



Greg Schwab

Bill Analysis

Legislative Service Commission

H.B. 272

123rd General Assembly
(As Introduced)

Reps. Britton, Boyd, Barrett, Ford, James, D. Miller, Ogg, Opfer, Pringle

BILL SUMMARY

- Requires all policies, contracts, and agreements of health insuring corporations and sickness and accident insurers, and all public employee benefit plans, to provide coverage for services related to the diagnosis, treatment, and appropriate management of osteoporosis.

CONTENT AND OPERATION

Required coverage of services related to the diagnosis, treatment, and management of osteoporosis

(secs. 1751.69, 3923.65, and 3923.66; Section 2)

The bill requires every individual or group health insuring corporation policy, contract, or agreement, every individual or group sickness and accident insurance policy, and every public employee benefit plan, to provide coverage for services related to the diagnosis, treatment, and appropriate management of osteoporosis. This coverage must include coverage for such bone density tests as determined to be medically appropriate by the enrollee's, insured's, or member's primary care physician for the purpose of identifying bone mass or detecting bone loss.

The bill exempts its coverage mandate 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 health benefits 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, and 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; 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; and public employee benefit plans established or modified in Ohio on or after the bill's effective date.

HISTORY

| ACTION | DATE | JOURNAL ENTRY |
|---------------|-------------|----------------------|
| Introduced | 03-24-99 | p. 368 |

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