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# OHIO LEGISLATIVE SERVICE COMMISSION

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## Substitute Bill Comparative Synopsis

### Sub. H.B. 122

### 134<sup>th</sup> General Assembly

### Senate Health

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This table summarizes how the latest substitute version of the bill differs from the immediately preceding version. It addresses only the topics on which the two versions differ substantively. It does not list topics on which the two bills are substantively the same.

Previous Version (As Passed by the House)	Latest Version (I_134_2113-1)
<b>Telehealth health care providers</b>	
<p>No provision.</p> <p>Authorizes a school psychologist licensed by the State Board of Psychology to provide telehealth services and have those services covered by a health plan issuer and the Medicaid program (<i>R.C. 4732.33(B), 4743.09, and 5164.95</i>).</p>	<p>Authorizes certified Ohio behavior analysts to provide telehealth services and have those services covered by a health plan issuer and the Medicaid program (<i>R.C. 4783.20, 4743.09(A)(3)(o), and 5164.95(C)(1)(q)</i>).</p> <p>Same, but also includes school psychologists licensed under rules adopted by the Department of Education (<i>R.C. 3319.2212, 4743.09(A)(3)(e) and (A)(4)(e), and 5164.95(C)(1)(b)</i>).</p>

Previous Version (As Passed by the House)	Latest Version (I_134_2113-1)
<p>Authorizes pharmacists to provide telehealth services and have those services covered by a health plan issuer and the Medicaid program <i>(R.C. 4729.284, 4743.09, and 5164.95)</i>.</p> <p>Authorizes a federally qualified health center (FQHC) to submit claims for Medicaid payments for providing telehealth services <i>(R.C. 5164.95(C)(2)(c))</i>.</p>	<p>No provision.</p> <p>Same, but also authorizes an FQHC look-alike to submit claims for Medicaid payment for providing telehealth services <i>(R.C. 5164.95(C)(2)(c))</i>.</p>
<b>Rulemaking</b>	
<p>Permits specified practitioners to provide telehealth services under the Medicaid program and submit claims for Medicaid reimbursement for those services provided <i>(R.C. 5164.95(C)(1) and (2))</i>.</p> <p>Permits a health care professional licensing board to adopt rules as the board considers necessary to permit its licensees to provide telehealth services <i>(R.C. 4743.09(B))</i>.</p>	<p>Same, but specifies that the authority to do so is limited to the extent permitted by state Medicaid rules and applicable federal law <i>(R.C. 5164.95(C)(1) and (2))</i>.</p> <p>Same, but exempts the process of adopting the rules from the current law requirement that a state agency eliminate two existing rules for every new rule adopted <i>(R.C. 4743.09(B) and 4732.33)</i>.</p>
<b>Charging fees</b>	
<p>Prohibits a health care professional from charging a health plan issuer covering telehealth services a facility fee, an origination fee, or any fee associated with the cost of the equipment used at the provider site to provide telehealth services <i>(R.C. 4743.09(E)(1))</i>.</p>	<p>Same, but also prohibits a health care professional providing telehealth services from charging any of these fees to a patient receiving telehealth services <i>(R.C. 4743.09(E)(1))</i>.</p>
<b>Recommending medical marijuana</b>	
<p>No provision.</p>	<p>Permits a physician with the authority to recommend medical marijuana to use telehealth services as an alternative when conducting the patient examination required before medical marijuana may be recommended <i>(R.C. 4731.30(C)(1)(b)(i) and (D)(2))</i>.</p>

Previous Version (As Passed by the House)	Latest Version (I_134_2113-1)
<b>Legislative intent</b>	
No provision.	Declares that it is the intent of the General Assembly to expand access to and investment in telehealth services in congruence with the expansion and investment in telehealth services made during the COVID-19 pandemic ( <i>R.C. 4743.09(G)</i> ).
No provision.	Declares that it is the intent of the General Assembly that no health care professional (1) reduce access to telehealth services to a level below that which patients were able to utilize telehealth services during the COVID-19 pandemic or (2) establish a standard of care for telehealth services that is different from the established standard of care for in-person services ( <i>R.C. 4743.09(G)</i> ).
<b>Medicaid credentialing program</b>	
No provision.	Requires the Department of Medicaid to establish a credentialing program that includes a credentialing committee to review the competence, professional conduct, and quality of care provided by Medicaid providers ( <i>R.C. 5164.291</i> ).
<b>State Medical Board One-Bite Program</b>	
No provision.	Revises the law governing the State Medical Board’s One-Bite Program for monitoring and treatment of practitioners impaired by substance use disorders so that certain applicants for licensure are permitted to participate in the program, rather than only licensed practitioners ( <i>R.C. 4731.251, 4731.252, 4731.253, and 4731.254</i> ).

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No provision.	Specifies that an applicant for licensure participating in the program who discloses to the Board previous impairment and satisfies certain conditions is not subject to discipline for that impairment <i>(R.C. 4731.251, 4731.252, 4731.253, and 4731.254)</i> .
No provision.	Requires the Board, if it grants an applicant participating in the program a license to practice, to refer the now-practitioner to the monitoring organization that conducts the program and requires the practitioner to enter into a monitoring agreement with that organization <i>(R.C. 4731.251, 4731.252, 4731.253, and 4731.254)</i> .