OHIO LEGISLATIVE SERVICE COMMISSION

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Office of Research and Drafting

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Substitute Bill Comparative Synopsis

Sub. H.B. 270

134th 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 (H.B. 270 As Introduced)	Latest Version (I_134_1078-4)
Definitions	
Defines "emergency medical condition" to mean a *physical or mental health condition* (as opposed to a medical condition under current law) that manifests itself by such acute symptoms of sufficient severity, including severe pain, that*, regardless of final or presumptive diagnosis,* a prudent layperson with an average knowledge of health and medicine could reasonably expect *either of the following:* ▪ *That the absence of immediate medical attention could* result in any of the following:	Substantively returned to current law, except retains that the condition be a physical or mental health condition *(R.C. 1753.28(A)(1) and 3923.65(A)).*

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▫ Placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy; ▫ Serious impairment to bodily functions; ▫ Serious dysfunction of any bodily organ or part. ▪ *With respect to a pregnant woman who is having or is believed to be having contractions, that there is:* ▫ *Inadequate time to effect a safe transport of the woman to another hospital before delivery;* ▫ *A threat to the health or safety of the woman or unborn child if the woman does not have access to immediate medical attention. (R.C. 1753.28(A)(2) and 3923.65(A).) (Added provisions are italicized.)*	
Revises the definition of "emergency services" to mean any health care service furnished or required in order to determine whether an emergency medical condition exists and the appropriate care to treat, stabilize, or treat and stabilize the emergency condition in an emergency facility or emergency setting *(R.C. 1753.28(A)(3) and 3923.65(A)).*	Restores the definition of "emergency services" to current law, under which it means the following: ▪ A medical screening examination, as required by federal law, that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department, to evaluate an emergency medical condition; ▪ Such further medical examination and treatment that are required by federal law to stabilize an emergency medical condition and are within the capabilities of the staff and facilities available at the hospital, including any trauma and burn center of the hospital *(R.C. 1753.28(A)(2) and 3923.65(A)).*

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Defines "emergency services utilization review" in part to include a determination as to whether or not *there was medical necessity for the level of services required for the evaluation, treatment, or both of the* emergency condition *(R.C. 1753.28(A)(4) and 3923.65(A)).*	Defines "emergency services utilization review" in part to include a determination as to whether or *not a prudent layperson with an average knowledge of health and medicine would have reasonably expected the presence of an emergency* medical condition *(R.C. 1753.28(A)(5) and 3923.65(A)).*
Reduction or denial of claims	
Prohibits a claim for reimbursement for emergency services from being reduced or denied based solely on a final diagnosis or impression, the ICD code, or select procedure codes *(R.C. 1753.28(G) and 3923.65(G)).*	Prohibits a claim for reimbursement for emergency services from being reduced or denied based solely on a final diagnosis or impression, the ICD code, or select procedure codes *relating to the enrollee's condition included on a form submitted to the health insuring corporation by a provider for reimbursement of a claim (R.C. 1753.28(E) and 3923.65(E)).*
No provision.	Prohibits a claim from being reduced or denied based on the absence of an emergency medical condition if a prudent layperson with an average knowledge of health and medicine would have reasonably expected the presence of an emergency medical condition *(R.C. 1753.28(E) and 3923.65(E)).*
Provides that an emergency services utilization review is not required prior to reducing a claim when the reduction is based on a contractually agreed upon *adjustment for health care services (R.C. 1753.28(H)(3) and 3923.65(H)(3)).*	Provides that an emergency services utilization review is not required to reduce a claim when the reduction is based on a contractually agreed upon *reimbursement rate (R.C. 1753.28(H) and 3923.65(H)).*
Emergency services utilization reviews	
Requires an emergency services utilization review to include a review of all of the following: ▪ The complaint in question;	Requires an emergency services utilization review to include a review of all of the following: ▪ The complaint in question including presenting symptoms;

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▪ The patient's medical history; ▪ The patient's diagnostic testing; ▪ The medical decision making history of the physician in question; ▪ The enrollee's medical record, including the nature of the presenting problems or symptoms; ▪ The enrollee's patient history; ▪ The exam and medical decision making (R.C. 1753.28(F)(1) and (H)(2) and 3923.65(F)(1) and (H)(2)).	▪ The patient's medical history. Repeated utilization of the emergency department may be considered. ▪ The patient's diagnostic testing; ▪ Whether a prudent layperson would reasonably presume the presence of an emergency medical condition *(R.C. 1753.28(G) and 3923.65(G)).*
Provides that for utilization reviewers operating in Ohio, the process of providing utilization review is considered the practice of medicine and is subject to the oversight and review of the State Medical Board of Ohio *(R.C. 1753.28(F)(1) and 3923.65(F)(1)).*	No provision.
Disclosures and information	
Requires an insurer to inform its insureds at the time of enrollment, and not less than annually thereafter, that emergency care is a covered benefit and provide the insured with the legal definition of an "emergency medical condition" *(R.C. 1753.28(L)(1) and 3923.65(L)(1)).*	No provision.
Requires an insurer to clearly educate its insureds on the fact that, if an insured believes they may have an emergency medical condition, the insurer will cover the emergency services, even if after emergency evaluation, no emergency is found *(R.C. 1753.28(L)(2) and 3923.65(L)(2)).*	No provision.

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Requires all information provided to insureds, including advertisements, websites, insured advice, insured correspondence, and language in the explanation of benefits, to be consistent with the bill and to not be false or misleading *(R.C. 1753.28(M) and 3923.65(M)).*	No provision.
Prohibits an insurer from discouraging appropriate use of the emergency department *(R.C. 1753.28(M) and 3923.65(M)).*	No provision.
Requires an insurer to educate insureds as to the appropriate site of service based upon symptoms and availability of alternative sites of care *(R.C. 1753.28(M) and 3923.65(M)).*	No provision.
Repeated violations	
Provides that repeated violations of the bill is considered an unfair and deceptive practice in the business of insurance *(R.C. 1753.28(N) and 3923.65(N)).*	No provision.

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