



OHIO LEGISLATIVE SERVICE COMMISSION

Sub. Bill Comparative Synopsis

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Sub. H.B. 156 132nd General Assembly (H. Insurance)

This table summarizes how the latest substitute version of the bill differs from the immediately preceding version. It addresses only the topics on which the two versions differ substantively. It does not list topics on which the two bills are substantively the same.

Topic	Previous Version (L_132_0895-2)	Sub. Version (L_132_0895-5)
Information provided to patients	Requires a sickness and accident insurer, public employee benefit plan, multiple employer welfare arrangement, and health insuring corporation to provide to patient the contact information of all vision care providers in patient's geographic area so patient can contact provider to determine if provider accepts an amount set by the insurer for noncovered services (<i>R.C. 1739.05, 1751.85(B)(4), and 3923.86(B)(4)</i>).	No provision.
Prohibited health care contract terms	Prohibits an agreement between a contracting entity (any person that has a primary business purpose of contracting with participating providers for the delivery of health care services) and a vision care provider from doing any of the following:	Prohibits an agreement between a contracting entity and a vision care provider from doing any of the following:

Topic	Previous Version (L_132_0895-2)	Sub. Version (L_132_0895-5)
	<ul style="list-style-type: none"> • Requiring a provider to accept an amount set by the entity for noncovered services; • Requiring a provider to participate in a health care contract as a condition to participating in any other health care contract; • Directly limiting a provider's choice of sources and suppliers of vision care materials; • Include a provision prohibiting a provider from describing out-of-network options to an enrollee. <p>(R.C. 3963.02(E)(1).)</p>	<ul style="list-style-type: none"> • Requiring a provider to accept an amount set by the entity for noncovered services. Permits the provider, however, to choose to accept such an amount. • Being contingent on whether provider has agreed to accept an amount set by the entity for noncovered services. • Requiring a provider contract with a plan offering supplemental or specialty health care services as a condition of contracting with a plan offering basic health care services. • Same • Same <p>Allows an entity to communicate to its enrollees which providers choose to accept an amount set by the entity for noncovered services. Requires any communication to this effect to treat providers equally in directories, locators, and other marketing materials as participating, in-network providers, annotated only as to their decision to accept such an amount.</p>

Topic	Previous Version (L_132_0895-2)	Sub. Version (L_132_0895-5)
		<p>Specifies that these provisions relating to prohibited contractual terms will be effective for contracts entered into, amended, or renewed on or after January 1, 2019.</p> <p><i>(R.C. 3963.02(E)(1).)</i></p>
<p>Plan network restrictions</p>	<p>Provides that the provisions relating to health care contracts must not do any of the following:</p> <ul style="list-style-type: none"> • No provision; • No provision; • Restrict or limit a contracting entity's determination of specific amounts of coverage or reimbursement for the use of network or out-of-network sources or suppliers of vision care materials as set forth in an enrollee's benefit plan; • Restrict or limit a contracting entity's ability to enter into an agreement with another contracting entity or an affiliate of another contracting entity; 	<p>Provides that the provisions relating to health care contracts must not do any of the following:</p> <ul style="list-style-type: none"> • Restrict or limit a vision care plan network from acting as a network for a health care plan; • Prohibit a contracting entity from requiring participating vision care providers to offer network sources or suppliers of vision care materials to enrollees; • Same; • Same;

Topic	Previous Version (L_132_0895-2)	Sub. Version (L_132_0895-5)
	<ul style="list-style-type: none"> • Restrict or limit a health care plan's ability to enter into an agreement with a vision care plan to deliver routine vision care services that are covered under an enrollee's plan; • Prohibit an enrollee from utilizing a network source or supplier of vision care materials as set forth in an enrollee's plan; • Prohibit a participating vision care provider from accepting as payment an amount that is the same as the amount set by the contracting entity for vision care services or vision care materials that are not covered vision services. <p><i>(R.C. 3963.02(E)(4).)</i></p>	<ul style="list-style-type: none"> • Same; • Same; • Same. <p><i>(R.C. 3963.02(E)(4).)</i></p>
Penalties	<p>Subjects a vision care provider who does not agree to accept a set amount for noncovered services to professional discipline if the vision care provider engages in a pattern of continuous or repeated violations of the requirement that the vision care provider provide pricing and reimbursement information and post a statutorily required notice <i>(R.C. 4725.19(B)(19) and 4731.22(B)(52))</i>.</p>	<p>Additionally subjects the vision care provider to professional discipline if the vision care provider engages in a pattern of continuous or repeated violations of the notification and disclosure requirements relating to out-of-network recommendations <i>(R.C. 4725.19(B)(19) and 4731.22(B)(52))</i>.</p>

Topic	Previous Version (L_132_0895-2)	Sub. Version (L_132_0895-5)
Equal treatment of providers	No provision.	States that the provisions concerning a provider's declaration whether to accept or not accept an amount set by the contracting entity for noncovered services and the publication of that declaration to enrollees should (1) treat providers equally regardless of the declaration made and (2) be communicated in such a manner as not to imply that the vision care provider is favored or disfavored based on the declaration (<i>Section 3(C)</i>).

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