



www.lsc.ohio.gov

OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research
and Drafting

Legislative Budget
Office

H.B. 716
136th General Assembly

Bill Analysis

Version: As Introduced

Primary Sponsors: Reps. Craig and Deeter

Elizabeth Molnar, Attorney

SUMMARY

- Requires the Superintendent of Insurance to establish and administer an all-payer claims database.
- Requires health plan issuers, including pharmacy benefit managers, and the Medicaid and Medicare programs to submit their claims to the Superintendent for inclusion in the database.
- Authorizes the Superintendent to make the database's claims information available to persons and government entities only through a subscription with the Department of Insurance.
- Directs the Superintendent to adopt rules to implement the bill's requirements, including those establishing standards for imposing penalties when claims are not submitted and for maintaining the privacy and security of personal or health information contained in claims.

DETAILED ANALYSIS

All-payer claims database

H.B. 716 requires the Superintendent of Insurance to establish and administer an all-payer claims database.¹ This requirement becomes effective not later than one year after the bill's effective date.

¹ R.C. 3901.93(B).

Payer duties

Each payer, which includes a health plan issuer, the Medicaid program, and the Medicare program,² must submit its claims to the Superintendent for inclusion in the database, but only to the extent permitted by federal law. When submitting claims, a payer must do so in the format and according to the schedule prescribed by the Superintendent in rule.³

For purposes of the bill, health plan issuer means an entity that contracts to pay for, provide, or reimburse any of the costs of health care services under a health benefit plan, including a third-party administrator, such as a pharmacy benefit manager.⁴

Superintendent duties and authority

In addition to establishing and administering the database, the bill requires the Superintendent to include in it any claim received from a payer. The Superintendent may make the database's claims information available to persons or government entities only through a subscription with the Department of Insurance.⁵

Rulemaking

The Superintendent must adopt rules establishing standards and procedures for the following:

- Submitting claims for inclusion in the database, including the prescribed format and schedule;
- Maintaining the privacy and security of personal and health information contained in claims;
- Making available to persons or government entities claims information from the database through subscriptions;
- Imposing penalties when claims are not submitted.⁶

The Superintendent may adopt any other rule considered necessary to implement the bill's requirements. Rules must be adopted in accordance with Ohio's Administrative Procedure Act.⁷

² R.C. 3901.93(A)(1) and (2). See also R.C. 3922.01(P), not in the bill.

³ R.C. 3901.93(B).

⁴ R.C. 3922.01(P); R.C. 3959.01(B), and R.C. 3959.05, none in the bill.

⁵ R.C. 3901.93(B).

⁶ R.C. 3901.93(C).

⁷ R.C. 3901.93(C); R.C. Chapter 119, not in the bill.

Regulatory restrictions

The bill exempts its rulemaking provisions from the existing law establishing limits on the number of regulatory restrictions that a state agency may have in effect.⁸

HISTORY

Action	Date
Introduced	02-24-26

ANHB0716IN-136/sb

⁸ R.C. 3901.93(D). See also R.C. 121.95 to 121.953.