



Greg Schwab

## *Bill Analysis*

*Legislative Service Commission*

### **H.B. 110**

124th General Assembly  
(As Introduced)

**Reps. R. Miller, Otterman, Sferra, Ford, Sykes, Rhine, Barrett, Perry, Fedor, Jerse, Britton, Redfern**

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#### **BILL SUMMARY**

- Requires health insuring corporations and sickness and accident insurers to cover 50% of the cost of hearing aids for enrollees and insureds.
- Requires the medical assistance program (Medicaid), to cover the total cost of hearing aids for persons covered thereunder.

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#### **CONTENT AND OPERATION**

***Health care policies, contracts, and agreements to cover 50% of the cost of hearing aids; Medicaid to cover the total cost***

(secs. 1751.69, 3923.651, and 5111.027)

The bill requires policies, contracts, and agreements of health insuring corporations and sickness and accident insurers to provide benefits covering 50% of the total cost of hearing aids. The hearing aid must be prescribed by a licensed physician and dispensed by a licensed physician, audiologist, or hearing aid dealer or fitter. The bill applies to those individual and group health insuring corporation policies, contracts, and agreements providing basic health care services and to those individual and group policies of sickness and accident insurance that are delivered, issued for delivery, or renewed in this state.

Limitations on the copayment charges that a health insuring corporation may impose on an enrollee or subscriber, ordinarily limited to 30% of the total cost of providing any single covered health care service by section 1751.12 of the Revised Code, are not applicable to this benefit mandate.

The medical assistance program, Medicaid, is also required to provide benefits for the cost of hearing aids. The bill requires Medicaid to provide benefits covering the total cost of hearing aids prescribed by a licensed physician

and dispensed by a licensed physician, audiologist, or hearing aid dealer or fitter. This requirement, however, is conditioned upon the Department of Job and Family Services obtaining approval for this use of federal funds from the federal agency responsible for distributing funds under Title XIX of the "Social Security Act."

The bill defines a hearing aid as any wearable instrument or device designed or offered for the purpose of aiding or compensating for impaired human hearing, including all attachments, accessories, and parts, except for batteries and cords.

With regard to policies, contracts, and agreements of health insuring corporations and sickness and accident insurers, the bill exempts its benefit 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 health benefit mandate may not be applied to policies and plans of insurance until the Superintendent determines that the mandate can be fully and equally applied to self-insured 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.

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## **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.

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## **HISTORY**

ACTION	DATE	JOURNAL ENTRY
Introduced	02-20-01	p. 165

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