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133rd General Assembly
Regular Session
2019-2020

Sub. S. B. No. 97

A BILL

To amend sections 3727.44 and 3727.45, to enact 1
sections 3727.40, 3727.41, and 3902.32, and to 2
repeal section 5162.80 of the Revised Code 3
regarding the provision of health care cost 4
estimates. 5

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

Section 1. That sections 3727.44 and 3727.45 be amended 6
and sections 3727.40, 3727.41, and 3902.32 of the Revised Code 7
be enacted to read as follows: 8

Sec. 3727.40. (A) As used in this section, "health benefit 9
plan" and "health plan issuer" have the same meanings as in 10
section 3922.01 of the Revised Code. 11

(B) On and after January 1, 2021, and except as provided 12
in division (D) of this section, a hospital shall, on the 13
request of a patient or the patient's representative, provide to 14
that individual a reasonable, good faith estimate of the cost 15
for each health care service that a patient or the patient's 16
representative has scheduled at least seven days before the 17



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service is to be provided. The estimate may be given in writing 18
or verbally. A written estimate may be given in electronic form. 19

(C)(1) Subject to divisions (C)(2) and (3) of this 20
section, all of the following apply with respect to the 21
components of the estimate required by division (B) of this 22
section: 23

(a) The estimate shall specify the amount that the patient 24
or party responsible for paying for the patient's care will be 25
required to pay to the hospital for the service. 26

(b) If applicable, the estimate shall include a notice 27
that the professional services of physicians or other health 28
care providers will be billed separately. 29

(c) The estimate shall include a disclaimer that the 30
information provided is only an estimate based on facts 31
available at the time the estimate was prepared and that other 32
required health care services could change the estimate. 33

(d) If known to the hospital at the time the estimate is 34
provided and the patient is insured, the estimate shall include 35
a notification that the hospital or a health care provider who 36
will treat the patient is not included in the network of 37
providers established for purposes of the patient's health 38
benefit plan. 39

(e) The estimate shall identify the internet web site 40
address where the hospital publishes the list of its standard 41
charges, as required by section 3727.41 of the Revised Code. 42

(2) The estimate required by division (B) of this section 43
shall be based on information available at the time the estimate 44
is prepared and need not take into account any information that 45
subsequently arises, such as the provision of unexpected 46

additional health care services.

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(3) A hospital may state the estimate required by division (B) of this section as a range of estimated costs rather than a specific dollar amount.

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(D) In the case of a patient who is insured, division (B) of this section does not apply if the hospital submits a request to the patient's health plan issuer for the information that is necessary for the hospital to prepare the estimate and the health plan issuer fails to provide that information during the period consisting of the forty-eight hours immediately after the request is submitted to the health plan issuer.

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(E) Even if a patient or the patient's representative does not receive the cost estimate required by division (B) of this section before a service is provided, the patient or the party responsible for the cost of the patient's care remains responsible for the cost of the service that is provided.

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Sec. 3727.41. A hospital shall publish on its internet web site the list of the hospital's standard charges for items and services provided by the hospital, as that list is established and updated in accordance with section 2718(e) of the "Public Health Service Act," 42 U.S.C. 300gg-18(e). The internet web site address where the list is published shall be made readily available for purposes of public access and inclusion on the cost estimates provided under section 3727.41 of the Revised Code.

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Sec. 3727.44. The director of health may adopt rules to carry out the purposes of sections 3727.40, 3727.41, 3727.42, and 3727.43 of the Revised Code. All rules adopted pursuant to this section shall be adopted in accordance with Chapter 119. of

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the Revised Code. 76

Sec. 3727.45. The director of health may apply to the 77
court of common pleas of the county in which a hospital is 78
located for a temporary or permanent injunction restraining the 79
hospital from failure to comply with section 3727.40, 3727.41, 80
or 3727.42 of the Revised Code. 81

Sec. 3902.32. (A) As used in this section, "health plan 82
issuer" has the same meaning as in section 3922.01 of the 83
Revised Code. 84

(B) A health plan issuer shall provide to its covered 85
persons and their representatives estimates of the costs of 86
health care services to at least the same extent that the health 87
plan issuer is required to do so under federal law. 88

(C) The superintendent of insurance shall not take any 89
disciplinary or other enforcement action against a health plan 90
issuer for failure to comply with division (B) of this section. 91

Section 2. That existing sections 3727.44 and 3727.45 of 92
the Revised Code are hereby repealed. 93

Section 3. That section 5162.80 of the Revised Code is 94
hereby repealed. 95