As Introduced

133rd General Assembly
Regular Session
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S. B. No. 241

Senator Williams

Cosponsors: Senators Craig, Thomas, Antonio, Yuko, Fedor, Maharath

A BILL

To amend section 1739.05 and to enact sections 1751.011 and 3923.283 of the Revised Code to amend the mental health insurance coverage parity law.

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

Section 1. That section 1739.05 be amended and sections 1751.011 and 3923.283 of the Revised Code be enacted to read as follows:

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

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

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

(3) The arrangement has and maintains a minimum enrollment of three hundred employees or self-employed individuals in any

combination of divisions (A)(1) and (2) of this section.

(B) A multiple employer welfare arrangement that is created pursuant to sections 1739.01 to 1739.22 of the Revised Code and that operates a group self-insurance program shall comply with all laws applicable to self-funded programs in this state, including sections 3901.04, 3901.041, 3901.19 to 3901.26, 3901.38, 3901.381 to 3901.3814, 3901.40, 3901.45, 3901.46, 3901.491, 3902.01 to 3902.14, 3923.041, 3923.24, 3923.282, 3923.283, 3923.30, 3923.301, 3923.38, 3923.581, 3923.602, 3923.63, 3923.80, 3923.84, 3923.85, 3923.851, 3923.86, 3923.87, 3923.89, 3923.90, 3924.031, 3924.032, and 3924.27 of the Revised Code.

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

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

(E) A multiple employer welfare arrangement created pursuant to sections 1739.01 to 1739.22 of the Revised Code is subject to, and shall comply with, sections 3903.81 to 3903.93 of the Revised Code in the same manner as other life or health insurers, as defined in section 3903.81 of the Revised Code.

Sec. 1751.011. (A) As used in this section:

(1) "Basic health care services" has the same meaning as in section 1751.01 of the Revised Code, but excludes diagnostic and treatment services for biologically based mental illnesses.

(2) "Cost sharing" has the same meaning as under section 1751.68 of the Revised Code.

(B) Notwithstanding section 3901.71 of the Revised Code, on and after the effective date of this section, a health insuring corporation that provides coverage for biologically based mental illnesses or for mental or emotional disorders shall do so in accordance with both of the following:

(1) The health insuring corporation shall not impose a cost sharing requirement for biologically based mental illnesses or for mental or emotional disorders that is separate or in any way distinct from the cost sharing requirement that is imposed with regard to coverage for the treatment and diagnosis of basic health care services.

(2) If a health care provider is considered in-network with regard to the coverage of basic health care services, then that provider also shall be considered in-network with regard to the coverage of services related to or the treatment of biologically based mental illnesses or mental or emotional disorders, if the provider is qualified to provide such services or treatment.

Sec. 3923.283. (A) As used in this section, "cost sharing" means the cost to an insured under any individual or group policy of sickness or accident insurance or a plan of health coverage according to any coverage limit, copayment, coinsurance, deductible, or other out-of-pocket expense

requirement imposed by the policy or plan.

(B) Notwithstanding section 3901.71 of the Revised Code, on and after the effective date of this section, a sickness and accident insurer and an issuer of a plan of health coverage that provides coverage for biologically based mental illnesses or for mental or emotional disorders under sections 3923.28 to 3923.282 of the Revised Code shall do so in accordance with both of the following:

(1) The insurer or plan shall not impose a cost sharing requirement for biologically based mental illnesses or for mental or emotional disorders that is separate or in any way distinct from the cost sharing requirement that is imposed with regard to coverage for the treatment and diagnosis of all other physical diseases and disorders.

(2) If a health care provider is considered in-network with regard to the coverage of the treatment and diagnosis of physical diseases and disorders, then that provider also shall be considered in-network with regard to the coverage of services related to or the treatment of biologically based mental illnesses or mental or emotional disorders, if the provider is qualified to provide such services or treatment.

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