



www.lsc.ohio.gov

# OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research  
and Drafting

Legislative Budget  
Office

H.B. 141  
135<sup>th</sup> General Assembly

## Fiscal Note & Local Impact Statement

[Click here for H.B. 141's Bill Analysis](#)

**Version:** As Reported by House Insurance

**Primary Sponsors:** Reps. LaRe and Robb Blasdel

**Local Impact Statement Procedure Required:** No

Ruhaiza Ridzwan, Senior Economist

### Highlights

- The bill may increase the Department of Insurance's administrative cost to ensure health insurers adhere to the bill's provisions and insurance regulations. Any increase in such cost would be paid from the Department of Insurance Operating Fund (Fund 5540).
- The bill specifies that a violation of its provisions is considered an unfair and deceptive practice in the business of insurance. Under continuing law, any penalties collected due to such violations would be credited to Fund 5540 and be used to offset the Department's costs.
- The bill's provisions are not likely to have a direct effect in increasing statewide overall costs for the state and local governments to provide health benefits to employees and their beneficiaries. They limit, but do not eliminate, the flexibility of health insurers in managing costs.

### Detailed Analysis

The bill prohibits health benefit plans from imposing a cost-sharing<sup>1</sup> requirement, on a per-day basis, for services rendered by an occupational therapist or physical therapist licensed under Chapter 4755 of the Revised Code, or by a chiropractor licensed under Chapter 4734 of the Revised Code, that is greater than the cost-sharing requirement imposed by the plan for an office visit to a primary care physician or primary care osteopath physician licensed under Chapter 4731

---

<sup>1</sup> "Health benefit plan" and "cost sharing" are defined under existing law, under R.C. 3902.50 (not in the bill). "Cost sharing" means the cost to a covered person under a health benefit plan according to any copayment, coinsurance, deductible, or other out-of-pocket expense requirement.

of the Revised Code. The prohibition applies to health benefit plans on and after the bill's effective date. The bill also requires health plan issuers to state on their websites and on relevant literature that coverage for occupational therapy, physical therapy, and chiropractic services is available under the issuer's health benefit plans, as well as all related limitations, conditions, and exclusions.

The bill specifies that a violation of its provisions is considered an unfair and deceptive practice in the business of insurance under sections 3901.19 to 3901.26 of the Revised Code. Under continuing law, the Superintendent of Insurance is authorized to assess an insurer for half of the Department of Insurance's costs, up to \$100,000, reasonably incurred to conduct investigations of that insurer's committing unfair or deceptive acts in the business of insurance; violations of a cease and desist order issued by the Superintendent may lead to a court order of civil penalties up to \$3,500 for each violation or a total of \$35,000 in any six-month period.

The bill includes a provision that exempts the bill's requirements from an existing requirement related to mandated health benefits.<sup>2</sup>

## **Fiscal effect**

The bill may increase the Department of Insurance's administrative costs to ensure health insurers adhere to the bill's requirements and insurance regulations. Any increase in the Department's administrative costs would be paid from the Department of Insurance Operating Fund (Fund 5540).<sup>3</sup> Any civil penalties that may arise due to violations of the bill's provisions, depending on the number of such violations, would also be deposited into Fund 5540.

The bill has no direct fiscal effect on the state and local governments' health benefit plans for employees and their dependents. Though cost-sharing provisions are a tool used by health benefit plans to manage costs, plans may adjust their cost-sharing requirements for services rendered by physicians, as well as occupational therapists, physical therapists, and chiropractor services to comply with the bill's requirements. Such flexibility may allow them to avoid an overall cost increase. The bill does reduce the flexibility currently available to plan sponsors, however, which could lead to an indirect increase in costs for such sponsors, including the state and political subdivisions.

FNHB0141RH-135/zg

---

<sup>2</sup> Under R.C. 3901.71, not in the bill, no mandated health benefits legislation enacted by the General Assembly after January 14, 1993, may be applied to sickness and accident or other health benefits policies, contracts, plans, or other arrangements until the Superintendent of Insurance determines that the provision can be applied fully and equally in all respects to employee benefit plans subject to regulation by the federal Employee Retirement Income Security Act of 1974 (ERISA) and employee benefit plans established or modified by the state or any political subdivision of the state or by any agency or instrumentality of the state or any political subdivision of the state.

<sup>3</sup> Revenue to Fund 5540 comes from various fees imposed on insurance companies, primarily insurance agent license fees and agent appointment fees.