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OHIO LEGISLATIVE SERVICE COMMISSION

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Office

H.B. 33
136th General Assembly

Fiscal Note & Local Impact Statement

[Click here for H.B. 33's Bill Analysis](#)

Version: As Introduced

Primary Sponsors: Reps. Jarrells and Johnson

Local Impact Statement Procedure Required: Yes

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Highlights

- The bill's requirements would increase insurance costs for the state and local governments to provide health benefits to employees and their dependents.
- Any increase in costs to the state health benefit plan would be paid from the Health Benefit Fund (Fund 8080). Fund 8080 receives funding through state employee payroll deductions and state agency contributions toward their employees' health benefits, which come out of the GRF and various other state funds.
- The bill may minimally increase the Department of Insurance's administrative cost to implement and administer the bill's requirements. Any increase in such cost would be paid from the Department of Insurance Operating Fund (Fund 5540).

Detailed Analysis

Insurance coverage

The bill requires a health benefit plan issued, renewed, or modified in this state on or after the bill's effective date to provide coverage for all expenses associated with prostate cancer screenings for covered persons who are male, at least 40 years of age, and are at high risk of developing prostate cancer based any of the following factors: (1) diagnosis of the covered person or a first degree relative with a genetic alteration or cancer associated with increased risk of prostate cancer, or (2) a family history of prostate cancer. Prostate cancer screening means any evidence-based preventative care or screening procedure performed for the purpose of identifying prostate cancer, including prostate-specific antigen tests and digital rectal examination. The bill prohibits such a plan from imposing cost-sharing requirements for the

coverage. The bill includes a provision that exempts its requirements from existing requirements related to mandated health benefits.¹

Rules

The bill requires the Superintendent of Insurance to adopt rules to implement and administer the bill's requirements, including the required types of prostate-specific antigen tests and the interval between such prostate cancer screenings, which must not be greater than one year. The bill specifies that if the cost-sharing prohibition would result in the disqualification for the federal income tax deduction for contributions to a health savings account, then the prohibition applies after the enrollee has satisfied the minimum deductible under federal law.

Fiscal effect

The bill's requirements would likely increase costs to the state's health benefit plans, thus increasing costs to the state to provide health benefits for employees and their dependents. Currently, the state administers self-insured health benefits plans in which the state pays all benefit costs directly while contracting with private insurers to administer the benefits. Any increase in costs to the state plan would be paid from the Health Benefit Fund (Fund 8080). Fund 8080 receives funding through state employee payroll deductions and state agency contributions toward their employees' health benefits, which come out of the GRF and various other state funds. In addition, based on [state employee health benefit plan descriptions for the 2024-2025 plan year \(PDF\)](#), services for a preventative prostate-specific antigen (PSA) test, after the first preventative PSA test, for members age 40 and over are subject to a 20% coinsurance and copayments. Generally, cost-sharing is used by health benefit plans to manage overall cost increases; thus, requiring health benefit plans to provide coverage for all expenses associated with prostate cancer screenings for enrollees who meet certain criteria would likely increase overall costs of the state's health benefit plans.

In addition, the bill's requirements would likely increase costs to local governments' health benefit plans, thus, increasing costs to provide health benefits for employees and their dependents. However, the magnitude of the fiscal impact to local governments' health benefit plans is undetermined due to lack of detailed information related to coverage for prostate cancer screenings under such plans. If some of the local government plans already comply with the bill's requirements those plans would experience no fiscal impact associated with this bill. Based on the [Health Insurance 2024: the Cost of Health Insurance in Ohio's Public Sector \(PDF\)](#), a report published by the State Employment Relations Board, in 2024 about 78% of medical plans offered by public employers in the state were self-insured while the remaining 22% were fully insured. Self-insured public employers generally pay health benefits costs of employees and their

¹ Under existing law, no mandated health benefits legislation enacted by the General Assembly after January 14, 1993, may be applied to sickness and accident or other health benefits policies, contracts, plans, or other arrangements 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) and employee benefit plans established or modified by the state or any political subdivision of the state or by any agency or instrumentality of the state or any political subdivision of the state.

beneficiaries directly. Under fully insured employer plans, employees would purchase insurance coverage from an insurance company.

The bill may also increase the Department of Insurance's administrative cost to implement and administer the bill's requirements. Any increase in such cost is likely minimal and would be paid from the Department of Insurance Operating Fund (Fund 5540).