



Ohio Legislative Service Commission

Bill Analysis

Ashley Blackburn

H.B. 598

129th General Assembly
(As Introduced)

Reps. Grossman and Terhar, Hackett, Anielski, Scherer, Pelanda, Gonzales, Beck, Henne, Hill, Conditt, Smith, Blair, Ruhl, Baker, Blessing, Heard, Yuko, Antonio, Driehaus, Garland, Celeste, Fende, Phillips

BILL SUMMARY

- Requires coverage for diagnostic and treatment services for biologically based mental illnesses related to pervasive developmental disorders to include applied behavior analysis.
- Permits an insurer to subject coverage for applied behavior analysis to a yearly maximum benefit of \$50,000.
- Provides that, if the required coverage of applied behavior analysis results in the state paying the cost of benefits that exceed the essential health benefits specified in the Patient Protection and Affordable Care Act of 2010, then the specific benefits that exceed essential health benefits are not required.

CONTENT AND OPERATION

Coverage for biologically based mental illnesses

Existing law requires health insuring corporations, sickness and accident insurers, private or public employer group self-insurance plans that provide benefits without a contract with a sickness and accident insurer or health insuring corporation, and multiple employer welfare arrangements ("health insurers") to provide coverage for diagnostic and treatment services for biologically based mental illnesses subject to certain requirements and exclusions.¹

¹ R.C. 1751.01(A)(1), 3923.281(B)(1), and 3923.282(B)(1) and R.C. 1739.05(B), not in the bill.

Under the bill, pervasive development disorders are included in the definition of biologically based mental illnesses.² Existing law permits a health insuring corporation to offer coverage for diagnostic and treatment services for biologically based mental illnesses without offering coverage for all other basic health care services. However, a health insuring corporation that offers coverage for any other basic health care service is required to offer coverage for diagnostic and treatment services for biologically based mental illnesses in combination with the offer of coverage for all other listed basic health care services.³ Additionally, if certain requirements are met, existing law requires sickness and accident insurers, multiple employer welfare arrangements, and self-insured groups to provide benefits for the diagnosis and treatment of biologically based mental illnesses on the same terms and conditions as, and provide benefits no less extensive than, those provided under the policy or plan for the treatment and diagnosis of all other physical diseases and disorders.⁴

Coverage related to pervasive development disorders

The bill requires health insurers to include applied behavior analysis when diagnostic and treatment services for biologically based mental illnesses related to pervasive developmental disorders are covered. The applied behavior analysis must be provided or supervised by an analyst certified by the Behavior Analyst Certification Board or by a state licensed physician or psychologist, or a mental health professional, so long as the services performed are commensurate with the physician's, psychologist's, or mental health professional's training and supervised experience. The coverage must include the services of the personnel who work under the supervision of the analyst certified by the Behavior Analyst Certification Board or the licensed physician or psychologist or the mental health professional.⁵ The insurer may subject the coverage required under the bill for applied behavior analysis to a yearly maximum benefit of \$50,000.⁶

Patient Protection and Affordable Care Act of 2010

Under the bill, on and after January 1, 2014, if the required applied behavior analysis results in the state paying the cost of benefits that exceed the essential health benefits specified under section 1302(b) of the Patient Protection and Affordable Care

² R.C. 1751.01(D), 3923.281(A)(1), and 3923.282(A)(1).

³ R.C. 1751.01(A)(2)(a).

⁴ R.C. 3923.281(B)(1) and 3923.282(B)(1).

⁵ R.C. 1751.01(A)(2)(b), 3923.281(B)(2), and 3923.282(B)(2).

⁶ R.C. 1751.01(A)(2)(c), 3923.281(B)(3), and 3923.282(B)(3).

Act of 2010,⁷ then those benefits that exceed the specified essential health benefits are not required of health benefit plans in the individual market or in the small group market that are offered by a health insurer in Ohio either through or outside a health insurance exchange operated by the state or by the federal government.⁸

Definitions

As used in the bill:

"Applied behavior analysis" means the design, implementation, and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvement in human behavior, that is delivered in a home or clinic setting to address core deficits resulting from a medical diagnosis of pervasive developmental disorder. "Applied behavior analysis" includes the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.⁹

"Biologically based mental illnesses" means schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, and panic disorder, as these terms are defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, and pervasive developmental disorders as defined in the bill.¹⁰

"Mental health professional" means an individual who is licensed, certified, or registered under Ohio law, or otherwise authorized in Ohio, to provide mental health services for compensation, remuneration, or other personal gain. A "mental health service" is a service provided to an individual or group of individuals involving the application of medical, psychiatric, psychological, counseling, social work, or nursing principles or procedures to either of the following: (1) the assessment, diagnosis, prevention, treatment, or amelioration of mental, emotional, psychiatric, psychological, or psychosocial disorders or diseases, as described in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, or (2) the assessment or improvement of mental, emotional, psychiatric, psychological, or psychosocial

⁷ *Patient Protection and Affordable Care Act of 2010*, P.L. 111-148, Sec. 1302.

⁸ R.C. 1751.01(A)(2)(d), 3923.281(B)(4), and 3923.282(B)(4).

⁹ R.C. 1751.01(A)(2)(e), 3923.281(A)(3), and 3923.282(A)(3).

¹⁰ R.C. 1751.01(D), 3923.281(A)(1), and 3923.282(A)(1).

adjustment or functioning, regardless of whether there is a diagnosable, pre-existing disorder or disease.¹¹

"Pervasive developmental disorder" means all of the following as they are defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders: (1) autistic disorder, (2) Asperger's disorder, (3) pervasive developmental disorder-not otherwise specified, (4) Rett's syndrome, and (5) childhood disintegrative disorder.¹²

HISTORY

ACTION	DATE
Introduced	10-16-12

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¹¹ R.C. 1751.01(A)(2)(b) by reference to R.C. 2305.51, not in the bill.

¹² R.C. 1751.01(Y), 3923.281(A)(4), and 3923.282(A)(4).

