

As Introduced

**128th General Assembly
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H. B. No. 310

Representatives Garland, Driehaus

**Cosponsors: Representatives Murray, Hagan, Chandler, Okey, Stewart,
Celeste, Harris, Harwood, Domenick, Fende, Brown, Yuko, Letson,
Williams, B., Phillips, Pillich, Ujvagi**

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A B I L L

To amend section 1739.05 and to enact sections 1
1751.69 and 3923.85 of the Revised Code to require 2
health insurers to provide coverage for 3
prostheses. 4

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That section 1739.05 be amended and sections 5
1751.69 and 3923.85 of the Revised Code be enacted to read as 6
follows: 7

Sec. 1739.05. (A) A multiple employer welfare arrangement 8
that is created pursuant to sections 1739.01 to 1739.22 of the 9
Revised Code and that operates a group self-insurance program may 10
be established only if any of the following applies: 11

(1) The arrangement has and maintains a minimum enrollment of 12
three hundred employees of two or more employers. 13

(2) The arrangement has and maintains a minimum enrollment of 14
three hundred self-employed individuals. 15

(3) The arrangement has and maintains a minimum enrollment of 16

three hundred employees or self-employed individuals in any 17
combination of divisions (A)(1) and (2) of this section. 18

(B) A multiple employer welfare arrangement that is created 19
pursuant to sections 1739.01 to 1739.22 of the Revised Code and 20
that operates a group self-insurance program shall comply with all 21
laws applicable to self-funded programs in this state, including 22
sections 3901.04, 3901.041, 3901.19 to 3901.26, 3901.38, 3901.381 23
to 3901.3814, 3901.40, 3901.45, 3901.46, 3902.01 to 3902.14, 24
3923.282, 3923.30, 3923.301, 3923.38, 3923.581, 3923.63, 3923.80, 25
3923.85, 3924.031, 3924.032, and 3924.27 of the Revised Code. 26

(C) A multiple employer welfare arrangement created pursuant 27
to sections 1739.01 to 1739.22 of the Revised Code shall solicit 28
enrollments only through agents or solicitors licensed pursuant to 29
Chapter 3905. of the Revised Code to sell or solicit sickness and 30
accident insurance. 31

(D) A multiple employer welfare arrangement created pursuant 32
to sections 1739.01 to 1739.22 of the Revised Code shall provide 33
benefits only to individuals who are members, employees of 34
members, or the dependents of members or employees, or are 35
eligible for continuation of coverage under section 1751.53 or 36
3923.38 of the Revised Code or under Title X of the "Consolidated 37
Omnibus Budget Reconciliation Act of 1985," 100 Stat. 227, 29 38
U.S.C.A. 1161, as amended. 39

Sec. 1751.69. As used in this section, "prosthesis" means an 40
artificial leg, arm, or eye, including a replacement if required 41
because of a change in the patient's physical condition. 42

(B) Notwithstanding section 3901.71 of the Revised Code, each 43
individual or group health insuring corporation policy, contract, 44
or agreement providing basic health care services that is 45
delivered, issued for delivery, or renewed in this state shall 46
provide coverage for benefits for a prosthesis that at least 47

equals the coverage provided under the federal medicare program 48
pursuant to Title XVIII of the "Social Security Act," 79 Stat. 286 49
(1965), 42 U.S.C. 1395, as amended. 50

(C) The policy, contract, or agreement may require prior 51
authorization for a prosthesis in the same manner that prior 52
authorization is required for any other covered benefit. 53

(D) The policy, contract, or agreement may impose a 54
copayment, coinsurance, or both, on a prosthesis, not to exceed 55
the copayment or coinsurance amounts imposed under part B of the 56
medicare fee for service program. The policy, contract, or 57
agreement shall reimburse for a prosthesis at an amount not less 58
than the fee schedule amount for the prosthesis under federal 59
medicare reimbursement schedule. 60

(E) Covered benefits are limited to the most appropriate 61
model that adequately meets the medical needs of the patient as 62
determined by the enrollee's treating physician. 63

(F) The policy, contract, or agreement also shall provide 64
coverage for benefits for the repair or replacement of a 65
prosthesis under this section if the insured's treating physician 66
determines the repair or replacement is appropriate. 67

(G) The policy, contract, or agreement shall not impose any 68
annual or lifetime dollar maximum on coverage for prostheses other 69
than an annual or lifetime dollar maximum that applies in the 70
aggregate to all terms and services covered under the policy, 71
contract, or agreement. 72

Sec. 3923.85. As used in this section, "prosthesis" means an 73
artificial leg, arm, or eye, including a replacement if required 74
because of a change in the patient's physical condition. 75

(B) Notwithstanding section 3901.71 of the Revised Code, each 76
individual or group policy of sickness and accident insurance that 77

is delivered, issued for delivery, or renewed in this state and 78
each public employee benefit plan that is established or modified 79
in this state shall provide coverage for benefits for a prosthesis 80
that at least equals the coverage provided under the federal 81
medicare program pursuant to Title XVIII of the "Social Security 82
Act," 79 Stat. 286 (1965), 42 U.S.C. 1395, as amended. 83

(C) The policy or plan may require prior authorization for a 84
prosthesis in the same manner that prior authorization is required 85
for any other covered benefit. 86

(D) The policy or plan may impose a copayment, coinsurance, 87
or both, on a prosthesis, not to exceed the copayment or 88
coinsurance amounts imposed under part B of the medicare fee for 89
service program. The policy or plan shall reimburse for a 90
prosthesis at an amount not less than the fee schedule amount for 91
the prosthesis under federal medicare reimbursement schedule. 92

(E) Covered benefits are limited to the most appropriate 93
model that adequately meets the medical needs of the patient as 94
determined by the insured's or plan member's treating physician. 95

(F) The policy or plan also shall provide coverage for 96
benefits for the repair or replacement of a prosthesis under this 97
section if the insured's treating physician determines the repair 98
or replacement is appropriate. 99

(G) The policy or plan shall not impose any annual or 100
lifetime dollar maximum on coverage for prostheses other than an 101
annual or lifetime dollar maximum that applies in the aggregate to 102
all terms and services covered under the policy or plan. 103

(H) This section does not apply to the offer or renewal of 104
any individual or group policy of sickness and accident insurance 105
that provides coverage for specific diseases or accidents only, or 106
to any hospital indemnity, medicare supplement, medicare, triccare, 107
long-term care, disability income, one-time limited duration 108

policy of not longer than six months, or other policy that offers 109
only supplemental benefits. 110

Section 2. That existing section 1739.05 of the Revised Code 111
is hereby repealed. 112