



S.B. 175

125th General Assembly
(As Introduced)

Sens. Miller, Brady, Fedor, Zurz, Hagan, Fingerhut, Dann

BILL SUMMARY

- Requires the Medicaid program to continue to cover, from January 1, 2004, through June 30, 2005, psychology services in at least the amount, scope, and duration it does on December 31, 2003.
- Appropriates from the General Revenue Fund \$420,470 in FY 2004 and \$1,194,115 in FY 2005 for this purpose, of which the state share is \$171,426 and \$486,841, respectively.

CONTENT AND OPERATION

Background: Medicaid optional services

The Director of Job and Family Services (ODJFS) is authorized under current law to adopt rules establishing the amount, duration, and scope of medical services to be included in the Medicaid program. The Director has adopted rules under which dental, podiatric, vision care, chiropractic, and psychology services were covered by Medicaid.

The Governor vetoed a provision of Am. Sub. H.B. 95 of the 125th General Assembly (the biennial appropriations act) that would have required the Medicaid program to cover dental, podiatric, and vision care services for fiscal years 2004 and 2005 in at least the amount, duration, and scope that it does under those rules on what would have been the effective date of that provision of the act. The Governor stated in his veto message, however, that "[s]ince the General Assembly authorized adequate funding for this purpose, I have instructed ODJFS to continue to offer these services."

Am. Sub. H.B. 95 also included a provision that removed chiropractors from the definition of "physician" for the purpose of the Medicaid program. As a result, ODJFS amended its rules to restrict chiropractic care to children and

youth.¹ Therefore, on and after January 1, 2004, chiropractic services were not an included service for adults (age 21 and over) under the Medicaid program.

Starting January 1, 2004, ODJFS also eliminated psychology services for adults (age 21 and over) when the psychologist bills Medicaid directly for the services.

The bill

The bill requires the Medicaid program, for the period beginning January 1, 2004, and ending June 30, 2005, to continue to cover psychology services in at least the amount, scope, and duration that it does on December 31, 2003, under rules governing Medicaid coverage of psychology services adopted in accordance with current law (R.C. 5111.02--not in the bill).

HISTORY

ACTION	DATE	JOURNAL ENTRY
Introduced	01-06-04	p. 1312

S0175-I-125.doc/jc

¹ Federal regulation requires that state Medicaid programs provide a full range of medically necessary services to children.