



Ohio Legislative Service Commission

Sub. Bill Comparative Synopsis

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H.B. 275

131st General Assembly
(H. Insurance)

This table summarizes how the latest substitute version of the bill differs from the immediately preceding version. It addresses only the topics on which the two versions differ substantively. It does not list topics on which the two bills are substantively the same.

Topic	Previous Version (As Introduced)	Sub. Version (LSC 131 1094-5)
Health insurer prohibitions	<p>Prohibits an individual or group health insuring corporation policy, contract, or agreement, policy of sickness and accident insurance, or a public employee benefit plan that covers vision care materials from:</p> <p>(1) Directly or indirectly limiting or influencing an insured individual's choice of sources and suppliers of vision care materials through its coverage practices or otherwise;</p> <p>(2) Directly or indirectly influencing an insured individual's or vision care provider's choice of</p>	<p>Instead, requires each identification card or other document provided by the health insurer as evidence of insurance coverage to do both of the following:</p> <p>(1) Include a statement with specified language notifying the insured individual that if the individual opts to receive vision care material that are not covered vision services, the vision care provider may charge the provider's normal fee and requiring the provider to provide the insured individual with an estimated cost for the services not covered, prior to issuance of the services, upon request;</p> <p>(2) Disclose any business interest the health insurer has in a source or supplier of vision care</p>

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	sources and suppliers of vision care materials through its reimbursement policies or otherwise (R.C. 1751.72(A), (B), and (C) and 3923.84(A), (B), and (C)).	materials (R.C. 1751.72(A) and (B) and 3923.84(A) and (B)).
Penalty for violation of health insurer duties	Makes a violation of those prohibitions an unfair and deceptive act or practice in the business of insurance, punishable as provided in continuing law (R.C. 1751.72(D) and 3923.84(D)).	Similar, but specifies that the conduct must be a pattern of continuous or repeated violations (R.C. 1751.72(C) and 3923.84(C)).
Vision care provider	Defines "vision care provider" as (1) a person licensed as an optometrist in Ohio or (2) a person who holds a certificate to practice medicine and surgery in Ohio and is certified by the American Board of Ophthalmology (R.C. 3963.01(V)).	Same, but in (2) removes the provision requiring the vision care provider to be certified by the American Board of Ophthalmology (R.C. 3963.01(U)).
Provider contracts with insurers	<p>Prohibits a contracting entity (any person that primarily contracts with participating providers for the delivery of health care services) from requiring in a health care contract that covers vision care either of the following:</p> <ul style="list-style-type: none"> • That a vision care provider provide vision services or vision care materials at a fee set by the contracting entity unless the services are covered vision services; • That a participating vision care provider participate in a health care contract or discount medical plan as a condition to participating in any other health care contract or discount medical plan (R.C. 3963.02(E)(1)). 	<p>Similar, but instead prohibits a contract or agreement between a contracting entity and a vision care provider from doing any of the following:</p> <ul style="list-style-type: none"> • Requiring that a participating provider accept as payment an amount set by the contracting entity for vision care services or vision care materials unless the services or materials are covered vision services; • Requiring that a participating vision care provider participate in a health care contract as a condition to participating in any other health care contract;

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	<ul style="list-style-type: none"> • No provision. • No provision. 	<ul style="list-style-type: none"> • Directly limiting a participating vision care provider's choice and suppliers of vision care materials; • Including a provision that prohibits a vision care provider from describing out-of-network options to an enrollee (<i>R.C. 3963.02(E)(1)</i>).
Usual and customary rate required	Prohibits a vision care provider from charging more for services and vision care materials that are not covered services than the vision care provider's usual and customary rate (<i>R.C. 3963.02(E)(2)</i>).	No provision.
Noncovered vision services	No provision.	<p>Requires a vision care provider who chooses not to accept as payment an amount set by a contracting entity for vision care services or vision care materials to do both of the following:</p> <p>(1) At the request of an insured individual, provide the individual with an estimated cost of the sought noncovered vision services;</p> <p>(2) Post in a conspicuous place notice that discloses to insured individuals that the vision care provider does not accept the fee schedule set by the insurer and instead charges the provider's normal and customary fee and the provider will provide the individual with a cost estimate for the sought noncovered services at the individual's request (<i>R.C. 3963.02(E)(3)</i>).</p>
Contracting entities	No provision.	Specifies that the bill's provisions regarding provider contracts do not do either of the following:

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	<p>(1) The vision care provider participates in the discount medical plan voluntarily;</p> <p>(2) The vision care provider is not required to participate in another discount medical plan with different provider terms and conditions or another health care contract as a condition to participate in the discount medical plan;</p> <p>(3) The discount medical plan program does not make or include any payment to the vision care provider <i>(R.C. 3963.02(E)(3))</i>.</p>	
Unfair and deceptive act or practice in the business of insurance	Adds to the list of unfair and deceptive acts or practices in the business of insurance enumerated under continuing law: including in a health care contract that covers vision services any contract terms prohibited under the bill's provisions regarding health care contracts between health care providers and health insurers <i>(R.C. 3901.21(BB))</i> .	Also includes failing to make the disclosures required under the bill's provisions regarding health care contracts <i>(R.C. 3901.21(BB))</i> .

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