

**As Introduced**

**133rd General Assembly**

**Regular Session**

**2019-2020**

**S. B. No. 241**

**Senator Williams**

**Cosponsors: Senators Craig, Thomas, Antonio, Yuko, Fedor, Maharath**

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**A BILL**

To amend section 1739.05 and to enact sections 1  
1751.011 and 3923.283 of the Revised Code to 2  
amend the mental health insurance coverage 3  
parity law. 4

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

**Section 1.** That section 1739.05 be amended and sections 5  
1751.011 and 3923.283 of the Revised Code be enacted to read as 6  
follows: 7

**Sec. 1739.05.** (A) A multiple employer welfare arrangement 8  
that is created pursuant to sections 1739.01 to 1739.22 of the 9  
Revised Code and that operates a group self-insurance program 10  
may be established only if any of the following applies: 11

(1) The arrangement has and maintains a minimum enrollment 12  
of three hundred employees of two or more employers. 13

(2) The arrangement has and maintains a minimum enrollment 14  
of three hundred self-employed individuals. 15

(3) The arrangement has and maintains a minimum enrollment 16  
of three hundred employees or self-employed individuals in any 17

combination of divisions (A) (1) and (2) of this section. 18

(B) A multiple employer welfare arrangement that is 19  
created pursuant to sections 1739.01 to 1739.22 of the Revised 20  
Code and that operates a group self-insurance program shall 21  
comply with all laws applicable to self-funded programs in this 22  
state, including sections 3901.04, 3901.041, 3901.19 to 3901.26, 23  
3901.38, 3901.381 to 3901.3814, 3901.40, 3901.45, 3901.46, 24  
3901.491, 3902.01 to 3902.14, 3923.041, 3923.24, 3923.282, 25  
3923.283, 3923.30, 3923.301, 3923.38, 3923.581, 3923.602, 26  
3923.63, 3923.80, 3923.84, 3923.85, 3923.851, 3923.86, 3923.87, 27  
3923.89, 3923.90, 3924.031, 3924.032, and 3924.27 of the Revised 28  
Code. 29

(C) A multiple employer welfare arrangement created 30  
pursuant to sections 1739.01 to 1739.22 of the Revised Code 31  
shall solicit enrollments only through agents or solicitors 32  
licensed pursuant to Chapter 3905. of the Revised Code to sell 33  
or solicit sickness and accident insurance. 34

(D) A multiple employer welfare arrangement created 35  
pursuant to sections 1739.01 to 1739.22 of the Revised Code 36  
shall provide benefits only to individuals who are members, 37  
employees of members, or the dependents of members or employees, 38  
or are eligible for continuation of coverage under section 39  
1751.53 or 3923.38 of the Revised Code or under Title X of the 40  
"Consolidated Omnibus Budget Reconciliation Act of 1985," 100 41  
Stat. 227, 29 U.S.C.A. 1161, as amended. 42

(E) A multiple employer welfare arrangement created 43  
pursuant to sections 1739.01 to 1739.22 of the Revised Code is 44  
subject to, and shall comply with, sections 3903.81 to 3903.93 45  
of the Revised Code in the same manner as other life or health 46  
insurers, as defined in section 3903.81 of the Revised Code. 47

Sec. 1751.011. (A) As used in this section:

(1) "Basic health care services" has the same meaning as  
in section 1751.01 of the Revised Code, but excludes diagnostic  
and treatment services for biologically based mental illnesses.

(2) "Cost sharing" has the same meaning as under section  
1751.68 of the Revised Code.

(B) Notwithstanding section 3901.71 of the Revised Code,  
on and after the effective date of this section, a health  
insuring corporation that provides coverage for biologically  
based mental illnesses or for mental or emotional disorders  
shall do so in accordance with both of the following:

(1) The health insuring corporation shall not impose a  
cost sharing requirement for biologically based mental illnesses  
or for mental or emotional disorders that is separate or in any  
way distinct from the cost sharing requirement that is imposed  
with regard to coverage for the treatment and diagnosis of basic  
health care services.

(2) If a health care provider is considered in-network  
with regard to the coverage of basic health care services, then  
that provider also shall be considered in-network with regard to  
the coverage of services related to or the treatment of  
biologically based mental illnesses or mental or emotional  
disorders, if the provider is qualified to provide such services  
or treatment.

Sec. 3923.283. (A) As used in this section, "cost sharing"  
means the cost to an insured under any individual or group  
policy of sickness or accident insurance or a plan of health  
coverage according to any coverage limit, copayment,  
coinsurance, deductible, or other out-of-pocket expense

requirement imposed by the policy or plan. 77

(B) Notwithstanding section 3901.71 of the Revised Code, 78  
on and after the effective date of this section, a sickness and 79  
accident insurer and an issuer of a plan of health coverage that 80  
provides coverage for biologically based mental illnesses or for 81  
mental or emotional disorders under sections 3923.28 to 3923.282 82  
of the Revised Code shall do so in accordance with both of the 83  
following: 84

(1) The insurer or plan shall not impose a cost sharing 85  
requirement for biologically based mental illnesses or for 86  
mental or emotional disorders that is separate or in any way 87  
distinct from the cost sharing requirement that is imposed with 88  
regard to coverage for the treatment and diagnosis of all other 89  
physical diseases and disorders. 90

(2) If a health care provider is considered in-network 91  
with regard to the coverage of the treatment and diagnosis of 92  
physical diseases and disorders, then that provider also shall 93  
be considered in-network with regard to the coverage of services 94  
related to or the treatment of biologically based mental 95  
illnesses or mental or emotional disorders, if the provider is 96  
qualified to provide such services or treatment. 97

**Section 2.** That existing section 1739.05 of the Revised 98  
Code is hereby repealed. 99