

As Introduced

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H. B. No. 709

Representatives Brownlee, Craig

**Cosponsors: Representatives Abdullahi, Brennan, McNally, Piccolantonio, Robb
Blasdel, Robinson, Salvo, Sigrist, Synenberg**

To amend section 3902.30 of the Revised Code to 1
require private insurers to cover telehealth 2
services for mental health services the same as 3
for in-person mental health services. 4

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

Section 1. That section 3902.30 of the Revised Code be 5
amended to read as follows: 6

Sec. 3902.30. (A) As used in this section: 7

(1) "Cost sharing" means the cost to a covered individual 8
under a health benefit plan according to any coverage limit, 9
copayment, coinsurance, deductible, or other out-of-pocket 10
expense requirements imposed by the plan. 11

(2) "Health benefit plan," "health care services," and 12
"health plan issuer" have the same meanings as in section 13
3922.01 of the Revised Code. 14

(3) "Health care professional" has the same meaning as in 15
section 4743.09 of the Revised Code. 16

(4) "In-person health care services" means health care 17

services delivered by a health care professional through the use 18
of any communication method where the professional and patient 19
are simultaneously present in the same geographic location. 20

(5) "Telehealth services" has the same meaning as in 21
section 4743.09 of the Revised Code. 22

(B) (1) A health benefit plan shall provide coverage for 23
telehealth services on the same basis and to the same extent 24
that the plan provides coverage for the provision of in-person 25
health care services. This includes both of the following: 26

(a) Outpatient mental health services, including 27
preventative, diagnostic, therapeutic, rehabilitative, and 28
palliative interventions rendered to an individual or group 29
setting by a mental health professional in accordance with a 30
treatment plan appropriately established, monitored, and 31
reviewed; 32

(b) Mental health services as defined in section 5119.01 33
of the Revised Code. 34

(2) A health benefit plan shall not exclude coverage for a 35
service solely because it is provided as a telehealth service. 36

(3) A health plan issuer shall reimburse a health care 37
professional for a telehealth service that is covered under a 38
patient's health benefit plan. Division (B) (3) of this section 39
shall not be construed to require a specific reimbursement 40
amount. 41

(C) A health benefit plan shall not impose any annual or 42
lifetime benefit maximum in relation to telehealth services 43
other than such a benefit maximum imposed on all benefits 44
offered under the plan. 45

(D) (1) A health benefit plan shall not impose a cost-sharing requirement for telehealth services that exceeds the cost-sharing requirement for comparable in-person health care services.

(2) (a) A health benefit plan shall not impose a cost-sharing requirement for a communication when all of the following apply:

(i) The communication was initiated by the health care professional.

(ii) The patient consented to receive a telehealth service from that provider on any prior occasion.

(iii) The communication is conducted for the purposes of preventive health care services only.

(b) If a communication described in division (D) (2) (a) of this section is coded based on time, then only the time the health care professional spends engaged in the communication is billable.

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

(1) 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;

(2) Requiring a health plan issuer to reimburse a telehealth provider for telehealth services at the same rate as in-person services;

(3) Requiring a health plan issuer to provide coverage for

asynchronous communication that differs from the coverage 74
described in the applicable health benefit plan. 75

(F) The superintendent of insurance may adopt rules in 76
accordance with Chapter 119. of the Revised Code as necessary to 77
carry out the requirements of this section. Any such rules 78
adopted by the superintendent are not subject to the 79
requirements of division (F) of section 121.95 of the Revised 80
Code. 81

Section 2. That existing section 3902.30 of the Revised 82
Code is hereby repealed. 83