



Greg Schwab

Bill Analysis
Legislative Service Commission

H.B. 86

124th General Assembly
(As Introduced)

Reps. Beatty, Jones, Ford, Allen, Barrett, Strahorn, S. Smith, DePiero, Krupinski, Redfern, D. Miller, Sferra, Jerse, Sulzer, Barnes, Ogg, R. Miller, Rhine, Woodard, Britton

BILL SUMMARY

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

CONTENT AND OPERATION

Health care benefits for diabetes

(secs. 1751.69(A) to (C), 3923.81(A) to (C), and 3923.82)

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; additionally, the licensed health professional prescribing the education must consider it to be 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 under the policy, contract, agreement, or plan.

Applicability of the required benefits

(secs. 1751.69(A) and (D), 3923.81(A) and(D), and 3923.82(A); Section 2)

The bill's required benefits apply to individual and group health insuring corporation (HIC) policies, contracts, and agreements (sec. 1751.69); individual, group, and 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 delivered, issued, renewed, established, or modified 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.

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, agreements, and plans of insurance until the Superintendent determines that the mandate can be applied fully and equally to self-insured employee benefit plans subject to regulation by

the federal Employee Retirement Income Security Act of 1974 (ERISA). ERISA generally precludes state regulation of the benefits offered by private, self-insured plans.

COMMENT

This bill may contain a "mandated benefit," as defined by section 103.144 of the Revised Code. Section 103.145 of the Revised Code, as enacted by the 123rd General Assembly, requires the Legislative Budget Officer to review any bill receiving a second hearing in a standing committee of the house of the General Assembly in which the bill originated to determine whether the bill contains a mandated benefit. If the Legislative Budget Officer determines that the bill includes a mandated benefit, the Legislative Budget Officer is required to arrange for the performance of an independent actuarial review of the mandated benefit. The findings of the actuarial review must be submitted to the chairperson of the committee to which the bill is assigned, and to the ranking minority member of that committee, no later than 60 days after the second hearing of the bill.

The chairperson of a standing committee of either house of the General Assembly may request, at any time, the Legislative Budget Officer to review any bill assigned to that committee in order to determine whether the bill includes a mandated benefit. If the Legislative Budget Officer determines that the bill includes a mandated benefit, the Legislative Budget Officer must arrange for the performance of an independent actuarial review of the mandated benefit in the same manner provided for in section 103.145 of the Revised Code.

HISTORY

ACTION	DATE	JOURNAL ENTRY
Introduced	02-13-01	p. 154

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