

**As Introduced**

**136th General Assembly**

**Regular Session**

**2025-2026**

**H. B. No. 390**

**Representative Schmidt**

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To enact section 3902.55 of the Revised Code to 1  
prohibit health plan issuers from requiring or 2  
inducing providers to collect copayments and 3  
other cost sharing amounts. 4

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

**Section 1.** That section 3902.55 of the Revised Code be 5  
enacted to read as follows: 6

**Sec. 3902.55.** (A) As used in this section: 7

(1) "Benefits contract" means an agreement by a health 8  
plan issuer to reimburse a provider for covered health care 9  
services rendered to a covered person up to the limits and 10  
exclusions contained in the benefits contract or the covered 11  
persons' health benefit plan. 12

(2) "Health care service" has the same meaning as in 13  
section 4743.10 of the Revised Code; 14

(3) "Provider" means a hospital, nursing home, physician, 15  
podiatrist, dentist, pharmacist, chiropractor, or other health 16  
care provider entitled to reimbursement by a health plan issuer 17  
for services rendered to a covered person under a benefits 18  
contract. 19

(4) "Reimburse" means indemnify, make payment, or 20  
otherwise accept responsibility for payment for health care 21  
services rendered to a covered person, or arrange for the 22  
provision of health care services to a covered person. 23

(B) On and after January 1, 2027, no health plan issuer 24  
shall require or otherwise induce a provider to collect cost 25  
sharing amounts for health care services, including copayments 26  
and deductibles, from covered persons. 27

(C) On and after January 1, 2027, a health plan issuer 28  
shall make all reimbursement for covered services directly to 29  
the health care provider. 30

(D) Divisions (B) and (C) of this section do not apply to 31  
the extent those divisions conflict with a benefits contract or 32  
health benefit plan entered into before January 1, 2027, unless 33  
the contract or plan is amended or renewed after that date, in 34  
which case the health plan issuer shall ensure that the contract 35  
or plan meets the requirements of this section. 36

(E) A health benefit plan or benefits contract entered 37  
into, amended, or renewed on or after January 1, 2027, shall not 38  
require either of the following: 39

(1) Health care providers to collect cost sharing amounts 40  
from covered persons; 41

(2) Covered persons to pay cost sharing amounts to a 42  
health care provider. 43

(F) This section shall not be construed to prohibit a 44  
health care provider from doing either of the following: 45

(1) Collecting amounts owed for uncovered services; 46

(2) Accepting a cash payment from a covered person in lieu 47

of accepting reimbursement under a health benefit plan.

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