

Insurance

H.B. 339

Primary Sponsor: Rep. Merrin

Effective date: January 1, 2021

- Corrects technical errors throughout the insurance laws.
- Lengthens the amount of time a life insurance policy may be backdated from three to six months.
- Specifies that a regional council of governments does not engage in the business of insurance if it provides health care benefits to the council members' officers and employees and their dependents, if certain criteria are met.
- Requires retail installment contracts to list any amounts paid for related insurance, as well as the types of such insurance coverage.
- Exempts single interest insurance from notification requirements that apply to insurance coverage related to retail installment agreements.
- Requires single interest insurance to be listed as a specific good in a retail installment contract.
- Allows domestic life insurance companies to record assets that support fund accumulation contracts that meet certain criteria under the company's general account.
- Permits a nonresident who is licensed as a public insurance adjuster and is in good standing in the applicant's home state to receive a certificate of authority to be a public insurance adjuster in Ohio.
- Allows certain documents to be signed electronically if needed by an insurance company to obtain a salvage certificate of title to a motor vehicle.
- Expands the assigned risk insurance plan to include all automobile liability insurance policies, as opposed to just private passenger automobile liability insurance policies.
- Modifies the deadline for the renewal of a surety bail bond agent license.
- Modifies the deadline for a surety bail bond agent's registration with the clerk of the court.
- Modifies the deadline for the clerk of the court to make available a list of court-registered surety bail bond agents to the appropriate holding facility, jail, correction facility, or other similar entity within the court's jurisdiction.

H.B. 388

Primary Sponsor: Rep. A. Holmes

Effective date: April 12, 2021; payees and health plan issuers become subject to the act's provisions beginning January 12, 2022

- Requires an insurer to reimburse:
 - An out-of-network provider for unanticipated out-of-network care provided at an in-network facility;
 - An out-of-network provider or emergency facility for emergency services provided at an out-of-network emergency facility;
 - An out-of-network ambulance for emergency services provided in an out-of-network ambulance;
 - An out-of-network provider or facility for clinical laboratory services provided in connection with unanticipated out-of-network care or emergency services.
- Prohibits a provider, facility, emergency facility, or ambulance from balance billing a patient for unanticipated or emergency care as described above when that care is provided in Ohio.
- Provides that a covered person's cost-sharing responsibility for the services described above cannot be greater than if the services were provided in network.
- Establishes the default reimbursement rate as the greatest of the in-network rate, the out-of-network rate, or the Medicare rate, and establishes procedures by which payees (providers, facilities, emergency facilities, and ambulances) may seek to negotiate the reimbursement in lieu of the default reimbursement rate.
- Permits certain payees to seek arbitration if negotiation is unsuccessful, establishes criteria to be eligible for arbitration, and establishes procedures for the conduct of the arbitration.
- Requires the Superintendent of Insurance to select an arbitration entity to conduct arbitrations under the act using specified criteria.
- Requires a provider to disclose certain information to patients regarding the cost of out-of-network services that are not unanticipated out-of-network care or emergency services.
- Subjects payees and insurers to penalties for failure to comply with the act's requirements.

S.B. 9

Primary Sponsor: Sen. M. Huffman

Effective date: April 12, 2021; certain provisions effective July 1, 2021

- Requires a health plan issuer, beginning in July 2020, to release the following to a requesting group policyholder: net claims data paid or incurred by month, monthly enrollment data, monthly prescription claims information, and, for paid claims over \$30,000, the amount paid toward each claim and claimant health condition.
- Defines a group policyholder as being a policyholder for a health insurance policy covering 50 or more employees who work an average of at least 30 hours per week during a calendar month, or at least 130 hours during the calendar month.
- Applies the disclosure requirement to claims data for the current, or immediately preceding, policy period, as requested by the policyholder.
- Provides protections from civil liability to the health plan issuer in relation to the disclosure of the claims data.
- Makes a series of violations of the act's requirements that, taken together, constitute a pattern or practice, an unfair or deceptive practice in the business of insurance.

S.B. 252

Primary Sponsors: Sens. Hackett and Craig

Effective date: March 24, 2021

- Prohibits the use of "fail first" coverage limitations with regard to stage four advanced metastatic cancer.
- Declares violations of the act's prohibitions to be an unfair and deceptive practice in the business of insurance.

S.B. 263

Primary Sponsor: Sen. Hackett

Effective date: April 12, 2021

- Prohibits health plan issuers and Medicaid managed care organizations from including in a contract with a covered entity that participates in the federal 340B Drug Pricing Program certain provisions that would result in the entity not receiving the financial relief it is entitled to by virtue of its participation in the program.
- Requires terminal distributors of dangerous drugs to pay to a 340B covered entity the full amount received from the patient and the patient's health insurer, except for a fee agreed upon in writing between the terminal distributor and the entity.

S.B. 284

Primary Sponsors: Sens. Hottinger and Peterson

Effective date: March 24, 2021

- Allows insurers in Ohio to claim reinsurance of risk as either an asset or a reduction in liability when the risk is reinsured by an insurer in a reciprocal jurisdiction and that meets certain criteria.
- Requires health insurers and Medicaid managed care organizations subject to the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 to comply with all applicable requirements of that act.
- Makes the telephone number of a party to a car accident a public record when the number is being sought by an insurer or insurance agent while investigating a claim.