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136th General Assembly

Bill Analysis

Version: As Introduced

Primary Sponsors: Reps. Brownlee and Craig

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SUMMARY

- Specifies that the current-law requirement that telehealth services be covered by health benefit plans on the same basis and to the same extent as in-person health services include mental health services provided via telehealth.

DETAILED ANALYSIS

Coverage parity for telehealth mental health services

The bill requires health plan issuers to cover telehealth services for mental health services on the same basis and to the same extent as in-person mental health services. “Telehealth services” are defined, in continuing law, as being health care services provided through the use of 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 either of the following is located:

- The patient receiving the services;
- Another health care professional with whom the provider of the services is consulting regarding the patient.¹

Current law, unchanged by the bill, requires a health benefit plan to provide coverage for telehealth services on the same basis and to the same extent that the plan provides coverage for the provision of in-person health care services. The bill specifies that this requirement includes both of the following provided via telehealth:

- Outpatient mental health services, including preventative, diagnostic, therapeutic, rehabilitative, and palliative interventions rendered to an individual or group setting by a

¹ R.C. 4743.09(A)(6), not in the bill.

mental health professional in accordance with a treatment plan appropriately established, monitored, and reviewed;

- Services for the assessment, care, or treatment of persons who have a mental illness and for the prevention of mental illness.²

A health benefit plan is defined under continuing law as being a policy, contract, certificate, or agreement offered by a health plan issuer to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services, including benefit plans marketed in the individual or group market by all associations, whether bona fide or nonbona fide. “Health benefit plan” also means a limited benefit plan, except as follows. “Health benefit plan” does not mean any of the following types of coverage: a policy, contract, certificate, or agreement that covers only a specified accident, accident only, credit, dental, disability income, long-term care, hospital indemnity, supplemental coverage, disease, or vision care; coverage issued as a supplement to liability insurance; insurance arising out of workers’ compensation or similar law; automobile medical payment insurance; or insurance under which benefits are payable with or without regard to fault and which is statutorily required to be contained in any liability insurance policy or equivalent self-insurance; a Medicare supplement policy of insurance, as defined by the Superintendent of Insurance by rule, coverage under a plan through Medicare, Medicaid, or the federal employees benefit program; any coverage issued for current and former military service members and any coverage issued as a supplement to that coverage.³

Overview of existing parity requirement

The current law parity requirement, unchanged by the bill, includes several provisions that would explicitly apply, under the bill, to mental health services provided via telehealth. Under continuing law, unchanged by the bill, all of the following provisions apply to coverage of health care services provided via telehealth:

- Health benefit plans are prohibited from excluding coverage for a service solely because it is provided as a telehealth service;
- Health plan issuers are required to reimburse health care professionals for a telehealth service that is covered under a patient’s health benefit plan;
- Health benefit plans cannot impose any annual or lifetime benefit maximum in relation to telehealth services, other than such benefit maximum imposed on all benefits offered under the plan;
- Health benefit plans cannot impose a cost-sharing requirement for telehealth services that exceeds the cost-sharing requirement for comparable in-person health care services.

Additionally, the continuing law telehealth parity requirement specifies that it is not to be construed as doing any of the following:

² R.C. 3902.30(B)(1); R.C. 5119.01(A)(15), not in the bill.

³ R.C. 3902.30(A)(2); R.C. 3922.01(L), not in the bill.

- Requiring a health plan issuer to reimburse a health care professional for any costs or fees associated with the provision of telehealth services that would be in addition to or greater than the standard reimbursement for comparable in-person health care services;
- Requiring a health plan issuer to reimburse a telehealth provider for telehealth services at the same rate as in-person services;
- Requiring a health plan issuer to provide coverage for asynchronous communication that differs from the coverage described in the applicable health benefit plan.⁴

HISTORY

Action	Date
Introduced	02-24-26

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⁴ R.C. 3902.30.