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OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research
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Office

H.B. 767
136th General Assembly

Bill Analysis

Version: As Introduced

Primary Sponsors: Reps. Bryant Bailey and Somani

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SUMMARY

- Requires health insurers and the Medicaid program to cover services, therapies, and treatments related to menopausal and perimenopausal symptoms.
- Designates the act the Ohio Menopause, Perimenopause, and Hormone Therapy Coverage Act.

DETAILED ANALYSIS

Insurance and Medicaid coverage related to menopausal and perimenopausal symptoms

The Ohio Menopause, Perimenopause, and Hormone Therapy Coverage Act¹ requires both health insurers and the Medicaid program to provide coverage for services, therapies, and treatments related to menopausal and perimenopausal symptoms. These include vasomotor symptoms (such as hot flashes), sleep disruption, mood changes, cognitive changes, fatigue, and related symptoms clinically recognized as related to menopause and perimenopause. The coverage must include the following:²

- Clinical laboratory services, clinical evaluation services, diagnostic services, and provider visits;
- Menopausal and perimenopausal hormone therapy administered orally, transdermally, vaginally, or by injection and approved by the U.S. Food and Drug Administration (FDA);
- FDA-approved nonhormonal treatments for menopausal and perimenopausal symptoms;

¹ Section 2.

² R.C. 3902.65(B) and 5164.081(B).

- Menopausal and perimenopausal hormone therapy and nonhormonal treatments administered in formulations not approved by the FDA when FDA-approved therapies and treatments are contraindicated or ineffective, as determined by a prescriber.

If a prescriber (including a physician, clinical nurse specialist, certified nurse-midwife, certified nurse practitioner, or physician assistant) determines that FDA-approved therapies or treatments are contraindicated or ineffective for a patient, that patient is not required to first attempt an FDA-approved therapy or treatment before a non-FDA-approved therapy or treatment will be covered by insurance or Medicaid.³

Neither a health insurer nor the Ohio Department of Medicaid may consider the diagnosis or treatment of menopause, perimenopause, and menopausal and perimenopausal symptoms to be elective or cosmetic in nature.⁴

Insurance coverage

The bill permits health insurers to impose cost-sharing requirements for the coverage of services, therapies, and treatments related to menopausal and perimenopausal symptoms, but it prohibits health insurers from imposing cost-sharing requirements that exceed those requirements for substantially all medical benefits under the health insurance plan. Additionally, although health insurers may apply utilization management requirements, including prior authorization or formulary management, for the coverage required under the bill, they may not apply utilization management requirements that are more restrictive than those requirements that apply to substantially all medical benefits under the health benefit plan.⁵

The Superintendent of Insurance is required to adopt rules as necessary to implement the new coverage requirements.⁶

Legislative intent

The bill states the General Assembly's finding that recent product labeling updates by the U.S. Department of Health and Human Services and the FDA have clarified the safety profile of menopausal hormone therapy. Therefore the intent of the bill is to align state-regulated health coverage with current federal guidance and clinical standards for treatment with menopausal hormone therapy.⁷

³ R.C. 3902.65(B)(4) and 5164.081(B)(4).

⁴ R.C. 3902.65(E) and 5164.081(C).

⁵ R.C. 3902.65(C) and (D).

⁶ R.C. 3902.65(F).

⁷ R.C. 3902.65(G) and 5164.081(D).

HISTORY

Action	Date
Introduced	03-17-26
