Alan Van Dyne *Legislative Service Commission*

S.B. 147

123rd General Assembly
(As Introduced)

Sens. Drake, Prentiss, DiDonato, Blessing, Kearns

BILL SUMMARY

- Requires health care benefits for diabetes equipment, supplies, medication, and self-management education.

CONTENT AND OPERATION

Health care benefits for diabetes

The bill requires each health care policy, contract, agreement, or plan to provide benefits for the expenses of (1) equipment, supplies, and medication for the diagnosis, treatment, and management of diabetes and (2) diabetes self-management education for the treatment and management of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and noninsulin-using diabetes.

The bill establishes several conditions for the required coverage. Equipment, supplies, and medication must be prescribed by a physician or other licensed individual authorized to prescribe the items. Self-management education must be legally prescribed as well, but it also must be prescribed as medically necessary for either establishing disease self-management or improving current disease self-management.

With respect to coverage of diabetes self-management education, the bill's other conditions for coverage are as follows:

(1) The coverage is subject to the minimum number of hours of education specified by the Superintendent of Insurance in rules that the bill requires the Superintendent to adopt in accordance with the Administrative Procedure Act (Chapter 119.). The rules must be based on the standards for education recommended by the American Diabetes Association.

(2) The coverage must extend to education provided during home visits when the licensed health professional prescribing the education considers home visits to be important in meeting management or treatment goals.

(3) The education must be provided by a health professional with expertise in diabetes care, including an expert who is a dietitian, physician, pharmacist, registered nurse, licensed practical nurse, or another licensed individual authorized to provide the education.

(4) Coverage must extend to medical nutrition therapy, as long as it is provided by a licensed dietitian.

(5) Coverage must apply to education provided in a group setting, but cannot be limited to group education.

The benefits provided under the bill may be subject to annual deductibles and copayments. Deductibles and copayments may be established as considered appropriate by the Superintendent of Insurance and as are consistent with any other benefit provided.

Applicability of the required benefits

The bill's required benefits apply to individual or group health insuring corporation (HIC) policies, contracts, or agreements (sec. 1751.69); individual, group, or blanket sickness and accident insurance policies (sec. 3923.65); and public employee benefits plans (sec. 3923.66). The required benefits begin with policies, contracts, agreements, and plans that are entered into on or after the bill's effective date. With regard to HICs and sickness and accident insurers, the bill's requirements do not apply if a policy, contract, or agreement (1) covers persons employed in more than one state or (2) has a benefit structure that was the subject of collective bargaining affecting persons employed in more than one state.

COMMENT

ERISA

The bill does not apply to health benefit plans offered by employers on a self-insured basis. Larger employers frequently chose to establish their own health plans for their employees in lieu of offering benefits through an insurer, health maintenance organization, or other arrangement. Employer self-insurance plans are regulated under federal Employee Retirement and Income Security Act of 1974 (ERISA), which preempts state regulation.

H.B. 478

Am. Sub. H.B. 478 of the 119th General Assembly, an act that generally reformed Ohio's health care laws, provided that no mandated health benefits legislation enacted on or after January 14, 1993, can apply to any health benefits arrangement until the Superintendent of Insurance determines that the provision can be applied fully and equally in all respects to (1) employee benefits plans subject to ERISA and (2) employee benefits plans established by or modified by the state or its political subdivisions. The bill exempts itself from this H.B. 478 restriction.

HISTORY

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