

**As Introduced**

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

**H. B. No. 416**

**Representative Huffman**

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**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