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# OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research  
and Drafting

Legislative Budget  
Office

S.B. 313  
136<sup>th</sup> General Assembly

## Bill Analysis

**Version:** As Introduced

**Primary Sponsor:** Sen. Chavez

Jason Hoskins, Attorney

### SUMMARY

- Requires (1) every health insuring corporation policy, (2) every policy of group sickness and accident insurance, (3) every public employee benefit plan, and (4) the Medicaid program to provide benefits for the expense of a scalp cooling system for individuals undergoing cancer chemotherapy treatment.

### DETAILED ANALYSIS

#### Scalp cooling systems

The bill requires that specified insurance policies, contracts, and agreements that provide coverage for cancer chemotherapy treatment also provide benefits for the expense of a scalp cooling system. This requirement applies to (1) every individual or group health insuring corporation policy, contract, or agreement providing basic health care services that is delivered, issued for delivery, or renewed,<sup>1</sup> (2) every policy of individual or group sickness and accident insurance that is delivered, issued for delivery, or renewed,<sup>2</sup> and (3) every public employee benefit plan that is established or modified.<sup>3</sup>

Additionally, the bill requires the Medicaid program to cover scalp cooling systems for Medicaid recipients who undergo chemotherapy treatment and authorizes the Medicaid Director to adopt rules as necessary to implement this coverage.<sup>4</sup>

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<sup>1</sup> R.C. 1751.64(B).

<sup>2</sup> R.C. 3923.66(B).

<sup>3</sup> R.C. 3923.67.

<sup>4</sup> R.C. 5164.11.

For purposes of the bill, a “scalp cooling system” is defined as any device used to cool the human scalp to prevent or reduce hair loss during cancer chemotherapy treatment, provided that the device is designed and intended for repeated use and is primarily and customarily used to serve a medical purpose.<sup>5</sup>

## Mandated health benefits

The required coverage of scalp cooling systems might be considered a mandated health benefit. Under continuing law, if the General Assembly enacts a provision for mandated health benefits, that provision cannot be applied to any health benefit plan until the Superintendent of Insurance determined that it can be applied fully and equally in all respects to employee benefit plans subject to regulation by the federal “Employee Retirement Income Security Act of 1974,” (ERISA), and to employee benefit plans established or modified by the state or any of its political subdivisions. ERISA appears to preempt any state regulation of such plans.<sup>6</sup> The bill contains provisions that exempt its requirements from this restriction.<sup>7</sup>

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## HISTORY

| Action     | Date     |
|------------|----------|
| Introduced | 11-04-25 |

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ANSB0313IN-136/sb

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<sup>5</sup> R.C. 1751.64(A).

<sup>6</sup> 29 United States Code 1144.

<sup>7</sup> R.C. 1751.64, 3923.66, and 3923.67; R.C. 3901.71, not in the bill.