

As Introduced

133rd General Assembly

Regular Session

2019-2020

H. B. No. 681

Representative Roemer

Cosponsors: Representatives Cross, O'Brien

A BILL

To amend section 3902.30 and to enact sections 1
3902.40 and 5164.04 of the Revised Code to 2
require dental insurance plans and the Medicaid 3
program to reimburse dentists for personal 4
protective equipment. 5

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

Section 1. That section 3902.30 be amended and sections 6
3902.40 and 5164.04 of the Revised Code be enacted to read as 7
follows: 8

Sec. 3902.30. (A) As used in ~~this section~~sections 3902.30 9
to 3902.40 of the Revised Code: 10

(1) "Health benefit plan," "health care services," and 11
"health plan issuer" have the same meanings as in section 12
3922.01 of the Revised Code. 13

(2) "Health care professional" means any of the following: 14

(a) A physician licensed under Chapter 4731. of the 15
Revised Code to practice medicine and surgery, osteopathic 16
medicine and surgery, or podiatric medicine and surgery; 17

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

(c) 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) "Personal protective equipment" means safety equipment 26
necessary to minimize the risk of disease transmission. 27

(5) "Recipient" means a patient receiving health care 28
services or a health care professional with whom the provider of 29
health care services is consulting regarding the patient. 30

~~(5)~~ (6) "Telemedicine services" means a mode of providing 31
health care services through synchronous or asynchronous 32
information and communication technology by a health care 33
professional, within the professional's scope of practice, who 34
is located at a site other than the site where the recipient is 35
located. 36

(B) (1) A health benefit plan shall provide coverage for 37
telemedicine services on the same basis and to the same extent 38
that the plan provides coverage for the provision of in-person 39
health care services. 40

(2) A health benefit plan shall not exclude coverage for a 41
service solely because it is provided as a telemedicine service. 42

(C) A health benefit plan shall not impose any annual or 43
lifetime benefit maximum in relation to telemedicine services 44
other than such a benefit maximum imposed on all benefits 45

offered under the plan. 46

(D) This section shall not be construed as doing any of 47
the following: 48

(1) Prohibiting a health benefit plan from assessing cost- 49
sharing requirements to a covered individual for telemedicine 50
services, provided that such cost-sharing requirements for 51
telemedicine services are not greater than those for comparable 52
in-person health care services; 53

(2) Requiring a health plan issuer to reimburse a health 54
care professional for any costs or fees associated with the 55
provision of telemedicine services that would be in addition to 56
or greater than the standard reimbursement for comparable in- 57
person health care services; 58

(3) Requiring a health plan issuer to reimburse a 59
telemedicine provider for telemedicine services at the same rate 60
as in-person services. 61

(E) This section applies to all health benefit plans 62
issued, offered, or renewed on or after January 1, 2021. 63

Sec. 3902.40. (A) A health benefit plan that provides 64
coverage for dental care services shall provide a reimbursement 65
to dentists licensed under Chapter 4715. of the Revised Code for 66
personal protective equipment necessary to provide those 67
services with minimal risk of disease transmission. 68

(B) The reimbursement required under division (A) of this 69
section shall be a standard fee made on a per date of service, 70
per patient basis. 71

Sec. 5164.04. As used in this section, "personal 72
protective equipment" has the same meaning as in section 3902.30 73

of the Revised Code. 74

For each dental service that is covered by the medicaid 75
program, the medicaid program shall reimburse the provider for 76
personal protective equipment necessary to provide the dental 77
service with minimal risk of disease transmission. The 78
reimbursement rate shall be a standard fee made on a per date of 79
service, per patient basis. 80

Section 2. That existing section 3902.30 of the Revised 81
Code is hereby repealed. 82