



Katie Bentley

Bill Analysis
Legislative Service Commission

S.B. 297

127th General Assembly
(As Introduced)

Sens. D. Miller, Fedor, R. Miller, Boccieri, Morano

BILL SUMMARY

- Prohibits health insurers from excluding coverage for the diagnosis and treatment of posttraumatic stress disorder.

CONTENT AND OPERATION

Coverage for posttraumatic stress disorder

(secs. 1739.05, 1751.68, 3923.34, and 3923.80)

The bill prohibits policies, contracts, agreements, and plans of health insuring corporations, sickness and accident insurers, public employee benefit plans, and multiple employer welfare arrangements from excluding coverage for the diagnosis and treatment of posttraumatic stress disorder.

A violation of the provisions of the bill is an unfair and deceptive practice in the business of insurance under sections 3901.19 to 3901.26 of the Revised Code. Those sections specify additional unfair and deceptive practices and provide for administrative and legal remedies for violation through the Superintendent of Insurance and the Attorney General.

Definition of posttraumatic stress disorder

(secs. 1751.68, 3923.34, and 3923.80)

The bill defines posttraumatic stress disorder by reference to the definition of "posttraumatic stress disorder" in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, published by the American Psychiatric Association.

The definition contained in the Diagnostic and Statistical Manual of Mental Disorders is of significant length and complexity and includes diagnostic features,

associated features and disorders, specific culture and age features, Prevalence, course, familial pattern, differential diagnosis, and diagnostic criteria. According to the Diagnostic and Statistical Manual of Mental Disorders, "the essential feature of Posttraumatic Stress Disorder is the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate (Criterion A1). The person's response to the event must involve intense fear, helplessness, or horror (or in children, the response must involve disorganized or agitated behavior) (Criterion A2). The characteristic symptoms resulting from the exposure to the extreme trauma include persistent reexperiencing of the traumatic event (Criterion B), persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (Criterion C), and persistent symptoms of increased arousal (Criterion D). The full symptom picture must be present for more than 1 month (Criterion E), and the disturbance must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (Criterion F)."

Exemption from H.B. 478 requirements

The benefits provided for in this bill may be considered a coverage mandate (see **COMMENT**). Am. Sub. H.B. 478 of the 119th General Assembly provides 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 holds a public hearing and determines that the provision can be applied fully and equally in all respects to (1) employee benefit plans subject to the Employee Retirement Income Security Act of 1974 (ERISA) and (2) employee benefit plans established or modified by the state or its political subdivisions.¹ (Section 3901.71, not in the bill.) The bill includes provisions exempting its requirements from this restriction.

¹ ERISA is a comprehensive federal statute governing the administration of employee benefit plans. ERISA generally precludes state regulation of benefits offered by private employers that self-insure their benefit programs. Larger employers frequently choose to establish their own health insurance plans for their employees in lieu of purchasing coverage from an insurer or health insuring corporation.

COMMENT

Actuarial review

The benefits required by the bill may be considered "mandated benefits."² Pursuant to Sub. H.B. 405 of the 124th General Assembly, the chairperson of a standing committee of either house may, at any time, request that the Director of the Legislative Service Commission review any bill assigned to the chairperson's committee to determine whether the bill includes a mandated benefit. If the Director determines that the bill includes a mandated benefit, the presiding officer of the house that is considering the bill may request the Director to arrange for the performance of an independent healthcare actuarial review of the benefit. Not later than 60 days after the presiding officer's request for a review, the Director must submit the findings of the actuarial review to the chairperson of the committee to which the bill is assigned and to the ranking minority member of that committee. (R.C. 103.144 to 103.146, not in the bill.)

HISTORY

ACTION	DATE
Introduced	02-26-08

s0297-i-127.doc/kl

² "Mandated benefit" means the following, considered in the context of a sickness and accident insurance policy or a health insuring corporation policy, contract, or agreement: (1) any required coverage for a specific medical or health-related service, treatment, medication, or practice, (2) any required coverage for the services of specific health care providers, (3) any requirement that an insurer or health insuring corporation offer coverage to specific individuals or groups, (4) any requirement that an insurer or health insuring corporation offer specific medical or health-related services, treatments, medications, or practices to existing insureds or enrollees, (5) any required expansion of, or addition to, existing coverage, and (6) any mandated reimbursement amount to specific health care providers (R.C. 103.144, not in the bill).