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H.B. 453
136th General Assembly

Fiscal Note & Local Impact Statement

[Click here for H.B. 453's Bill Analysis](#)

Version: As Introduced

Primary Sponsor: Rep. Lorenz

Local Impact Statement Procedure Required: Yes

Ruhaiza Ridzwan, Senior Economist, and other LBO staff

Highlights

- The bill's autism coverage requirements would likely increase insurance premium costs for certain counties, municipalities, townships, and school districts to provide health benefits for employees and their beneficiaries. However, the magnitude of the fiscal impact is undetermined due to lack of information on the number of individuals who have been diagnosed with an autism spectrum disorder (ASD) under their health benefit plans and detailed information related to the plans.
- The bill is expected to increase Medicaid expenditures by requiring managed care plans to reimburse autism services at 100% of the fee-for-service rate starting in FY 2027 and by potentially expanding service volume through the inclusion of a new "exam-eligible technician" provider category.

Detailed Analysis

Health insurance

The bill changes the required health benefit plan coverage of services to treat autism spectrum disorder (ASD). The bill specifies that the coverage must not be subject to dollar limits, deductibles, or coinsurance requirements that are less favorable than those that apply to substantially all medical and surgical benefits under the plan. The bill modifies the current minimum benefits by removing the current age limitation and restrictions on the number of hours and visits for certain services. The bill specifies another minimum benefit coverage, which is a coverage for adaptive behavior services that are performed by a certified Ohio behavior analyst or an exam-eligible technician. The bill also establishes a new professional credential for an exam-eligible technician, which is an individual that meets certain requirements as specified under the bill.

Under existing law, the following minimum coverage must be provided to children under the age of 14:

1. Speech and language therapy or occupational therapy that is performed by a licensed therapist – at least 20 speech and language therapy visits per year;
2. Clinical therapeutic intervention that is provided by or under the supervision of a professional who is licensed, certified, or registered by an appropriate agency of this state to perform such services in accordance with a health treatment plan – at least 20 occupational therapy visits per year; and
3. Mental or behavioral health outpatient services that are performed by a licensed psychologist, psychiatrist, physician, clinical nurse specialist, or certified nurse practitioner, including a psychiatric-mental health advanced practice registered nurse or a clinical nurse specialist or certified nurse practitioner specializing in pediatric or family health providing consultation, assessment, development, or oversight of treatment plans – at least 30 visits for mental or behavioral health outpatient services per year.

The bill requires health insuring corporation (HICs) and a sickness and accident insurer “to use the industry standards of care set forth in the applied behavior analysis practice guidelines for the treatment of autism spectrum disorder published by the council of autism service providers to inform decision-making regarding the use of applied behavioral analysis (ABA) as a medically necessary treatment service.”

The bill requires third-party payers to “reimburse providers of applied behavior analysis services for performing adaptive behavior assessment and treatment procedures at not less than 100% of the Medicaid fee schedule in effect at the time of service.” However, the bill does not prohibit a third-party payer from reimbursing a provider of applied behavior analysis services more than 100% of the Medicaid fee schedule in effect at the time of service.

Fiscal effect

The autism coverage requirements under the bill would likely increase insurance premiums for counties, municipalities, townships, and school districts that fully insured health benefits to employees and their beneficiaries. According to a report, [Health Insurance 2025, The Cost of Health Insurance in Ohio's Public Sector \(PDF\)](#), prepared by the State Employment Relations Board (SERB), about 22% of public employers in the state fully insured their medical plans, meaning they purchase health insurance from insurance companies for their employees and dependents. The remaining 78% of public employers in the state self-insured their medical plans (i.e., the employers paid claims directly). However, the magnitude of the fiscal impact is undetermined due to lack of information on the number of individuals who have been diagnosed with an ASD under their health benefit plans, including detailed information of such plans. The bill has no direct fiscal effect to the state health benefit plan because the state self-insures the employee health benefit plan.

The bill’s requirement would increase the potential number of individuals that may utilize the required coverage, including the type of services. In addition, the bill would increase costs to cover the required adaptive behavior services. Based on [an online search](#), the estimated costs of 20 hours per week of adaptive behavior services range between \$124,800 and \$156,000 per year.

The bill may increase the Department of Insurance's administrative costs to ensure that applicable insurers comply with the bill requirements. Any increase is likely minimal and would be paid from the Department of Insurance Operating Fund (Fund 5540).

Potential costs

According to data posted on the [Centers for Disease Control and Prevention \(CDC\)](#) website, the latest autism prevalence is one in 31 children. Moreover, CDC's data indicated that [about 2.21% of adults in the United States have an autism spectrum disorder](#). Based on Ohio's total population of 11.9 million in 2024, derived from the [Annual Estimates of the Resident Population by Single Year of Age and Sex for Ohio: April 1, 2020 to July 1, 2024 \(SC-EST2024-SYASEX-39\)](#), prepared by the U.S. Census Bureau, Population Division (dated June 2025), about 2.6 million (22%) were children under 18 years. Thus, approximately 83,044 children and about 155,571 adults between age 18 and 64 in Ohio may be affected by an ASD.

According to information in [Table H105 ACS. Health Insurance Coverage Status and Type of Coverage by State and Age for All Persons: 2024](#), 57.3% of Ohioans under 19 years received employment-based insurance coverage. The estimated percentage of Ohioans between age 19 and 65 who received employment-based insurance coverage is about 66.1%. Based on estimates from the U.S. Bureau of Labor Statistics (BLS), in 2024 1.4% of the Ohio nonfarm workforce was employed by state government (not including those employed by an educational institution), 4.1% were employed by local governments (not including those employed by an educational institution or a local government hospital), and 5.1% were employed in local government education.

Using data above (i.e., the prevalence information, population data, and the percentage of employment-based insurance coverage), the estimated number of children who may be affected by an ASD and may have received employment-based insurance coverage would be about 47,585. Applying those BLS percentages to the 47,585 figure above, roughly 682 such children may be covered by the state health benefit plans, 1,929 by a local government health benefit plan, and 2,414 by a school district health benefit plan. Using the same data above, roughly 102,833 adults in Ohio may be affected by an ASD and may have received employment-based insurance coverage. Of the estimated adults, roughly 1,474 may be covered by the state health benefit plans, 4,169 by a local government health benefit plan, and 5,218 by a school district health benefit plan.

Based on the [SERB report \(PDF\)](#) above, about 22% of public employers in the state fully insured their medical plans. In addition, based on the SERB report, local governments' and school districts' average monthly employer contributions toward medical premiums for single and family coverage range between \$795.50 and \$824.67 and \$2,013.87 and \$2,216.53, respectively. Although, the estimated number of members covered under the fully insured medical plans and the estimated number of individuals that may be affected by an ASD and received coverage from such fully insured plans are undetermined. However, the potential statewide costs increase to such employers could be in the millions of dollars per year.

Medicaid

The bill is expected to increase Medicaid expenditures through requiring Medicaid managed care to pay ABA therapy at 100% of the fee-for-service (FFS) rate. The bill could potentially also lead to an increase in service utilization.

For FY 2027, the bill requires the Department of Medicaid to establish payment rates for ABA therapy (CPT codes 97151-97158) under Medicaid managed care at 100% of the FFS rate. To the extent that managed care plans (MCPs) currently reimburse at lower levels, this requirement will likely lead to an increase in capitation rates paid by the state to the plans. The total fiscal magnitude will depend on current plan practices and the degree of operational adjustments required for compliance.

The bill establishes a new professional category of “exam-eligible technicians” who may provide ABA services under supervision. While the bill does not explicitly mandate that Medicaid reimburse these technicians directly, should the Department or MCPs elect to recognize this provider type, it would effectively expand provider capacity. Such an expansion would likely lead to increased utilization of ABA services across the Medicaid population. The resulting fiscal impact is contingent upon how these technicians are incorporated into Medicaid policy and whether their participation results in a higher overall volume of billed services.