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H.B. 580
133rd General Assembly

Bill Analysis

Version: As Introduced

Primary Sponsors: Reps. Liston and Patton

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SUMMARY

- Expands coverage requirements for health plan issuers related to health services provided via telemedicine during states of emergency.
- Declares an emergency.

DETAILED ANALYSIS

Overview

The bill expands coverage requirements for health plan issuers related to telemedicine during states of emergency. Current law requires health plan issuers to cover certain health services provided via telemedicine, but these requirements only apply to plans issued on or after January 1, 2021. The bill expands these requirements during states of emergency and declares an emergency, giving it an immediate effective date. The bill applies to health insuring corporations, sickness and accident insurers, multiple employee welfare arrangements, and public employee benefit plans.

Coverage requirements

Current law requires health plan issuers to cover telemedicine services provided by “health care professionals,” which is limited to physicians, physician’s assistants, and advanced practice nurses. The bill expands this requirement during states of emergency to include health services provided by “health care services providers,” which are physicians, psychologists, nurse practitioners, or other health care practitioners that can legally provide health care services.¹ A health care service is any service for the diagnosis, prevention, treatment, cure, or relief of a

¹ R.C. 3902.30(A)(3) and (F)(1).

health condition, illness, injury, or disease.² Such coverage is required only if both of the following apply:

- The health care service is a covered service;
- The health care services provider determines that doing so is in the best interest of the public.³

Reimbursement

The bill imposes different reimbursement requirements for telemedicine services during states of emergency. Current law specifies that during nonemergency periods, health plan issuers are not required to reimburse providers for telemedicine services at the same rate as for in-person services. Under the bill, during periods of emergency, providers are required to be reimbursed at the same rate, regardless of whether a services is provided in-person or via telemedicine.⁴

Interpretation

The bill specifies that it is not to be interpreted as doing any of the following:

- Authorizing a health care services provider to provide health care services outside of the provider's legal scope of practice;
- Requiring a health plan issuer to reimburse a provider for a service that is not a covered service.⁵

Emergency clause

The bill declares an emergency, stating that the need for doing so is to prevent the transmission of COVID-19 while providing the people of Ohio with necessary access to health care services. Therefore, its provisions would go into immediate effect.⁶

HISTORY

Action	Date
Introduced	03-23-20

H0580-I-133/ec

² R.C. 3902.30(A)(3) and 3922.01(O).

³ R.C. 3902.30(F)(1)(a).

⁴ R.C. 3902.30(F)(1)(b).

⁵ R.C. 3902.30(F)(2).

⁶ Section 3 of the bill.