

ACTION: ORIGINAL  
FILED

DATE: 09/12/2002  
03:20 PM

**Rule Summary and Fiscal Analysis (Part A)**

**Department Of Aging**

Agency Name

Division

**Mike Laubert**

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**173-6-04**

Rule Number

**RESCISSION**

TYPE of rule filing

Rule Title/Tag Line

**The issuance of golden buckeye cards.**

**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: **173.06, 173.02**

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

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. As part of that process, because more than 50% of the rule needs to be amended, the contents of the rule

will be amended and adopted anew under the same and/or a different rule number.

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 how the Golden Buckeye Card will be issued by the Department; provides that all cards are held in perpetuity by the cardholder; requires all cards to be signed; and authorizes individuals to obtain replacement cards if their cards are lost, stolen, or damaged.

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: **10/15/2005**

(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 program that are incurred by the Department of Aging are paid for with funds from line items 490-405 (Golden

Buckeye Card) and 490-419 (Prescription Discount Program).

**Expenditure:** The proposed rule rescission will not necessitate any expenditures by the Department of Aging.

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:

While the Department of Aging does not anticipate any costs resulting to directly affected individuals as a result of this rule rescission, individuals have historically been required by the Department to pay a three dollar fee for each replacement card they've requested.

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**