

As Passed by the Senate

135th General Assembly

Regular Session

2023-2024

Am. 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

Senators Antonio, Craig, DeMora, Ingram, Johnson, Landis, Reineke, Reynolds, Romanchuk, Sykes, Wilson

A BILL

To amend section 3727.44; to amend, for the purpose 1
of adopting a new section number as indicated in 2
parentheses, section 3727.44 (3727.40); to enact 3
sections 5.2410, 5.54, 5.60, 3727.31, 3727.32, 4
3727.33, 3727.34, 3727.35, 3727.36, 3727.37, 5
3727.38, 3727.381, and 3727.39; and to repeal 6
sections 3727.42, 3727.43, and 3727.45 of the 7
Revised Code to require hospitals to publish 8
certain price information and to designate "Ohio 9
Black Media Week," "Hindu Heritage Month," and 10
"Older Ohioans Month." 11

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

Section 1. That section 3727.44 be amended; section 12
3727.44 (3727.40) be amended for the purpose of adopting a new 13

section number as indicated in parentheses; and sections 5.2410, 14
5.54, 5.60, 3727.31, 3727.32, 3727.33, 3727.34, 3727.35, 15
3727.36, 3727.37, 3727.38, 3727.381, and 3727.39 of the Revised 16
Code be enacted to read as follows: 17

Sec. 5.2410. The month of May is designated as "Older 18
Ohioans Month." 19

Sec. 5.54. The week of the sixteenth day of March is 20
designated as "Ohio Black Media Week" to recognize freedom of 21
the press, information, equity, and equality. 22

Sec. 5.60. The month of October is designated as "Hindu 23
Heritage Month" to recognize the contributions of Hindu 24
Americans to the culture, education, faith, and life of the 25
state. 26

Sec. 3727.31. As used in sections 3727.31 to 3727.40 of 27
the Revised Code: 28

(A) "Ancillary service" means a hospital item or service 29
that a hospital customarily provides as part of a shoppable 30
service. 31

(B) "Chargemaster" means the list maintained by a hospital 32
of each hospital item or service for which the hospital has 33
established a charge. 34

(C) "De-identified maximum negotiated charge" means the 35
highest charge that a hospital has negotiated with all third- 36
party payors for a hospital item or service. 37

(D) "De-identified minimum negotiated charge" means the 38
lowest charge that a hospital has negotiated with all third- 39
party payors for a hospital item or service. 40

(E) "Discounted cash price" means the charge that applies 41

to an individual who pays cash, or a cash equivalent, for a 42
hospital item or service. 43

(F) "Federal price transparency law" means section 2718(e) 44
of the "Public Health Service Act," 42 U.S.C. 300gg-18, and 45
hospital price transparency rules adopted by the United States 46
department of health and human services and the United States 47
centers for medicare and medicaid services implementing that 48
section, including the rules and requirements under 45 C.F.R. 49
180. 50

(G) "Hospital" has the same meaning as in section 3722.01 51
of the Revised Code. 52

(H) "Hospital items or services" means all items or 53
services, including individual items or services and service 54
packages, that may be provided by a hospital to a patient in 55
connection with an inpatient admission or an outpatient 56
department visit, as applicable, for which the hospital has 57
established a standard charge, including all of the following: 58

(1) Supplies and procedures; 59

(2) Room and board; 60

(3) Use of the hospital and other areas, the charges for 61
which are generally referred to as facility fees; 62

(4) Services of physicians and non-physician 63
practitioners, employed by the hospital, the charges for which 64
are generally referred to as professional fees; 65

(5) Any other item or service for which a hospital has 66
established a standard charge. 67

(I) "Gross charge" means the charge for a hospital item or 68
service that is reflected on a hospital's chargemaster, absent 69

any discounts. 70

(J) "Machine-readable format" means a digital 71
representation of information in a file that can be imported or 72
read into a computer system for further processing. "Machine- 73
readable format" includes.XML,.JSON, and.CSV formats. 74

(K) "Payor-specific negotiated charge" means the charge 75
that a hospital has negotiated with a third-party payor for a 76
hospital item or service. 77

(L) "Personal data" means any information that is linked 78
or reasonably linkable to an identified or identifiable person 79
in this state. "Personal data" does not include either of the 80
following: 81

(1) Publicly available information; 82

(2) Personal data that has been de-identified or 83
aggregated using commercially reasonable methods such that 84
neither the associated person, nor a device linked to that 85
person, can be reasonably identified. 86

(M) "Process" or "processing" means any operation or set 87
of operations that are performed on personal data, whether or 88
not by automated means, including the collection, use, storage, 89
disclosure, analysis, deletion, transfer, or modification of 90
personal data. 91

(N) "Publicly available information" means information 92
that is lawfully made available from federal, state, or local 93
government records or widely available media. 94

(O) "Service package" means an aggregation of individual 95
hospital items or services into a single service with a single 96
charge. 97

| | |
|---|-----|
| <u>(P) "Shoppable service" means a service that may be</u> | 98 |
| <u>scheduled by a health care consumer in advance.</u> | 99 |
| <u>(Q) "Standard charge" means the regular rate established</u> | 100 |
| <u>by the hospital for a hospital item or service provided to a</u> | 101 |
| <u>specific group of paying patients. "Standard charge" includes</u> | 102 |
| <u>all of the following:</u> | 103 |
| <u>(1) The gross charge;</u> | 104 |
| <u>(2) The payor-specific negotiated charge;</u> | 105 |
| <u>(3) The de-identified minimum negotiated charge;</u> | 106 |
| <u>(4) The de-identified maximum negotiated charge;</u> | 107 |
| <u>(5) The discounted cash price.</u> | 108 |
| <u>(R) "Targeted advertising" means displaying an</u> | 109 |
| <u>advertisement that is selected based on personal data obtained</u> | 110 |
| <u>from the use of a hospital's internet-based price estimator tool</u> | 111 |
| <u>by a person in this state. "Targeted advertising" does not</u> | 112 |
| <u>include any of the following:</u> | 113 |
| <u>(1) Advertising in response to the user's request for</u> | 114 |
| <u>information or feedback;</u> | 115 |
| <u>(2) Advertisements based on activities within a hospital's</u> | 116 |
| <u>own web sites or online applications;</u> | 117 |
| <u>(3) Advertisements based on the context of a user's</u> | 118 |
| <u>current search query, visit to a web site, or online</u> | 119 |
| <u>application;</u> | 120 |
| <u>(4) Processing personal data solely for measuring or</u> | 121 |
| <u>reporting advertising performance, reach, or frequency.</u> | 122 |
| <u>(S) "Third-party payor" means an entity that is, by</u> | 123 |
| <u>statute, contract, or agreement, legally responsible for payment</u> | 124 |

of a claim for a hospital item or service. 125

Sec. 3727.32. A hospital shall make public both of the 126
following: 127

(A) As described in section 3727.33 of the Revised Code, a 128
digital file in a machine-readable format that contains a list 129
of all standard charges, expressed in dollar amounts, for all 130
hospital items or services; 131

(B) As described in section 3727.34 of the Revised Code, a 132
consumer-friendly list of standard charges for the hospital's 133
shoppable services or an internet-based price estimator tool. 134

Sec. 3727.33. (A) A hospital shall maintain a list of all 135
standard charges for all hospital items or services in 136
accordance with this section. The hospital shall ensure that the 137
list is available at all times to the public, including by 138
posting the list electronically in the manner provided by this 139
section. 140

(B) The standard charges contained in the list shall 141
reflect the standard charges applicable to that location of the 142
hospital, regardless of whether the hospital operates in more 143
than one location or operates under the same license as another 144
hospital. 145

(C) The list shall include the following information, as 146
applicable: 147

(1) A description of each hospital item or service 148
provided by the hospital; 149

(2) The following charges, expressed in dollar amounts, 150
for each particular hospital item or service when provided in 151
either an inpatient setting or an outpatient department setting, 152

| | |
|---|-----|
| <u>as applicable:</u> | 153 |
| <u>(a) The gross charge;</u> | 154 |
| <u>(b) The de-identified minimum negotiated charge;</u> | 155 |
| <u>(c) The de-identified maximum negotiated charge;</u> | 156 |
| <u>(d) The discounted cash price;</u> | 157 |
| <u>(e) The payor-specific negotiated charge, listed by the</u> | 158 |
| <u>name of the third-party payor and health plan associated with</u> | 159 |
| <u>the charge and displayed in a manner that clearly associates the</u> | 160 |
| <u>charge with each third-party payor and health plan;</u> | 161 |
| <u>(f) Any code used by the hospital for purposes of</u> | 162 |
| <u>accounting or billing for the hospital item or service,</u> | 163 |
| <u>including the current procedural terminology (CPT) code,</u> | 164 |
| <u>healthcare common procedure coding system (HCPCS) code,</u> | 165 |
| <u>diagnosis related group (DRG) code, national drug code (NDC), or</u> | 166 |
| <u>other common identifier.</u> | 167 |
| <u>(D) The information contained in the list shall be</u> | 168 |
| <u>published in a single digital file that is in a machine-readable</u> | 169 |
| <u>format.</u> | 170 |
| <u>(E) The list shall be displayed in a prominent location on</u> | 171 |
| <u>the home page of the hospital's publicly accessible internet web</u> | 172 |
| <u>site or be accessible by selecting a dedicated link that is</u> | 173 |
| <u>prominently displayed on that home page. If the hospital</u> | 174 |
| <u>operates multiple locations and maintains a single internet web</u> | 175 |
| <u>site, a separate list shall be posted for each location the</u> | 176 |
| <u>hospital operates and shall be displayed in a manner that</u> | 177 |
| <u>clearly associates the list with the applicable location.</u> | 178 |
| <u>(F) The list shall satisfy all of the following</u> | 179 |
| <u>conditions:</u> | 180 |

(1) Be available free of charge; without having to 181
register or establish a user account or password; without having 182
to submit personal identifying information, including any 183
information pertaining to an individual's health care coverage 184
or other benefits; and without having to overcome any other 185
impediment in order to access the list, including such 186
impediments as entering a code or completing any type of 187
security measure known as challenge-response authentication; 188

(2) Be accessible to a common commercial operator of an 189
internet search engine to the extent necessary for the search 190
engine to index the list and display the list as a result in 191
response to a search query of a user of the search engine; 192

(3) Be formatted in a manner prescribed by the template 193
developed under division (G) of this section; 194

(4) Be digitally searchable; 195

(5) Use the following naming convention specified by the 196
United States centers for medicare and medicaid services, 197
specifically: 198

"<ein> <hospital-name>_standardcharges.[jsonxmlcsv]." 199

(G) For purposes of division (F) (3) of this section, the 200
director of health shall develop a template that each hospital 201
shall use in formatting the list. In developing the template, 202
the director shall do both of the following: 203

(1) Consider any applicable federal guidelines for 204
formatting similar lists required by federal statutes or 205
regulations and ensure that the design of the template enables 206
health care consumers or other researchers to compare the 207
charges contained in the lists maintained by each hospital; 208

(2) Design the template to be substantially similar to the 209
template used by the United States centers for medicare and 210
medicaid services for purposes similar to those of sections 211
3727.31 to 3727.40 of the Revised Code, if the director 212
determines that designing the template in that manner serves the 213
purposes of this section and that the department of health 214
benefits from the director developing and requiring that 215
substantially similar design. 216

(H) At least once each year, the hospital shall update the 217
list it maintains under this section. The hospital shall clearly 218
indicate the date on which the list was most recently updated, 219
either on the list or in a manner that is clearly associated 220
with the list. 221

Sec. 3727.34. (A) Subject to division (E) of this section, 222
a hospital shall maintain and make publicly available a list of 223
the standard charges described in divisions (C)(2)(b), (c), (d), 224
and (e) of section 3727.33 of the Revised Code for the 225
hospital's shoppable services. With respect to the shoppable 226
services that are included on the list, a hospital may select 227
the shoppable services to be included on the list, subject to 228
all of the following: 229

(1) The list shall include at least three hundred 230
shoppable services, unless the hospital provides fewer than 231
three hundred shoppable services, in which case the list shall 232
include the number of shoppable services that the hospital 233
provides. 234

(2) Of the shoppabale services selected for purposes of 235
division (A)(1) of this section, the list shall include the 236
seventy services specified as shoppable services by the United 237
States centers for medicare and medicaid services, unless the 238

hospital does not provide all of the seventy services, in which 239
case the list shall include as many of those services as the 240
hospital does provide. 241

(3) In selecting a shoppable service for purposes of 242
inclusion on the list, a hospital shall do both of the 243
following: 244

(a) Consider how frequently the hospital provides the 245
service and the hospital's billing rate for that service; 246

(b) Prioritize the selection of services that are among 247
the services most frequently provided by the hospital. 248

(B) A hospital's list maintained under this section shall 249
include all of the following information: 250

(1) A plain-language description of each shoppable service 251
included on the list; 252

(2) The payor-specific negotiated charge that applies to 253
each shoppable service included on the list and any ancillary 254
service, listed by the name of the third-party payor and health 255
plan associated with the charge and displayed in a manner that 256
clearly associates the charge with the third-party payor and 257
health plan; 258

(3) The discounted cash price that applies to each 259
shoppable service included on the list and any ancillary service 260
or, if the hospital does not offer a discounted cash price for 261
one or more of the shoppable or ancillary services on the list, 262
the gross charge for the shoppable service or ancillary service, 263
as applicable; 264

(4) The de-identified minimum negotiated charge that 265
applies to each shoppable service included on the list and any 266

| | |
|---|-----|
| <u>ancillary service;</u> | 267 |
| <u>(5) The de-identified maximum negotiated charge that</u> | 268 |
| <u>applies to each shoppable service included on the list and any</u> | 269 |
| <u>ancillary service;</u> | 270 |
| <u>(6) Any code used by the hospital for purposes of</u> | 271 |
| <u>accounting or billing for each shoppable service included on the</u> | 272 |
| <u>list and any ancillary service, including the current procedural</u> | 273 |
| <u>terminology (CPT) code, healthcare common procedure coding</u> | 274 |
| <u>system (HCPCS) code, diagnosis related group (DRG) code,</u> | 275 |
| <u>national drug code (NDC), or other common identifier.</u> | 276 |
| <u>(C) If applicable, the list shall do the following:</u> | 277 |
| <u>(1) State each location at which the hospital provides the</u> | 278 |
| <u>shoppable service and whether the standard charges included in</u> | 279 |
| <u>the list apply at that location to the provision of that</u> | 280 |
| <u>shoppable service in an inpatient setting, an outpatient</u> | 281 |
| <u>department setting, or in both of those settings, as applicable;</u> | 282 |
| <u>(2) Indicate if one or more of the shoppable services</u> | 283 |
| <u>specified by the United States centers for medicare and medicaid</u> | 284 |
| <u>services is not provided by the hospital.</u> | 285 |
| <u>(D) The list shall satisfy the following conditions, as</u> | 286 |
| <u>applicable:</u> | 287 |
| <u>(1) Be displayed in the same manner prescribed by division</u> | 288 |
| <u>(E) of section 3727.33 of the Revised Code for the list required</u> | 289 |
| <u>under that section;</u> | 290 |
| <u>(2) Be available and accessible in the same manner</u> | 291 |
| <u>prescribed by divisions (F)(1) and (2) of section 3727.33 of the</u> | 292 |
| <u>Revised Code for the list required by that section;</u> | 293 |
| <u>(3) Be searchable by service description, billing code,</u> | 294 |

| | |
|---|-----|
| <u>and payor;</u> | 295 |
| <u>(4) Be formatted in a manner that is consistent with the</u> | 296 |
| <u>template developed by the director of health under division (G)</u> | 297 |
| <u>of section 3727.33 of the Revised Code for the list required</u> | 298 |
| <u>under that section;</u> | 299 |
| <u>(5) Be updated in the same manner prescribed by division</u> | 300 |
| <u>(H) of section 3727.33 of the Revised Code for the list required</u> | 301 |
| <u>under that section.</u> | 302 |
| <u>(E) (1) A hospital may, in lieu of maintaining and making</u> | 303 |
| <u>publicly available the list of shoppable services otherwise</u> | 304 |
| <u>required by this section, maintain an internet-based price</u> | 305 |
| <u>estimator tool that satisfies all of the following:</u> | 306 |
| <u>(a) Provides a cost estimate for each shoppable service</u> | 307 |
| <u>and any ancillary service otherwise required to be included on</u> | 308 |
| <u>the list of shoppable services;</u> | 309 |
| <u>(b) Allows a person to obtain an estimate of the amount</u> | 310 |
| <u>the person will be obligated to pay the hospital if the person</u> | 311 |
| <u>elects to use the hospital to provide the service;</u> | 312 |
| <u>(c) Is available and accessible in the same manner</u> | 313 |
| <u>prescribed by division (F) (1) of section 3727.33 of the Revised</u> | 314 |
| <u>Code for the list required by that section.</u> | 315 |
| <u>(2) A hospital that maintains an internet-based price</u> | 316 |
| <u>estimator tool deemed by the United States centers for medicare</u> | 317 |
| <u>and medicaid services to meet the requirements of the federal</u> | 318 |
| <u>price transparency law regarding the list of standard charges</u> | 319 |
| <u>for shoppable services also meets the requirements of this</u> | 320 |
| <u>section.</u> | 321 |
| <u>(3) A hospital shall not sell personal data acquired from</u> | 322 |

the use of the hospital's internet-based price estimator tool by 323
a person in this state. 324

(4) A hospital shall not use, sell, or process personal 325
data acquired from the use of the hospital's internet-based 326
price estimator tool by a person in this state for the purposes 327
of targeted advertising. 328

Sec. 3727.35. Each time a hospital updates a list or 329
internet-based price estimator tool as required under sections 330
3727.33 and 3727.34 of the Revised Code, the hospital shall 331
submit the updated list or a description of the updates to the 332
internet-based price estimator tool to the director of health. 333
The director shall prescribe the form in which the updated list 334
or description is to be submitted. 335

Sec. 3727.36. (A) No hospital shall do any of the 336
following: 337

(1) (a) Fail to comply with the requirement to make public 338
the list described in section 3727.33 of the Revised Code; 339

(b) Fail to comply with the requirements to make public 340
the either the list or the internet-based price estimator tool 341
described in section 3727.34 of the Revised Code. 342

(2) (a) Fail to maintain the list required by section 343
3727.33 of the Revised Code in accordance with the requirements 344
of that section; 345

(b) Fail to maintain either the list or the internet-based 346
price estimator tool required by section 3727.34 of the Revised 347
Code in accordance with the requirements of that section. 348

(3) Fail in any other manner to comply with the 349
requirements that apply to a list and, if applicable, the 350

internet-based price estimator tool, under sections 3727.31 to 351
3727.40 of the Revised Code. 352

(B) The director of health shall monitor each hospital's 353
compliance with division (A) of this section. The monitoring may 354
occur by any of the following methods: 355

(1) Reviewing any credible analysis prepared regarding 356
compliance or noncompliance by hospitals; 357

(2) Auditing the internet web sites of hospitals for 358
compliance; 359

(3) Confirming that each hospital submits updated lists as 360
required by section 3727.35 of the Revised Code. 361

(C) (1) The director of health shall create and make 362
publicly available a list that identifies each hospital that is 363
not in compliance with division (A) of this section. The list of 364
noncompliant hospitals shall include any hospital that has been 365
sent a notice of violation under section 3727.37 of the Revised 366
Code, is subject to an order imposing an administrative penalty 367
under section 3727.38 of the Revised Code, has been sent any 368
other written communication from the director regarding a 369
violation of division (A) of this section, or otherwise has been 370
determined by the director to be not in compliance with division 371
(A) of this section. 372

(2) The list of noncompliant hospitals is a public record, 373
as defined in section 149.43 of the Revised Code. 374

(3) After the director of health has determined that a 375
hospital is not in compliance with division (A) of this section, 376
the materials that consist of notices, orders, communications, 377
and determinations under sections 3727.31 to 3727.40 of the 378
Revised Code are public records, as defined in section 149.43 of 379

the Revised Code. 380

(D) Not later than ninety days after the effective date of 381
this section, the director of health shall create the initial 382
list of noncompliant hospitals and include the list on the 383
internet web site maintained by the department of health. The 384
director shall update the list and web site at least every 385
thirty days thereafter. 386

Sec. 3727.37. (A) If the director of health determines 387
that a hospital has violated division (A) of section 3727.36 of 388
the Revised Code, the director shall issue a notice of violation 389
to the hospital. The director shall clearly explain in the 390
notice the manner in which the hospital is not in compliance. 391

When a notice of violation is issued, the director shall 392
require the hospital to submit a corrective action plan to the 393
director. In the notice, the director shall indicate the form 394
and manner in which the corrective action plan is to be 395
submitted and clearly specify the date by which the hospital is 396
required to submit the plan. The date that is specified shall 397
not be less than sixty days after the notice is sent. 398

(B) A hospital that receives a notice of violation shall 399
submit to the director of health a corrective action plan in the 400
form and manner indicated, and by the date specified, in the 401
notice. In the plan, the hospital shall provide a detailed 402
description of the corrective action the hospital will take to 403
address each violation identified by the director. The hospital 404
shall specify the date by which it will complete the corrective 405
action. The date that is specified shall not be more than one 406
hundred eighty days after the plan is submitted. 407

(C) A corrective action plan is subject to review and 408

approval by the director of health. After the director reviews 409
and approves the plan, the director shall monitor and evaluate 410
the hospital's compliance with the plan. 411

(D) No hospital shall do any of the following: 412

(1) Fail to respond to the director's requirement to 413
submit a corrective action plan; 414

(2) Fail to submit a corrective action plan in the form 415
and manner indicated in the notice of violation or by the date 416
specified in that notice; 417

(3) Fail to complete the corrective action specified in a 418
corrective action plan by the date specified in the plan. 419

Sec. 3727.38. (A) (1) Notwithstanding any conflicting 420
provision of the Revised Code, the director of health shall 421
impose an administrative penalty on a hospital if the hospital 422
does both of the following: 423

(a) Violates division (A) of section 3727.36 of the 424
Revised Code; 425

(b) Violates division (D) of section 3727.37 of the 426
Revised Code. 427

(2) Each day a violation continues is considered a 428
separate violation. 429

(B) In imposing an administrative penalty under this 430
section, the director of health shall act in accordance with 431
Chapter 119. of the Revised Code. The amount of the penalty to 432
be imposed on a hospital shall be selected by the director, 433
subject to the minimum amounts and considerations specified in 434
division (C) of this section. For all penalties that are 435
imposed, the director shall select amounts that are sufficient 436

to ensure that hospitals comply with the requirements of 437
sections 3727.31 to 3727.40 of the Revised Code. 438

(C) (1) An administrative penalty imposed under this 439
section shall not be less than the following: 440

(a) In the case of a hospital with a bed count of thirty 441
or fewer, three hundred dollars; 442

(b) In the case of a hospital with a bed count that is 443
greater than thirty and equal to or fewer than five hundred 444
fifty, ten dollars per bed; 445

(c) In the case of a hospital with a bed count that is 446
greater than five hundred fifty, five thousand five hundred 447
dollars. 448

(2) In setting the amount of the penalty to be imposed on 449
a hospital, the director of health shall consider all of the 450
following: 451

(a) Previous violations by the hospital's operator; 452

(b) The seriousness of the violation; 453

(c) The demonstrated good faith of the hospital's 454
operator; 455

(d) Any other matters as justice may require. 456

(D) An administrative penalty collected under this section 457
shall be deposited into the state treasury to the credit of the 458
hospital price transparency fund created by section 3727.381 of 459
the Revised Code. 460

Sec. 3727.381. There is hereby created in the state 461
treasury the hospital price transparency fund, consisting of 462
administrative penalties collected under section 3727.38 of the 463

Revised Code. The director of health shall administer the fund. 464
The amounts deposited shall be used for purposes of 465
administering and enforcing sections 3727.31 to 3727.40 of the 466
Revised Code, except that the director may use a portion for 467
purposes of informing the public about the availability of 468
hospital price information and other consumer rights under those 469
sections. 470

Sec. 3727.39. The director of health shall prepare reports 471
and submit them in accordance with all of the following: 472

(A) On an annual basis, the director shall prepare a 473
report on hospitals that are in violation of division (A) of 474
section 3727.36 or division (D) of section 3727.37 of the 475
Revised Code. 476

(B) Within sixty days after any change to the federal 477
price transparency law, the director shall prepare a report of 478
the director's recommendations for conforming sections 3727.31 479
to 3727.40 of the Revised Code with the change or, 480
alternatively, stating that no conforming changes are necessary. 481

(C) The director shall submit the reports required by 482
divisions (A) and (B) of this section to the general assembly in 483
accordance with section 101.68 of the Revised Code, the 484
chairperson of the standing committee of the house of 485
representatives with primary responsibility for health 486
legislation, the chairperson of the standing committee of the 487
senate with primary responsibility for health legislation, and 488
the governor. 489

Sec. ~~3727.44~~ 3727.40. The director of health may adopt 490
rules to carry out the purposes of sections ~~3727.42 and 3727.43~~ 491
3727.31 to 3727.40 of the Revised Code. All rules adopted 492

pursuant to this section shall be adopted in accordance with 493
Chapter 119. of the Revised Code. 494

Section 2. That existing section 3727.44 of the Revised 495
Code is hereby repealed. 496

Section 3. That sections 3727.42, 3727.43, and 3727.45 of 497
the Revised Code are hereby repealed. 498