

As Introduced

136th General Assembly

Regular Session

2025-2026

H. B. No. 24

Representatives Callender, Sweeney

**Cosponsors: Representatives Williams, Rader, Russo, Synenberg, Piccolantonio,
Brennan, Troy, Sigrist, Brewer, Grim, Lett, Baker, Cockley, Hall, D.**

A BILL

To amend sections 3923.33, 3923.331, 3923.332, 1
3923.337, 3923.338, 3923.339, and 3923.42 and to 2
enact section 3923.3310 of the Revised Code to 3
provide Medigap policies for Medicare-eligible 4
individuals under the age of 65. 5

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

Section 1. That sections 3923.33, 3923.331, 3923.332, 6
3923.337, 3923.338, 3923.339, and 3923.42 be amended and section 7
3923.3310 of the Revised Code be enacted to read as follows: 8

Sec. 3923.33. As used in section 3923.33 and sections 9
3923.331 to ~~3923.339~~3923.3310 of the Revised Code: 10

(A) "Applicant" means: 11

(1) In the case of an individual medicare supplement 12
policy, the person who seeks to contract for insurance benefits; 13
and 14

(2) In the case of a group medicare supplement policy, the 15
proposed certificate holder. 16

(B) "Certificate" means, for purposes of section 3923.33 17
and sections 3923.331 to ~~3923.339~~3923.3310 of the Revised Code, 18
any certificate delivered or issued for delivery in this state 19
under a group medicare supplement policy. 20

(C) "Certificate form" means the form on which the 21
certificate is delivered or issued for delivery by the issuer. 22

(D) "Direct response insurance policy" means a medicare 23
supplement policy or certificate marketed without the direct 24
involvement of an insurance agent. 25

(E) "Issuer" includes insurance companies, fraternal 26
benefit societies, health insuring corporations, and any other 27
entities delivering or issuing for delivery in this state 28
medicare supplement policies or certificates. 29

(F) "Medicare" means the "Health Insurance for the Aged 30
Act," Title XVIII of the Social Security Amendments of 1965, 79 31
Stat. 291, 42 U.S.C.A. 1395, as then constituted or later 32
amended. 33

(G) "Medicare supplement policy" means a group or 34
individual policy of sickness and accident insurance or a 35
subscriber contract of health insuring corporations or any other 36
issuers, other than a policy issued pursuant to a contract under 37
section 1876 of the "Social Security Act," 49 Stat. 620 (1935), 38
42 U.S.C.A., 1395mm, as amended, or an issued policy under any 39
demonstration project specified in 42 U.S.C.A. 1395ss(g) (1), 40
which is advertised, marketed, or designed primarily as a 41
supplement to reimbursements under medicare for the hospital, 42
medical, or surgical expenses of persons eligible for medicare. 43

(H) "Policy form" means the form on which the policy is 44
delivered or issued for delivery by the issuer. 45

Sec. 3923.331. (A) Except as otherwise provided in the 46
Revised Code, section 3923.33 and sections 3923.331 to ~~3923.339~~ 47
3923.3310 of the Revised Code shall apply to: 48

(1) All medicare supplement policies delivered or issued 49
for delivery in this state on or after the effective date of 50
this amendment; and 51

(2) All certificates issued under group medicare 52
supplement policies, which certificates are delivered or issued 53
for delivery in this state on or after the effective date of 54
this amendment. 55

(B) Section 3923.33 and sections 3923.331 to ~~3923.339~~ 56
3923.3310 of the Revised Code shall not apply to a policy of one 57
or more employers or labor organizations, or of the trustees of 58
a fund established by one or more employers or labor 59
organizations, or a combination thereof, for employees or former 60
employees, or a combination thereof, or for members or former 61
members, or a combination thereof, of the labor organizations. 62

(C) Except as otherwise provided in division (D) of 63
section 3923.334 of the Revised Code, section 3923.33 and 64
sections 3923.331 to ~~3923.339~~ 3923.3310 of the Revised Code are 65
not intended to prohibit or apply to insurance policies or 66
health care benefit plans, including group conversion policies, 67
provided to medicare eligible persons, which policies are not 68
marketed or held to be medicare supplement policies or benefit 69
plans. 70

Sec. 3923.332. (A) No medicare supplement policy or 71
certificate in force in this state shall contain benefits that 72
duplicate benefits provided by medicare. 73

(B) Notwithstanding section 3923.04 of the Revised Code or 74

any other provision of law of this state, a medicare supplement 75
policy or certificate shall not exclude or limit benefits for 76
losses incurred more than six months from the effective date of 77
coverage because it involved a preexisting condition. The policy 78
or certificate shall not define a preexisting condition more 79
restrictively than a condition for which medical advice was 80
given or treatment was recommended by or received from a 81
physician within six months before the effective date of 82
coverage. 83

(C) The superintendent of insurance shall adopt reasonable 84
rules to establish specific standards for policy provisions of 85
medicare supplement policies and certificates. The standards 86
shall be in addition to and in accordance with applicable laws 87
of this state, including sections 3923.03 to 3923.09 of the 88
Revised Code. No requirement in Title XVII or XXXIX of the 89
Revised Code relating to minimum required policy benefits, other 90
than the minimum standards contained in section 3923.33 and 91
sections 3923.331 to ~~3923.339~~ 3923.3310 of the Revised Code, 92
shall apply to medicare supplement policies and certificates. 93
The standards may cover, but are not limited to: 94

- (1) Terms of renewability; 95
- (2) Initial and subsequent conditions of eligibility; 96
- (3) Nonduplication of coverage; 97
- (4) Probationary periods; 98
- (5) Benefit limitations, exceptions, and reductions; 99
- (6) Elimination periods; 100
- (7) Requirements for replacement; 101
- (8) Recurrent conditions; and 102

(9) Definitions of terms.	103
(D) The superintendent shall adopt reasonable rules to establish minimum standards for benefits, claims payment, advertising and marketing practices and compensation arrangements, and reporting practices, for medicare supplement policies and certificates.	104 105 106 107 108
(E) The superintendent may adopt from time to time such reasonable rules as are necessary to conform medicare supplement policies and certificates to the requirements of federal law and regulations promulgated thereunder, including but not limited to:	109 110 111 112 113
(1) Requiring refunds or credits if the policies or certificates do not meet loss ratio requirements;	114 115
(2) Establishing a uniform methodology for calculating and reporting loss ratios;	116 117
(3) Assuring public access to policies, premiums, and loss ratio information of issuers of medicare supplement insurance;	118 119
(4) Establishing a process for approving or disapproving policy forms and certificate forms and proposed premium increases;	120 121 122
(5) Establishing a policy for holding public hearings prior to approval of premium increases; and	123 124
(6) Establishing standards for medicare select policies and certificates.	125 126
(F) The superintendent may adopt reasonable rules that specify prohibited policy provisions not otherwise specifically authorized by any provision in the Revised Code that, in the opinion of the superintendent, are unjust, unfair, or unfairly	127 128 129 130

discriminatory to any person insured or proposed to be insured 131
under a medicare supplement policy or certificate. 132

Sec. 3923.337. All rules adopted pursuant to section 133
3923.33 and sections 3923.331 to ~~3923.339~~3923.3310 of the 134
Revised Code shall be subject to Chapter 119. of the Revised 135
Code. 136

Sec. 3923.338. In addition to any other applicable 137
penalties for violations of Title XVII or XXXIX of the Revised 138
Code, the superintendent of insurance, pursuant to an 139
adjudication conducted in accordance with Chapter 119. of the 140
Revised Code, may issue an order requiring issuers violating any 141
provision of section 3923.33 or sections 3923.331 to ~~3923.339~~ 142
3923.3310 of the Revised Code or rules adopted pursuant to those 143
sections to do either or both of the following: 144

(A) Cease marketing any medicare supplement policy or 145
certificate in this state that is related directly or indirectly 146
to the violation; 147

(B) Take such actions as are necessary to comply with 148
section 3923.33 and sections 3923.331 to ~~3923.339~~3923.3310 of 149
the Revised Code. 150

Sec. 3923.339. If any provision of section 3923.33 or 151
sections 3923.331 to ~~3923.339~~3923.3310 of the Revised Code or 152
the application thereof to any person or circumstances is for 153
any reason held to be invalid, the remainder of section 3923.33 154
and sections 3923.331 to ~~3923.339~~3923.3310 of the Revised Code 155
and the application of such remainder to other persons or 156
circumstances shall not be affected thereby. 157

Sec. 3923.3310. (A) Not later than the first day of 158
January that immediately follows the effective date of this 159

section, any issuer that offers coverage under a medicare supplement policy to individuals sixty-five years of age or older shall offer the same coverage to individuals younger than sixty-five years of age who are eligible for and enrolled in medicare by reason of disability or end stage renal disease. 160
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(B) Any benefit, protection, policy, or procedure applicable to coverage under a policy for an individual sixty-five years or older shall also apply to coverage offered under this section. 165
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(C) The premiums for coverage offered under this section to individuals who are sixty-four years of age or younger shall not be higher than the premiums for a medicare supplement policy offered to individuals sixty-five years of age. 169
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(D) (1) Except as otherwise provided in division (D) (2) of this section, an issuer shall comply with sections 3923.33 to 3933.3310 of the Revised Code when issuing policies under this section. 173
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(2) Notwithstanding any provision of the Revised Code to the contrary, a policy issued under this section shall not exclude or limit benefits for losses attributable to a preexisting condition. 177
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(E) An issuer shall offer to individuals younger than sixty-five years of age who are eligible for and enrolled in medicare by reason of disability or end stage renal disease an open enrollment period for coverage offered under this section that begins on the first day of January that immediately follows the effective date of this section and ends on the immediately following first day of July. 181
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(F) Each year, a person who is already covered under a 188

policy issued under this section may, within sixty days of the 189
person's date of birth, acquire a new medicare supplement policy 190
offering the same coverage as the person's existing policy from 191
a different issuer. 192

Sec. 3923.42. (A) Sections 3923.41 to 3923.48 of the 193
Revised Code may be cited as the "long-term care insurance act." 194

(B) Sections 3923.41 to 3923.48 of the Revised Code do not 195
supersede the obligations of entities subject to these sections 196
to comply with the substance of other applicable insurance laws 197
insofar as they do not conflict with these sections, except that 198
section 3923.33 and sections 3923.331 to ~~3923.339~~ 3923.3310 of 199
the Revised Code and rules intended to apply to medicare 200
supplement insurance policies do not apply to long-term care 201
insurance. A policy that is not advertised, marketed, or offered 202
as long-term care insurance need not meet the requirements of 203
sections 3923.41 to 3923.48 of the Revised Code. 204

Section 2. That existing sections 3923.33, 3923.331, 205
3923.332, 3923.337, 3923.338, 3923.339, and 3923.42 of the 206
Revised Code are hereby repealed. 207