## As Introduced

136th General Assembly Regular Session 2025-2026

S. B. No. 165

**Senator Manchester** 

Τc	o amend sections 1753.28 and 3923.65 and to enact	1
	sections 1753.29 and 3923.66 of the Revised Code	2
	to prohibit a health insuring corporation or	3
	sickness and accident insurer from reducing or	4
	denying a claim based on certain factors.	5

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

Section 1. That sections 1753.28 and 3923.65 be amended	6
and sections 1753.29 and 3923.66 of the Revised Code be enacted	7
to read as follows:	8
Sec. 1753.28. (A) As used in this section:	9
(1) "Emergency medical condition" means a medical physical	10
or mental health condition that manifests itself by such acute	11
symptoms of sufficient severity, including severe pain, that a	12
prudent layperson with an average knowledge of health and	13
medicine could reasonably expect the absence of immediate	14
medical attention to result in any of the following:	15
(a) Placing the health of the individual or, with respect	16
to a pregnant woman, the health of the woman or her unborn	17
child, in serious jeopardy;	18
(b) Serious impairment to bodily functions;	19

(c) Serious dysfunction of any bodily organ or part. 20 (2) "Emergency services" means the following: 21 (a) A medical screening examination, as required by 22 federal law, that is within the capability of the emergency 23 department of a hospital, including ancillary services routinely 24 available to the emergency department, to evaluate an emergency 2.5 medical condition; 26 (b) Such further medical examination and treatment that 27 are required by federal law to stabilize an emergency medical 28 condition and are within the capabilities of the staff and 29 facilities available at the hospital, including any trauma and 30 burn center of the hospital. 31 (3) (a) "Stabilize" means the provision of such medical 32 treatment as may be necessary to assure, within reasonable 33 medical probability, that no material deterioration of an 34 individual's medical condition is likely to result from or occur 35 during a transfer, if the medical condition could result in any 36 of the following: 37 (i) Placing the health of the individual or, with respect 38 to a pregnant woman, the health of the woman or her unborn 39 child, in serious jeopardy; 40 41 (ii) Serious impairment to bodily functions; (iii) Serious dysfunction of any bodily organ or part. 42 (b) In the case of a woman having contractions, 43 "stabilize" means such medical treatment as may be necessary to 44 deliver, including the placenta. 45 (4) "Transfer" has the same meaning as in section 1867 of 46 the "Social Security Act," 49 Stat. 620 (1935), 42 U.S.C.A. 47 1395dd, as amended.

(B) A health insuring corporation policy, contract, or 49 agreement providing coverage of basic health care services shall 50 cover emergency services for enrollees with emergency medical 51 conditions without regard to the day or time the emergency 52 services are rendered or to whether the enrollee, the hospital's 53 emergency department where the services are rendered, or an 54 55 emergency physician treating the enrollee, obtained prior authorization for the emergency services. 56

(C) A health insuring corporation policy, contract, or agreement providing coverage of basic health care services shall cover both of the following:

(1) Emergency services provided to an enrollee at a
participating hospital's emergency department if the enrollee
presents self with an emergency medical condition;
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(2) Emergency services provided to an enrollee at a
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nonparticipating hospital's emergency department if the enrollee
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presents self with an emergency medical condition and one of the
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following circumstances applies:
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(a) Due to circumstances beyond the enrollee's control,
(b) the enrollee was unable to utilize a participating hospital's
(c) emergency department without serious threat to life or health.
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(b) A prudent layperson with an average knowledge of
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health and medicine would have reasonably believed that, under
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the circumstances, the time required to travel to a
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participating hospital's emergency department could result in
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one or more of the adverse health consequences described in
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division (A) (1) of this section.

(c) A person authorized by the health insuring corporation 76

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refers the enrollee to an emergency department and does not	77	
specify a participating hospital's emergency department.		
(d) An ambulance takes the enrollee to a nonparticipating	79	
hospital other than at the direction of the enrollee.		
(e) The enrollee is unconscious.	81	
(f) A natural disaster precluded the use of a	82	
participating emergency department.	83	
(g) The status of a hospital changed from participating to	84	
nonparticipating with respect to emergency services during a		
contract year and no good faith effort was made by the health		
insuring corporation to inform enrollees of this change.	87	
(D) A health insuring corporation that provides coverage	88	
for emergency services shall inform enrollees of all of the	89	
following:		
(1) The scope of coverage for emergency services;	91	
(2) The appropriate use of emergency services, including	92	
the use of the 9-1-1 system and any other telephone access	93	
systems utilized to access prehospital emergency services;	94	
(3) Any cost sharing provisions for emergency services;	95	
(4) The procedures for obtaining emergency services and	96	
other medical services, so that enrollees are familiar with the	97	
location of the emergency departments of participating hospitals	98	
and with the location and availability of other participating	99	
facilities or settings at which they could receive medical	100	
services;		
(5) That enrollees are not required to self-diagnose.	102	
Sec. 1753.29. (A) A health insuring corporation shall not	103	

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reduce or deny a claim for reimbursement based solely on a	104	
diagnosis code or impression, current ICD code, duration of an	105	
appointment as deemed clinically necessary by the enrollee's	106	
provider, or select procedure code relating to the enrollee's	107	
condition included on a form submitted to the health insuring	108	
corporation by a provider for reimbursement of a claim.	109	
(B) A health insuring corporation shall not reduce or deny	110	
reimbursement for a claim based on the absence of an emergency	111	
medical condition if a prudent layperson with an average	112	
knowledge of health and medicine would have reasonably expected	113	
the presence of an emergency medical condition.	114	
(C) Nothing in this section shall be construed as	115	
exempting a health insuring corporation from the prompt payment	116	
requirements prescribed in sections 3901.381 to 3901.3814 of the	117	
Revised Code.	118	
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(a) A medical screening examination, as required by132federal law, that is within the capability of the emergency133department of a hospital, including ancillary services routinely134available to the emergency department, to evaluate an emergency135medical condition;136

(b) Such further medical examination and treatment that137are required by federal law to stabilize an emergency medical138condition and are within the capabilities of the staff and139facilities available at the hospital, including any trauma and140burn center of the hospitaland "emergency services" have the141same meanings as in section 1753.28 of the Revised Code.142

(B) Every individual or group policy of sickness and 143 accident insurance that provides hospital, surgical, or medical 144 expense coverage shall cover emergency services without regard 145 to the day or time the emergency services are rendered or to 146 whether the policyholder, the hospital's emergency department 147 where the services are rendered, or an emergency physician 148 treating the policyholder, obtained prior authorization for the 149 150 emergency services.

(C) Every individual policy or certificate furnished by an
insurer in connection with any sickness and accident insurance
policy shall provide information regarding the following:
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(1) The scope of coverage for emergency services; 154

(2) The appropriate use of emergency services, including
the use of the 9-1-1 system and any other telephone access
systems utilized to access prehospital emergency services;
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(3) Any copayments for emergency services;

(4) That the covered person is not required to self-159diagnose.160

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(D) This section does not apply to any individual or group 161 policy of sickness and accident insurance covering only 162 accident, credit, dental, disability income, long-term care, 163 hospital indemnity, medicare supplement, medicare, tricare, 164 specified disease, or vision care; coverage under a one-165 timelimitedduration one-time-limited-duration policy that is 166 less than twelve months; coverage issued as a supplement to 167 liability insurance; insurance arising out of workers' 168 compensation or similar law; automobile medical payment 169 insurance; or insurance under which benefits are payable with or 170 without regard to fault and which is statutorily required to be 171 contained in any liability insurance policy or equivalent self-172 insurance. 173 Sec. 3923.66. (A) A sickness and accident insurer shall 174 not reduce or deny a claim for reimbursement based solely on a 175 diagnosis code or impression, current ICD code, duration of an 176 appointment as deemed clinically necessary by the covered 177 person's provider, or select procedure code relating to the 178 covered person's condition included on a form submitted to the 179 sickness and accident insurer by a provider for reimbursement of 180 181 a claim. 182 (B) A sickness and accident insurer shall not reduce or deny a claim for reimbursement based on the absence of an 183 emergency medical condition if a prudent layperson with an 184 average knowledge of health and medicine would have reasonably 185 expected the presence of an emergency medical condition. 186 (C) Nothing in this section shall be construed as 187 exempting a sickness and accident insurer from the prompt 188

exempting a sickness and accident insurer from the promptforpayment requirements prescribed in sections 3901.381 to1893901.3814 of the Revised Code.190

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