



Greg Schwab

Bill Analysis

Legislative Service Commission

H.B. 173

123rd General Assembly
(As Introduced)

Reps. Winkler, Allen, Bender, Boyd, Britton, Flannery, Ford, Hartnett, Healy, Hollister, Krupinski, Lucas, Metzger, O'Brien, Opfer, Patton, Pringle, Terwilleger, Tiberi, Vesper

BILL SUMMARY

- Requires policies, contracts, and agreements of health insuring corporations and sickness and accident insurers to cover, under certain circumstances, general anesthesia and hospital services connected with the provision of a dental care service to an insured or enrollee.

CONTENT AND OPERATION

Required coverage of general anesthesia and hospital services connected with the provision of dental services to an insured or enrollee

(secs. 1751.69 and 3923.65; Section 2)

The bill requires every individual or group health insuring corporation policy, contract, or agreement providing basic health care services, and every individual or group sickness and accident insurance policy, to provide coverage of general anesthesia and hospital services connected with a dental care service provided to specified enrollees and insureds. This coverage is required for the following enrollees and insureds:

- (1) Enrollees and insureds under five years old;
- (2) Enrollees and insureds who are mentally retarded or developmentally disabled;
- (3) Enrollees and insureds who have a medical condition, and who require hospitalization or general anesthesia when receiving dental care services.

The bill states that the location at which general anesthesia is administered to an enrollee or insured does not affect the required coverage of general

anesthesia administered in connection with dental care services. However, the bill specifies that a health insuring corporation or sickness and accident insurer may require an enrollee or insured to obtain prior authorization for hospitalization connected with a dental care service.

The bill exempts its coverage mandates from the review otherwise required by section 3901.71 of the Revised Code. Section 3901.71 of the Revised Code requires the Superintendent of Insurance to hold a public hearing to consider any new health benefit mandate contained in a law enacted by the General Assembly. A new mandate may not be applied to policies, contracts, and plans of insurance until the Superintendent determines that the mandate can be applied fully and equally to employee benefit plans subject to regulation by the federal Employee Retirement Income Security Act of 1974 (ERISA), and to employee benefit plans established by the state or its political subdivisions, or their agencies and instrumentalities. ERISA generally precludes state regulation of benefits offered by private self-insured plans.

The bill applies to health insuring corporation policies, contracts, and agreements delivered, issued for delivery, or renewed in Ohio on or after the bill's effective date, and to sickness and accident insurance policies, in accordance with the definition of a "policy of sickness and accident insurance" found in section 3923.01 of the Revised Code, on or after the bill's effective date.

HISTORY

ACTION	DATE	JOURNAL ENTRY
Introduced	02-16-99	p. 197

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