H. B. No. 579

Representative Russo

A BILL

To enact sections 3902.50, 3902.51, 3902.52, and 3902.53 of the Revised Code to require health insurers to cover COVID-19 testing and treatment, to prohibit balance billing, to make an appropriation, and to declare an emergency.

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

Section 1. That sections 3902.50, 3902.51, 3902.52, and 3902.53 of the Revised Code be enacted to read as follows:

Sec. 3902.50. As used in this section and sections 3902.51 to 3902.53 of the Revised Code:

(A) "Cost sharing" means the cost to a covered person under a health benefit plan according to any coverage limit, copayment, coinsurance, deductible, or other out-of-pocket expense requirement.

(B) "Covered person," "health benefit plan," and "health plan issuer" have the same meanings as in section 3922.01 of the Revised Code.
Sec. 3902.51. (A)(1) A health benefit plan shall reimburse a provider for all of the following regardless of whether the following are provided to a covered person under the health benefit plan on an in-network or out-of-network basis:

(a) The detection of SARS-CoV-2;
(b) The diagnosis of COVID-19;
(c) The treatment of COVID-19;
(d) Immunization against SARS-CoV-2.

(2) Services and items required to be covered include those identified in section 6001(a) of the federal "Families First Coronavirus Response Act," Pub. L. No. 116-127.

(3) A health benefit plan shall not require cost sharing and shall not impose prior authorization, step therapy, or other medical management requirements for the services, items, or drugs described in division (A)(1) of this section.

(B) A health plan issuer shall provide the coverage described in division (A) of this section to each covered person, regardless of whether the covered person has previously received such coverage.

(C) A health plan issuer shall not deny coverage for any detection or diagnostic service or item because of a negative result.

(D) Nothing in this section is subject to section 3901.71 of the Revised Code.

Sec. 3902.52. For care provided in this state, a provider shall not bill a covered person for the difference between the health plan issuer's reimbursement and the provider's charge for
the services, items, or drugs described in division (A) of section 3902.51 of the Revised Code.

Sec. 3902.53. (A)(1) The reimbursement required under divisions (A)(1)(a), (b), and (d) of section 3902.51 of the Revised Code shall be in an amount at least equal to the amount that would be paid under the medicare program, part A or part B of Title XVIII of the "Social Security Act." 42 U.S.C. 1395, as amended.

(2) The reimbursement required under division (A)(1)(c) of section 3902.51 of the Revised Code shall be in an amount at least equal to the median amount negotiated with providers for the service, item, or drug in question in that geographic region under that health benefit plan as determined by the superintendent of insurance.

(B) The superintendent shall adopt rules as necessary to implement sections 3902.50 to 3902.53 of the Revised Code. The requirements of section 121.95 of the Revised Code do not apply to rules adopted in accordance with this division.

Section 2. This act applies to all existing and new health benefit plans, as defined in section 3922.01 of the Revised Code, beginning on the effective date of this section.

Section 3. All items in this section are hereby appropriated as designated out of any moneys in the state treasury to the credit of the designated fund. For all appropriations made in this act, those in the first column are for fiscal year 2020 and those in the second column are for fiscal year 2021. The appropriations made in this act are in addition to any other appropriations made for the FY 2020-FY 2021 biennium.
A DOH DEPARTMENT OF HEALTH

B General Revenue Fund

C GRF 440477 Emergency Preparedness and Response $20,000,000 $ 0

D TOTAL GRF General Revenue Fund $20,000,000 $ 0

E TOTAL ALL BUDGET FUND GROUPS $20,000,000 $ 0

EMERGENCY PREPAREDNESS AND RESPONSE

The foregoing appropriation item 440477, Emergency Preparedness and Response, shall be used for COVID-19 testing and treatment costs provided to uninsured individuals.

On July 1, 2020, or as soon as possible thereafter, the Director of Health may certify to the Director of Budget and Management an amount up to the unexpended, unencumbered balance of the foregoing appropriation item 440477, Emergency Preparedness and Response, at the end of fiscal year 2020 to be reappropriated in fiscal year 2021. The amount certified is hereby reappropriated to the same appropriation item for fiscal year 2021.

Section 4. Within the limits set forth in this act, the Director of Budget and Management shall establish accounts indicating the source and amount of funds for each appropriation made in this act, and shall determine the form and manner in which appropriation accounts shall be maintained. Expenditures
from appropriations contained in this act shall be accounted for as though made in H.B. 166 of the 133rd General Assembly.

The appropriations made in this act are subject to all provisions of H.B. 166 of the 133rd General Assembly that are generally applicable to such appropriations.

Section 5. If there are insufficient funds in appropriation item 440477, Emergency Preparedness and Response, for COVID-19 testing and treatment costs for uninsured individuals, at the request of the Director of Health, and with the approval of the Controlling Board, the Director of Budget and Management may transfer cash from any available funds to the General Revenue Fund to help pay these costs. Transfers shall only take place during the period of the emergency declared by Executive Order 2020-01D, issued on March 9, 2020, and for six months thereafter. Upon approval of the Controlling Board, the amount transferred is hereby appropriated to appropriation item 440477, Emergency Preparedness and Response.

Section 6. This act is an emergency measure necessary for the immediate preservation of the public peace, health, and safety. The reason for such necessity is that immediate action is crucial to prevent extreme financial stress placed on individuals who need to obtain expensive COVID-19 diagnostic and treatment services. Therefore, this act goes into immediate effect.