

OAHU LEGISLATIVE UPDATE

September 13, 2021

Prepared by John McGough

Enacted Legislation

SB 21 – Senators Antonio & Nathan Manning (Effective September 21, 2021)

Relating to emergency medical services and stroke patient protocols. Requires the State emergency Medical, Fire and Transportation Services to develop guidelines for the assessment, triage, and transport to hospitals of stroke patients by EMS personnel assessment.

SB 90 – Senators McColley & Johnson (Effective June 23, 2021)

Permits the Ohio General Assembly to rescind orders and rules issued by the Governor or the Ohio Department of Health.

Pending Legislation

HB 37 – G. Manning – Intro. 2/3/21 – House Health Committee

- Increases from one to three the number of times that a pharmacist may dispense without a prescription certain drugs to a specific patient within a 12-month period.
- Requires a health insurer to cover prescription drugs dispensed under the bill if those drugs are already covered under the insurer's health benefit plan.
- Prohibits a health insurer from imposing on a drug dispensed in accordance with the bill's provisions a cost-sharing requirement that is greater than that imposed on a drug dispensed with a prescription.

Under continuing law, a pharmacist may do so if all the following conditions are met:

- The pharmacy where the pharmacist practices has a record of a prescription for the drug in the name of the patient requesting it, but the prescription does not provide for a refill or the time permitted under State Board of Pharmacy rules for providing refills has elapsed;
- The pharmacist is unable to obtain authorization to refill the prescription from the prescriber or another health care professional responsible for the patient's care;
- In the exercise of professional judgment, the pharmacist determines that the drug is essential to sustain the patient's life or to continue therapy for the patient's chronic condition and failing to dispense or sell the drug to the patient could result in harm to the patient's health.

H.B. 37 passed out of the House Health Committee on April 27th and passed out of the Ohio House of Representatives on May 5, 2021 by a vote of 92-3. The bill received its first hearing in the Senate Health Committee on June 16, 2021.

HB 122 – Fraizer & Holmes – Intro. 2/16/2021 – House Insurance Committee

Regarding Insurance coverage of telehealth services

H.B. 122 expands existing law’s telemedicine services provisions to apply to psychologists and school psychologists; audiologists and speech-language pathologists; occupational therapists and physical therapists; occupational therapy assistants and physical therapist assistants; professional clinical counselors, independent social workers, and independent marriage and family therapists; independent chemical dependency counselors; dietitians; optometrists with therapeutic prescriptive authority; pharmacists; chiropractors; respiratory care professionals; and genetic counselors.

It prohibits a health benefit plan from imposing cost sharing for telehealth services that exceeds the cost sharing for comparable in-person services and prohibits cost sharing for communications that meet specified criteria. The bill also does the following:

- Requires a health benefit plan to reimburse a health care professional for a covered telehealth service but does not require the reimbursement to be a specific amount.
- Allows the Superintendent of Insurance to adopt rules as necessary to carry out the provisions regarding insurance coverage of telehealth services.
- **Medicaid coverage of telehealth services** - Provides that specified health care practitioners may provide telehealth services to a patient participating in the Medicaid program and that specified providers are eligible to submit claims to the Ohio Department of Medicaid for payment for telehealth services rendered.

On March 25, 2021, H.B. 122 passed unanimously out of the House Insurance Committee and on April 15, 2021 passed the Ohio House by a vote of 91-0. The bill has been referred to the Senate Health Committee.

HB 125 – Crossman & Lightbody – Intro. 2/16/21 – House Insurance Committee

Repeals outright suspended provisions that allowed health insurers to pass on the cost of reinsurance to certain high-risk individuals.

- Codifies in state law the federal Patient Protection and Affordable Care Act’s (ACA’s) limitations on premium charges.
- Codifies in state law the ACA’s ban on annual and lifetime limits.
- Codifies in state law the ACA’s ban on preexisting condition exclusions.
- Codifies in state law the ACA’s provisions requiring health plans to offer certain essential health benefits.
- Codifies in state law the ACA’s cost sharing limitations.
- Codifies in state law the ACA’s requirement that a health plan provide benefits that are actuarially equivalent to at least 60% of the full actuarial value of the benefits provided.

The bill received its first hearing in the House Insurance Committee on February 24, 2021.

HB 160 – Holmes – Intro. 3/2/2021 (House Insurance Committee)

Health care price transparency – adds to current health care price transparency requirements that apply to health care products, services, and procedures.

- Generally, requires that certain health care providers and health plan issuers provide to patients or their representatives a cost estimate for nonemergency health care products, services, or procedures before each is provided.
- Requires that cost estimates be provided within certain time limits and in accordance with all laws pertaining to the privacy of patient-identifying information.
- Grants qualified immunity from civil liability to a health care provider or health plan issuer that provides cost estimates in accordance with the bill.
- Authorizes the Superintendent of Insurance, the Department of Health, the Department of Medicaid, or the relevant regulatory board to impose administrative remedies on a health plan issuer or health care provider who fails to comply with the bill's health care price transparency provisions.
- Specifies that a contract clause prohibiting a health care provider or health plan issuer from providing patients with quality or cost information is invalid and unenforceable.
- Authorizes any member of the General Assembly to intervene in litigation that challenges the bill's health care price transparency provisions or the existing law pertaining to price transparency.
- Specifies that it is the General Assembly's intent in enacting the bill's health care price transparency provisions to provide patients with the information they need to make informed choices regarding their health care, to maximize health care cost savings for all Ohio residents, and to reduce the burden of health care expenditures on government entities, including Medicaid.

HB 198 – Representatives Allison Russo (D-Upper Arlington) & Susan Manchester (R-Lakeview) Intro. 3/10/2021 (House Health Committee)

Hearing aide coverage mandate for full cost of up to \$2,500 every 48 months for those 21 or younger. The bill has received 2 hearings in the House Health Committee.

HB 203 – Representative Jena Powell (Occupational License Reciprocity)

In testimony on June 10th those entities raising concerns with HB 203 included: Ohio State Building & Construction Trades, Ohio Funeral Directors Association and the Affiliated Construction Trades-Ohio Foundation. Language affecting insurance agents is below:

(A)(1) An individual who applies for a resident insurance agent license in this state within ninety days after establishing a principal place of residence or principal place of business in this state shall not be required under section [3905.04](#) of the Revised Code to complete a program of insurance education or to pass a written examination if the individual has paid all applicable fees required under this chapter and if either of the following applies:

(a) The individual is currently licensed in another state and is in good standing for the line or lines of authority requested.

(b) The individual was previously licensed in another state, the individual's application for a resident insurance agent license in this state is received within ninety days after the cancellation of the individual's previous license, and, at the time of license cancellation, the individual was in good standing for the line or lines of authority requested.

(A)(2) To determine an applicant's licensure status and standing in another state, the superintendent of insurance may utilize the producer database maintained by the NAIC or its affiliates or subsidiaries. If that information is not available on the producer database, the superintendent may require documentation from the prior home state.

(B) An individual who applies for a temporary insurance agent license in this state shall not be required under section [3905.04](#) of the Revised Code to complete any pre-licensing education or to pass a written examination.

(C) The superintendent may exempt any limited lines insurance from the examination requirement of section [3905.04](#) of the Revised Code.

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HB 193 – Cutrona & Pavliga - Intro. 3/9/2021 (House Insurance Committee)

The principal goal of H.B.193 is to reduce the number of fraudulent prescriptions for opioids. It generally limits a pharmacist dispensing a schedule II controlled substances to those prescribed electronically rather than in writing or electronically as under current law. However, the bill maintains a current law provision allowing, in emergency situations, for schedule II controlled substances to be dispensed upon oral prescriptions when the conditions established in federal law are satisfied. These include limiting the pharmacist to dispensing an amount adequate to treat the patient for the duration of the emergency period only and requiring the prescriber to deliver a prescription to the pharmacist within 7 days after authorizing the emergency prescription.

On June 15, 2021, HB 193 was reported out of the House Health Committee and passed the Ohio House unanimously on June 23, 2021.

HB 198 – Representatives Allison Russo (D-Upper Arlington) & Susan Manchester (R-Lakeview) Intro. 3/10/2021 (House Health Committee)

Hearing aide coverage mandate for full cost of up to \$2,500 every 48 months for those 21 or younger. The bill has received 2 hearings in the House Health Committee.

HB 305 – Liston & G. Manning – Intro. 5/11/2021 (House Health Committee)

Caps cost-sharing for prescription insulin drugs

Prohibits a health plan issuer from imposing cost-sharing on a prescription insulin drug in an amount that exceeds \$35 for a 30-day supply.

SB 139 – Senator George Lang (R- West Chester) Introduced 3/17/2021 (Senate Insurance Committee)

S.B. 139 makes major changes to Ohio’s MEWA law. It would essentially “gut” the law and would not require that a MEWA be a bona-fide trade association for a period of years. While there have been no hearings on the bill, OAHU has expressed our concerns to Senator Lang and to other stakeholders. The Ohio Chamber of Commerce also has concerns with the legislation. Also, OAHU member Senator Bob Hackett is the Chair of the House Insurance Committee where S.B. 139 has been referred. Hackett also appears to have significant concerns with the legislation.

SB 220 – Senators Craig & Manning – Introduced 9/10/2021 (Senate Insurance Committee)

S.B. 220 caps the cost-sharing for prescription insulin drugs. The bill is scheduled for its first hearing in the Senate Insurance Committee on September 15th.