A BILL
To enact sections 3726.01, 3726.02, 3726.03, 3726.04, and 3726.05 and to repeal section 5162.80 of the Revised Code regarding the provision of cost estimates for scheduled health care services and health care services requiring insurer preauthorization.

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

Section 1. That sections 3726.01, 3726.02, 3726.03, 3726.04, and 3726.05 of the Revised Code be enacted to read as follows:

Sec. 3726.01. As used in this chapter:

(A) "Health care provider" means an individual licensed or certified under Chapter 4715., 4725., 4731., 4732., 4734., 4747., 4753., 4755., 4757., or 4779. of the Revised Code.

(B) "Health plan issuer" means an entity subject to the insurance laws 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

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reimburse any of the costs of health care services under a health benefit plan, including a sickness and accident insurance company and a health insuring corporation.

(C) "Scheduled service" means a health care service or procedure that a patient or the patient's representative has scheduled at least seven days before the service or procedure is to occur.

Sec. 3726.02. (A)(1) On and after June 1, 2018, and except as provided in division (D) of this section, a health care provider shall, on the request of a patient or the patient's representative, provide to that individual a reasonable, good faith estimate of the cost for each scheduled service. The estimate may be given in writing or verbally. A written estimate may be given in electronic form.

(2) Subject to divisions (B) and (C) of this section, all of the following apply with respect to the components of an estimate provided under division (A)(1) of this section:

(a) If the patient is insured, the estimate shall specify the amount the health care provider expects to receive as payment from the patient's health plan issuer for each scheduled service.

(b) The estimate shall specify the amount that the patient or party responsible for the patient's care will be required to pay to the health care provider for each scheduled service.

(c) The estimate shall include a disclaimer that the information provided is only an estimate based on facts available at the time the estimate was prepared and that other required health care items, services, or procedures could change the estimate.
(d) If applicable and known to the health care provider at the time the estimate is given, the estimate shall include a notification that the provider is out-of-network for the patient.

(B) The estimate required by division (A) of this section shall be based on information available at the time the estimate is provided and need not take into account any information that subsequently arises, such as unexpected additional services or procedures.

(C) A health care provider may state the estimate required by division (A) of this section as a range rather than an actual dollar amount.

(D) Division (A) of this section does not apply in either of the following circumstances:

(1) The patient is insured and the health plan issuer fails to supply the necessary information to the health care provider within forty-eight hours of the provider's request to the issuer for that information. In that case, the health care provider may notify the patient or the patient's representative of the health plan issuer's failure.

(2) The scheduled service the patient is to receive requires preauthorization from the patient's health plan issuer. In that case, section 3726.03 of the Revised Code applies.

Sec. 3726.03. (A) On and after June 1, 2018, a health plan issuer shall provide to a patient or the patient's representative a reasonable, good faith estimate of the cost for each service, including a scheduled service, for which the patient's health care provider seeks preauthorization from the health plan issuer. All of the following shall apply with...
respect to the components of a cost estimate:

(1) If the patient is insured, the estimate shall specify the amount the health plan issuer intends to pay the provider for each scheduled service.

(2) The estimate shall specify the amount that the patient or party responsible for the patient's care will be required to pay to the health care provider for each scheduled service.

(3) The estimate shall include a disclaimer that the information provided is only an estimate based on facts available at the time the estimate was prepared and that other required health care items, services, or procedures could change the estimate.

(4) If applicable and known to the health plan issuer at the time the estimate is given, the estimate shall include a notification that the provider is out-of-network for the patient.

(B) The estimate required by division (A) of this section shall be based on information available at the time the estimate is provided and need not take into account any information that subsequently arises, such as unexpected additional services or procedures.

(C) A health plan issuer may state the estimate required by division (A) of this section as a range rather than an actual dollar amount.

(D) A cost estimate provided under division (A) of this section shall be in writing. The health plan issuer shall send the estimate to the patient or the patient's representative immediately on the issuer's approval of the preauthorization request. The cost estimate may be sent by regular mail,
electronic mail, or text messaging.

**Sec. 3726.04.** A patient is responsible for payment of an administered health care service or procedure even if the patient does not receive a cost estimate under section 3726.02 or 3726.03 of the Revised Code before receiving that service or procedure.

**Sec. 3726.05.** A health care provider, health plan issuer, or any employee or contractor of the provider or issuer is not liable for or subject to any of the following for injury, death, or loss to person or property that allegedly arises from any act or omission associated with fulfilling a duty imposed by section 3726.02 or 3726.03 of the Revised Code unless the act or omission constitutes willful or wanton misconduct: damages in a civil action, prosecution in a criminal proceeding, or professional disciplinary action.

**Section 2.** That section 5162.80 of the Revised Code is hereby repealed.