



LEGISLATIVE ALERT!

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Ohio Senate Unanimously Passes S.B. 9

March 25, 2019

Last Thursday, the Ohio Senate, by a vote of 31-0 passed S.B. 9. **S.B. 9 requires health insurers to provide health claims information to employer groups with 50 or more enrolled employees.** Prior to the Senate floor vote the Senate Insurance and Financial Institutions Committee heard proponent testimony by several supporters, including OAHU (by OAHU Legislative Chair, Barb Gerken), the Ohio Small Business Council (a division of the Ohio Chamber of Commerce), the Ohio Insurance Agents Association, the National Federation of Independent Business-Ohio and Axia Consulting.

S.B. 9 includes the same language as S.B. 227 that passed the Ohio Senate and the House Insurance Committee last session but failed to be considered by the full Ohio House of Representatives.

Key provisions of S.B. 9 include:

- Once a year, upon request, a health insurer shall release to each group policyholder monthly claims data within 30 business days of receipt of the request.
- The data released shall include all the following:
 1. The net claims paid or incurred by month;
 1. If the group policyholder is an employer, the monthly enrollment data by employee only, employee and spouse, and employee and family;
 2. If the group policyholder is not an employer, the monthly enrollment data shall be provided and organized in a relevant manner.
 3. Monthly prescription claims information.
 4. Paid claims over thirty thousand dollars, including claim identifier other than name and the date of occurrence, the amount paid toward each claim, and claimant health condition or diagnosis.
 5. A health plan issuer that discloses data or information in compliance with S.B. 9 may condition any such disclosure upon the execution of an agreement with the policyholder absolving the health plan issuer from civil liability related to the use of such data or information.
 6. S.B. 9 is not to be construed as authorizing the disclosure of the identity of a particular individual covered under the group policy, nor the disclosure of any covered individual's particular health insurance claim, condition, or diagnosis, which would violate federal or state law.

If anyone commits a series of violations of S.B. 9 that, taken together, constitute a practice or pattern, then such practice or pattern shall be considered an unfair or deceptive practice under Ohio law.

S.B. 9 also authorizes health insurers to disclose additional claims information beyond what is required by the legislation.

S.B. 9 now will go to the Ohio House of Representatives for further consideration.

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