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OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research
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Office

H.B. 451
133rd General Assembly

Bill Analysis

Version: As Introduced

Primary Sponsor: Rep. Strahorn

Yosef Schiff, Attorney

SUMMARY

- Requires health benefits plans to cover the diagnosis and treatment of endometriosis.
- Requires the Department of Health to publish informational materials on endometriosis.

DETAILED ANALYSIS

Insurance coverage

The bill requires a health benefit plan (a contract to provide for or pay for health care services, including plans offered by health insuring corporations, sickness and accident insurers, and multiple employer welfare arrangements) to provide coverage for the diagnosis and treatment of endometriosis, but does not prohibit a plan from imposing cost-sharing requirements.

Endometriosis is a disease in which tissue similar to the lining of the uterus grows in places in the body other than the uterus. A cost-sharing requirement is the cost to a covered person under a health benefit plan according to any out-of-pocket expense requirement.

This requirement applies to plans delivered, issued for delivery, modified, or renewed on or after the bill's effective date.¹

Informational materials

Under the bill, the Department of Health must, in consultation with the Department of Education, create age-appropriate informational materials that the Department of Health must provide to school districts, and also to health care practitioners upon request, for distribution to students and patients, educating them about endometriosis and its symptoms. The

¹ R.C. 3902.50 and 3902.51.

Department of Health must periodically review and update these materials and make them available on its website. The materials must include all of the following:

- The timing, signs, and symptoms of endometriosis;
- The importance of menstrual health and its impacts on a person’s physical, emotional, social, and academic life;
- Basic statistics on endometriosis;
- Best practices on how to be one’s own health care advocate;
- Basic treatment options for endometriosis, as well as recommendations for follow-up care from a health-care provider.²

Exemption from review by the Superintendent of Insurance

The bill’s required coverage for the diagnosis and treatment of endometriosis 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),³ 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.⁴ The bill contains provisions that exempt its requirements from this restriction.

HISTORY

Action	Date
Introduced	12-17-19

H0451-I-133/ts

² R.C. 3701.1310.

³ 29 United States Code (U.S.C.) 1001, as amended.

⁴ 29 U.S.C. 1144.