



OHIO LEGISLATIVE SERVICE COMMISSION

Synopsis of House Committee Amendments*

Yosef Schiff

Sub. S.B. 227

132nd General Assembly
(H. Insurance)

Specifies that the claims data that the As Passed by the Senate version of the bill required to be released be monthly claims data and be provided within 30 business days of receipt of request, rather than 14 business days as in the Senate-passed version of the bill.

Provides that a health plan issuer is not required to release the data to a group policyholder more than once per year.

Revises the list of data required to be provided as follows:

- Provides an alternative to the reporting of net claims to permit the reporting of net claims incurred, rather than paid, by month.
- Removes the Senate-passed requirement that the following be provided:
 - The amount of any claims reserve established by the health plan issuer against future claims;
 - A complete list of all potential catastrophic diagnoses and prognoses.
- Adds a requirement that monthly prescription claims information be provided.
- Limits the Senate-passed requirement that the data released include claims over \$10,000, and which claims are unpaid or outstanding, to *paid claims* over \$30,000.

Specifies that committing a series of violations of the bill that, taken together, constitute a practice or pattern, rather than a failure to comply as in the Senate-passed version of the bill, is considered an unfair or deceptive practice in the business of insurance.

* This synopsis does not address amendments that may have been adopted on the House Floor.

Removes a covered individual's prognosis from the list of items the disclosure of which the bill does not authorize.

Provides that nothing in the bill prohibits a health plan issuer from disclosing additional information beyond what the bill requires to be disclosed.