

As Introduced

**129th General Assembly
Regular Session
2011-2012**

H. B. No. 551

Representatives Garland, Antonio

**Cosponsors: Representatives Hagan, R., Phillips, Yuko, Lundy, Reece, Cera,
Letson, Celeste, Fedor, Driehaus, Williams, Clyde, Pillich, Heard**

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A B I L L

To amend section 1739.05 and to enact sections 1
1751.181, 3923.023, and 3923.024 of the Revised 2
Code to prohibit a health plan issuer from 3
considering gender when determining premium rates. 4

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

Section 1. That section 1739.05 be amended and sections 5
1751.181, 3923.023, and 3923.024 of the Revised Code be enacted to 6
read as 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
3923.023, 3923.24, 3923.282, 3923.30, 3923.301, 3923.38, 3923.581, 25
3923.63, 3923.80, 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. 1751.181. (A) No health insuring corporation shall 41
consider the gender of an applicant, enrollee, or subscriber in 42
determining the premium rate for a policy, contract, or agreement 43
that provides coverage for basic healthcare services. 44

(B) This section shall not apply to any insurance policy, 45
contract, or agreement that pertains solely to the following or 46
any combination of the following: 47

<u>(1) Accident only;</u>	48
<u>(2) Credit;</u>	49
<u>(3) Dental;</u>	50
<u>(4) Disability income;</u>	51
<u>(5) Long-term care;</u>	52
<u>(6) Hospital indemnity;</u>	53
<u>(7) Medicare supplement;</u>	54
<u>(8) Specified disease;</u>	55
<u>(9) Vision care;</u>	56
<u>(10) A one-time, limited duration policy of not longer than six months;</u>	57 58
<u>(11) Coverage issued as a supplement to liability insurance;</u>	59
<u>(12) Workers' compensation insurance;</u>	60
<u>(13) Automobile medical payment insurance;</u>	61
<u>(14) Insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.</u>	62 63 64 65
<u>Sec. 3923.023. (A) No sickness and accident insurer shall consider the gender of an applicant, policyholder, subscriber, or member in determining the premium rate for a health benefit plan.</u>	66 67 68
<u>(B) As used in this section, "health benefit plan" has the same meaning as in section 3924.01 of the Revised Code.</u>	69 70
<u>Sec. 3923.024. (A) No issuer of a public employee health benefit plan shall consider the gender of an applicant, policyholder, subscriber, or member in determining the premium rate for a health benefit plan.</u>	71 72 73 74

(B) As used in this section, "health benefit plan" has the 75
same meaning as in section 3924.01 of the Revised Code. 76

Section 2. That existing section 1739.05 of the Revised Code 77
is hereby repealed. 78