

As Introduced

133rd General Assembly

Regular Session

2019-2020

H. B. No. 579

Representative Russo

Cosponsors: Representatives Weinstein, Miranda, Crossman, Galonski, Skindell, Leland, Boggs, Smith, K., Lightbody, Blair, O'Brien, Lepore-Hagan, Sobecki, Boyd, Clites, Liston, West

A BILL

To enact sections 3902.50, 3902.51, 3902.52, and 1
3902.53 of the Revised Code to require health 2
insurers to cover COVID-19 testing and 3
treatment, to prohibit balance billing, to make 4
an appropriation, and to declare an emergency. 5

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

Section 1. That sections 3902.50, 3902.51, 3902.52, and 6
3902.53 of the Revised Code be enacted to read as follows: 7

Sec. 3902.50. As used in this section and sections 3902.51 8
to 3902.53 of the Revised Code: 9

(A) "Cost sharing" means the cost to a covered person 10
under a health benefit plan according to any coverage limit, 11
copayment, coinsurance, deductible, or other out-of-pocket 12
expense requirement. 13

(B) "Covered person," "health benefit plan," and "health 14
plan issuer" have the same meanings as in section 3922.01 of the 15
Revised Code. 16

Sec. 3902.51. (A) (1) A health benefit plan shall reimburse 17
a provider for all of the following regardless of whether the 18
following are provided to a covered person under the health 19
benefit plan on an in-network or out-of-network basis: 20

(a) The detection of SARS-CoV-2; 21

(b) The diagnosis of COVID-19; 22

(c) The treatment of COVID-19; 23

(d) Immunization against SARS-CoV-2. 24

(2) Services and items required to be covered include 25
those identified in section 6001(a) of the federal "Families 26
First Coronavirus Response Act," Pub. L. No. 116-127. 27

(3) A health benefit plan shall not require cost sharing 28
and shall not impose prior authorization, step therapy, or other 29
medical management requirements for the services, items, or 30
drugs described in division (A) (1) of this section. 31

(B) A health plan issuer shall provide the coverage 32
described in division (A) of this section to each covered 33
person, regardless of whether the covered person has previously 34
received such coverage. 35

(C) A health plan issuer shall not deny coverage for any 36
detection or diagnostic service or item because of a negative 37
result. 38

(D) Nothing in this section is subject to section 3901.71 39
of the Revised Code. 40

Sec. 3902.52. For care provided in this state, a provider 41
shall not bill a covered person for the difference between the 42
health plan issuer's reimbursement and the provider's charge for 43

the services, items, or drugs described in division (A) of 44
section 3902.51 of the Revised Code. 45

Sec. 3902.53. (A) (1) The reimbursement required under 46
divisions (A) (1) (a), (b), and (d) of section 3902.51 of the 47
Revised Code shall be in an amount at least equal to the amount 48
that would be paid under the medicare program, part A or part B 49
of Title XVIII of the "Social Security Act," 42 U.S.C. 1395, as 50
amended. 51

(2) The reimbursement required under division (A) (1) (c) of 52
section 3902.51 of the Revised Code shall be in an amount at 53
least equal to the median amount negotiated with providers for 54
the service, item, or drug in question in that geographic region 55
under that health benefit plan as determined by the 56
superintendent of insurance. 57

(B) The superintendent shall adopt rules as necessary to 58
implement sections 3902.50 to 3902.53 of the Revised Code. The 59
requirements of section 121.95 of the Revised Code do not apply 60
to rules adopted in accordance with this division. 61

Section 2. This act applies to all existing and new health 62
benefit plans, as defined in section 3922.01 of the Revised 63
Code, beginning on the effective date of this section. 64

Section 3. All items in this section are hereby 65
appropriated as designated out of any moneys in the state 66
treasury to the credit of the designated fund. For all 67
appropriations made in this act, those in the first column are 68
for fiscal year 2020 and those in the second column are for 69
fiscal year 2021. The appropriations made in this act are in 70
addition to any other appropriations made for the FY 2020-FY 71
2021 biennium. 72

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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 74

The foregoing appropriation item 440477, Emergency Preparedness and Response, shall be used for COVID-19 testing and treatment costs provided to uninsured individuals. 75
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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. 78
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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 86
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from appropriations contained in this act shall be accounted for 91
as though made in H.B. 166 of the 133rd General Assembly. 92

The appropriations made in this act are subject to all 93
provisions of H.B. 166 of the 133rd General Assembly that are 94
generally applicable to such appropriations. 95

Section 5. If there are insufficient funds in 96
appropriation item 440477, Emergency Preparedness and Response, 97
for COVID-19 testing and treatment costs for uninsured 98
individuals, at the request of the Director of Health, and with 99
the approval of the Controlling Board, the Director of Budget 100
and Management may transfer cash from any available funds to the 101
General Revenue Fund to help pay these costs. Transfers shall 102
only take place during the period of the emergency declared by 103
Executive Order 2020-01D, issued on March 9, 2020, and for six 104
months thereafter. Upon approval of the Controlling Board, the 105
amount transferred is hereby appropriated to appropriation item 106
440477, Emergency Preparedness and Response. 107

Section 6. This act is an emergency measure necessary for 108
the immediate preservation of the public peace, health, and 109
safety. The reason for such necessity is that immediate action 110
is crucial to prevent extreme financial stress placed on 111
individuals who need to obtain expensive COVID-19 diagnostic and 112
treatment services. Therefore, this act goes into immediate 113
effect. 114