of the Revised Code applies to any claim filed on or after, and to 1582
any claim pending, on the effective date of this section. 1583
Notwithstanding any provision of section 4123.52 of the Revised 1584
Code to the contrary, for all claims pending on the effective date 1585
of this act, an employee may refile an application for a 1586
determination of the percentage of the employee's permanent 1587

partial disability within two years after a dismissal of the 1588
application under the amendment to section 4123.57 of the Revised 1589
Code by this act. 1590

Section 741.20. Division (J) of section 4123.54 of the 1591
Revised Code, as amended by this act, applies to a claim under 1592
Chapters 4121., 4123., 4127., and 4131. of the Revised Code 1593
arising on or after the effective date of this section. 1594

Section 801.10. Law contained in the Main Operating 1595
Appropriations Act of the 132nd General Assembly that applies 1596
generally to the appropriations made in that act also applies 1597
generally to the appropriations made in this act. 1598

Section 806.10. The provisions of law contained in this act, 1599
and their applications, are severable. If any provision of law 1600
contained in this act, or if any application of any provision of 1601
law contained in this act, is held invalid, the invalidity does 1602
not affect other provisions of law contained in this act and their 1603
applications that can be given effect without the invalid 1604
provision or application. 1605

Section 812.10. Except as otherwise specifically provided in 1606
this act, the amendment, enactment, or repeal by this act of a 1607
section of law is exempt from the referendum under Ohio 1608
Constitution, Article II, Section 1d and section 1.471 of the 1609
Revised Code and therefore takes effect immediately when this act 1610
becomes law. 1611

Section 812.20. The amendment, enactment, or repeal by this 1612
act of the divisions and sections of law listed below are subject 1613
to the referendum under Ohio Constitution, Article II, Section 1c 1614
and therefore take effect on the ninety-first day after this act 1615

is filed with the Secretary of State:	1616
All Revised Code sections in Sections 101.01 and 105.01 of	1617
this act;	1618
Sections of this act prefixed with the number "741."	1619