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H.B. 460
134th General Assembly

Bill Analysis

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Version: As Reported by House Insurance

Primary Sponsor: Rep. LaRe

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SUMMARY

- Prohibits a health benefit plan from imposing cost sharing for occupational or physical therapy services that is greater than the cost sharing for an office visit to a primary care physician or osteopath physician.
- Requires a health plan issuer to clearly state on its website and on all relevant literature that coverage for occupational and physical therapy is available along with any limitations.
- Makes a violation of the bill's provisions an unfair and deceptive practice in the business of insurance.

DETAILED ANALYSIS

The bill prohibits a health benefit plan (a contract offered by a health plan issuer to provide for or pay for health care services) from imposing a cost-sharing requirement (any out-of-pocket expense requirement under a health benefit plan) for services rendered by a licensed occupational or physical therapist that is greater than the cost-sharing requirement for an office visit to a licensed primary care physician or osteopath physician.

In addition, the bill requires a health plan issuer (an entity that contracts to provide or reimburse health care costs under a health benefit plan, including a sickness and accident insurance company, a health insuring corporation, a fraternal benefit society, a self-funded multiple employer welfare arrangement, or a nonfederal, government health plan) to clearly state on its website and on all relevant literature that coverage for occupational and physical therapy services is available under the issuer's health benefit plans, as well as all related limitations, conditions, and exclusions.

A violation of the bill's provisions is considered an unfair and deceptive practice in the business of insurance, potentially subjecting the violator to an injunction, license suspension, fines, or other penalties.¹

Exemption from review by the Superintendent of Insurance

The bill's limitation on cost sharing for services rendered by a licensed occupational or physical therapist 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	10-19-21
Reported, H. Insurance	11-30-22

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¹ R.C. 3902.62; R.C. 3902.50 and 3901.19 through 3901.26, not in the bill.

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

³ 29 U.S.C. 1144.

⁴ R.C. 3902.62.