Ohio Legislative Service Commission

Bill Analysis

Michel Jendretzky

S.B. 28

129th General Assembly
(As Introduced)

Sen. Tavares

BILL SUMMARY

- Prohibits health insurers from excluding coverage for a telemedicine service solely because the service is not provided through a face-to-face consultation.
- Requires the Department of Job and Family Services to establish and ensure certain practices with respect to the provision of telemedicine services to Medicaid recipients.

CONTENT AND OPERATION

Health insurance coverage for telemedicine services

The bill prohibits health insurers from excluding coverage for a telemedicine service solely because the service is not provided through a face-to-face consultation. A telemedicine service is a medical service delivered by a person authorized under Ohio law to practice medicine and surgery or osteopathic medicine and surgery, including a person licensed as a physician in another state and certified under Ohio law to provide telemedicine services, through the use of any communication, including oral, written, or electronic communication.

Insurers that are prohibited from excluding coverage for telemedicine services under the bill include multiple employer welfare arrangements operating a group self-insurance program, health insuring corporations, and sickness and accident insurers. These insurers can require a deductible, copayment, or coinsurance for the telemedicine service but that charge cannot exceed the amount of deductible, copayment, or

coinsurance required for a comparable medical service provided through a face-to-face consultation.[1]

Telemedicine services offered under the Medicaid program

The bill requires the Director of Job and Family Services to do all of the following with respect to the provision of telemedicine services:

(1) Ensure that the Medicaid program does not exclude coverage for a telemedicine service solely because the service is not provided through a face-to-face consultation;

(2) Ensure that the Medicaid program does not require a medical service to be provided to a Medicaid recipient through a telemedicine service when the service can reasonably be provided through a face-to-face consultation;

(3) Establish a system to monitor the provision of telemedicine services to Medicaid recipients for purposes of ensuring quality care and preventing fraud and abuse.

The Director can require a face-to-face consultation between a Medicaid recipient and a physician after an initial telemedicine service, but only if the physician who provided the service had never before seen the recipient as a patient. The Director can specify a period of time within which the consultation must occur.[2]

Exemption from review by the Superintendent of Insurance

The requirements of this bill may be considered mandated health benefits. Under R.C. 3901.71, no mandated health benefits legislation enacted by the General Assembly may be applied to any policy, contract, plan, or other arrangement providing sickness and accident or other health benefits until the Superintendent of Insurance determines, pursuant to a hearing conducted in accordance with the Administrative Procedure Act,[3] that the provision can be applied fully and equally in all respects to (1) employee benefit plans subject to regulation by the federal Employee Retirement Income Security Act of 1974 (ERISA) and (2) employee benefit plans established or modified by the state or any political subdivision of the state, or by any agency or

[1] R.C. 1739.23, 1751.69, and 3923.235.

[2] R.C. 5111.026.

[3] R.C. Chapter 119.

instrumentality of the state or any political subdivision of the state. The bill includes provisions that exempt its requirements from this restriction.[4]

HISTORY

ACTION	DATE
Introduced	02-01-11

s0028-i-129.docx/ks

[4] R.C. 1739.23, 1751.69, and 3923.235.