



OHIO LEGISLATIVE SERVICE COMMISSION

Bill Analysis

Yosef Schiff

H.B. 546*

132nd General Assembly
(As Reported by H. Insurance)

Reps. Patton, Gavarone, K. Smith

BILL SUMMARY

- Requires a health benefit plan to provide coverage for telemedicine services on the same basis and to the same extent as in-person services.
 - Prohibits a health benefit plan from excluding telemedicine services from coverage solely because they are telemedicine services.
 - Prohibits a health benefit plan from (1) imposing a lifetime benefit maximum in relation to telemedicine services other than such a maximum imposed on all plan benefits and (2) requiring cost-sharing for telemedicine services in an amount greater than that for comparable in-person services.
 - Applies to all health benefit plans issued, offered, or renewed on or after January 1, 2019.
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CONTENT AND OPERATION

Telemedicine services

The bill requires a health benefit plan to provide coverage for telemedicine services (health care services provided through synchronous or asynchronous information and communication technology by a health care professional, within the professional's scope of practice, who is located at a site other than the site where the recipient is located) on the same basis and to the same extent that the plan provides coverage for the provision of in-person health care services. It prohibits a health benefit

* This analysis was prepared before the report of the House Insurance Committee appeared in the House Journal. Note that the list of co-sponsors and the legislative history may be incomplete.

plan from excluding coverage for a service solely because it is provided as a telemedicine service. It also prohibits a health benefit plan from imposing any annual or lifetime benefit maximum in relation to telemedicine services other than such a benefit maximum imposed on all benefits offered under the plan.¹

Under the bill, a health benefit plan may assess cost-sharing requirements to a covered individual for telemedicine services, as long as these requirements are not greater than those for comparable in-person health care services. Also, the bill does not require a health plan issuer to reimburse a physician for any costs or fees associated with the provision of telemedicine services that would be in addition to or greater than the standard reimbursement for comparable in-person health care services.²

The bill applies to all health benefit plans issued, offered, or renewed on or after January 1, 2019.³

Definitions

"Health benefit plan" means a policy, contract, certificate, or agreement offered by a health plan issuer to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services.⁴

"Health care services" means services for the diagnosis, prevention, treatment, cure, or relief of a health condition, illness, injury, or disease.⁵

"Health plan issuer" means an entity subject to Ohio insurance laws and rules, or subject to the jurisdiction of the Superintendent of Insurance, that contracts, or offers to contract to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services under a health benefit plan.⁶

"Health care professional" means any of the following:

- A physician licensed to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery;

¹ R.C. 3902.30(A) to (C).

² R.C. 3902.30(D) and (E).

³ R.C. 3902.30(F).

⁴ R.C. 3902.30(A); R.C. 3922.01, not in the bill.

⁵ R.C. 3902.30(A); R.C. 3922.01, not in the bill.

⁶ R.C. 3902.30(A); R.C. 3922.01, not in the bill.

- A physician licensed by another state to practice medicine and surgery or osteopathic medicine and surgery in that state who holds a telemedicine certificate to practice telemedicine in Ohio;
- A licensed physician assistant;
- An advanced practice registered nurse.⁷

"In-person health care services" means health care services delivered by a health care professional through the use of any communication method where the professional and patient are simultaneously present in the same geographic location.⁸

"Recipient" means a patient receiving health care services or a health care professional with whom the provider of health care services is consulting regarding the patient.⁹

HISTORY

ACTION	DATE
Introduced	03-13-18
Reported, H. Insurance	---

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⁷ R.C. 3902.30(A); R.C. Chapter 4731. and R.C. 4723.01 and 4731.296, not in the bill.

⁸ R.C. 3902.30(A).

⁹ R.C. 3902.30(A).

