

As Introduced

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H. B. No. 767

Representatives Bryant Bailey, Somani

Cosponsors: Representatives McNally, Brent, Piccolantonio, Miller, J., Abdullahi, Russo, Brennan, Lett, Tims, Synenberg, Upchurch, Cockley, Sims, White, E., Rader, Brewer, Brownlee, Lawson-Rowe, Jarrells

To enact sections 3902.65 and 5164.081 of the	1
Revised Code to require insurance and Medicaid	2
coverage of the diagnosis and treatment of	3
menopause, perimenopause, and menopausal and	4
perimenopausal symptoms and to name this act the	5
Ohio Menopause, Perimenopause, and Hormone	6
Therapy Coverage Act.	7

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

Section 1. That sections 3902.65 and 5164.081 of the	8
Revised Code be enacted to read as follows:	9

<u>Sec. 3902.65. (A) As used in this section:</u>	10
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<u>(1) "Prescriber" means the following:</u>	11
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<u>(a) A physician authorized under Chapter 4731. of the</u>	12
<u>Revised Code to practice medicine and surgery or osteopathic</u>	13
<u>medicine and surgery;</u>	14

<u>(b) A clinical nurse specialist, certified nurse-midwife,</u>	15
<u>or certified nurse practitioner who holds a current, valid</u>	16
<u>license issued under Chapter 4723. of the Revised Code to</u>	17

practice nursing as an advanced practice registered nurse; 18

(c) A physician assistant who holds a license to practice 19
as a physician assistant issued under Chapter 4730. of the 20
Revised Code, holds a valid prescriber number issued by the 21
state medical board, and has been granted physician-delegated 22
prescriptive authority. 23

(2) "Menopausal and perimenopausal symptoms" include 24
vasomotor symptoms, sleep disruption, mood changes, cognitive 25
changes, fatigue, and related symptoms clinically recognized as 26
related to menopause and perimenopause. 27

(B) On and after the effective date of this section and 28
notwithstanding section 3901.71 of the Revised Code, a health 29
benefit plan shall provide coverage for the following as they 30
relate to the diagnosis and treatment of menopause, 31
perimenopause, and menopausal and perimenopausal symptoms: 32

(1) Clinical laboratory services, clinical evaluation 33
services, diagnostic services, and provider visits; 34

(2) Menopausal and perimenopausal hormone therapy 35
administered orally, transdermally, vaginally, or by injection 36
and approved by the United States food and drug administration; 37

(3) Nonhormonal treatments for menopausal and 38
perimenopausal symptoms approved by the United States food and 39
drug administration; 40

(4) Menopausal and perimenopausal hormone therapy and 41
nonhormonal treatments administered in formulations not approved 42
by the United States food and drug administration when 43
menopausal and perimenopausal hormone therapy and nonhormonal 44
treatments approved by the United States food and drug 45
administration are contraindicated or ineffective, as determined 46

by a prescriber, without requiring a patient to first attempt 47
any therapy or treatment administered in a formulation approved 48
by the United States food and drug administration. 49

(C) A health benefit plan shall not impose a cost-sharing 50
requirement for coverage required under division (B) of this 51
section that exceeds the cost-sharing requirements that apply to 52
substantially all medical benefits under the health benefit 53
plan. This division shall not be interpreted to prohibit a 54
health benefit plan from applying a cost-sharing requirement 55
that is consistent with cost-sharing requirements that apply to 56
substantially all medical benefits under the health benefit 57
plan. 58

(D) A health benefit plan shall not apply utilization 59
management requirements, including prior authorization or 60
formulary management, for coverage required under division (B) 61
of this section that are more restrictive than utilization 62
management requirements that apply to substantially all medical 63
benefits under the health benefit plan. This division shall not 64
be interpreted to prohibit a health benefit plan from applying 65
utilization management requirements that are consistent with 66
utilization management requirements that apply to substantially 67
all medical benefits under the health benefit plan. 68

(E) A health benefit plan shall not deem the diagnosis or 69
treatment of menopause, perimenopause, and menopausal and 70
perimenopausal symptoms to be elective or cosmetic in nature. 71

(F) The superintendent of insurance shall adopt rules in 72
accordance with Chapter 119. of the Revised Code as necessary to 73
carry out the requirements of this section. 74

(G) The general assembly finds that recent product 75

labeling updates by the United States department of health and 76
human services and the United States food and drug 77
administration have clarified the safety profile of menopausal 78
hormone therapy. It is the intent of this act to align state- 79
regulated health coverage with current federal guidance and 80
clinical standards for treatment with menopausal hormone 81
therapy. 82

Sec. 5164.081. (A) As used in this section, "prescriber" 83
and "menopausal and perimenopausal symptoms" have the same 84
meanings as in section 3902.65 of the Revised Code. 85

(B) The medicaid program shall cover the following as they 86
relate to the diagnosis and treatment of menopause, 87
perimenopause, and menopausal and perimenopausal symptoms: 88

(1) Clinical laboratory services, clinical evaluation 89
services, diagnostic services, and provider visits; 90

(2) Menopausal and perimenopausal hormone therapy 91
administered orally, transdermally, vaginally, or by injection 92
and approved by the United States food and drug administration; 93

(3) Nonhormonal treatments for menopausal and 94
perimenopausal symptoms approved by the United States food and 95
drug administration; 96

(4) Menopausal and perimenopausal hormone therapy and 97
nonhormonal treatments administered in formulations not approved 98
by the United States food and drug administration when 99
menopausal and perimenopausal hormone therapy and nonhormonal 100
treatments approved by the United States food and drug 101
administration are contraindicated or ineffective, as determined 102
by a prescriber, without requiring a patient to first attempt 103
any therapy or treatment formulation approved by the United 104

States food and drug administration. 105

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treatment of menopause, perimenopause, and menopausal and 107
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Medicaid program coverage with current federal guidance and 114
clinical standards for treatment with menopausal hormone 115
therapy. 116

Section 2. This act shall be known as the Ohio Menopause, 117
Perimenopause, and Hormone Therapy Coverage Act. 118