

As Reported by the House Health Committee

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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
3923.24, 3923.282, 3923.30, 3923.301, 3923.38, 3923.581, 3923.63, 25
3923.80, 3923.85, 3924.031, 3924.032, and 3924.27 of the Revised 26
Code. 27

(C) A multiple employer welfare arrangement created pursuant 28
to sections 1739.01 to 1739.22 of the Revised Code shall solicit 29
enrollments only through agents or solicitors licensed pursuant to 30
Chapter 3905. of the Revised Code to sell or solicit sickness and 31
accident insurance. 32

(D) A multiple employer welfare arrangement created pursuant 33
to sections 1739.01 to 1739.22 of the Revised Code shall provide 34
benefits only to individuals who are members, employees of 35
members, or the dependents of members or employees, or are 36
eligible for continuation of coverage under section 1751.53 or 37
3923.38 of the Revised Code or under Title X of the "Consolidated 38
Omnibus Budget Reconciliation Act of 1985," 100 Stat. 227, 29 39
U.S.C.A. 1161, as amended. 40

Sec. 1751.69. (A) As used in this section, "prosthesis" means 41
an artificial leg, arm, or eye, including a replacement if 42
required because of a change in the patient's physical condition. 43

(B) Notwithstanding section 3901.71 of the Revised Code and 44
except as provided in division (D) of this section, each 45
individual or group health insuring corporation policy, contract, 46
or agreement providing basic health care services that is 47

delivered, issued for delivery, or renewed in this state shall 48
provide coverage for benefits for prostheses that are medically 49
necessary. In providing the coverage, all of the following apply: 50

(1) The coverage shall be at least equal to the coverage 51
provided under the medicare program pursuant to Title XVIII of the 52
"Social Security Act," 79 Stat. 286 (1965), 42 U.S.C. 1395, as 53
amended. 54

(2) The coverage shall include coverage for benefits for the 55
repair or replacement of a prosthesis that is medically necessary. 56

(3) The policy, contract, or agreement may require prior 57
authorization for a prosthesis using the same prior authorization 58
process that is used for other covered benefits. 59

(4) The policy, contract, or agreement may impose a 60
deductible, copayment, coinsurance, or any combination thereof, on 61
a prosthesis. The amount imposed shall not exceed the amount of 62
the respective deductible, copayment, coinsurance, or combination 63
thereof, that is imposed for other health benefits under the 64
policy, contract, or agreement. 65

(5) The policy, contract, or agreement shall provide 66
reimbursement for a prosthesis in an amount equal to the fee 67
schedule amount for the prosthesis under the medicare 68
reimbursement schedule. 69

(6) The policy, contract, or agreement shall not impose any 70
annual or lifetime dollar maximum on the coverage for prostheses, 71
other than an annual or lifetime dollar maximum that applies in 72
the aggregate to all terms and services covered under the policy, 73
contract, or agreement. 74

(C) Nothing in division (B) of this section requires a 75
policy, contract, or agreement to provide reimbursement to a 76
health care provider or facility for providing, repairing, or 77
replacing prostheses if the provider or facility does not have a 78

health care contract with the health insuring corporation. 79

(D) Division (B) of this section does not apply to a contract 80
that a health insuring corporation enters into with the department 81
of job and family services under section 5111.17 of the Revised 82
Code. 83

Sec. 3923.85. (A) As used in this section, "prosthesis" means 84
an artificial leg, arm, or eye, including a replacement if 85
required because of a change in the patient's physical condition. 86

(B) Notwithstanding section 3901.71 of the Revised Code and 87
except as provided in division (D) of this section, each 88
individual or group policy of sickness and accident insurance that 89
is delivered, issued for delivery, or renewed in this state and 90
each public employee benefit plan that is established or modified 91
in this state shall provide coverage for benefits for prostheses 92
that are medically necessary. In providing the coverage, all of 93
the following apply: 94

(1) The coverage shall be at least equal to the coverage 95
provided under the medicare program pursuant to Title XVIII of the 96
"Social Security Act," 79 Stat. 286 (1965), 42 U.S.C. 1395, as 97
amended. 98

(2) The coverage shall include coverage for benefits for the 99
repair or replacement of a prosthesis that is medically necessary. 100

(3) The policy or plan may require prior authorization for a 101
prosthesis using the same prior authorization process that is used 102
for other covered benefits. 103

(4) The policy or plan may impose a deductible, copayment, 104
coinsurance, or any combination thereof, on a prosthesis. The 105
amount imposed shall not exceed the amount of the respective 106
deductible, copayment, coinsurance, or combination thereof, that 107
is imposed for other health benefits under the policy or plan. 108

(5) The policy or plan shall provide reimbursement for a 109
prosthesis in an amount equal to the fee schedule amount for the 110
prosthesis under the medicare reimbursement schedule. 111

(6) The policy or plan shall not impose any annual or 112
lifetime dollar maximum on the coverage for prostheses, other than 113
an annual or lifetime dollar maximum that applies in the aggregate 114
to all terms and services covered under the policy or plan. 115

(C) Nothing in division (B) of this section requires a policy 116
or plan to provide reimbursement to a health care provider or 117
facility for providing, repairing, or replacing prostheses if the 118
provider or facility does not have a health care contract with the 119
sickness and accident insurer or public employee benefit plan. 120

(D) Division (B) of this section does not apply to the offer 121
or renewal of any individual or group policy of sickness and 122
accident insurance that provides coverage for specific diseases or 123
accidents only, or to any hospital indemnity, medicare supplement, 124
medicare, tricare, long-term care, disability income, one-time 125
limited duration policy of not longer than six months, or other 126
policy that offers only supplemental benefits. 127

Section 2. That existing section 1739.05 of the Revised Code 128
is hereby repealed. 129

Section 3. Section 1751.69 of the Revised Code shall apply 130
only to policies, contracts, and agreements that are delivered, 131
issued for delivery, or renewed in this state on or after the 132
effective date of this act. Section 3923.85 of the Revised Code 133
shall apply to policies of sickness and accident insurance on or 134
after the effective date of this act in accordance with section 135
3923.01 of the Revised Code and to public employee benefit plans 136
that are established or modified in this state on or after the 137
effective date of this act. 138