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H.B. 11
133rd General Assembly

Bill Analysis

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Version: As Reported by House Health

Primary Sponsors: Reps. G. Manning and Howse

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SUMMARY

- Requires the Medicaid program and Medicaid managed care organizations to cover certain tobacco cessation medications and services.
- Requires the Department of Health to establish a grant program for the provision of group-based prenatal health care services to pregnant Medicaid recipients residing in areas of the state with high preterm birth rates.
- Requires the Department of Medicaid to establish a dental program under which pregnant Medicaid recipients may receive two dental cleanings a year.
- Requires the Department of Health to develop educational materials concerning lead-based paint and to distribute the materials to families that participate in its Help Me Grow Program and reside in homes built before 1979.

DETAILED ANALYSIS

Coverage of tobacco cessation services and medications

The bill requires the Medicaid program and Medicaid managed care organizations to cover certain tobacco cessation medications and services.¹ It also requires health care benefits provided to state employees to include coverage of those same medications and services.²

Types of services and medications

The following types of medications and services must be covered under the bill:

¹ R.C. 5164.10 and 5167.12.

² R.C. 124.825.

- Any tobacco cessation medication approved by the federal Food and Drug Administration (FDA);
- Any tobacco cessation service recommended by the U.S. Preventative Services Task Force.³

Other tobacco cessation medications and services

The bill allows the Medicaid program, Medicaid managed care organizations, and state employee health care benefit plans to also cover other tobacco cessation medications and services the bill does not require them to cover. The coverage would be in addition to that required by the bill.⁴ It further specifies that the Medicaid program, Medicaid managed care organizations, and state employee health care benefit plans may exclude coverage for any cessation medications and services not otherwise required by the bill.

Conditions on coverage

The bill prohibits the following conditions from being imposed on the tobacco cessation medications and services for which coverage is required under the bill:

- Counseling requirements for tobacco cessation medication;
- Cost-sharing requirements such as deductibles, coinsurance, and copayments;
- Limits on the duration of services, including annual or lifetime limits on the number of covered attempts to quit using tobacco;
- Prior authorization requirements, step therapy protocols, or any other utilization management requirements.

However, prior authorization requirements and limits may be imposed under the following two circumstances: (1) when treatment exceeds the duration recommended in the U.S. Public Health Service's Clinical Practice Guidelines on Treating Tobacco Use and Dependence and (2) when services are associated with more than two attempts to quit using tobacco in a 12-month period.

Rulemaking

Under the bill, the Director of Health must adopt rules establishing standards and procedures for the approval of covered tobacco cessation medications and services. Such rules must be updated whenever the federal FDA approves new tobacco cessation medications, the U.S. Public Health Service issues new treatment guidance, or the U.S. Preventative Services Task Force recommends new cessation services.

³ R.C. 124.825(B) and 5164.10(A).

⁴ R.C. 124.825(D) and 5164.17.

Information about coverage

Under the bill, each insurance company or health plan providing health care benefits to state employees must inform those employees of the coverage required by the bill and also must market the coverage to them. Similarly, the bill requires the Ohio Department of Medicaid (ODM) to inform Medicaid recipients of the tobacco coverage required by its provisions and also to market the coverage to the recipients.

Group-based prenatal health care services

The bill requires the Ohio Department of Health (ODH) to establish a grant program to address the provision of prenatal health care services to pregnant women on a group basis.⁵ The program's aim is to increase the number of pregnant women who begin prenatal care early in their pregnancies and to reduce the number of infants born preterm. Under the program, grants will be awarded to entities such as health care facilities and medical practices, including those operated by physicians, physician assistants, and advanced practice registered nurses, that meet eligibility requirements and can provide group-based prenatal care and services.

Eligibility

To be eligible to participate in the program, an entity must demonstrate that it can meet the following requirements:

- Has space to host groups of at least 12 pregnant women;
- Has adequate in-kind resources, including existing medical staff, to provide necessary prenatal health care services on both an individual and group basis;
- Provides prenatal care based on the Centering Pregnancy Model of Care as developed by the Centering Healthcare Institute or another model acceptable to ODH;
- Integrates health assessments, education, and support into a unified program in which pregnant women at similar stages of pregnancy meet, learn care skills, and participate in group discussions;
- Meets any other eligibility requirements established by ODH.

Priority

When distributing funds under the program, ODH is to give priority to entities that provide care to pregnant Medicaid recipients and operate in areas of the state with high preterm birth rates, including rural areas and Cuyahoga, Franklin, Hamilton, and Summit counties.

⁵ R.C. 3701.615.

Funding

The bill appropriates \$6 million for the program, \$3.5 million in FY 2020 and \$2.5 million in FY 2021. Of the \$3.5 million, \$500,000 must be used to provide planning grants to help entities meet the bill's requirements.⁶

Dental health

A participating entity may employ or contract with licensed dental hygienists to educate pregnant women about the importance of prenatal and postnatal dental care.

Rulemaking

ODH may adopt rules as necessary to implement the bill's provisions. The rules must be adopted in accordance with the Administrative Procedure Act.⁷

Prenatal dental cleanings

The bill requires ODM to establish a program to provide dental services to pregnant Medicaid recipients.⁸ Under the program, a pregnant Medicaid recipient is eligible to receive two dental cleanings per year. ODM must give priority to those recipients residing in areas of the state with high preterm birth rates. It also must inform Medicaid recipients about the program and market the program to them.

Reimbursement rates

The bill also requires ODM to establish reimbursement rates for entities that educate Medicaid recipients about the importance of prenatal and postnatal dental care as part of ODH's group-based prenatal health care services grant program. The bill provides that, in the case of an entity that develops and distributes educational materials as part of the grant program, ODM must reimburse the entity for all or part of those costs.

Funding

The bill appropriates \$5 million for the program, \$2.5 million in FY 2020 and another \$2.5 million in FY 2021.⁹

Lead-based paint educational materials

Under the bill, ODH must develop educational materials describing the health risks of lead-based paint and the measures that may be taken to reduce those risks.¹⁰ As part of ODH's Help Me Grow Program, copies of the materials are to be distributed during home visits to

⁶ Section 4.

⁷ R.C. Chapter 119, not in the bill.

⁸ Section 3.

⁹ Section 4.

¹⁰ R.C. 3701.614.

eligible families residing in houses, apartments, or other residences built before 1979. If the date on which a family's residence was built is unknown to the family or home visiting services provider, the family must receive a copy of the educational materials. The bill also requires the educational materials developed by ODH to be culturally and linguistically appropriate for the families that receive them during home visits.

HISTORY

Action	Date
Introduced	05-16-19
Reported, H. Health	06-11-19
