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Substitute Bill Comparative Synopsis

Sub. H.B. 679

133rd General Assembly

House Insurance

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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.

Previous Version (As Introduced)	Latest Version (I_133_2814-5)
Insurance and telehealth services	
<p>Applies to the following types of health care professionals:</p> <ul style="list-style-type: none"> ▪ A physician; ▪ A physician assistant; ▪ An advanced practice registered nurse (<i>R.C. 3902.30(A)(3)</i>). 	<p>Additionally, applies to the following:</p> <ul style="list-style-type: none"> ▪ A psychologist or school psychologist; ▪ An audiologist or speech language pathologist; ▪ An occupational therapist or physical therapist; ▪ A licensed professional clinical counselor, independent social worker, or independent marriage and family therapist;

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<p>Requires a health benefit plan to provide coverage for telehealth services, generally on the same terms and the same basis as in-person health care services <i>(R.C. 3902.30(B)(1) and (G))</i>.</p>	<ul style="list-style-type: none"> ▪ An independent chemical dependency counselor; ▪ A dietitian <i>(R.C. 3902.30(A)(3) and 4743.09(A)(2))</i>. <p>Requires a health benefit plan to provide coverage for telehealth services <i>on the same basis and to the same extent as for in-person health care services (R.C. 3902.30(B)(1))</i>.</p>
<p>No provision.</p>	<p>Requires a health plan issuer to reimburse a health care professional for a covered telehealth service, but does not require a specific reimbursement amount <i>(R.C. 3902.30(B)(3))</i>.</p>
<p>Prohibits a health benefit plan from imposing cost sharing for telehealth services provided via telephone or email <i>(R.C. 3902.30(D)(1))</i>.</p>	<p>No provision.</p>
<p>Requires telehealth services provided by telephone or email to be tallied using the minutes spent per patient on a running total.</p>	<p>No provision.</p>
<p>Requires health plan issuers to reimburse providers for a block of time spent on such services that is equivalent to the standard amount of time spent on a telehealth service. <i>(R.C. 3902.30(E))</i>.</p>	<p>No provision.</p>
<p>No provision.</p>	<p>Prohibits a health benefit plan from imposing a cost-sharing requirement for a communication when all of the following apply:</p> <ul style="list-style-type: none"> ▪ The communication was initiated by the health care professional; ▪ The patient consented to receive a telehealth service from that provider on any prior occasion; ▪ The communication is conducted for the purposes of preventive health care services only. <p>If such a communication is coded based on time, limits the health care professional to billing only for the time the professional spends engaged in the communication. <i>(R.C. 3902.30(D)(2).)</i></p>

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Medicaid coverage of telehealth services	
Specifies the types of services that are eligible for payment as telehealth services under the Medicaid program (<i>R.C. 5164.95(E)</i>).	No provision.
Certified community mental health/addiction services providers and telehealth services	
<p>Specifies which services may be provided as telehealth services by community mental health and addiction services providers certified by the Ohio Department of Mental Health and Addiction Services (<i>R.C. 5119.368(B)</i>).</p> <p>Requires each provider to ensure that any username or password information and any electronic communications between the provider and a client be securely transmitted and stored (<i>R.C. 5119.368(K)(2)</i>).</p>	<p>No provision.</p> <p>Same, but also requires each provider to comply with all requirements under state and federal law regarding the protection of patient information when providing telehealth services (<i>R.C. 5119.368(K)(2)</i>).</p>
Health care professionals and the provision of telehealth services	
Requires a health care professional to conduct an initial in-person visit with a patient before providing telehealth services, unless the professional waives the requirement due to a critical situation (<i>R.C. 4743.09(C)(1)</i>).	Instead, provides that a health care professional may use technology to provide telehealth services to a patient during an initial visit if the appropriate standard of care for an initial visit is satisfied (<i>R.C. 4743.09(C)(1)</i>).
Requires a health care professional to conduct at least one in-person visit each year with each patient who receives telehealth services, unless the professional waives the requirement due to a critical situation (<i>R.C. 4743.09(C)(4)</i>).	Instead, provides that a health care professional may use technology to provide telehealth services to a patient during an annual visit if the appropriate standard of care for an annual visit is satisfied (<i>R.C. 4743.09(C)(4)</i>).
Specifies that when providing telehealth services, a health care professional must use technology with secure video capabilities (<i>R.C. 4743.09(C)(3)</i>).	Instead, requires each health care professional to comply with all requirements under state and federal law regarding the protection of patient information when providing telehealth services (<i>R.C. 4743.09(C)(3)</i>).

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<p>Prohibits a health care professional from charging a health plan issuer a fee associated with the administrative costs incurred in providing telehealth services or the equipment used to provide those services <i>(R.C. 4743.09(E)(1))</i>.</p> <p>Provides that a health care professional providing telehealth services is not required to receive a patient’s consent before billing for the cost of providing telehealth services <i>(R.C. 4743.09(E)(2))</i>.</p> <p>No provision.</p>	<p>Instead, permits a health care professional to negotiate with a health plan issuer to establish a reimbursement rate for fees associated with the administrative costs incurred in providing telehealth services so long as a patient is not responsible for any portion of the fee. Clarifies that a health care professional may not charge for equipment used at the provider site to provide telehealth services <i>(R.C. 4743.09(E)(1) and (2))</i>.</p> <p>Instead, requires a health care professional to obtain a patient’s consent before billing for the cost of providing telehealth services, and specifies that the requirement applies only once <i>(R.C. 4743.09(E)(3))</i>.</p> <p>Permits a health care professional to charge a health plan issuer for durable medical equipment used at a patient or client site <i>(R.C. 4743.09(E)(1))</i>.</p>
Assistance at health care appointments	
<p>Provides that during any declared disaster, epidemic, pandemic, public health emergency, or public safety emergency, an individual with a developmental disability or other permanent disability may have a parent or legal guardian present during any surgery, health care procedure, or other appointment.</p> <p>Designates the Ohio protection and advocacy system as the entity responsible for enforcing this provision. <i>(R.C. 5123.603.)</i></p>	<p>Same.</p> <p>Instead, provides that the Director of Health may take any action necessary to enforce the provision. <i>(R.C. 3701.1310.)</i></p>

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Video conference visitation in long-term care facilities	
Includes, for purposes of the requirement that specified long-term care facilities provide video-conference visitation options during any declared disaster, epidemic, pandemic, public health emergency, or public safety emergency, facilities operated by a licensed hospice care program <i>(R.C. 3721.60(A)(4))</i> .	Same, but also includes other facilities in which a hospice care program provides care for hospice patients <i>(R.C. 3721.60(A)(4))</i> .
Emergency	
Declares an emergency <i>(Section 4)</i> .	No provision.