

Ohio Legislative Service Commission

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Version: As Introduced

Primary Sponsor: Sen. Craig

Local Impact Statement Procedure Required: No

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Highlights

- To the extent that telemedicine services are not already included in a local government's health benefit plan, the bill's requirement related to such coverage during a state of emergency may minimally increase costs for local governments to provide health benefits to employees and their dependents.
- The bill may minimally increase the Department of Insurance's administrative costs to ensure health insurers adhere to the bill's requirements. Any increase in such costs would be paid from the Department of Insurance Operating Fund (Fund 5540).

Detailed Analysis

The bill requires health plan issuers to cover telemedicine services provided by a health care services provider during a state of emergency declared by the Governor or the President of the United States. The requirement applies if (1) the service is a covered service, and (2) the provider determines that the service is in the public interest; if the requirement applies, the service must be reimbursed at the same rate and in the same manner as if the health care service had been provided as an in-person health care service. Under existing law, issuers are required to provide coverage for telemedicine services on the same basis and to the same extent as the plan coverage for in-person health care services.¹

The bill defines health plan issuers by reference to section 3922.01 of the Revised Code, so the term includes a sickness and accident insurance company, a health insuring corporation,

¹ Neither the bill nor current law require coverage for a medical service that is not a covered medical service under the plan if performed during an office visit.

a fraternal benefit society, a self-funded multiple employer welfare arrangement, or a nonfederal, government health plan. The bill defines a health care services provider as a physician, psychologist, nurse practitioner, or other health care practitioner licensed, accredited, or certified to perform health care services consistent with state law. The bill's definition includes some medical providers not included in the current law definition of health care professionals whose telemedicine services must be covered by a health plan issuer.

The bill declares itself an emergency measure necessary for the immediate preservation of the public peace, health, and safety in preventing the transmission of COVID-19 while providing the people of Ohio with necessary access to health care services.

Fiscal effect

The bill's requirement may minimally increase costs for some local governments to provide health benefits to employees and their dependents to the extent that telemedicine services are not already included in that local government's health benefit plan. If such telemedicine services are already included in a local government's health benefit plan, there should be no impact on their costs of providing health benefits to employees and their dependents. Currently, telemedicine service is already included in the state's health benefit plan, so there is no fiscal effect on the state.

The bill may increase the Department of Insurance's administrative costs to ensure health insurers adhere to the bill's requirements. Any increase in such costs would be paid from the Department of Insurance Operating Fund (Fund 5540). If there is any such increase, LBO economists think it would be minimal.