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

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.

${\bf MUST~USE~MOST~RECENT~ADDRESS~ON~FILE~WITH~BOARD~OF~ELECTIONS}\\$

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Towns	ship	Rural Route or other Post- office Address		Month/D	ay/Year	
(Voters who do not live in a municipal corporation should fill in the information called for by the headings printed above.) (Voters who reside in municipal corporations should fill in the information called for by the headings printed below.)								
Signature	County City or Village Street and Number Ward/Precinct Month/Day/Year							
1. Signature	Print First N	Name						Initial
	Print Last N	lame						
Address on file with the Box	ard of Electi	ons (i.e.	W-West) ar	nd Street (i.e. Ave-Aver	nue)			
City	County		Ward/Pre	cinct	2	Zip Code		Date of Signing
2. Signature	Print First N	Name						Initial
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Address on file with the Box	ard of Electi	ons (i.e.	W-West) ar	nd Street (i.e. Ave-Aver	nue)			
City	County Ward/Precinct Zip Code						Date of Signing	
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			Rural Route or other Post-	
Signature	County	Township	office Address	Month/Day/Year

Signature	County	Month/Day/Year							
6. Signature		Print First Name							
	Print Last	Name							
Address on file with the Bo	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				
7. Signature	Print First	Name			Initial				
	Print Last	Name							
Address on file with the Bo	oard of Elec	tions (i.e. W-West)	and Street (i.e. Ave-Aver	nue)					
City	County	Date of Signing							
8. Signature	Print First	Initial							
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Address on file with the Bo	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				
9. Signature	Print First	Name			Initial				
	Print Last	Name							
Address on file with the Bo	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				
10. Signature	Print First	Name			Initial				
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Address on file with the Bo	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				

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

Signature	County	Month/Day/Year						
11. Signature		Print First Name Print Last Name						
Address on file with the B	oard of Elec	tions (i.e. W-West) a	and Street (i.e. Ave-Aven	nue)				
City	County	Ward/Pr	ecinct	Zip Code	Date of Signing			
12. Signature	Print First				Initial			
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Address on file with the B	oard of Elec	tions (i.e. W-West) a	and Street (i.e. Ave-Aven	nue)				
City	County	Ward/Pr	ecinct	Zip Code	Date of Signing			
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Address on file with the B	oard of Elec	tions (i.e. W-West) a	and Street (i.e. Ave-Aven	nue)	·			
City	County	Ward/Pr	ecinct	Zip Code	Date of Signing			
14. Signature	Print First	Name			Initial			
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Address on file with the B	oard of Elec	tions (i.e. W-West) a	and Street (i.e. Ave-Aven	nue)	<u>'</u>			
City	County	Ward/Pr	ecinct	Zip Code	Date of Signing			
15. Signature	Print First	Name			Initial			
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Address on file with the B	oard of Elec	tions (i.e. W-West) a	and Street (i.e. Ave-Aven	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/Da						y/Year		
16. Signature		Print First Name Print Last Name							
Address on file with the B	oard of Elec	tions (i.e. W-W	est) a	nd Street (i.e. Ave-Aven	iue)				
City	County	Wa	rd/Pre	cinct		Zip Code		Date of Signing	
17. Signature	Print First	Name						Initial	
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Address on file with the B	oard of Elec	tions (i.e. W-W	est) a	nd Street (i.e. Ave-Aven	iue)				
City	County	Wa	rd/Pre	cinct		Zip Code		Date of Signing	
18. Signature	Print First Name							Initial	
	Print Last Name								
Address on file with the B	oard of Elec	tions (i.e. W-W	est) a	nd Street (i.e. Ave-Aven	iue)				
City	County	Wa	rd/Pre	cinct		Zip Code		Date of Signing	
19. Signature	Print First	Name						Initial	
	Print Last	Name							
Address on file with the B	oard of Elec	tions (i.e. W-W	est) a	nd Street (i.e. Ave-Aver	iue)				
City	County	Wa	rd/Pre	cinct		Zip Code		Date of Signing	
20. Signature	Print First	Name						Initial	
	Print Last Name								
Address on file with the B	oard of Elec	tions (i.e. W-W	est) a	nd Street (i.e. Ave-Aver	iue)				
City	County	Wa	rd/Pre	cinct		Zip Code		Date of Signing	

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

Signature	County	Month/Day/Year							
21. Signature		Print First Name							
	Print Last	Name							
Address on file with the Bo	oard of Elec	tions (i.e. W-West)	and Street (i.e. Ave-Aver	nue)					
City	County	Ward/Pi	ecinct	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-West)	and Street (i.e. Ave-Aver	iue)					
City	County	Ward/Pi	ecinct	Zip Code	Date of Signing				
23. Signature	Print First	Initial							
	Print Last Name								
Address on file with the Bo	oard of Elec	tions (i.e. W-West)	and Street (i.e. Ave-Aver	iue)					
City	County	Ward/Pi	ecinct	Zip Code	Date of Signing				
24. Signature	Print First	Name			Initial				
	Print Last	Name							
Address on file with the Bo	oard of Elec	tions (i.e. W-West)	and Street (i.e. Ave-Aver	nue)	·				
City	County	Ward/Pi	ecinct	Zip Code	Date of Signing				
25. Signature	Print First	Name			Initial				
	Print Last								
Address on file with the Bo	oard of Elec	tions (i.e. W-West)	and Street (i.e. Ave-Aver	nue)					
City	County	Ward/Pi	ecinct	Zip Code	Date of Signing				

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

Signature	County	Month/Day/Year							
26. Signature		Print First Name							
	Print Last	Name							
Address on file with the Bo	oard of Elec	tions (i.e. W-West)	and Street (i.e. Ave-Aver	nue)					
City	County	Ward/Pi	ecinct	Zip Code	Date of Signing				
27. Signature	Print First	Name			Initial				
	Print Last	Name							
Address on file with the Bo	oard of Elec	tions (i.e. W-West)	and Street (i.e. Ave-Aven	nue)					
City	County	Date of Signing							
28. Signature	Print First	Initial							
	Print Last Name								
Address on file with the Board of Elections (i.e. W-West) and Street (i.e. Ave-Avenue)									
City	County	Ward/Pi	ecinct	Zip Code	Date of Signing				
29. Signature	Print First	Name			Initial				
	Print Last	Name							
Address on file with the Bo	oard of Elec	tions (i.e. W-West)	and Street (i.e. Ave-Aven	nue)	·				
City	County	Ward/Pi	ecinct	Zip Code	Date of Signing				
30. Signature	Print First	Name			Initial				
	Print Last								
Address on file with the Bo	oard of Elec	tions (i.e. W-West)	and Street (i.e. Ave-Aver	nue)					
City	County	Ward/Pi	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 Print Last	Initial					
Address on file with the Board of Elections (i.e. W-West) and Street (i.e. Ave-Avenue)							
City	County	Ward/Pro	Ward/Precinct Zip Code		Date of Signing		
32. Signature	Print First	Initial					
	Print Last						
Address on file with the Board of Elections (i.e. W-West) and Street (i.e. Ave-Avenue)							
City	County	Ward/Pro	ecinct	Zip Code	Date of Signing		
33. Signature	Print First	Initial					
	Print Last						
Address on file with the Board of Elections (i.e. W-West) and Street (i.e. Ave-Avenue)							
City	County	Ward/Pro	ecinct	Zip Code	Date of Signing		
34. Signature	Print First	Initial					
	Print Last Name						
Address on file with the Board of Elections (i.e. W-West) and Street (i.e. Ave-Avenue)							
City	County	Ward/Pro	ecinct	Zip Code	Date of Signing		
35. Signature	Print First	Initial					
	Print Last						
Address on file with the Board of Elections (i.e. W-West) and Street (i.e. Ave-Avenue)							
City	County	Ward/Pro	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,	dea	clare under penalty of			
election falsification that I am the circulator	of the foregoing petiti	on paper containing the			
signatures ofelectors, that the signatures	appended hereto were m	nade and appended in my			
presence on the date set opposite each respective	name, and are the signat	ures 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 d employed to circulate this petition by	id so with knowledge of t	the contents of same. I am			
employed to circulate this petition by					
(Name and address of employer). (The preced	_	• •			
section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)					
(9)	(4.11 6 1 1 . 1				
(Signed)	(Address of circulator's this state)	s permanent residence in			
	Number and Street, Ro	ad or Rural Route			
City, Village or Township	State	Zip Code			
City, vinage of Township	State	LID COUL			

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