ACTION: ORIGINAL FILED

DATE: 09/12/2002 03:20 PM

Rule Summary and Fiscal Analysis (Part A)

Department Of Aging
Agency Name

	Mike Laubert
Division	Contact

50 West Broad St. 9th Floor Columbus OH 43215 - 3363	**614-752-9677**	**614-466-5741**
Agency Mailing Address (Plus Zip)	Phone	Fax

173-6-03 Rule Number

NEW TYPE of rule filing

Rule Title/Tag Line **Eligibility and use.**

RULE SUMMARY

1. Is the rule being filed consistent with the requirements of the RC 119.032 review? **No**

2. Are you proposing this rule as a result of recent legislation? **Yes**

Bill Number: **SB261** General Assembly: **124** Sponsor: **Senator Carnes**

3. Statute prescribing the procedure in accordance with the agency is required to adopt the rule: **119.03**

4. Statute(s) authorizing agency to adopt the rule: **173.02, 173.06, 173.061**

5. Statute(s) the rule, as filed, amplifies or implements: **173.06, 173.061**

6. State the reason(s) for proposing (i.e., why are you filing,) this rule:

This rule is being proposed for adoption in an effort to implement the prescription drug discount component of the Golden Buckeye program.

7. If the rule is an AMENDMENT, then summarize the changes and the content of the proposed rule; If the rule type is RESCISSION, NEW or NO CHANGE, then summarize the content of the rule:

This rule describes who is eligible to participate in the Golden Buckeye Card program; describes how eligibility can be verified by an applicant wishing to participate in the program; indicates that the card is to be held in perpetuity by the cardholder; prohibits the card from being transferred from one person to another; and requires all cards to be signed by the cardholder in order to be valid.

8. If **revising** or **refiling** this rule, identify changes made from the previously filed version of this rule; if none, please state so:

Not Applicable.

9. 119.032 Rule Review Date:

(If you answered NO to question No. 1, provide the scheduled review date. If you answered YES to No. 1, the review date for this rule is the filing date.)

NOTE: At time of final filing, two dates are required: the current review date plus a date not to exceed 5 years from the effective date for Amended rules or a date not to exceed 5 years from the review date for No Change rules.

FISCAL ANALYSIS

10. Estimate the total amount by which *this proposed rule* would **increase / decrease** either **revenues / expenditures** for the agency during the current biennium (in dollars): Explain the net impact of the proposed changes to the budget of your agency/department.

This will have no impact on Revenues or Expenditures

$ 0.00

This proposed rule will not change the Agency's projected budget during the current biennium.

11. Identify the appropriation (by line item etc.) that authorizes each expenditure necessitated by the proposed rule:

Item: All expenditures of the Golden Buckeye Discount Program are expected to be paid for with funds from line items 490-405 (Golden Buckeye Card) and 490-419 (Prescription Drug Discount Program).
Expenditure: There are no expenditures necessitated by this particular rule.

12. Provide a summary of the estimated cost of compliance with the rule to all directly affected persons. When appropriate, please include the source for your information/estimated costs, e.g. industry, CFR, internal/agency:

The Department of Aging does not anticipate that there will be any costs to any individual as a result of the individual's compliance with this rule.

13. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations? **No**

14. Does this rule deal with environmental protection or contain a component dealing with environmental protection as defined in R. C. 121.39? **No**