



**Ohio Association of Health Underwriters**  
**Legislative Update**  
**June 24, 2009**  
**Prepared by John T. McGough**

**Active Pending Legislation**

**H.B. 1 (Sykes) – Biennial Budget**

On February 12, 2009 Representative Vernon Sykes (D-Akron) introduced Governor Strickland's biennial budget proposal. The bill has passed the House and Senate and now is pending in the Joint House-Senate Conference Committee to work out the differences between the House and Senate versions of H.B. 1 with the goal of having the legislation enacted by the end of this month.

**H.B. 185 (DeGeeter & Book) – Material Amendments to Contracts**

On May 19, 2009 Representatives Tim DeGeeter (D-Parma) and Todd Book (D-Portsmouth) introduced H.B. 185 to specify that a material amendment to a health care contract does not become part of the contract unless agreed upon by both parties. The bill received its fourth hearing in the House Civil & Commercial Law Committee on June 23, 2009.

**H.B. 8 (Celeste & Garland) – Autism Coverage**

Representatives Ted Celeste (D-Grandview Heights) and Nancy Garland (D-New Albany) introduced H.B. 8 to prohibit health insurers from excluding coverage for specified services for individuals diagnosed with autism spectrum disorder. This legislation is one of the priority bills for the House Democrat Caucus. The bill passed out of the House Healthcare Access & Affordability Committee on March 31<sup>st</sup>. Provisions similar to H.B. 8 were included in the House-passed version of the budget bill but were removed in the Senate.

**S.B. 89 (Morano) – Advanced Practice Nurses Prescriptive Authority**

On April 1, 2009 Senator Sue Morano (D-Lorain) introduced S.B. 89 to authorize out-of-state advanced practice nurses with prescriptive authority to obtain prescriptive authority in Ohio without completing an externship if they meet certain criteria. The bill has received five hearings in the Senate Health, Human Services & Aging Committee and was scheduled for a possible vote today but was not heard.

### **H.B. 81 (Boyd & Gardner) Diabetes Coverage Mandate**

On March 18, 2009 Representatives Barbara Boyd (D-Cleveland Heights) and Randy Gardner (R-Bowling Green) introduced H.B. 81 to require health insurers to provide coverage for diabetes supplies, equipment, medications and education. The bill passed out of the House Health Committee on June 16, 2009.

### **H.B. 198 (Lehner & Ujvagi) – Medical Home Demonstration Project**

On June 2, 2009 Representatives Peggy Lehner (R-Kettering) and Peter Ujvagi (D-Toledo) introduced H.B. 198 to establish the Medical Home Model Demonstration Project and to provide for Choose Ohio First Scholarships to be awarded to medical students who agree to practice primary care in Ohio. The legislation contemplates the demonstration project being conducted in Montgomery and Lucas Counties. The bill received its second hearing in the House Healthcare Access & Affordability Committee on June 24, 2009.

### **H.B. 122 & S.B. 98 (Boyd & T. Patton) – Physician Designations Protections**

On April 4 and April 8, 2009, Representative Barbara Boyd (D-Cleveland Heights) and Senator Tom Patton (R-Strongsville), introduced H.B. 122 and S.B. 98, respectively, to place various requirements on health insurers that operate a system for physician designations including what must be considered in the evaluations, disclosure requirements, appeal rights and legal remedies against an insurer if a provider is adversely affected by a violation of the requirements. H.B. 122 has received two hearings the House Health Committee and S.B. 98 has been referred to the Senate Insurance, Commerce & Labor Committee.

## **Cancer Related Legislation**

### **S.B. 133 (Gillmor) H.B. 237 (Newcomb) – (Cancer Medications)**

On June 10, 2009 and June 23, 2009 Senator Karen Gillmor (R-Tiffin) and Representative Deborah Newcomb (D-Conneaut) introduced S.B. 133 and H.B. 237, respectively, which would do the following:

- (1) Prohibit health insurance contracts that provide coverage for cancer chemotherapy treatment from providing coverage for a prescribed, orally administered cancer medication on a less favorable basis than coverage for intravenously administered or injected cancer medications.
- (2) Prohibit health insurance contracts that provide coverage for non-self-injectable medications, medications that must be compounded immediately prior to administration, or both, from doing either of the following:
  - a. Requiring an enrollee to take possession of such a medication from a pharmacy that is a retail seller, or
  - b. Giving an enrollee the option of having such a medication delivered directly to the enrollee by mail or any means of commercial shipment.

S.B. 133 has been referred to the Senate Insurance, Commerce & Labor Committee and H.B. 237 has been referred to the House Healthcare Access & Affordability Committee.

### **H.B. 134, H.B. 135, & H.B. 136 (DeBose) – Mandatory Offering – Cancer Screenings**

On April 16, 2009 Representative Michael DeBose (D-Cleveland) introduced three bills relating to various cancer screenings. All three bills would require that insurers offer to provide, as a supplemental health care service, benefits for the expenses of examinations and laboratory test for certain cancers. The offering must be to “any nonsymptomatic individual” and the examinations and

tests offered must be in accordance with the most recently published American Cancer Society Guidelines. H.B. 134 relates to prostate, colorectal, ovarian and cervical cancer screenings; H.B. 135 relates to prostate cancer screenings; and H.B. 136, which also has Representative Lorraine Fende (D-Willowick) as a principal sponsor, relates to ovarian cancers screenings. All three bills have received sponsor testimony in the House Healthcare Access & Affordability Committee.

#### **S.B. 64 – (Coughlin) - Colorectal Cancer Screenings**

Senator Kevin Coughlin (R-Cuyahoga Falls) introduced S. B. 64 on March 4, 2009 to require health insurers to cover colorectal cancer screenings. The bill, which is the same as S.B. 278 which passed the Senate last session, specifies the specific colorectal cancer screenings which insurers must cover. The bill has been referred to the Senate Insurance, Commerce & Labor Committee.

#### **H.B. 56 (Miller) – Colorectal Cancer Screenings**

On March 3, 2009 Representative Eugene Miller (D-Cleveland) introduced H.B. 56 to require health insurers to provide benefits for colorectal exams and laboratory tests for cancer in accordance with the most recent published guidelines of the American Cancer Society. The bill received its second hearing in the House Insurance Committee on May 20<sup>th</sup>.

#### **S.B. 138 (R. Miller) – Cancer Medications**

On June 16, 2009 Senator Ray Miller introduced S.B. 138 to require health insurers that provide coverage for cancer chemotherapy treatment to provide coverage for certain prescribed, orally administered anti-cancer medications on a basis no less favorable than intravenously administered or injected cancer medications that are covered under the health insurance policy. The bill has been referred to the Senate Insurance, Commerce & Labor Committee.

#### **H.B. 51 (Miller) – Breast Cancer**

Representative Eugene Miller (D-Cleveland) introduced H.B. 51 on February 26, 2009 to create the Triple Negative Breast Cancer Commission. The commission would promote the study of this cancer which is defined as “the subtype of breast cancer characterized by cells that lack receptors for the hormones estrogen and progesterone and the protein receptor known as the human epidermal growth factor receptor2, or HER2, and therefore cannot be treated with breast cancer drugs that target these receptors, including such drugs as tamoxifen and trastuzumab”. The bill has been referred to the House Health Committee.

### **Other Pending Legislation**

#### **H.B. 240 (Sears) – Medicaid Program**

On June 23, 2009 Representative Barbara Sears (R-Sylvania) introduced H.B. 240 to require ODJFS to do the following things: (1) Issue a report on its efforts to minimize waste, fraud and abuse, (2) Create an alternative care management program, (3) create a disease management component of Medicaid and (4) impose a surety bond requirement on certain Medicaid providers. In addition, the bill requires local Medicaid agencies to report their costs associated with operating the Medicaid program. The bill has been referred to the House Health Committee.

**S. B. 136 (R. Miler) - Telemedicine**

On June 16, 2009 Senator Ray Miller (D-Columbus) introduced H.B. 136 to require health insurers and the Medicaid program to provide coverage for telemedicine services in the same manner that coverage is provided for face-to-face consultations. The bill has been referred to the Senate Insurance, Commerce & Labor Committee.

**S.B. 137 (R. Miller) – Prompt Pay**

Senator Ray Miller (D-Columbus) introduced S.B. 137 on June 16, 2009 to specify that Ohio’s prompt pay law applies to Medicaid Managed Care Plans. The bill has been referred to the Senate Health, Human Services & Aging Committee.

**H.B. 159 (Skindell & Hagan) – Establish Government-run Health Insurance System**

Representatives Michael Skindell (D-Lakewood) Bob Hagan (D-Youngstown) jointly introduced H.B. 159 to establish a single-payer health care system for Ohio. The bill has received sponsor testimony in the House Healthcare Access & Affordability Committee.

**H.B. 146 (Hagan) – Authorize Counties to Participate in State Employee Plan**

On April 22, 2009 Representative Bob Hagan (D-Youngstown) introduced H.B. 149 to authorize county officers and employees to participate in the state employee health insurance plan sponsored by the Ohio Department of Administrative Services. The bill has been referred to the House Insurance Committee.

**H.B. 125 (Williams) – Establish Family Health Plus Component of Medicaid Program**

On April 8, 2009 Representative Sandra Williams (D-Cleveland) introduced H.B. 125 to require the Director of Job and Family Services to seek a federal Medicaid waiver to establish the Family Health Plus component of the Medicaid program, and imposes an assessment on hospitals to help fund the program. The program establishes criteria to allow individuals 18 – 64 whose income or resources exceed the Medicaid program’s eligibility requirements to qualify for health care coverage under the Medicaid Family Plus component. The bill has been referred to the House Healthcare Access & Affordability Committee.

**S.B. 15 (D. Miller) – Enhanced Mental Health Parity**

On February 10, 2009 Senator Dale Miller (D-Cleveland) introduced S.B. 15, the “enhanced mental health parity” legislation that mandates coverage for the diagnosis and treatment of all mental illnesses and substance abuse and drug addictions. It has been referred to the Senate Health, Human Services & Aging Committee.

**S.B. 25 (Schaffer) – Deductibility of Medical Expenses**

On February 10, 2009 Senator Tim Schaffer (R-Lancaster) introduced S.B. 25 to authorize the deduction of unreimbursed medical expenses to the extent the expenses exceed 1% of federal adjusted gross income. The current standard is unreimbursed expenses that exceed 7.5%. The bill received sponsor testimony in the Senate Ways & Means & Economic Development Committee on February 18, 2009.

**S.B. 34 (D. Miller) – Group Health Insurance**

Senator Dale Miller (D-Cleveland) introduced S.B. 34 on February 10, 2009 to require the Ohio Department of Administrative Services to create a health insurance program that allows municipalities, small employers and nonprofit corporations or associations to purchase for their employees the same

policies provided to state employees. The bill has been referred to the Senate Insurance, Commerce & Labor Committee.

**S.J.R. 2 (Coughlin) – Health Care Resolution**

On February 24, 2009 Senator Kevin Coughlin (R-Cuyahoga Falls) introduced Senate Joint Resolution 2 to enact Section 43 of Article II of the Ohio Constitution. It reads as follows:

“The people have the right to enter into private contracts with health care providers for health care services and to purchase private health care coverage. The General Assembly may not require any person to participate in any health care system or plan, nor may it impose a penalty or fine, of any type, for choosing to obtain or decline health care coverage or for participation in any particular health care system or plan.”

The resolution has been referred to the Senate Insurance, Commerce & Labor Committee.