



www.lsc.ohio.gov

OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research
and Drafting

Legislative Budget
Office

H.B. 243
133rd General Assembly

Bill Analysis

[Click here for H.B. 243's Fiscal Note](#)

Version: As Introduced

Primary Sponsors: Reps. Weinstein and Russo

Yosef Schiff, Attorney

SUMMARY

- Requires health plan issuers to cover hearing aids and related services for persons under 22 years of age.

DETAILED ANALYSIS

The bill requires a health benefit plan to provide coverage for the full cost of both of the following:

- One hearing aid (including attachments, accessories, and parts other than batteries and cords) per hearing-impaired ear up to \$1,400 every 36 months for a covered person under 22 years of age; and
- All related services prescribed by a licensed audiologist and dispensed by a licensed audiologist or licensed hearing aid dealer.

A covered person may choose a hearing aid at any price, but the bill does not require the health plan issuer to cover any costs beyond \$1,400 in any 36-month period per hearing aid. Moreover, if a covered person chooses a more expensive hearing aid, the health plan issuer may not impose any financial or contractual penalty on the covered person or hearing aid provider.

The bill allows a health plan issuer to deny a claim for a hearing aid if, less than 36 months prior to the claim, the covered person received the coverage identified above from any other health benefit plan.

Under the bill, "health plan issuer" includes sickness and accident insurers, health insuring corporations, fraternal benefit societies, self-funded multiple employer welfare

arrangements, nonfederal government health plans, and under certain circumstances third party administrators.¹

The bill might be considered a mandated health benefit. Under R.C. 3901.71, if the General Assembly enacts a provision for mandated health benefits, that provision cannot be applied to any health benefit plan until the Superintendent of Insurance determines that the provision can be applied fully and equally in all respects to employee benefit plans subject to regulation by the federal “Employee Retirement Income Security Act of 1974” (ERISA),² and to employee benefit plans established or modified by the state or any of its political subdivisions. ERISA appears to preempt any state regulation of such plans.³ The bill contains provisions that exempt its requirements from this restriction.⁴

HISTORY

Action	Date
Introduced	05-13-19

H0243-I-133/ks

¹ R.C. 3902.50 and 3902.51, and R.C. 3922.01, not in the bill.

² 29 U.S.C. 1001, as amended.

³ 29 U.S.C. 1144.

⁴ R.C. 3902.51(A).