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# OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research  
and Drafting

Legislative Budget  
Office

H.B. 7  
135<sup>th</sup> General Assembly

## Bill Analysis

[Click here for H.B. 7's Fiscal Note](#)

**Version:** As Reported by House Finance

**Primary Sponsors:** Reps. White and Humphrey

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## SUMMARY

### Pregnancy and postpartum mobile application

- Requires the Department of Health (ODH), in collaboration with the Department of Medicaid (ODM), to issue a request for proposals for the creation of a mobile application that provides information and resources to pregnant and postpartum women in Ohio who are eligible for Medicaid.
- Appropriates \$500,000 in both FY 2024 and FY 2025 to be used for the creation of the mobile application.

### Healthy Beginnings at Home

- Appropriates \$5 million in FY 2024 and \$3 million in FY 2025 to support stable housing initiatives for pregnant mothers and to improve maternal and infant health outcomes.

### Infant vitality supports

- Requires ODM to conduct a study regarding the reimbursement of evidence-based peer-to-peer programming that supports infant vitality.
- Appropriates \$1 million in both FY 2024 and FY 2025 to fund Centering Pregnancy services and other evidence-based and evidence-informed group pregnancy education programs and targeted outreach in areas of the state where there are gaps in those services, as determined by the Director of the Department of Children and Youth (OCY).
- Appropriates \$1 million in both FY 2024 and FY 2025 to establish a community-based grant program to expand access to infant vitality supports.

### Help Me Grow

- Revises the law governing Help Me Grow, Ohio's evidence-based parent support program, including by requiring OCY to streamline its central intake and referral system to ensure that services are received from home visiting programs using

evidence-based or evidence-informed models, such as the Early Head Start Home-Based Option.

- Appropriates \$5 million in FY 2024 and \$3 million in FY 2025 to assist Help Me Grow, as well as other provisions described below including awareness of parenting programs and expanding fatherhood programs.

### **Early Intervention Part C**

- Requires Early Intervention (EI) Part C rules to deem infants born before 28 weeks of gestational age eligible for EI without other required conditions.
- Requires EI rules to grant to infants born between 28-38 weeks gestational age home visiting services, including a developmental screening, and if appropriate, a referral for EI services.
- Requires ODCY to include information regarding the above services in its annual report and provide a copy to the General Assembly.
- Appropriates \$2 million in FY 2024 to provide early intervention services to infants born before 28 weeks of gestational age and infants born between 28-38 weeks of gestational age.

### **WIC enrollment**

- Requires ODH to investigate and determine the feasibility of incorporating a variety of changes to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) enrollment and benefit distribution processes.
- Requires ODH to submit a report to the General Assembly detailing the results of its investigation.
- Appropriates \$2.0 million in both FY 2024 and FY 2025 to support these efforts.

### **Early childhood mental health services**

- Requires the Medicaid Director, by June 30, 2025, to evaluate and update the Medicaid program's coverage of evidence-based mental health and dyadic family therapy services for young children and their caregivers.
- Requires the evaluation and updates to address mental health screening for mothers and young children and include follow-up for family dyadic therapies and other child mental health services for those with identified risk.
- Requires the Medicaid Director to develop policy and billing guidance for Medicaid providers regarding the coverage.
- Requires the Medicaid Director to submit a report to the Governor and the General Assembly with specified information about the coverage.

## Medical legal partnership grant program

- Requires ODH to establish a program to award grants to legal service organizations and medical providers that partner together to identify pregnant women, mothers, and children in need of legal services and to provide them with those services.
- Appropriates \$1 million in both FY 2024 and FY 2025 to be used for grant awards.

## Head Start and Step Up to Quality

- Requires ODJFS to rate each licensed child day-care center and family day-care home operating a Head Start or Early Head Start program in the Step Up to Quality tier that ODJFS has determined corresponds with minimum Head Start or National Association for the Education of Young Children standards.

## Resiliency grant pilot program

- Requires ODJFS to establish a pilot program to assist in the development of quality, comprehensive child care programs like Early Head Start across the state, with an emphasis on communities experiencing both high infant mortality rates and limited access to child care for families at risk of being part of the child welfare system.
- Appropriates \$3 million in both FY 2024 and FY 2025 to fund the program.

## Parenting programs

- Requires ODJFS to develop strategies for state agencies to use in informing parents, caregivers, and child care providers about evidence-based parenting education programs, such as “Triple P,” and to promote their benefits.
- Requires ODCY to use some of the Help Me Grow funds appropriated by the bill to also support these efforts.

## Doula services

- Establishes a program in the Department of Rehabilitation and Correction for certified doulas to provide doula services to inmates participating in a prison nursery program.

## Designation

- Designates the above provisions as the Strong Foundations Act.

## Hearing aid coverage

- Requires health plan issuers to cover hearing aids and related services for persons 21 years of age and younger.

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## DETAILED ANALYSIS

### **Pregnancy and postpartum mobile application**

H.B. 7 requires the Department of Health (ODH) to create an Ohio-tailored, membership-based mobile application for Medicaid-eligible pregnant and postpartum women.

ODH must collaborate with the Department of Medicaid (ODM) to issue a request for proposals to onboard the application. The selected vendor must be able to provide the following:<sup>1</sup>

- Education, resources, and support to pregnant women and their families in multiple languages;
- Ohio-specific information, including links to ODM and other state programs and resources available to pregnant and postpartum women;
- A consistent workflow to increase awareness of state programs and resources available to users of the application;
- The capability for ODM and other state agencies to ask specific questions to users of the application;
- The capability for ODM to share specific content and resources with users of the application;
- Information and resources that meet acceptable U.S. clinical standards, including standards defined by the Centers for Disease Control and Prevention, the National Institutes of Health, the American College of Obstetricians and Gynecologists, the American Medical Association, and the American Academy of Pediatrics;
- An application that is available in multiple languages to provide access to as many users as possible;
- Regular aggregate, deidentified data reported to ODH and ODM including (1) the number of Medicaid-eligible users of the application, (2) the number of users engaging with Ohio-specific content, (3) the number of users seeking additional information about enrollment in Medicaid or other resources, (4) the number of monthly and daily application users, (5) the average length of time spent on the application, and (6) any other information required by ODH and ODM;
- Access to the application on both iOS and Android platforms; and
- Any other deliverables determined by ODH and ODM.

One year and two years after the effective date of this section, ODH is required to submit a report to the General Assembly summarizing the data reported to ODH and ODM by the selected vendor.

The bill appropriates \$500,000 in both FY 2024 and 2025 in GRF line item 440484, Public Health Technology Innovation, to be used for the creation of this mobile application.<sup>2</sup>

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<sup>1</sup> Section 8.

<sup>2</sup> Section 14.

## Healthy Beginnings at Home

The bill appropriates \$5 million in FY 2024 and \$3 million in FY 2025 in GRF line item 830402, Healthy Beginnings at Home, to be used by the Department of Children and Youth (ODCY), in coordination with ODH, to support stable housing initiatives for pregnant mothers and to improve maternal and infant health outcomes.<sup>3</sup>

The bill also requires the Department to submit a report to the General Assembly within one year of the section's effective date detailing the number of families served by stable housing initiatives, the number and type of services provided, and outcome metrics including health and developmental outcomes.

## Infant vitality supports

H.B. 7 requires ODM to study how evidence-based peer-to-peer programming that supports infant vitality can be reimbursed through the Medicaid program. The results of this study must be submitted to the General Assembly one year after the section's effective date.<sup>4</sup>

The bill appropriates a total of \$2 million in both FYs 2024 and 2025 in GRF line item 830404, Infant Vitality, under ODCY. Of this amount, \$1 million in each fiscal year is to be used to fund Centering Pregnancy services and similar evidence-based and evidence-informed group education programs and targeted outreach to at-risk pregnant mothers and mothers of infants in areas of the state where there are gaps in such services. Centering Pregnancy is group prenatal care that includes health assessments and group discussion.<sup>5</sup> The ODCY Director is responsible for determining where there are gaps in services. Funding must be targeted first to areas of the state with the highest levels of infant and maternal mortality. The remaining \$1 million in each fiscal year is to be used to establish a community-based grant program to expand access to infant vitality supports.<sup>6</sup>

## Help Me Grow

The bill modifies in several ways the law governing Help Me Grow, Ohio's evidence-based parent support program to encourage early prenatal and well-baby care and to provide parenting education to promote the comprehensive health and development of children.<sup>7</sup> Each change is described below. Beginning January 1, 2025, Help Me Grow program administration transfers from ODH to ODCY. Since that transfer is imminent, this analysis section refers only to ODCY.

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<sup>3</sup> Section 16.

<sup>4</sup> Section 10.

<sup>5</sup> [Centering Pregnancy](https://www.centeringhealthcare.org), which may be accessed by conducting a keyword "pregnancy" search on the Centering Healthcare Institute website: [centeringhealthcare.org](https://www.centeringhealthcare.org).

<sup>6</sup> Section 16.

<sup>7</sup> R.C. 3701.61 and 3701.611 and, beginning January 1, 2025, R.C. 5180.21 and 5180.22.

## **Interagency agreements**

The bill requires, rather than authorizes as under current law, ODCY to enter into interagency agreements with one or more state agencies, including ODJFS, the Department of Developmental Disabilities, ODM, the Commission on Minority Health, the Ohio Fatherhood Commission, and the Children's Trust Fund Board to implement Help Me Grow and to ensure coordination of early childhood programs. The bill also directs that the interagency agreements be entered into in order to maximize reimbursement for Help Me Grow from any federal source.

## **Comprehensive screening and connection program**

The bill supplements Help Me Grow's existing central intake and referral system, by requiring ODCY to establish, and regularly evaluate, a comprehensive screening and connection program to support the coordination of home visiting services across the state, including through various agencies like ODH, ODJFS, ODM, the Department of Developmental Disabilities, the Commission on Minority Health, the Ohio Fatherhood Commission, and the Children's Trust Fund Board.

## **Central intake and referral system**

With respect to the Central Intake and Referral System, the bill requires ODCY, in its oversight of system operators, to streamline the system to ensure families and children receive services from home visiting programs using evidence-based or evidence-informed models. The bill specifies that such programs may include those that provide services using the Early Head-Start Home-Based Option or within a Pathways Community HUB certified by the Pathways Community HUB Institute.

## **Data verification codes**

After referring a family to a home visiting services provider, the system coordinator must notify the ODCY Director of the referral. As soon as practicable after receiving notice of the referral, the bill requires the Director to request the independent contractor, engaged under current law by the Department of Education and Workforce to create and maintain student data verification codes, to assign a data verification code to the referred family's child.<sup>8</sup> The bill authorizes the ODCY Director to use the code to evaluate the effectiveness of home visiting services received by the family's child and any outcomes for the child.

## **Priority recipients**

The bill specifies families at risk of participating in the child welfare system as priority recipients of home visiting services under Help Me Grow, in addition to families residing in urban and rural communities specified in rules adopted by the Director under existing law.

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<sup>8</sup> R.C. 3301.0714 and 3301.0723, not in the bill.

## **Evidence-based home visiting models**

The bill requires the ODCY Director to specify as eligible providers of home visiting services entities that demonstrate the use of evidence-based home visiting models. Note that current law already requires home visiting services to be provided through evidence-based home visiting models.

## **Online services**

The bill authorizes the ODCY Director to allow the provision of home visiting services to be supplemented by services available online or through other electronic means.

## **Annual reports and evaluation**

The bill requires the ODCY Director to include in the existing law annual report made available on its website an evaluation of all of the following:

- The number of families and children served by Help Me Grow;
- The number and types of services provided;
- The health and developmental outcomes for participating families and children.

The annual report also must include an analysis of the impact of the providers and online services provided for in the bill. The bill also requires the ODCY Director to submit the report to the General Assembly.

Additionally, under the bill, ODCY must regularly evaluate the effectiveness of providers using evidence-based home visiting models and if approved, online services in serving pregnant women, infants, and toddlers, especially those at risk of being in or engaged with the child welfare system. The evaluation must identify the challenges to participation in Help Me Grow that families in rural and Appalachian communities experience and recommend strategies to improve their participation.

## **Workforce capacity**

The bill requires ODCY, in collaboration with ODJFS and the Department of Medicaid, to develop strategies to increase the workforce capacity of home visiting service providers and parenting support professionals.

## **Appropriation**

The bill appropriates \$3 million in both FY 2024 and FY 2025 in GRF line item 830403, Help Me Grow, for several of the abovementioned purposes, as well as to raise awareness of parenting programs and to expand fatherhood programming.<sup>9</sup>

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<sup>9</sup> The bill appropriates a total of \$5 million in FY 2024 in line item 830403. However, \$2 million of this amount is to be used to screen for Early Intervention services, as discussed under that section of this analysis.



## Early Intervention Part C

The bill expands Ohio's Early Intervention (EI) Part C program. EI is a statewide program to provide coordinated services to infants and toddlers with disabilities or developmental delays. Under the bill, EI program rules must deem an infant born before 28 weeks of gestational age eligible for EI program services without other required conditions. Additionally, the rules must grant to infants born between 28-38 weeks of gestational age home visiting services, administered as part of Ohio's Help Me Grow Program, which include a developmental screening, and, if appropriate based on the screening, a referral for EI services.<sup>10</sup>

The bill appropriates \$2 million in FY 2024 in GRF line item 830405, Part C Early Intervention, under ODCY, to provide early intervention services to infants born before 28 weeks of gestational age and infants born between 28 and 38 weeks of gestational age who are referred for services. The bill reappropriates any available balance of these funds at the end of FY 2024 for the same purpose in FY 2025. An additional \$2 million in FY 2024 in GRF line item 830403 is required to be used for home visiting services and to screen infants who were born at low birth weights and between the gestational ages of 28 to 38 weeks to determine if the infant could benefit from receiving Part C Early Intervention services. The bill also reappropriates the available balance of this allocation at the end of FY 2024 to FY 2025 to be used for the same purposes.<sup>11</sup>

### Annual report

The bill adds an additional component to the Department of Developmental Disabilities' annual report to the General Assembly, which is required under continuing law. In addition to the existing report components, the bill also requires the Department to include the following information about Ohio's EI Part C program:

1. The number of families and infants served;
2. The number and types of EI services provided;
3. The age of infants on the referral date and the source of the referral, including an indication if the referral was made by a home visiting provider; and
4. Outcome metrics for participating families and infants.<sup>12</sup>

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<sup>10</sup> R.C. 5123.0421(A) and, on and after January 1, 2025, R.C. 5180.32(A).

<sup>11</sup> Section 16. The bill appropriates a total of \$5 million in FY 2024 and \$3 million in FY 2025 in line item 830403. However, only \$2 million of this amount in FY 2024 is to be used to screen for Early Intervention services. The remainder is used for Help Me Grow activities and is discussed under that section.

<sup>12</sup> R.C. 5123.33(A). Because ODCY will be administering Part C Early Intervention as of January 1, 2025, the reporting function remaining with the Department of Developmental Disabilities appears to be an oversight. LSC staff can prepare a corrective amendment to transfer the responsibility for this report to ODCY on that date.

## WIC enrollment

The bill requires ODH to evaluate and invest in strategies to create an integrated eligibility determination application for both the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the Supplemental Nutrition Assistance Program (SNAP). ODH must collaborate with the Department of Job and Family Services (ODJFS) as necessary to create this application. Additionally, ODH is required to investigate and determine the feasibility of incorporating the following changes to the WIC enrollment and benefit distribution process:<sup>13</sup>

- Incorporating all available federal waivers, including a waiver permitting the use of telephone and video calls to complete WIC enrollment;
- Pursuing multi-program enrollment through Ohio Benefits;
- Allowing for adjunctive eligibility for WIC applicants who show proof of enrollment in SNAP, Ohio Works First, or Medicaid;
- Enabling automatic online loading of benefits to WIC nutrition cards;
- Offering online shopping with WIC nutrition cards;
- Exploring other ways to improve access to WIC and remove administrative burdens.

The bill appropriates \$2 million in both FY 2024 and FY 2025 in GRF line item 440416, Mothers and Children Safety Net Services, to support these efforts.<sup>14</sup> Six months after the section's effective date, ODH is required to submit a report to the General Assembly detailing the results of its investigation, including the feasibility of implementing these changes to the WIC program and the anticipated impact of permanently adopting the changes.<sup>15</sup>

## Medicaid coverage of early childhood mental health services

The bill requires the Medicaid Director, by June 30, 2025, to evaluate, clarify, and update the Medicaid program's coverage of evidence-based mental health and dyadic family therapy services for young children and their caregivers, to improve outcomes from birth through age five. The required evaluation and updates must address mental health screening for women and other caregivers and young children and must also include follow-up for family dyadic therapies and other child mental health services for those with identified risk. Additionally, the Medicaid Director must develop policy and billing guidance for Medicaid providers to improve the use of mental health and dyadic family therapy services and the consistency of early childhood screenings in primary care settings and to encourage use of specified diagnostic tools and billing codes.<sup>16</sup>

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<sup>13</sup> Section 7.

<sup>14</sup> Section 14.

<sup>15</sup> Section 7(D).

<sup>16</sup> Section 12(A).

## Report

Within one year of the section's effective date, the Medicaid Director must submit a report to the Governor and the General Assembly with both of the following:

- Information about how ODM has engaged stakeholders to develop the necessary guidance, manuals, training, and billing code procedures associated with the Medicaid coverage of the e early childhood mental health services described above; and
- An evaluation of the coverage including (1) the number of families and children served, (2) the number and types of services provided, and (3) outcome metrics for families and children served.<sup>17</sup>

## Medical legal partnership grant program

The bill requires ODH to establish a program to award grants to legal service organizations and medical providers that partner together to identify pregnant women, mothers, and children in need of legal services and to provide them with those services.<sup>18</sup> The intent is to resolve, through the legal system, negative social determinants of health, such as unsafe housing, food or income insecurity, domestic violence, and child custody disputes, in an effort to increase participation in prenatal care and improve health outcomes.

Each legal assistance organization and medical provider partnership must monitor health outcomes for those receiving legal services under the partnership and report those outcomes to ODH on a regular basis.

## Report

As part of the foregoing report, ODH must include an evaluation that addresses the number of women, mothers, and children the program serves, the number and type of services the program provides, and any health and developmental outcomes for participating women, mothers, and children.

## Appropriation

The bill appropriates \$1 million in both FY 2024 and FY 2025 in GRF line item 440485, Health Program Support, to be used for grant awards<sup>19</sup>

## Head Start and Step Up to Quality

The bill requires ODJFS to periodically review Head Start program performance standards and National Association for the Education of Young Children (NAEYC) accreditation

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<sup>17</sup> Section 12(B).

<sup>18</sup> Section 9.

<sup>19</sup> Section 14.

standards and determine which Step Up to Quality ratings tier corresponds with minimum Head Start and NAEYC standards.<sup>20</sup>

It further requires ODJFS to rate each licensed child day-care center and family day-care home operating or under contract to provide a Head Start or Early Head Start program in the Step Up to Quality tier that ODJFS has determined corresponds with minimum Head Start or NAEYC standards. ODJFS is to prescribe the manner in which a program may demonstrate that it meets these requirements.<sup>21</sup>

## **Resiliency grant pilot program**

The bill requires ODJFS to establish a pilot program to assist in the development of quality, comprehensive child care programs like Early Head Start across the state, with an emphasis on communities experiencing both high infant mortality rates and limited access to child care for families at risk of being part of, or engaged in, the child welfare system.<sup>22</sup>

As part of the program, ODJFS must award resiliency grants to support new or enhanced child care programs for the foregoing communities, children, and families. To be eligible, programs offering wraparound services, mental health supports, and therapeutic classrooms to assist in overcoming barriers and achieving family stability.

In meeting the bill's requirements, ODJFS must do both of the following:

- Consider how to best encourage innovative partnerships and develop models to improve developmental and learning outcomes, with a focus on prenatal to age three, also while helping to meet local community workforce needs and further state literacy and education priorities;
- Assist the programs awarded resiliency grants, including local Head Start programs, in collecting data that will better enable them to apply for federal grants and maintain funding over the course of grant cycles.

## **Evaluation**

The bill requires ODJFS to evaluate the grant program on a periodic basis, including by addressing the number of families and children served, the number and type of services provided, and any health and developmental outcomes for participating families and children.

## **Appropriation**

The bill appropriates \$3 million in both FY 2024 and FY 2025 in GRF line item 600566, Resiliency Grant Pilot Program, to fund the program.<sup>23</sup>

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<sup>20</sup> R.C. 5104.291

<sup>21</sup> Oversight of child care regulation transfers from ODJFS to ODCY on January 1, 2025. LSC staff can prepare a corrective amendment to transfer H.B. 7's new requirements to ODCY on that date.

<sup>22</sup> Section 11.

<sup>23</sup> Section 15.

## Parenting programs

The bill requires ODJFS, in collaboration with other state departments, to develop strategies for state entities to use in (1) informing parents, caregivers, and child care providers about evidence-based parenting education programs, such as Triple P, and (2) promoting the benefits of such programs, including their parenting, caregiving, and educational resources.<sup>24</sup>

### Appropriation

The bill requires ODCY to use funds appropriated by the bill in GRF line item 830403 for the Help Me Grow program activities, described above, to also support these efforts, as well as expanding access to fatherhood programming through the Ohio Fatherhood Commission, in consultation with ODJFS.<sup>25</sup>

## Doula Services

### Doula program – Department of Rehabilitation and Correction

Under the bill, the Department of Rehabilitation and Correction must operate a program providing doula services to inmates participating in any prison nursery program. The doula services must be rendered by a doula holding a certificate issued by the Nursing Board. The Department may adopt rules – in accordance with the Administrative Procedure Act – implementing the bill’s provisions.<sup>26</sup>

### Future operation of the doula program

The bill eliminates a five-year time limit (“sunset”) repealing current law doula certification requirements. H.B. 33 of the 135<sup>th</sup> General Assembly, the main operating budget, established certification and Medicaid coverage requirements for doula services, and repealed those provisions effective October 3, 2028.<sup>27</sup> It appears that the Governor intended to veto the sunset by marking as vetoed the language in the Revised Code sections in H.B. 33 referring to the five-year time limit. But the Governor did not mark Section 105.40 itself, which executes the sunset. The bill eliminates that retained sunset language, thereby clarifying that the doula certification and coverage requirements continue in perpetuity.<sup>28</sup>

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<sup>24</sup> R.C. 5101.91.

<sup>25</sup> Section 16(E).

<sup>26</sup> R.C. 5120.658.

<sup>27</sup> H.B. 33 Section 105.40. For a discussion of the doula provisions enacted in that bill and subsequently amended by H.B. 101 of the 135<sup>th</sup> General Assembly, please refer to page 489 of the LSC [Final Analysis for H.B. 33 \(PDF\)](#) and page 23 of the LSC [Final Analysis for H.B. 101 \(PDF\)](#), both of which are available on the General Assembly’s website: [legislature.ohio.gov](http://legislature.ohio.gov).

<sup>28</sup> Section 3.

## Hearing aid coverage

The bill requires health benefit plans to provide coverage for the cost of both of the following:

- One hearing aid (including attachments, accessories, and parts other than batteries and cords) per hearing-impaired ear up to \$2,500 every 48 months for a covered person 21 years old or younger; and
- All related services prescribed by an otolaryngologist or recommended by a licensed audiologist and dispensed by a licensed audiologist, licensed hearing aid dealer, or otolaryngologist.<sup>29</sup>

A covered person may choose a hearing aid at any price, but the bill does not require the health benefit plan to cover any costs beyond \$2,500 per hearing aid, in any 48-month period. Moreover, if a covered person chooses a more expensive hearing aid, the health plan issuer is prohibited from imposing any financial or contractual penalty on the covered person or hearing aid provider.<sup>30</sup> A health plan issuer includes a sickness and accident insurer, health insuring corporation, fraternal benefit society, self-funded multiple employer welfare arrangement, nonfederal government health plan, and under certain circumstances, a third-party administrator.<sup>31</sup>

The bill allows a health plan issuer to deny a claim for a hearing aid if, less than 48 months prior to the claim, the covered person received the coverage identified above from any other health benefit plan.<sup>32</sup>

A health benefit plan is required to cover only hearing aids that are medically appropriate. Health benefit plans may not exclude coverage for any hearing aid that is medically appropriate. The State Speech and Hearing Professionals Board is required to adopt professional standards concerning hearing aids as needed to evaluate a health benefit plan's compliance with the bill's requirements.<sup>33</sup>

## Exemption from review by the Superintendent of Insurance

The bill 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),<sup>34</sup> and to

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<sup>29</sup> R.C. 3902.63(B).

<sup>30</sup> R.C. 3902.63(C).

<sup>31</sup> R.C. 3922.01, not in the bill.

<sup>32</sup> R.C. 3902.63(D).

<sup>33</sup> R.C. 3902.63(E).

<sup>34</sup> 29 United States Code (U.S.C.) 1001, not in the bill.

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.<sup>35</sup> The bill contains provisions that exempt its requirements from this restriction.<sup>36</sup>

## HISTORY

| Action                          | Date     |
|---------------------------------|----------|
| Introduced                      | 02-15-23 |
| Reported, H. Families and Aging | 06-07-23 |
| Re-referred to H. Finance       | 06-13-23 |
| Reported, H. Finance            | 05-22-24 |

ANHB0007RH2-135/ar

<sup>35</sup> 29 U.S.C. 1144, not in the bill.

<sup>36</sup> R.C. 3902.63(B).