Ohio Association of Health Plans

April 8, 2025

Chairman Brian Stewart
House Finance Committee
77 S. High St., 13th Floor
Columbus, Ohio 43215

Chairman Stewart, Vice Chair Dovilla, Ranking Member Sweeney, and members of the House Finance Committee: my name is Megan Richwine, and I am the Director of Government Affairs for the Ohio Association of Health Plans (OAHP). On behalf of OAHP, thank you for the opportunity to offer written interested party testimony to House Bill 96.

We would like to highlight a couple of amendments OAHP is in favor of for the House Omnibus bill:

- **Default Notifications (HC2055):** Allows an insurer to conduct business electronically via an automated transaction without first obtaining affirmative consent from the insured. Requires the insurer to communicate a procedure by which the insured may opt out of electronic communications and, instead, conduct business on paper. Specifies that automated transaction of business related to individual health insurance policies constitutes delivery to the insured unless the insured communicates to the insurer in writing or electronically that the insured does not agree to delivery by automated transaction. **This would allow insureds the convenience of electronic notifications, saving both time and money.**
- **Facility Fees (HC1986):** Requires a hospital or multi-hospital system that acquires, or acquired in the past, an existing, independent outpatient physician facility to submit to the Department of Health a list of such facilities. Require third-party payers to reimburse, and such facilities to accept reimbursement, at the same rate that applies for equivalent health care items or services provided in a physician's office. Prohibits outpatient facilities from requiring a third-party payer or self-paying individual to pay facility fees connected with any health care services or items provided at an outpatient facility. Requires outpatient facilities and third-party payers to negotiate reimbursement rates in good faith. **OAHP pulled previous facility fee language due to implementation issues in Indiana. We took**

feedback and revised the language to ensure Ohio does not have the same problem with implementation.

- **Provider Payment Method (HC1987-1):** Replaces the bill's prohibition against insurers mandating providers to accept payment by credit card with a requirement that insurers allow providers to opt out of payment by credit card. Requires an insurer to disclose only those fees that are charged by the insurer, as opposed to fees "associated with a particular payment method," which may include fees charged by a financial institution, credit card issuer, or payment processor. Extends the time within which an insurer must change a health care provider's payment method following a request by the provider. Allow an insurer to unilaterally change a provider's payment method if the insurer has not generated a payment to the provider in more than one year. **OAHP has worked with ODI and has sign off from the Department and the Governor's Office on this language.**

Federal medical assistance percentage for expansion eligibility group (OBMCD32 & MCDCD58): An immediate disenrollment of the expansion population (Group VIII) based on any change in the federal match, no matter how large or small, results in harm to individuals and the Ohio economy. While the House Sub Bill addresses a need for a transition plan, OAHP believes changing "shall" to "may" in the trigger language *(ORC section 126.70)* reconciles the disconnect and allows the House's well-intended transition plan to work. Using "may" allows the legislature and administration to retain control over the best strategy to minimize the impact of any cut in the federal matching rate.

We encourage members of the committee to support these amendments to help increase access and control costs for businesses and enrollees. Thank you for your time and consideration!