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# OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research  
and Drafting

Legislative Budget  
Office

S.B. 241  
133<sup>rd</sup> General Assembly

## Fiscal Note & Local Impact Statement

[Click here for S.B. 241's Bill Analysis](#)

**Version:** As Introduced

**Primary Sponsor:** Sen. Williams

**Local Impact Statement Procedure Required:** No

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### Highlights

- No direct fiscal effect on the state and local governments.

### Detailed Analysis

The bill prohibits specified health benefit plans that provide coverage for biologically based mental illnesses<sup>1</sup> or for mental or emotional disorders from imposing a cost-sharing requirement for such illnesses or disorders separate from or that differs from the cost-sharing requirement they impose for basic health care services. In addition, the bill requires such benefit plans to consider a health care provider to be in network with regard to the coverage of services related to treatment of biologically based mental illnesses or mental or emotional disorders if the provider is qualified to provide such services and is an in-network provider for treating other physical diseases and disorders.

The bill includes a provision that exempts its provisions from the mandated health benefits requirement under existing law. Under current law, no mandated health benefits legislation enacted by the General Assembly 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

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<sup>1</sup> Section 3923.281 of the Revised Code defines “biologically based mental illness” to be schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, and panic disorder as those terms are defined in the most recent *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association.

Security Act of 1974 (ERISA) and employee benefit plans established or modified by the state or any political subdivision of the state.

The bill applies to health insuring corporations, multiple employer welfare arrangements, sickness or accident insurance policies or plans, and private or public employer group self-insurance plans. The bill's provisions apply on or after the bill's effective date.

### **Fiscal effect**

The bill has no direct fiscal impact on the state and local governments. Health insurers and plans that would be affected under the bill retain discretion over overall cost-sharing provisions of their plans, which implies that a decrease in cost sharing for mental health treatment could be offset by adjusting other cost-sharing provisions. Moreover, under existing law, health benefit plans are required to provide coverage for biologically based mental illnesses on the same terms and conditions as the plans cover standard health benefits, generally referred to as "mental health parity" (R.C. 3923.281). Under R.C. 3923.281, health benefit plans are not required to continue to provide such coverage if they provide certain documentation to the Superintendent of Insurance showing that the coverage has increased their costs by more than 1%.