



# OHIO LEGISLATIVE SERVICE COMMISSION

Ruhaiza Ridzwan

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## Fiscal Note & Local Impact Statement

**Bill:** H.B. 367 of the 132nd G.A.

**Status:** As Reported by House Insurance

**Sponsor:** Rep. DeVitis

**Local Impact Statement Procedure Required:** No

**Subject:** To prohibit a health insurer from establishing a fee schedule for dental providers for services that are not covered by any contract or provider agreement between them

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### State & Local Fiscal Highlights

- The bill may increase the Department of Insurance's administrative costs related to regulating dental services health care contracts. If there is any increase in such costs, it is likely to be minimal. Any such costs would be paid from the Department of Insurance Operating Fund (Fund 5540).
- The Superintendent of Insurance may also impose fines and penalties for violations related to health care contracts. Any fines and penalties collected for such violations must also be deposited to the credit of Fund 5540.
- No direct fiscal effect on political subdivisions.

### Detailed Fiscal Analysis

The bill prohibits any "contracting entity," i.e., health insurer, from requiring a dental provider to provide services to an enrollee based upon a fee schedule set by, or a fee subject to the approval of, the contracting entity unless the dental services are covered dental services. "Covered dental services" means dental services for which a reimbursement is available under an enrollee's health benefit plan contract, or for which a reimbursement would be available but for the application of contractual limitations.

The bill adds to the types of violations that constitute unfair and deceptive acts in the business of insurance: setting or requiring the insurer's approval of fees for dental services that are not covered dental services and making available any health benefit plan that sets fees for dental services that are not covered dental care services. The bill also specifies the General Assembly's intent related to the bill.

### Fiscal effect

The bill may increase the Department of Insurance's administrative costs for regulating health insurers. Currently, the Superintendent of Insurance is allowed to conduct a market investigation related to regulations and enforcement of health care contracts, and the Superintendent is allowed to assess the costs of examination against the person examined. If there is any increase in such costs, and any offsetting revenue,

they are likely to be minimal. Any general administrative costs would be paid from the Department of Insurance Operating Fund (Fund 5540). Any increase in examination costs, and any reimbursement related to assessments for examination costs, would be paid from (or deposited in) the Superintendent's Examination Fund (Fund 5550). The Superintendent may also impose fines and penalties for committing unfair or deceptive acts in the business of insurance. Such penalties may include an assessment for half the Department's costs of any investigation, up to \$100,000, or a penalty of up to \$3,500 per violation but no more than \$35,000 in any six-month period.<sup>1</sup> Any fines and penalties collected for such violations would be deposited to the credit of Fund 5540.

The bill would have no direct fiscal impact on local governments, and would not affect the state's costs of providing health benefits to employees and their dependents.

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<sup>1</sup> These penalties, along with some others, are found in section 3901.22 of the Revised Code, unchanged by the bill.