A BILL

To amend section 3902.30 of the Revised Code to require health plan issuers to cover telemedicine services during a state of emergency, and to declare an emergency.

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

Section 1. That section 3902.30 of the Revised Code be amended to read as follows:

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

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

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

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

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

(3) "Health care services provider" means a physician, psychologist, nurse practitioner, or other health care practitioner licensed, accredited, or certified to perform health care services consistent with state law.

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

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

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

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

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

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

(D) This section shall not be construed as doing any of
the following:

(1) Prohibiting a health benefit plan from assessing cost-
sharing requirements to a covered individual for telemedicine
services, provided that such cost-sharing requirements for
telemedicine services are not greater than those for comparable
in-person health care services;

(2) Requiring a health plan issuer to reimburse a health
care professional for any costs or fees associated with the
provision of telemedicine services that would be in addition to
or greater than the standard reimbursement for comparable in-
person health care services;

(3) Requiring a health plan issuer to reimburse a
telemedicine provider for telemedicine services at the same rate
as in-person services, except as provided in division (F) of
this section.

(E) Except as provided in division (F) of this
section, this section applies to all health benefit plans
issued, offered, or renewed on or after January 1, 2021.

(F)(1)(a) During a state of emergency declared by the
governor of this state or the president of the United States, a
health plan issuer shall cover any health care service that is
provided as a telemedicine service if both of the following
apply:

(i) The health care service is a covered service.
(ii) It is determined by the health care services provider that doing so is in the interest of the public.

(b) Reimbursement provided under division (F)(1)(a) of this section shall be at the same rate and in the same manner as if the health care service had been provided as an in-person health care service.

(2) Division (F) of this section shall not be construed as doing any of the following:

(a) Authorizing a health care services provider to provide health care services outside of the provider's legal scope of practice;

(b) Requiring a health plan issuer to reimburse a health care services provider for providing a health care service that is outside of the provider's legal scope of practice;

(c) Requiring a health plan issuer to provide reimbursement for a health care service that is not a covered service.

Section 2. That existing section 3902.30 of the Revised Code is hereby repealed.

Section 3. This act is an emergency measure necessary for the immediate preservation of the public peace, health, and safety. The reason for such necessity is to prevent the transmission of COVID-19 while providing the people of Ohio with necessary access to health care services. Therefore, this act shall go into immediate effect.