

**As Introduced**

**132nd General Assembly**

**Regular Session**

**2017-2018**

**H. B. No. 450**

**Representative Antani**

**Cosponsors: Representatives Becker, Lang, Thompson**

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**A BILL**

To amend section 3901.88 and to enact sections 1  
3901.881, 3901.882, 3901.883, 3901.884, 2  
3901.886, 3901.887, and 3901.888 of the Revised 3  
Code to impose review and other requirements on 4  
existing health insurance mandated benefits and 5  
to establish requirements for the creation of 6  
new mandated benefits. 7

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

**Section 1.** That section 3901.88 be amended and sections 8  
3901.881, 3901.882, 3901.883, 3901.884, 3901.886, 3901.887, and 9  
3901.888 of the Revised Code be enacted to read as follows: 10

**Sec. 3901.88.** (A) As used in sections 3901.88 to 3901.888 11  
of the Revised Code: 12

(1) "Health benefit plan" has the same meaning as in 13  
section 3924.01 of the Revised Code and also includes public 14  
employee benefit plans and medicaid plans. 15

(2) "Mandated benefit" has the same meaning as in section 16  
103.144 of the Revised Code, and applies to individual and group 17  
health insurance plans not subject to the "Employee Retirement 18

Income Security Act of 1974," 29 U.S.C. 1001, et seq. 19

"Mandated benefit" does not include any coverage required 20  
under federal law, such as under medicaid or the federal 21  
employees health benefits program. 22

(B) The superintendent of insurance shall conduct an 23  
actuarial study on the costs of all health care ~~mandates~~ 24  
~~mandated benefits~~ under state law ~~that apply to individual and~~ 25  
~~group health insurance plans that are not subject to the~~ 26  
~~"Employee Retirement Income Security Act of 1974," 29 U.S.C.~~ 27  
~~1001, et seq.~~ This The study shall calculate the costs of 28  
mandated benefits in both of the following manners: 29

(1) In actual dollars; 30

(2) As a percentage of total health care premiums paid by 31  
any purchaser of any individual or group health benefit plan. 32

(C) The study described in division (B) of this section 33  
shall be delivered electronically to the governor, the senate 34  
president, and the speaker of the house with updated information 35  
at least once every five calendar years, beginning not later 36  
than two years after the effective date of this section April 6, 37  
2017. The superintendent shall simultaneously also make a copy 38  
of the most recent study described in division (B) of this 39  
section available to the public on the department of insurance's 40  
web site. 41

**Sec. 3901.881.** The superintendent of insurance shall 42  
submit a report summarizing all health care mandated benefits 43  
contained in the Revised Code. The report shall be delivered 44  
electronically to the governor, the president of the senate, and 45  
the speaker of the house of representatives not later than one 46  
year after the effective date of this section and annually 47

thereafter.

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**Sec. 3901.882.** (A) Each health benefit plan premium  
invoice or statement sent by an insurance carrier to any  
purchaser of any individual or group health benefit plan shall  
identify all health care mandated benefits covered under the  
plan. The notice shall include both of the following:

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(1) Language substantially similar to the following:

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"The cost of your health insurance premium may be higher  
due to mandated benefits that are required by the State of Ohio  
to be included as part of every health insurance plan offered in  
Ohio, regardless of whether plan participants need or use these  
benefits. The mandated benefits are listed in the enclosed  
document.

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If you are concerned about how these mandated benefits  
increase the cost of your health insurance premium, please  
contact your state legislator."

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(2) A copy of the list of all health care mandated  
benefits from the report required under section 3901.881 of the  
Revised Code.

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(B) Not later than April 6, 2019, the notice in division  
(A) of this section shall also include information about the  
costs of health care mandated benefits as calculated in the most  
recent actuarial study conducted pursuant to division (B) of  
section 3901.88 of the Revised Code. The notice shall cite the  
information required under division (B)(2) of section 3901.88 of  
the Revised Code and include language substantially similar to  
the following:

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"An actuarial study conducted by the Ohio Department of  
Insurance estimated that your health insurance premiums might be

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lower by as much as the amount included in this notice were 77  
these benefits not required." 78

**Sec. 3901.883.** (A) There is hereby created the health care 79  
mandated benefits review committee consisting of seven members 80  
appointed by the department of insurance. All members shall be 81  
experts in evidence-based medicine. 82

(B) The department shall make initial appointments to the 83  
committee not later than one year after the effective date of 84  
this section. Of the initial appointments, one shall be for a 85  
term ending one year after appointment, two shall be for a term 86  
ending two years after appointment, two shall be for a term 87  
ending three years after appointment, and two shall be for a 88  
term ending four years after appointment. Thereafter, terms of 89  
office shall be for four years, with each term ending on the 90  
same day of the same month as did the term that it succeeds. 91

(C) Each member shall hold office from the date of the 92  
member's appointment until the end of the term for which the 93  
member was appointed. Members may be reappointed. 94

(D) Vacancies shall be filled in the manner provided for 95  
original appointments. Any member appointed to fill a vacancy 96  
occurring prior to the expiration date of the term for which the 97  
member's predecessor was appointed shall hold office as a member 98  
for the remainder of that term. 99

(E) A member shall continue in office subsequent to the 100  
member's term until the member's successor takes office or until 101  
a period of sixty days has elapsed, whichever occurs first. 102

(F) The committee shall first meet not later than thirty 103  
days after the final appointment to the committee has been made 104  
to choose a chairperson and to establish a schedule for mandated 105

benefits review in accordance with section 3901.884 of the 106  
Revised Code. Four members of the committee constitute a quorum 107  
to conduct committee business. 108

**Sec. 3901.884.** (A) The health care mandated benefits 109  
review committee established in section 3901.883 of the Revised 110  
Code shall undertake and be limited to regular review of all 111  
existing health care mandated benefits. The review shall do all 112  
of the following: 113

(1) Examine the ongoing clinical efficacy of each mandated 114  
benefit; 115

(2) Identify any mandated benefit that is no longer 116  
clinically necessary or effective; 117

(3) Recommend to the general assembly whether each 118  
mandated benefit should remain in statute as is or be repealed. 119

(B) The committee shall author a report of its findings 120  
and submit the report electronically to the governor, the 121  
president of the senate, and the speaker of the house of 122  
representatives. The committee shall submit its initial report 123  
not later than two years after the effective date of this 124  
section and shall submit a subsequent report every seven years 125  
thereafter. 126

**Sec. 3901.886.** (A) Beginning on the effective date of this 127  
section, no mandated benefit shall be enacted unless all of the 128  
following are true: 129

(1) During the calendar year preceding the mandated 130  
benefit's effective date, the consumer price index measure for 131  
medical care services is equal to or below the consumer price 132  
index measure for all items, as determined by the United States 133  
bureau of labor statistics. 134

(2) The department of insurance has completed the report 135  
required in division (B) of this section. 136

(3) At least five other states have enacted a mandated 137  
benefit that is substantially similar to the proposed one and it 138  
can be determined that the mandated benefit has not increased 139  
premium costs in these states. 140

(4) The mandated benefit also applies to all of the 141  
following, beginning on the effective date of the statute 142  
establishing the mandated benefit: 143

(a) Public employee benefit plans; 144

(b) Medicaid fee-for-service and managed care plans; 145

(c) Any other health plans funded by this state. 146

(B) The department of insurance shall complete a report 147  
pertaining to each new proposed mandated benefit and deliver the 148  
report to the chairperson and ranking minority member of any 149  
legislative committee to which the bill containing the mandated 150  
benefit has been referred. The report shall contain both of the 151  
following: 152

(1) Alternative approaches to addressing the alleged lack 153  
of insurance coverage for a particular health care product or 154  
service that is the subject of a proposed new health care 155  
mandated benefit; 156

(2) Any gaps in insurance coverage that would still exist 157  
should the proposed health care mandated benefit be enacted into 158  
law. 159

**Sec. 3901.887.** If a health care mandated benefit requires 160  
a benefit in addition to the essential health benefits specified 161  
under 42 U.S.C. 18022(b), this state shall assume the cost of 162

the additional benefit in accordance with 42 U.S.C. 18031(d)(3) 163  
(B) . 164

**Sec. 3901.888.** The superintendent of insurance shall adopt 165  
rules in accordance with Chapter 119. of the Revised Code as 166  
necessary to implement the provisions of sections 3901.88 to 167  
3901.887 of the Revised Code. 168

**Section 2.** That existing section 3901.88 is hereby 169  
repealed. 170