September 4, 2013

Honorable Mike DeWine Ohio Attorney General 30 East Broad Street Columbus, Ohio 43215

ATTORNEY GENERALS OFFICE

SEP 0 4 2013

RE: Summary Petition: Medicaid Expansion

RECEIVED CONSTITUTIONAL OFFICES

Dear Attorney General DeWine:

Pursuant to R.C. § 3519.01(A), I am hereby filing with your office on behalf of Healthy Ohioans Work, a petition to approve the language of a proposed initiated statute and a summary of the initiated statute regarding Medicaid expansion. The petition contains 5,878 signatures of electors on 398 part-petitions, a summary, and the full text of the initiated statute to be proposed.

The initiated statute will enact the Access to Healthcare Act contained in proposed Ohio Revised Code Section 5163.04. Chapter 5163 was created in 130-HB59 (Amstutz) as a result of renumbering existing Sections of the Ohio Revised Code and takes effect on the 91st day after the act was filed with the Secretary of State (September 29, 2013).

Please contact me if you have any questions. Thank you.

Sincerely,

Matthew R. Koppitch Legislative Liaison

SEIU District 1199

1395 Dublin Rd., Columbus OH 43215

(614)461-1199

On behalf of Healthy Ohioans Work

enclosures

INITIATIVE PETITION

Law Proposed by Initiative Petition first to be Submitted to the General Assembly

TITLE

THE ACCESS TO HEALTHCARE ACT

SUMMARY

The law proposed by this initiative petition would enact Section 5163.04 of the Ohio Revised Code to authorize the expansion of Ohio's Medicaid program to the fullest extent permitted by the Patient Protection and Affordable Care Act.

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

Jonathan A. Allison	1625 Eagle Glen Dr., Blacklick, OH 43004	
Sean M. McGlone	1582 Oakview Dr., Columbus, OH 43235	
Monica Moran Metzbower	1109 Challis Springs Dr., New Albany, OH 43054	

ATTORNEY GENERALS OFFICE

SEP 0 4 2013

RECEIVED CONSTITUTIONAL OFFICES

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE MOST RECENT ADDRESS ON FILE WITH BOARD OF ELECTIONS (Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County			Rural Route or other Post- office Address		Month/Day/Year		
(Voters who do not live in (Voters who reside in mur	a municipa	al corpora orations	ation shoul should fill	d fill in the information the information call	n called fed for by	for by the h the headin	eadings prir gs printed b	ated above.)
Signature	County	City or	Village	Street and Number	Ward/P	recinct	Month/Da	y/Year
1. Signature	Print First I							Initial
Address on file with the Bo	ard of Electi	ions (i.e.	W-West) an	nd Street (i.e. Ave-Aver	nue)			•
City	County		Ward/Pre	cinct	Z	ip Code		Date of Signing
2. Signature	Print First I							Initial
Address on file with the Bo	ard of Electi	ions (i.e.	W-West) a	nd Street (i.e. Ave-Aver	nue)			
City	County		Ward/Pre	County Ward/Precinct Zip Code				
3. Signature	Print First							Initial
	Print Last 1	Name	W-West) a	nd Street (i.e. Ave-Ave	nue)			Initial
Address on file with the Bo	Print Last I	Name						
	Print Last 1	Name	W-West) a			lip Code		Initial Date of Signing
Address on file with the Bo	Print Last I	Name				tip Code		
Address on file with the Bo	Print Last It ard of Elect County	Name ions (i.e.				Cip Code		Date of Signing
Address on file with the Bo	Print Last I	Name ions (i.e. Name	Ward/Pre	cinct	2	iip Code		Date of Signing
Address on file with the Bo City 4. Signature	Print Last I	Name ions (i.e. Name	Ward/Pre	cinct nd Street (i.e. Ave-Ave	nue)	Cip Code		Date of Signing
Address on file with the Bo City 4. Signature Address on file with the Bo	Print Last I	Name Name Name ions (i.e.	Ward/Pre	cinct nd Street (i.e. Ave-Ave	nue)			Date of Signing Initial
Address on file with the Bo City 4. Signature Address on file with the Bo City	Print Last I ard of Elect County Print First I ard of Elect County County	Name Name Name Name Name	Ward/Pre	cinct nd Street (i.e. Ave-Ave	nue)			Date of Signing Initial Date of Signing
Address on file with the Bo City 4. Signature Address on file with the Bo City	Print Last I ard of Elect County Print First I ard of Elect County Print Last I Print First I Print First I	Name Name Name Name Name Name Name	Ward/Pre W-West) a Ward/Pre	nd Street (i.e. Ave-Aver	nue)			Date of Signing Initial Date of Signing

			Rural Route or other Post-	
Signature	County	Township	office Address	Month/Day/Year

Signature	County	City or Village Street and Number Ward/Precinct Month/Day			y/Year				
6. Signature		Print First Name Print Last Name							
Address on file with the Bo	oard of Elec	tions (i.e. \	W-West) a	nd Street (i.e. Ave-Aver	nue)				
City	County		Ward/Pre	cinct		Zip Code		Date of Signing	
7. Signature	Print First	Name						Initial	
	Print Last	Name							
Address on file with the Bo	oard of Elec	tions (i.e.	W-West) a	nd Street (i.e. Ave-Aver	nue)				
City	County		Ward/Pre	einct		Zip Code		Date of Signing	
8. Signature	Print First	Name						Initial	
	Print Last	Name							
Address on file with the Bo	oard of Elec	tions (i.e.	W-West) a	nd Street (i.e. Ave-Aver	nue)				
City	County		Ward/Pre	cinct		Zip Code		Date of Signing	
9. Signature	Print First	Name						Initial	
	Print Last	Name							
Address on file with the B	oard of Elec	tions (i.e.	W-West) a	nd Street (i.e. Ave-Aver	nue)				
City	County		Ward/Pre	cinct		Zip Code		Date of Signing	
10. Signature	Print First	Print First Name							
	Print Last Name								
Address on file with the B	oard of Elec	tions (i.e.	W-West) a	nd Street (i.e. Ave-Aver	nue)				
City	County		Ward/Pre	ecinct		Zip Code		Date of Signing	

			Rural Route or other Post-	
Signature	County	Township	office Address	Month/Day/Year

Signature	County	City or Village	Street and Number	Ward/Precinct	Month/Day/Year					
11. Signature	Print First Print Last	Initial								
Address on file with the Bo	Address on file with the Board of Elections (i.e. W-West) and Street (i.e. Ave-Avenue)									
City	County	Ward/P	recinct	Zip Code	Date of Signing	g				
12. Signature	Print First Print Last				Initial					
Address on file with the Bo	pard of Elec	tions (i.e. W-West)	and Street (i.e. Ave-Aver	nue)						
City	County	Ward/F	recinct	Zip Code	Date of Signing	g				
13. Signature	Print First Print Last	Initial								
Address on file with the B	oard of Elec	tions (i.e. W-West)	and Street (i.e. Ave-Aver	nue)	*					
City	County	Ward/F	recinct	Zip Code	Date of Signing	g				
14. Signature	Print First				Initial					
Address on file with the B	Print Last		and Street G.a. Ava. Ava.	nua)						
Address on file with the B	oard of Elec									
City	County	Ward/F	recinct	Zip Code	Date of Signing	g				
15. Signature	Print First	Name			Initial					
	Print Last Name									
Address on file with the B	oard of Elec	tions (i.e. W-West	and Street (i.e. Ave-Ave	nue)						
City	County	Ward/I	recinct	Zip Code	Date of Signing	g				

			Rural Route or other Post-	
Signature	County	Township	office Address	Month/Day/Year

Signature	County	County City or Village Street and Number Ward/Precinct Month/Di						
16. Signature		Print First Name Print Last Name						
Address on file with	the Board of Elec	tions (i.e. W-West) a	and Street (i.e. Ave-Aven	iue)	in .			
City	County	Ward/Pro	ecinct	Zip Code	Date of Signing			
17. Signature	Print First Print Last				Initial			
Address on file with	the Board of Elec	tions (i.e. W-West) a	and Street (i.e. Ave-Aver	nue)	-			
City	County	Ward/Pro	ecinct	Zip Code	Date of Signing			
18. Signature		Print First Name Print Last Name						
Address on file with	the Board of Elec	tions (i.e. W-West) a	and Street (i.e. Ave-Aver	nue)				
City	County	Ward/Pro	ecinct	Zip Code	Date of Signing			
19. Signature		Print First Name Print Last Name						
Address on file with	the Board of Elec	tions (i.e. W-West) a	and Street (i.e. Ave-Aver	nue)				
City	County	Ward/Pr	ecinct	Zip Code	Date of Signing			
20. Signature		Print First Name Print Last Name						
Address on file with	the Board of Elec	tions (i.e. W-West)	and Street (i.e. Ave-Aver	nue)				
City	County	Ward/Pr	ecinct	Zip Code	Date of Signing			

			Rural Route or other Post-	
Signature	County	Township	office Address	Month/Day/Year

Signature	County	City or Village	Street and Number	Ward/Precinct	Month/Day/Year				
21. Signature		Print First Name Print Last Name							
Address on file with the Bo	oard of Elec	tions (i.e. W-Wes	and Street (i.e. Ave-Aver	nue)					
City	County	Ward/	Precinct	Zip Code	Date of Signing				
22. Signature	Print First	Name			Initial				
	Print Last	Name							
Address on file with the Bo	oard of Elec	tions (i.e. W-Wes) and Street (i.e. Ave-Aver	nue)					
City	County	Ward	Precinct	Zip Code	Date of Signing				
23. Signature	Print First	Name		0.	Initial				
	Print Last	Name							
Address on file with the Bo	oard of Elec	tions (i.e. W-Wes) and Street (i.e. Ave-Ave	nue)					
City	County	Ward	Precinct	Zip Code	Date of Signing				
24. Signature	Print First	Name			Initial				
	Print Last	Name							
Address on file with the B	oard of Elec	tions (i.e. W-Wes) and Street (i.e. Ave-Ave	nue)					
City	County	Ward	Precinct	Zip Code	Date of Signing				
25. Signature	Print First	Print First Name Ini							
	Print Last Name								
Address on file with the B	oard of Elec	tions (i.e. W-Wes) and Street (i.e. Ave-Ave	nue)					
City	County	Ward	Precinct	Zip Code	Date of Signing				

			Rural Route or other Post-	
Signature	County	Township	office Address	Month/Day/Year

Signature	County	County City or Village Street and Number Ward/Precinct Month/D					
26. Signature	Print First Print Last	Initial					
Address on file with	the Board of Elec	tions (i.e. W-West) a	and Street (i.e. Ave-Aver	nue)	1.		
City	County	Ward/Pr	ecinct	Zip Code	Date of Signing		
27. Signature	Print First Print Last				Initial		
Address on file with	the Board of Elec	tions (i.e. W-West)	and Street (i.e. Ave-Aver	nue)	,		
City	County	Ward/Pr	ecinct	Zip Code	Date of Signing		
28. Signature		Print First Name Print Last Name					
Address on file with	the Board of Elec	tions (i.e. W-West)	and Street (i.e. Ave-Aver	nue)			
City	County	Ward/Pr	ecinct	Zip Code	Date of Signing		
29. Signature		Print First Name Print Last Name					
Address on file with	the Board of Elec	tions (i.e. W-West)	and Street (i.e. Ave-Ave	nue)			
City	County	Ward/Pr	ecinct	Zip Code	Date of Signing		
30. Signature	Print Last	Print First Name Print Last Name					
Address on file with	the Board of Elec	tions (i.e. W-West)	and Street (i.e. Ave-Ave	nue)			
City	County	Ward/Pr	ecinct	Zip Code	Date of Signing		

			Rural Route or other Post-	
Signature	County	Township	office Address	Month/Day/Year

Signature	County	City or Village		Street and Number	Ward/Precinct		Month/Day/Year	
31. Signature	Print First Name Print Last Name							Initial
Address on file with the Board of Elections (i.e. W-West) and Street (i.e. Ave-Avenue)								
GI.	County Ward/Precinct Zip Code							Date of Signing
City	County	Wa	ard/Pre	rd/Precinct Zip Code				Date of Signing
32. Signature	Print First Name Initial						Initial	
	Print Last Name							
Address on file with the Board of Elections (i.e. W-West) and Street (i.e. Ave-Avenue)								
City	County	Wa	Ward/Precinct Zip Code					Date of Signing
33. Signature	Print First Name						Initial	
	Print Last Name							
Address on file with the Board of Elections (i.e. W-West) and Street (i.e. Ave-Avenue)								
City	County	Wa	Ward/Precinct Zip Code					Date of Signing
34. Signature	Print First Name						Initial	
	Print Last Name							
Address on file with the Board of Elections (i.e. W-West) and Street (i.e. Ave-Avenue)								
City	County	Wa	ard/Pre	ecinct		Zip Code		Date of Signing
35. Signature	Print First Name Initial						Initial	
	Print Last	ıt Name						
Address on file with the Board of Elections (i.e. W-West) and Street (i.e. Ave-Avenue)								
City	County	Wa	ard/Pre	ecinct		Zip Code		Date of Signing

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly

TITLE

THE ACCESS TO HEALTHCARE ACT

FULL TEXT OF PROPOSED LAW

Be it enacted by the people of Ohio,

Sec. 5163.04. The Medicaid program shall cover all individuals described in the "Social Security Act," section 1902(a)(10)(A)(i)(VIII), 42 U.S.C. 1396a(a)(10)(A)(i)(VIII), as amended.

STATEMENT OF CIRCULATOR

I,	declare under penalty of													
election falsification that I am the circulator	of the foregoing petition paper containing the													
signatures ofelectors, that the signatures appended hereto were made and appended in my														
presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by														
								chiployed to enculate this petition by						
•														
(Name and address of employer). (The preceding sentence shall be completed as required by														
section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)														
(Signed)	(Address of circulator's permanent residence in													
	this state)													
	Number and Street, Road or Rural Route													
City, Village or Township	State Zip Code													

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.