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Sub. H. B. No. 173

Representative Troy

Cosponsors: Representatives Gross, Richardson, Forhan, Brennan, Rogers, McNally, Brewer, Thomas, C., Liston, Abdullahi, Abrams, Barhorst, Brent, Brown, Callender, Carruthers, Creech, Dell'Aquila, Denson, Dobos, Galonski, Grim, Hall, Hoops, Humphrey, Isaacsohn, John, Johnson, Jones, Lightbody, Lorenz, Manning, Mathews, Miller, A., Miller, J., Miller, M., Miranda, Mohamed, Patton, Pavliga, Peterson, Pizzulli, Ray, Russo, Skindell, Somani, Weinstein, White, Williams

A BILL

To amend section 3727.44; to amend, for the purpose
of adopting a new section number as indicated in
parentheses, section 3727.44 (3727.40); to enact
sections 5.2410, 5.54, 3727.31, 3727.32,
3727.33, 3727.34, 3727.35, 3727.36, 3727.37,
3727.38, 3727.381, and 3727.39; and to repeal
sections 3727.42, 3727.43, and 3727.45 of the
Revised Code to require hospitals to publish
certain price information and to designate "Ohio
Black Media Week" and "Older Ohioans Month."

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

Section 1. That section 3727.44 be amended; section
3727.44 (3727.40) be amended for the purpose of adopting a new
section number as indicated in parentheses; and sections 5.2410,
5.54, 3727.31, 3727.32, 3727.33, 3727.34, 3727.35, 3727.36,

3727.37, 3727.38, 3727.381, and 3727.39 of the Revised Code be 15
enacted to read as follows: 16

Sec. 5.2410. The month of May is designated as "Older 17
Ohioans Month." 18

Sec. 5.54. The week of the sixteenth day of March is 19
designated as "Ohio Black Media Week" to recognize freedom of 20
the press, information, equity, and equality. 21

Sec. 3727.31. As used in sections 3727.31 to 3727.40 of 22
the Revised Code: 23

(A) "Ancillary service" means a hospital item or service 24
that a hospital customarily provides as part of a shoppable 25
service. 26

(B) "Chargemaster" means the list maintained by a hospital 27
of each hospital item or service for which the hospital has 28
established a charge. 29

(C) "De-identified maximum negotiated charge" means the 30
highest charge that a hospital has negotiated with all third- 31
party payors for a hospital item or service. 32

(D) "De-identified minimum negotiated charge" means the 33
lowest charge that a hospital has negotiated with all third- 34
party payors for a hospital item or service. 35

(E) "Discounted cash price" means the charge that applies 36
to an individual who pays cash, or a cash equivalent, for a 37
hospital item or service. 38

(F) "Federal price transparency law" means section 2718(e) 39
of the "Public Health Service Act," 42 U.S.C. 300gg-18, and 40
hospital price transparency rules adopted by the United States 41
department of health and human services and the United States 42

centers for medicare and medicaid services implementing that 43
section, including the rules and requirements under 45 C.F.R. 44
180. 45

(G) "Hospital" has the same meaning as in section 3722.01 46
of the Revised Code. 47

(H) "Hospital items or services" means all items or 48
services, including individual items or services and service 49
packages, that may be provided by a hospital to a patient in 50
connection with an inpatient admission or an outpatient 51
department visit, as applicable, for which the hospital has 52
established a standard charge, including all of the following: 53

(1) Supplies and procedures; 54

(2) Room and board; 55

(3) Use of the hospital and other areas, the charges for 56
which are generally referred to as facility fees; 57

(4) Services of physicians and non-physician 58
practitioners, employed by the hospital, the charges for which 59
are generally referred to as professional fees; 60

(5) Any other item or service for which a hospital has 61
established a standard charge. 62

(I) "Gross charge" means the charge for a hospital item or 63
service that is reflected on a hospital's chargemaster, absent 64
any discounts. 65

(J) "Machine-readable format" means a digital 66
representation of information in a file that can be imported or 67
read into a computer system for further processing. "Machine- 68
readable format" includes.XML,.JSON, and.CSV formats. 69

(K) "Payor-specific negotiated charge" means the charge 70
that a hospital has negotiated with a third-party payor for a 71
hospital item or service. 72

(L) "Personal data" means any information that is linked 73
or reasonably linkable to an identified or identifiable person 74
in this state. "Personal data" does not include either of the 75
following: 76

(1) Publicly available information; 77

(2) Personal data that has been de-identified or 78
aggregated using commercially reasonable methods such that 79
neither the associated person, nor a device linked to that 80
person, can be reasonably identified. 81

(M) "Process" or "processing" means any operation or set 82
of operations that are performed on personal data, whether or 83
not by automated means, including the collection, use, storage, 84
disclosure, analysis, deletion, transfer, or modification of 85
personal data. 86

(N) "Publicly available information" means information 87
that is lawfully made available from federal, state, or local 88
government records or widely available media. 89

(O) "Service package" means an aggregation of individual 90
hospital items or services into a single service with a single 91
charge. 92

(P) "Shoppable service" means a service that may be 93
scheduled by a health care consumer in advance. 94

(Q) "Standard charge" means the regular rate established 95
by the hospital for a hospital item or service provided to a 96
specific group of paying patients. "Standard charge" includes 97

<u>all of the following:</u>	98
<u>(1) The gross charge;</u>	99
<u>(2) The payor-specific negotiated charge;</u>	100
<u>(3) The de-identified minimum negotiated charge;</u>	101
<u>(4) The de-identified maximum negotiated charge;</u>	102
<u>(5) The discounted cash price.</u>	103
<u>(R) "Targeted advertising" means displaying an</u>	104
<u>advertisement that is selected based on personal data obtained</u>	105
<u>from the use of a hospital's internet-based price estimator tool</u>	106
<u>by a person in this state. "Targeted advertising" does not</u>	107
<u>include any of the following:</u>	108
<u>(1) Advertising in response to the user's request for</u>	109
<u>information or feedback;</u>	110
<u>(2) Advertisements based on activities within a hospital's</u>	111
<u>own web sites or online applications;</u>	112
<u>(3) Advertisements based on the context of a user's</u>	113
<u>current search query, visit to a web site, or online</u>	114
<u>application;</u>	115
<u>(4) Processing personal data solely for measuring or</u>	116
<u>reporting advertising performance, reach, or frequency.</u>	117
<u>(S) "Third-party payor" means an entity that is, by</u>	118
<u>statute, contract, or agreement, legally responsible for payment</u>	119
<u>of a claim for a hospital item or service.</u>	120
<u>Sec. 3727.32. A hospital shall make public both of the</u>	121
<u>following:</u>	122
<u>(A) As described in section 3727.33 of the Revised Code, a</u>	123

digital file in a machine-readable format that contains a list 124
of all standard charges, expressed in dollar amounts, for all 125
hospital items or services; 126

(B) As described in section 3727.34 of the Revised Code, a 127
consumer-friendly list of standard charges for the hospital's 128
shoppable services or an internet-based price estimator tool. 129

Sec. 3727.33. (A) A hospital shall maintain a list of all 130
standard charges for all hospital items or services in 131
accordance with this section. The hospital shall ensure that the 132
list is available at all times to the public, including by 133
posting the list electronically in the manner provided by this 134
section. 135

(B) The standard charges contained in the list shall 136
reflect the standard charges applicable to that location of the 137
hospital, regardless of whether the hospital operates in more 138
than one location or operates under the same license as another 139
hospital. 140

(C) The list shall include the following information, as 141
applicable: 142

(1) A description of each hospital item or service 143
provided by the hospital; 144

(2) The following charges, expressed in dollar amounts, 145
for each particular hospital item or service when provided in 146
either an inpatient setting or an outpatient department setting, 147
as applicable: 148

(a) The gross charge; 149

(b) The de-identified minimum negotiated charge; 150

(c) The de-identified maximum negotiated charge; 151

<u>(d) The discounted cash price;</u>	152
<u>(e) The payor-specific negotiated charge, listed by the</u>	153
<u>name of the third-party payor and health plan associated with</u>	154
<u>the charge and displayed in a manner that clearly associates the</u>	155
<u>charge with each third-party payor and health plan;</u>	156
<u>(f) Any code used by the hospital for purposes of</u>	157
<u>accounting or billing for the hospital item or service,</u>	158
<u>including the current procedural terminology (CPT) code,</u>	159
<u>healthcare common procedure coding system (HCPCS) code,</u>	160
<u>diagnosis related group (DRG) code, national drug code (NDC), or</u>	161
<u>other common identifier.</u>	162
<u>(D) The information contained in the list shall be</u>	163
<u>published in a single digital file that is in a machine-readable</u>	164
<u>format.</u>	165
<u>(E) The list shall be displayed in a prominent location on</u>	166
<u>the home page of the hospital's publicly accessible internet web</u>	167
<u>site or be accessible by selecting a dedicated link that is</u>	168
<u>prominently displayed on that home page. If the hospital</u>	169
<u>operates multiple locations and maintains a single internet web</u>	170
<u>site, a separate list shall be posted for each location the</u>	171
<u>hospital operates and shall be displayed in a manner that</u>	172
<u>clearly associates the list with the applicable location.</u>	173
<u>(F) The list shall satisfy all of the following</u>	174
<u>conditions:</u>	175
<u>(1) Be available free of charge; without having to</u>	176
<u>register or establish a user account or password; without having</u>	177
<u>to submit personal identifying information, including any</u>	178
<u>information pertaining to an individual's health care coverage</u>	179
<u>or other benefits; and without having to overcome any other</u>	180

impediment in order to access the list, including such 181
impediments as entering a code or completing any type of 182
security measure known as challenge-response authentication; 183

(2) Be accessible to a common commercial operator of an 184
internet search engine to the extent necessary for the search 185
engine to index the list and display the list as a result in 186
response to a search query of a user of the search engine; 187

(3) Be formatted in a manner prescribed by the template 188
developed under division (G) of this section; 189

(4) Be digitally searchable; 190

(5) Use the following naming convention specified by the 191
United States centers for medicare and medicaid services, 192
specifically: 193

"<ein> <hospital-name>_standardcharges.[jsonxmlcsv]." 194

(G) For purposes of division (F)(3) of this section, the 195
director of health shall develop a template that each hospital 196
shall use in formatting the list. In developing the template, 197
the director shall do both of the following: 198

(1) Consider any applicable federal guidelines for 199
formatting similar lists required by federal statutes or 200
regulations and ensure that the design of the template enables 201
health care consumers or other researchers to compare the 202
charges contained in the lists maintained by each hospital; 203

(2) Design the template to be substantially similar to the 204
template used by the United States centers for medicare and 205
medicaid services for purposes similar to those of sections 206
3727.31 to 3727.40 of the Revised Code, if the director 207
determines that designing the template in that manner serves the 208

purposes of this section and that the department of health 209
benefits from the director developing and requiring that 210
substantially similar design. 211

(H) At least once each year, the hospital shall update the 212
list it maintains under this section. The hospital shall clearly 213
indicate the date on which the list was most recently updated, 214
either on the list or in a manner that is clearly associated 215
with the list. 216

Sec. 3727.34. (A) Subject to division (E) of this section, 217
a hospital shall maintain and make publicly available a list of 218
the standard charges described in divisions (C) (2) (b), (c), (d), 219
and (e) of section 3727.33 of the Revised Code for the 220
hospital's shoppable services. With respect to the shoppable 221
services that are included on the list, a hospital may select 222
the shoppable services to be included on the list, subject to 223
all of the following: 224

(1) The list shall include at least three hundred 225
shoppable services, unless the hospital provides fewer than 226
three hundred shoppable services, in which case the list shall 227
include the number of shoppable services that the hospital 228
provides. 229

(2) Of the shoppabale services selected for purposes of 230
division (A) (1) of this section, the list shall include the 231
seventy services specified as shoppable services by the United 232
States centers for medicare and medicaid services, unless the 233
hospital does not provide all of the seventy services, in which 234
case the list shall include as many of those services as the 235
hospital does provide. 236

(3) In selecting a shoppable service for purposes of 237

<u>inclusion on the list, a hospital shall do both of the</u>	238
<u>following:</u>	239
<u>(a) Consider how frequently the hospital provides the</u>	240
<u>service and the hospital's billing rate for that service;</u>	241
<u>(b) Prioritize the selection of services that are among</u>	242
<u>the services most frequently provided by the hospital.</u>	243
<u>(B) A hospital's list maintained under this section shall</u>	244
<u>include all of the following information:</u>	245
<u>(1) A plain-language description of each shoppable service</u>	246
<u>included on the list;</u>	247
<u>(2) The payor-specific negotiated charge that applies to</u>	248
<u>each shoppable service included on the list and any ancillary</u>	249
<u>service, listed by the name of the third-party payor and health</u>	250
<u>plan associated with the charge and displayed in a manner that</u>	251
<u>clearly associates the charge with the third-party payor and</u>	252
<u>health plan;</u>	253
<u>(3) The discounted cash price that applies to each</u>	254
<u>shoppable service included on the list and any ancillary service</u>	255
<u>or, if the hospital does not offer a discounted cash price for</u>	256
<u>one or more of the shoppable or ancillary services on the list,</u>	257
<u>the gross charge for the shoppable service or ancillary service,</u>	258
<u>as applicable;</u>	259
<u>(4) The de-identified minimum negotiated charge that</u>	260
<u>applies to each shoppable service included on the list and any</u>	261
<u>ancillary service;</u>	262
<u>(5) The de-identified maximum negotiated charge that</u>	263
<u>applies to each shoppable service included on the list and any</u>	264
<u>ancillary service;</u>	265

<u>(6) Any code used by the hospital for purposes of</u>	266
<u>accounting or billing for each shoppable service included on the</u>	267
<u>list and any ancillary service, including the current procedural</u>	268
<u>terminology (CPT) code, healthcare common procedure coding</u>	269
<u>system (HCPCS) code, diagnosis related group (DRG) code,</u>	270
<u>national drug code (NDC), or other common identifier.</u>	271
<u>(C) If applicable, the list shall do the following:</u>	272
<u>(1) State each location at which the hospital provides the</u>	273
<u>shoppable service and whether the standard charges included in</u>	274
<u>the list apply at that location to the provision of that</u>	275
<u>shoppable service in an inpatient setting, an outpatient</u>	276
<u>department setting, or in both of those settings, as applicable;</u>	277
<u>(2) Indicate if one or more of the shoppable services</u>	278
<u>specified by the United States centers for medicare and medicaid</u>	279
<u>services is not provided by the hospital.</u>	280
<u>(D) The list shall satisfy the following conditions, as</u>	281
<u>applicable:</u>	282
<u>(1) Be displayed in the same manner prescribed by division</u>	283
<u>(E) of section 3727.33 of the Revised Code for the list required</u>	284
<u>under that section;</u>	285
<u>(2) Be available and accessible in the same manner</u>	286
<u>prescribed by divisions (F) (1) and (2) of section 3727.33 of the</u>	287
<u>Revised Code for the list required by that section;</u>	288
<u>(3) Be searchable by service description, billing code,</u>	289
<u>and payor;</u>	290
<u>(4) Be formatted in a manner that is consistent with the</u>	291
<u>template developed by the director of health under division (G)</u>	292
<u>of section 3727.33 of the Revised Code for the list required</u>	293

<u>under that section;</u>	294
<u>(5) Be updated in the same manner prescribed by division</u>	295
<u>(H) of section 3727.33 of the Revised Code for the list required</u>	296
<u>under that section.</u>	297
<u>(E) (1) A hospital may, in lieu of maintaining and making</u>	298
<u>publicly available the list of shoppable services otherwise</u>	299
<u>required by this section, maintain an internet-based price</u>	300
<u>estimator tool that satisfies all of the following:</u>	301
<u>(a) Provides a cost estimate for each shoppable service</u>	302
<u>and any ancillary service otherwise required to be included on</u>	303
<u>the list of shoppable services;</u>	304
<u>(b) Allows a person to obtain an estimate of the amount</u>	305
<u>the person will be obligated to pay the hospital if the person</u>	306
<u>elects to use the hospital to provide the service;</u>	307
<u>(c) Is available and accessible in the same manner</u>	308
<u>prescribed by division (F) (1) of section 3727.33 of the Revised</u>	309
<u>Code for the list required by that section.</u>	310
<u>(2) A hospital that maintains an internet-based price</u>	311
<u>estimator tool deemed by the United States centers for medicare</u>	312
<u>and medicaid services to meet the requirements of the federal</u>	313
<u>price transparency law regarding the list of standard charges</u>	314
<u>for shoppable services also meets the requirements of this</u>	315
<u>section.</u>	316
<u>(3) A hospital shall not sell personal data acquired from</u>	317
<u>the use of the hospital's internet-based price estimator tool by</u>	318
<u>a person in this state.</u>	319
<u>(4) A hospital shall not use, sell, or process personal</u>	320
<u>data acquired from the use of the hospital's internet-based</u>	321

price estimator tool by a person in this state for the purposes 322
of targeted advertising. 323

Sec. 3727.35. Each time a hospital updates a list or 324
internet-based price estimator tool as required under sections 325
3727.33 and 3727.34 of the Revised Code, the hospital shall 326
submit the updated list or a description of the updates to the 327
internet-based price estimator tool to the director of health. 328
The director shall prescribe the form in which the updated list 329
or description is to be submitted. 330

Sec. 3727.36. (A) No hospital shall do any of the 331
following: 332

(1) (a) Fail to comply with the requirement to make public 333
the list described in section 3727.33 of the Revised Code; 334

(b) Fail to comply with the requirements to make public 335
the either the list or the internet-based price estimator tool 336
described in section 3727.34 of the Revised Code. 337

(2) (a) Fail to maintain the list required by section 338
3727.33 of the Revised Code in accordance with the requirements 339
of that section; 340

(b) Fail to maintain either the list or the internet-based 341
price estimator tool required by section 3727.34 of the Revised 342
Code in accordance with the requirements of that section. 343

(3) Fail in any other manner to comply with the 344
requirements that apply to a list and, if applicable, the 345
internet-based price estimator tool, under sections 3727.31 to 346
3727.40 of the Revised Code. 347

(B) The director of health shall monitor each hospital's 348
compliance with division (A) of this section. The monitoring may 349

<u>occur by any of the following methods:</u>	350
<u>(1) Reviewing any credible analysis prepared regarding</u>	351
<u>compliance or noncompliance by hospitals;</u>	352
<u>(2) Auditing the internet web sites of hospitals for</u>	353
<u>compliance;</u>	354
<u>(3) Confirming that each hospital submits updated lists as</u>	355
<u>required by section 3727.35 of the Revised Code.</u>	356
<u>(C) (1) The director of health shall create and make</u>	357
<u>publicly available a list that identifies each hospital that is</u>	358
<u>not in compliance with division (A) of this section. The list of</u>	359
<u>noncompliant hospitals shall include any hospital that has been</u>	360
<u>sent a notice of violation under section 3727.37 of the Revised</u>	361
<u>Code, is subject to an order imposing an administrative penalty</u>	362
<u>under section 3727.38 of the Revised Code, has been sent any</u>	363
<u>other written communication from the director regarding a</u>	364
<u>violation of division (A) of this section, or otherwise has been</u>	365
<u>determined by the director to be not in compliance with division</u>	366
<u>(A) of this section.</u>	367
<u>(2) The list of noncompliant hospitals is a public record,</u>	368
<u>as defined in section 149.43 of the Revised Code.</u>	369
<u>(3) After the director of health has determined that a</u>	370
<u>hospital is not in compliance with division (A) of this section,</u>	371
<u>the materials that consist of notices, orders, communications,</u>	372
<u>and determinations under sections 3727.31 to 3727.40 of the</u>	373
<u>Revised Code are public records, as defined in section 149.43 of</u>	374
<u>the Revised Code.</u>	375
<u>(D) Not later than ninety days after the effective date of</u>	376
<u>this section, the director of health shall create the initial</u>	377
<u>list of noncompliant hospitals and include the list on the</u>	378

internet web site maintained by the department of health. The 379
director shall update the list and web site at least every 380
thirty days thereafter. 381

Sec. 3727.37. (A) If the director of health determines 382
that a hospital has violated division (A) of section 3727.36 of 383
the Revised Code, the director shall issue a notice of violation 384
to the hospital. The director shall clearly explain in the 385
notice the manner in which the hospital is not in compliance. 386

When a notice of violation is issued, the director shall 387
require the hospital to submit a corrective action plan to the 388
director. In the notice, the director shall indicate the form 389
and manner in which the corrective action plan is to be 390
submitted and clearly specify the date by which the hospital is 391
required to submit the plan. The date that is specified shall 392
not be less than sixty days after the notice is sent. 393

(B) A hospital that receives a notice of violation shall 394
submit to the director of health a corrective action plan in the 395
form and manner indicated, and by the date specified, in the 396
notice. In the plan, the hospital shall provide a detailed 397
description of the corrective action the hospital will take to 398
address each violation identified by the director. The hospital 399
shall specify the date by which it will complete the corrective 400
action. The date that is specified shall not be more than one 401
hundred eighty days after the plan is submitted. 402

(C) A corrective action plan is subject to review and 403
approval by the director of health. After the director reviews 404
and approves the plan, the director shall monitor and evaluate 405
the hospital's compliance with the plan. 406

(D) No hospital shall do any of the following: 407

<u>(1) Fail to respond to the director's requirement to</u>	408
<u>submit a corrective action plan;</u>	409
<u>(2) Fail to submit a corrective action plan in the form</u>	410
<u>and manner indicated in the notice of violation or by the date</u>	411
<u>specified in that notice;</u>	412
<u>(3) Fail to complete the corrective action specified in a</u>	413
<u>corrective action plan by the date specified in the plan.</u>	414
<u>Sec. 3727.38. (A) (1) Notwithstanding any conflicting</u>	415
<u>provision of the Revised Code, the director of health shall</u>	416
<u>impose an administrative penalty on a hospital if the hospital</u>	417
<u>does both of the following:</u>	418
<u>(a) Violates division (A) of section 3727.36 of the</u>	419
<u>Revised Code;</u>	420
<u>(b) Violates division (D) of section 3727.37 of the</u>	421
<u>Revised Code.</u>	422
<u>(2) Each day a violation continues is considered a</u>	423
<u>separate violation.</u>	424
<u>(B) In imposing an administrative penalty under this</u>	425
<u>section, the director of health shall act in accordance with</u>	426
<u>Chapter 119. of the Revised Code. The amount of the penalty to</u>	427
<u>be imposed on a hospital shall be selected by the director,</u>	428
<u>subject to the minimum amounts and considerations specified in</u>	429
<u>division (C) of this section. For all penalties that are</u>	430
<u>imposed, the director shall select amounts that are sufficient</u>	431
<u>to ensure that hospitals comply with the requirements of</u>	432
<u>sections 3727.31 to 3727.40 of the Revised Code.</u>	433
<u>(C) (1) An administrative penalty imposed under this</u>	434
<u>section shall not be less than the following:</u>	435

<u>(a) In the case of a hospital with a bed count of thirty</u>	436
<u>or fewer, three hundred dollars;</u>	437
<u>(b) In the case of a hospital with a bed count that is</u>	438
<u>greater than thirty and equal to or fewer than five hundred</u>	439
<u>fifty, ten dollars per bed;</u>	440
<u>(c) In the case of a hospital with a bed count that is</u>	441
<u>greater than five hundred fifty, five thousand five hundred</u>	442
<u>dollars.</u>	443
<u>(2) In setting the amount of the penalty to be imposed on</u>	444
<u>a hospital, the director of health shall consider all of the</u>	445
<u>following:</u>	446
<u>(a) Previous violations by the hospital's operator;</u>	447
<u>(b) The seriousness of the violation;</u>	448
<u>(c) The demonstrated good faith of the hospital's</u>	449
<u>operator;</u>	450
<u>(d) Any other matters as justice may require.</u>	451
<u>(D) An administrative penalty collected under this section</u>	452
<u>shall be deposited into the state treasury to the credit of the</u>	453
<u>hospital price transparency fund created by section 3727.381 of</u>	454
<u>the Revised Code.</u>	455
<u>Sec. 3727.381.</u> <u>There is hereby created in the state</u>	456
<u>treasury the hospital price transparency fund, consisting of</u>	457
<u>administrative penalties collected under section 3727.38 of the</u>	458
<u>Revised Code. The director of health shall administer the fund.</u>	459
<u>The amounts deposited shall be used for purposes of</u>	460
<u>administering and enforcing sections 3727.31 to 3727.40 of the</u>	461
<u>Revised Code, except that the director may use a portion for</u>	462
<u>purposes of informing the public about the availability of</u>	463

hospital price information and other consumer rights under those sections. 464
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Sec. 3727.39. The director of health shall prepare reports and submit them in accordance with all of the following: 466
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(A) On an annual basis, the director shall prepare a report on hospitals that are in violation of division (A) of section 3727.36 or division (D) of section 3727.37 of the Revised Code. 468
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(B) Within sixty days after any change to the federal price transparency law, the director shall prepare a report of the director's recommendations for conforming sections 3727.31 to 3727.40 of the Revised Code with the change or, alternatively, stating that no conforming changes are necessary. 472
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(C) The director shall submit the reports required by divisions (A) and (B) of this section to the general assembly in accordance with section 101.68 of the Revised Code, the chairperson of the standing committee of the house of representatives with primary responsibility for health legislation, the chairperson of the standing committee of the senate with primary responsibility for health legislation, and the governor. 477
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Sec. ~~3727.44~~ 3727.40. The director of health may adopt rules to carry out the purposes of sections ~~3727.42 and 3727.43~~ 3727.31 to 3727.40 of the Revised Code. All rules adopted pursuant to this section shall be adopted in accordance with Chapter 119. of the Revised Code. 485
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Section 2. That existing section 3727.44 of the Revised Code is hereby repealed. 490
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Section 3. That sections 3727.42, 3727.43, and 3727.45 of 492

the Revised Code are hereby repealed.

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