

As Introduced

**132nd General Assembly
Regular Session
2017-2018**

H. B. No. 416

Representative Huffman

A BILL

To enact sections 3726.01, 3726.02, 3726.03, 1
3726.04, and 3726.05 and to repeal section 2
5162.80 of the Revised Code regarding the 3
provision of cost estimates for scheduled health 4
care services and health care services requiring 5
insurer preauthorization. 6

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

Section 1. That sections 3726.01, 3726.02, 3726.03, 7
3726.04, and 3726.05 of the Revised Code be enacted to read as 8
follows: 9

Sec. 3726.01. As used in this chapter: 10

(A) "Health care provider" means an individual licensed or 11
certified under Chapter 4715., 4725., 4731., 4732., 4734., 12
4747., 4753., 4755., 4757., or 4779. of the Revised Code. 13

(B) "Health plan issuer" means an entity subject to the 14
insurance laws of this state, or subject to the jurisdiction of 15
the superintendent of insurance, that contracts, or offers to 16
contract, to provide, deliver, arrange for, pay for, or 17
reimburse any of the costs of health care services under a 18
health benefit plan, including a sickness and accident insurance 19

company and a health insuring corporation. 20

(C) "Scheduled service" means a health care service or 21
procedure that a patient or the patient's representative has 22
scheduled at least seven days before the service or procedure is 23
to occur. 24

Sec. 3726.02. (A) (1) On and after June 1, 2018, and except 25
as provided in division (D) of this section, a health care 26
provider shall, on the request of a patient or the patient's 27
representative, provide to that individual a reasonable, good 28
faith estimate of the cost for each scheduled service. The 29
estimate may be given in writing or verbally. A written estimate 30
may be given in electronic form. 31

(2) Subject to divisions (B) and (C) of this section, all 32
of the following apply with respect to the components of an 33
estimate provided under division (A) (1) of this section: 34

(a) If the patient is insured, the estimate shall specify 35
the amount the health care provider expects to receive as 36
payment from the patient's health plan issuer for each scheduled 37
service. 38

(b) The estimate shall specify the amount that the patient 39
or party responsible for the patient's care will be required to 40
pay to the health care provider for each scheduled service. 41

(c) The estimate shall include a disclaimer that the 42
information provided is only an estimate based on facts 43
available at the time the estimate was prepared and that other 44
required health care items, services, or procedures could change 45
the estimate. 46

(d) If applicable and known to the health care provider at 47
the time the estimate is given, the estimate shall include a 48

notification that the provider is out-of-network for the 49
patient. 50

(B) The estimate required by division (A) of this section 51
shall be based on information available at the time the estimate 52
is provided and need not take into account any information that 53
subsequently arises, such as unexpected additional services or 54
procedures. 55

(C) A health care provider may state the estimate required 56
by division (A) of this section as a range rather than an actual 57
dollar amount. 58

(D) Division (A) of this section does not apply in either 59
of the following circumstances: 60

(1) The patient is insured and the health plan issuer 61
fails to supply the necessary information to the health care 62
provider within forty-eight hours of the provider's request to 63
the issuer for that information. In that case, the health care 64
provider may notify the patient or the patient's representative 65
of the health plan issuer's failure. 66

(2) The scheduled service the patient is to receive 67
requires preauthorization from the patient's health plan issuer. 68
In that case, section 3726.03 of the Revised Code applies. 69

Sec. 3726.03. (A) On and after June 1, 2018, a health plan 70
issuer shall provide to a patient or the patient's 71
representative a reasonable, good faith estimate of the cost for 72
each service, including a scheduled service, for which the 73
patient's health care provider seeks preauthorization from the 74
health plan issuer. All of the following shall apply with 75
respect to the components of a cost estimate: 76

(1) If the patient is insured, the estimate shall specify 77

the amount the health plan issuer intends to pay the provider 78
for each scheduled service. 79

(2) The estimate shall specify the amount that the patient 80
or party responsible for the patient's care will be required to 81
pay to the health care provider for each scheduled service. 82

(3) The estimate shall include a disclaimer that the 83
information provided is only an estimate based on facts 84
available at the time the estimate was prepared and that other 85
required health care items, services, or procedures could change 86
the estimate. 87

(4) If applicable and known to the health plan issuer at 88
the time the estimate is given, the estimate shall include a 89
notification that the provider is out-of-network for the 90
patient. 91

(B) The estimate required by division (A) of this section 92
shall be based on information available at the time the estimate 93
is provided and need not take into account any information that 94
subsequently arises, such as unexpected additional services or 95
procedures. 96

(C) A health plan issuer may state the estimate required 97
by division (A) of this section as a range rather than an actual 98
dollar amount. 99

(D) A cost estimate provided under division (A) of this 100
section shall be in writing. The health plan issuer shall send 101
the estimate to the patient or the patient's representative 102
immediately on the issuer's approval of the preauthorization 103
request. The cost estimate may be sent by regular mail, 104
electronic mail, or text messaging. 105

Sec. 3726.04. A patient is responsible for payment of an 106

administered health care service or procedure even if the 107
patient does not receive a cost estimate under section 3726.02 108
or 3726.03 of the Revised Code before receiving that service or 109
procedure. 110

Sec. 3726.05. A health care provider, health plan issuer, 111
or any employee or contractor of the provider or issuer is not 112
liable for or subject to any of the following for injury, death, 113
or loss to person or property that allegedly arises from any act 114
or omission associated with fulfilling a duty imposed by section 115
3726.02 or 3726.03 of the Revised Code unless the act or 116
omission constitutes willful or wanton misconduct: damages in a 117
civil action, prosecution in a criminal proceeding, or 118
professional disciplinary action. 119

Section 2. That section 5162.80 of the Revised Code is 120
hereby repealed. 121