

Executive

As Passed By House

INSCD2 Health plan issuer payment method and disclosure requirements

R.C. 3901.3815

Requires a health plan issuer to offer all reasonably available methods of payment to a health care provider, including payment by check and electronic funds transfer.

Prohibits a health plan issuer requiring payment by credit card.

Requires health plan issuers, if any available method has a fee, to notify the provider about the fee and disclose the amount of the fee, including clear instructions for selecting each payment method prior to initiating the first payment to the provider or upon changing the payment methods.

Requires health plan issuers to implement requests to change a payment method within 30 business days. Prohibits health plan issuers from charging a fee for implementing a change to a health care provider's payment method.

Applies the requirements to an entity subject to the insurance laws and rules of this state, or subject to the jurisdiction of the Superintendent of Insurance, that contracts, or offers to contract to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services under a health benefit plan, including a sickness and accident insurance company; a health insuring corporation; a fraternal benefit society; a self-funded multiple employer welfare arrangement; a nonfederal, government health plan; or a third party administrator.

No provision.

Fiscal effect: None.

R.C. 3901.3815

Same as the Executive.

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Requires a health plan issuer to offer at least one method of payment that does not require the health care provider to pay any associated fee.

Fiscal effect: Same as the Executive.

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INSCD5 Reimbursement for services provided by certified registered nurse anesthetists

R.C. 3902.631

No provision.

Prohibits private insurers from varying the reimbursement rate for a covered service based on whether the service was provided by a certified registered nurse anesthetist or a physician.

No provision.

Specifies that the provision does not prohibit an insurer from establishing varying reimbursement rates based on quality or performance measures.

Fiscal effect: No direct fiscal effect to the state's and local governments' employee health benefit plans.

INSCD3 Eliminate oath requirement for certain ODI licenses

R.C. 3905.72, 3951.03

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Eliminates the requirement that applications for a managing general agent (MGA) license and a public insurance adjuster certificate of authority be verified under oath.

Same as the Executive.

Fiscal effect: None.

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INSCD4 Long-term care insurance continuing education requirements

R.C. 3923.443

No provision.

Aligns the deadline for a long-term care insurance agent to complete the four hours of continuing education required by continuing law with the agent's two-year license renewal period, as opposed to the two-year period beginning January 1.

No provision.

Makes selling, soliciting, or negotiating long-term care insurance before satisfying the continuing education requirement an unfair and deceptive practice in the business of insurance, in contrast to current law, under which simply failing to satisfy the continuing education requirement qualifies as such.

Fiscal effect: None.

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INSCD6 Pharmacy benefit managers

No provision.

R.C. 3959.01, 3959.111, and 3959.121

Requires pharmacy benefit managers (PBMs), other than the state PBM, to reimburse Ohio-incorporated pharmacies that dispense a drug product for the "actual acquisition cost," i.e., the amount paid to the drug wholesaler, plus a minimum dispensing fee determined by the Superintendent of Insurance.

No provision.

Prohibits a PBM from reimbursing an Ohio pharmacy less than the amount the PBM reimburses its affiliated pharmacies for providing the same drug product.

No provision.

Allows an Ohio pharmacy to decline to provide a drug product if the pharmacy would be reimbursed less than the required amount.

No provision.

Prohibits a PBM from retaliating against an Ohio pharmacy that reports an alleged violation of, or exercises a remedy under the provision by doing any of the following: (1) terminating or refusing to renew a contract without providing notice at least 90 days in advance; (2) increasing audits of the pharmacy without providing notice and a detailed description of the reason for the audits at least 90 days in advance; or (3) failing to comply with prompt pay laws.

No provision.

Establishes a procedure by which an Ohio pharmacy may file a formal complaint against a PBM and the Superintendent may impose an administrative penalty of \$1,000 per day for each violation of the provision.

No provision.

Allows the Superintendent to adopt rules to implement and administer the provision and exempts those rules from requirements, under continuing law, related to reducing regulatory restrictions.

Fiscal effect: May increase Department of Insurance’s administrative cost, which may be offset by any penalties collected from any PBM that violates such prohibitions to be deposited into Fund 5540.

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INSCD1 Market conduct examination

Section: 305.20

Allows the Superintendent of Insurance to assess the costs associated with a market conduct examination of an insurer doing business in this state against the insurer. Allows the Superintendent to enter into consent agreements to impose administrative assessments or fines for conduct discovered that may be violations of insurance laws or rules administered by the Superintendent. Requires all costs, assessments, or fines collected related to such violations to be deposited into the Department of Insurance Operating Fund (Fund 5540).

Section: 305.20

Same as the Executive.

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Other Taxation Provisions

TAXCD19 Insurance premium tax: certification of nonpayment

R.C. 5729.10

Requires the Treasurer of State to certify unpaid insurance premium taxes to the Attorney General for collection, replacing the Superintendent of Insurance's authority to do so.

Fiscal effect: None.

R.C. 5729.10

Same as the Executive.

Fiscal effect: Same as the Executive.