Ohio Legislative Service Commission

Bill Analysis   Elizabeth Molnar

H.B. 353
130th General Assembly
(As Introduced)

Rep.   Wachtmann

BILL SUMMARY

- Establishes the Ohio Veterans Health Care System to provide health insurance coverage to certain Medicaid-eligible veterans.

- Requires that eligible veterans receiving benefits under the Medicaid program be transferred to and enrolled in the System once it becomes operational.

- Requires the Director of Veterans Services to select the System's structure from three statutory options.

CONTENT AND OPERATION

Ohio Veterans Health Care System

The bill establishes the Ohio Veterans Health Care System to provide Medicaid-eligible veterans residing in Ohio with private health care insurance coverage.[1] The coverage is to provide for comprehensive health care services, including health, medical, hospital, dental, and surgical benefits. Once the System becomes operational, eligible veterans receiving benefits under the Medicaid program are to be transferred to and enrolled in the System.

Eligibility requirements

To participate in the System, a veteran must be an Ohio resident eligible to receive health care benefits under the Medicaid program and meet any other eligibility requirements established in rules adopted under the bill. "Veteran" is defined for this purpose as a person who served in the uniformed services or a reserve component of

---

[1] R.C. 5902.20.

the U.S. Armed Forces and was discharged or released under conditions other than dishonorable. "Uniformed services" is defined as the U.S. Armed Forces, the Army National Guard and the Air National Guard when engaged in active duty for training, inactive duty for training, or full-time National Guard duty, the U.S. Public Health Service Commissioned Corps, and any other category of persons designated by the President in time of war or national emergency.

System structure

The bill requires the Director of Veterans Services, in consultation with the Superintendent of Insurance and the Directors of Administrative Services (DAS) and Job and Family Services (JFS), to select the System's structure from three options.

Under the first option, veterans would participate in a state subsidized comprehensive health plan provided by an insurance company authorized to do business in Ohio. The second option would enroll veterans in a state subsidized high deductible health care plan provided by an insurance company authorized to do business in Ohio in conjunction with periodic direct deposits made by the state into an IRS-qualified individual health savings account established by the veteran. Under the third option, veterans would participate in a voucher program that grants subsidies to purchase private health insurance through the marketplace exchange established under the federal Patient Protection and Affordable Care Act (ACA) to the extent not otherwise subsidized under the ACA.

The bill does not specify a timeline for selection of the System's structure.

State insurance contract

The bill authorizes the Director of Veterans Services to contract with an insurance company or health plan in combination with an insurance company, both authorized to do business in Ohio, for the issuance of a policy or contract to cover veterans under the System. The Director is to consult with the Director of DAS and must comply with competitive selection procedures specified in current law (R.C. Chapter 125.).

Rulemaking authority

The bill requires the Director of Veterans Services, in consultation with the Superintendent of Insurance and the Directors of DAS and JFS, to adopt rules under the Administrative Procedure Act (R.C. Chapter 119.) that specify the terms and conditions of the System, including the following:

(1) Eligibility requirements;

(2) Enrollment procedures;

(3) Covered services;

(4) Covered prescriptions;

(5) Deductibles, copayments, and maximum out-of-pocket expenses;

(6) Any other terms and conditions necessary to implement and manage the System.

HISTORY

ACTION	DATE
Introduced	11-19-13