

**As Reported by the House Health Committee**

**132nd General Assembly**

**Regular Session**

**2017-2018**

**H. B. No. 546**

**Representative Patton**

**Cosponsors: Representatives Gavarone, Smith, K.**

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**A BILL**

To enact section 3902.30 of the Revised Code to 1  
prohibit health benefit plans from treating 2  
telemedicine services differently from in-person 3  
health care services solely because they are 4  
provided as telemedicine services. 5

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

**Section 1.** That section 3902.30 of the Revised Code be 6  
enacted to read as follows: 7

**Sec. 3902.30.** (A) As used in this section: 8

(1) "Health benefit plan," "health care services," and 9  
"health plan issuer" have the same meanings as in section 10  
3922.01 of the Revised Code. 11

(2) "Health care professional" means any of the following: 12

(a) A physician licensed under Chapter 4731. of the 13  
Revised Code to practice medicine and surgery, osteopathic 14  
medicine and surgery, or podiatric medicine and surgery; 15

(b) The holder of a telemedicine certificate issued under 16  
section 4731.296 of the Revised Code; 17

(c) A physician assistant licensed under Chapter 4731. of 18  
the Revised Code; 19

(d) An advanced practice registered nurse as defined in 20  
section 4723.01 of the Revised Code. 21

(3) "In-person health care services" means health care 22  
services delivered by a health care professional through the use 23  
of any communication method where the professional and patient 24  
are simultaneously present in the same geographic location. 25

(4) "Recipient" means a patient receiving health care 26  
services or a health care professional with whom the provider of 27  
health care services is consulting regarding the patient. 28

(5) "Telemedicine services" means a mode of providing 29  
health care services through synchronous or asynchronous 30  
information and communication technology by a health care 31  
professional, within the professional's scope of practice, who 32  
is located at a site other than the site where the recipient is 33  
located. 34

(B) (1) A health benefit plan shall provide coverage for 35  
telemedicine services on the same basis and to the same extent 36  
that the plan provides coverage for the provision of in-person 37  
health care services. 38

(2) A health benefit plan shall not exclude coverage for a 39  
service solely because it is provided as a telemedicine service. 40

(C) A health benefit plan shall not impose any annual or 41  
lifetime benefit maximum in relation to telemedicine services 42  
other than such a benefit maximum imposed on all benefits 43  
offered under the plan. 44

(D) This section shall not be construed as prohibiting a 45

health benefit plan from assessing cost-sharing requirements to 46  
a covered individual for telemedicine services, provided that 47  
such cost-sharing requirements for telemedicine services are not 48  
greater than those for comparable in-person health care 49  
services. 50

(E) This section shall not be construed as requiring a 51  
health plan issuer to reimburse a physician for any costs or 52  
fees associated with the provision of telemedicine services that 53  
would be in addition to or greater than the standard 54  
reimbursement for comparable in-person health care services. 55

(F) This section applies to all health benefit plans 56  
issued, offered, or renewed on or after January 1, 2019. 57