#### As Introduced

# 132nd General Assembly Regular Session 2017-2018

H. B. No. 416

### **Representative Huffman**

## A BILL

То	enact sections 3726.01, 3726.02, 3726.03,	1
	3726.04, and 3726.05 and to repeal section	2
	5162.80 of the Revised Code regarding the	3
	provision of cost estimates for scheduled health	4
	care services and health care services requiring	5
	insurer preauthorization.	6

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

<b>Section 1.</b> That sections 3726.01, 3726.02, 3726.03,	7
3726.04, and 3726.05 of the Revised Code be enacted to read as	8
follows:	9
Sec. 3726.01. As used in this chapter:	10
(A) "Health care provider" means an individual licensed or	11
certified under Chapter 4715., 4725., 4731., 4732., 4734.,	12
4747., 4753., 4755., 4757., or 4779. of the Revised Code.	13
(B) "Health plan issuer" means an entity subject to the	14
insurance laws of this state, or subject to the jurisdiction of	15
the superintendent of insurance, that contracts, or offers to	16
contract, to provide, deliver, arrange for, pay for, or	17
reimburse any of the costs of health care services under a	18
health benefit plan, including a sickness and accident insurance	19

<pre>company and a health insuring corporation.</pre>	
(C) "Scheduled service" means a health care service or_	21
procedure that a patient or the patient's representative has	22
scheduled at least seven days before the service or procedure is	23
to occur.	24
Sec. 3726.02. (A) (1) On and after June 1, 2018, and except	25
as provided in division (D) of this section, a health care	26
provider shall, on the request of a patient or the patient's	27
representative, provide to that individual a reasonable, good	28
faith estimate of the cost for each scheduled service. The	29
estimate may be given in writing or verbally. A written estimate	30
may be given in electronic form.	31
(2) Subject to divisions (B) and (C) of this section, all	32
of the following apply with respect to the components of an	33
estimate provided under division (A)(1) of this section:	34
(a) If the patient is insured, the estimate shall specify	35
the amount the health care provider expects to receive as	36
payment from the patient's health plan issuer for each scheduled	37
service.	38
(b) The estimate shall specify the amount that the patient	39
or party responsible for the patient's care will be required to	40
pay to the health care provider for each scheduled service.	41
(c) The estimate shall include a disclaimer that the	42
information provided is only an estimate based on facts	43
available at the time the estimate was prepared and that other	44
required health care items, services, or procedures could change	45
the estimate.	46
(d) If applicable and known to the health care provider at	47
the time the estimate is given, the estimate shall include a	48

notification that the provider is out-of-network for the	49
patient.	50
(B) The estimate required by division (A) of this section	51
shall be based on information available at the time the estimate	52
is provided and need not take into account any information that	53
subsequently arises, such as unexpected additional services or	54
procedures.	55
(C) A health care provider may state the estimate required	56
by division (A) of this section as a range rather than an actual	57
dollar amount.	58
(D) Division (A) of this section does not apply in either	59
of the following circumstances:	60
(1) The patient is insured and the health plan issuer	61
fails to supply the necessary information to the health care	62
provider within forty-eight hours of the provider's request to	63
the issuer for that information. In that case, the health care	64
provider may notify the patient or the patient's representative	65
of the health plan issuer's failure.	66
(2) The scheduled service the patient is to receive	67
requires preauthorization from the patient's health plan issuer.	68
In that case, section 3726.03 of the Revised Code applies.	69
Sec. 3726.03. (A) On and after June 1, 2018, a health plan	70
issuer shall provide to a patient or the patient's	71
representative a reasonable, good faith estimate of the cost for	72
each service, including a scheduled service, for which the	73
patient's health care provider seeks preauthorization from the	74
health plan issuer. All of the following shall apply with	75
respect to the components of a cost estimate:	76
(1) If the nation is insured the estimate shall specify	77

the amount the health plan issuer intends to pay the provider	78
for each scheduled service.	79
(2) The estimate shall specify the amount that the patient	80
or party responsible for the patient's care will be required to	81
pay to the health care provider for each scheduled service.	82
(3) The estimate shall include a disclaimer that the	83
information provided is only an estimate based on facts	84
available at the time the estimate was prepared and that other	85
required health care items, services, or procedures could change	86
the estimate.	87
(4) If applicable and known to the health plan issuer at	88
the time the estimate is given, the estimate shall include a	89
notification that the provider is out-of-network for the	90
<pre>patient.</pre>	91
(B) The estimate required by division (A) of this section	92
shall be based on information available at the time the estimate	93
is provided and need not take into account any information that	94
subsequently arises, such as unexpected additional services or	95
procedures.	96
(C) A health plan issuer may state the estimate required	97
by division (A) of this section as a range rather than an actual	98
dollar amount.	99
(D) A cost estimate provided under division (A) of this	100
section shall be in writing. The health plan issuer shall send	101
the estimate to the patient or the patient's representative	102
immediately on the issuer's approval of the preauthorization	103
request. The cost estimate may be sent by regular mail,	104
electronic mail, or text messaging.	105
Sec. 3726.04. A patient is responsible for payment of an	106

H. B. No. 416
As Introduced

administered health care service or procedure even if the	107
patient does not receive a cost estimate under section 3726.02	108
or 3726.03 of the Revised Code before receiving that service or	109
procedure.	110
Sec. 3726.05. A health care provider, health plan issuer,	111
or any employee or contractor of the provider or issuer is not	112
liable for or subject to any of the following for injury, death,	113
or loss to person or property that allegedly arises from any act	114
or omission associated with fulfilling a duty imposed by section	115
3726.02 or 3726.03 of the Revised Code unless the act or	116
omission constitutes willful or wanton misconduct: damages in a	117
civil action, prosecution in a criminal proceeding, or	118
professional disciplinary action.	119
Section 2. That section 5162.80 of the Revised Code is	120
hereby repealed.	121