



www.lsc.ohio.gov

OHIO LEGISLATIVE SERVICE COMMISSION

Wendy Zhan, Director

Office of Research
and Drafting

Legislative Budget
Office

Substitute Bill Comparative Synopsis

Sub. H.B. 49

135th General Assembly

Senate Small Business and Economic Opportunity

Logan Briggs, Attorney

This table summarizes how the latest substitute version of the bill differs from the immediately preceding version. It addresses only the topics on which the two versions differ substantively. It does not list topics on which the two bills are substantively the same. Items in I_135_2179-3 that are marked with an asterisk (*) indicate that the federal price transparency law (45 Code of Federal Regulations 180), with which the bill expressly requires hospitals to comply, includes a similar requirement. A comparative synopsis between H.B. 49, As Passed by the House, and the federal hospital price transparency law is attached (R-135-2544).

Previous Version (As Passed by the House)	Latest Version (I_135_2179-3)
General public disclosure requirements	
No provision.	Requires each hospital located in the state to comply with the federal price transparency law (<i>R.C. 3727.32(A)</i>).

Previous Version (As Passed by the House)	Latest Version (I_135_2179-3)
Requires a hospital to make public a digital file in a machine readable format that contains a list of all standard charges for all hospital items or services (<i>R.C. 3727.32(A)</i>). Requires a hospital to make public a consumer-friendly list of standard charges for the hospital's shoppable services (<i>R.C. 3727.32(B)</i>).	No provision.* Similar to the version passed by the House, but omits the "consumer-friendly" requirement and specifies that the list must comply with the federal price transparency law (<i>R.C. 3727.32(B)</i>).*
Standard charge disclosures	
Requires a hospital to maintain a list of all standard charges for all hospital items or services, and to ensure that the list is available to the public at all times, including by posting the list electronically (<i>R.C. 3727.33(A)</i>). Requires the standard charges contained in the list to reflect the standard charges applicable to that location of the hospital, regardless of whether the hospital operates in more than one location or under the same license as another hospital (<i>R.C. 3727.33(B)</i>). Requires the list to contain a description of each hospital item or service provided by the hospital, and all of the following information for each particular hospital item or service when provided in either an inpatient setting or an outpatient department setting, as applicable: ▪ The gross charge; ▪ The de-identified minimum negotiated charge; ▪ The de-identified maximum negotiated charge; ▪ The discounted cash price; ▪ The payor-specific negotiated charge, listed by the name of the	No provision.* No provision.* No provision.*

Previous Version (As Passed by the House)	Latest Version (I_135_2179-3)
third-party payor and health plan associated with the charge and displayed in a manner that clearly associates the charge with each third-party payor and health plan; Any code used by the hospital for purposes of accounting or billing for the hospital item or service, including the current procedural terminology (CPT) code, healthcare common procedure coding system (HCPCS) code, diagnosis related group (DRG) code, national drug code (NDC), or other common identifier (<i>R.C. 3727.33(C)</i>). Requires the information in the list to be published in a single digital file in a machine-readable format (<i>R.C. 3727.33(D)</i>). Requires the list to be displayed in a prominent location on the homepage of the hospital's public website, or be accessible by selecting a link prominently displayed on that homepage (<i>R.C. 3727.33(E)</i>). Requires a separate list to be posted for each location a hospital operates, and to be displayed in a manner that clearly associates a list with the applicable location, if the hospital operates multiple locations and maintains a single website (<i>R.C. 3727.33(E)</i>). Requires the list to be accessible without having to overcome any other impediment in order to access the list, including entering a code or completing any type of security measure known as challenge-response authentication (<i>R.C. 3727.33(F)(1)</i>).	No provision.* No provision.* No provision.* No provision.*

Previous Version (As Passed by the House)	Latest Version (I_135_2179-3)
Requires the list to be accessible to a common commercial operator of an internet search engine to the extent necessary for the search engine to index the list and display the list as a result in response to a search query of a user of the search engine (<i>R.C. 3727.33(F)(2)</i>).	No provision.*
Requires the list to be formatted in accordance with a template developed by the Director of Health (<i>R.C. 3727.33(F)(3)</i>).	No provision.
Requires the list to be digitally searchable (<i>R.C. 3727.33(F)(4)</i>).	No provision.*
Requires the list to use the United State Centers for Medicare and Medicaid Services (CMS) naming convention: “<ein>_<hospital-name>_standardcharges.[jsonxmlcsv]” (<i>R.C. 3727.33(F)(5)</i>).	No provision.*
Requires the Director of Health to develop a template that each hospital must use in formatting the list (<i>R.C. 3727.33(G)</i>).	No provision.
Requires the Director to consider any applicable federal guidelines for formatting similar lists required by federal law, and to ensure that the design of the template enables consumers or researchers to compare the charges contained in lists maintained by each hospital (<i>R.C. 3727.33(G)(1)</i>).	No provision.
Requires the Director to design the template to be substantially similar to the template used by CMS for similar purposes to the bill, if the Director determines that doing so would serve the purposes of the bill and benefits the Department of Health (<i>R.C. 3727.33(G)(2)</i>).	No provision.

Previous Version (As Passed by the House)	Latest Version (I_135_2179-3)
Requires a hospital to update the list at least once annually, and to indicate the date on which it was most recently updated (<i>R.C. 3727.33(H)</i>).	No provision.*
Shoppable services disclosures	
Requires a hospital to maintain and make publicly available a list of the standard charges for the de-identified minimum negotiated charge, the de-identified maximum negotiated charge, the discounted cash price, and the payor-specific negotiated charge for the hospital's shoppable services (<i>R.C. 3727.34(A)</i>).	Requires the list to contain standard charges for the hospital's shoppable services as required by the federal price transparency law (<i>R.C. 3727.32(B)</i>).*
Permits a hospital to select the shoppable services included on the list, subject to certain requirements, beginning on the effective date of the bill and ending December 31, 2024 (<i>R.C. 3727.34(A)(1)</i>).	No provision.*
Requires the list to include at least 300 shoppable services, unless the hospital provides fewer than 300, in which case it shall include the number of shoppable services that the hospital provides (<i>R.C. 3727.34(A)(1)(a)</i>).	Requires a hospital to include at least 400 shoppable services on the list, unless the hospital provides fewer than 400, in which case it shall include the number of shoppable services that the hospital provides, during the period beginning two years after the effective date of the bill and ending four years after the effective date of the bill (<i>R.C. 3727.32(B)(1)</i>).
Requires the list to include the 70 services specified as shoppable services by CMS, or as many of them that the hospital does provide if it does not provide all 70 (<i>R.C. 3727.34(A)(1)(b)</i>).	No provision.*
Requires a hospital to consider how frequently it provides a service and its billing rate for that service, and to prioritize the services most frequently provided by the hospital when it selects the shoppable services included on the list (<i>R.C. 3727.34(A)(1)(c)</i>).	No provision.*

Previous Version (As Passed by the House)	Latest Version (I_135_2179-3)
Requires a hospital to include all shoppable services that it provides on the list, beginning January 1, 2025 (<i>R.C. 3727.34(A)(2)</i>). Requires the list to contain all of the following information: ▪ A plain-language description of each shoppable service included on the list; ▪ The payor-specific negotiated charge that applies to each shoppable service and any ancillary service, listed by the name of the third-party payor and health plan associated with the charge and displayed in a manner that clearly associates the charge with the third-party payor and health plan; ▪ The discounted cash price that applies to each shoppable service and any ancillary service or, if the hospital does not offer a discounted cash price for one or more of the shoppable or ancillary services on the list, the gross charge for the shoppable service or ancillary service; ▪ The de-identified minimum negotiated charge that applies to each shoppable service and any ancillary service; ▪ The de-identified maximum negotiated charge that applies to each shoppable service and any ancillary service; ▪ Any code used by the hospital for purposes of accounting or billing for each shoppable service included on the list and any ancillary service, including the CPT code, HCPCS code, DRG code, NDC, or other common identifier (<i>R.C. 3727.34(B)</i>).	Requires a hospital to include at least 500 shoppable services on the list, unless the hospital provides fewer than 500, in which case it shall include the number of shoppable services that the hospital provides, beginning four years after the effective date of the bill (<i>R.C. 3727.32(B)(2)</i>). No provision.*

Previous Version (As Passed by the House)	Latest Version (I_135_2179-3)
Requires the list to state each location at which the hospital provides the shoppable service and whether the standard charges included in the list apply at that location to the provision of that shoppable service in an inpatient setting, an outpatient department setting, or in both of those settings, if applicable <i>(R.C. 3727.34(C)(1))</i> .	No provision.*
Requires the list to indicate if one or more of the shoppable services specified by CMS is not provided by the hospital <i>(R.C. 3727.34(C)(2))</i> .	No provision.*
Requires the list to be displayed in a prominent location on the homepage of the hospital's public website, or be accessible by selecting a link prominently displayed on that homepage <i>(R.C. 3727.34(D))</i> .	No provision.*
Requires the list to be accessible without having to overcome any other impediment in order to access the list, including entering a code or completing any type of security measure known as challenge-response authentication <i>(R.C. 3727.34(D)(2))</i> .	No provision.*
Requires the list to be accessible to a common commercial operator of an internet search engine to the extent necessary for the search engine to index the list and display the list as a result in response to a search query of a user of the search engine <i>(R.C. 3727.34(D)(2))</i> .	No provision.*
Requires the list to be searchable by service description, billing code, and payor <i>(R.C. 3727.34(D)(3))</i> .	No provision.*
Requires the list to be formatted in a manner prescribed by a template developed by the Director of Health <i>(R.C. 3727.34(D)(4))</i> .	No provision.

Previous Version (As Passed by the House)	Latest Version (I_135_2179-3)
Requires a hospital to update the list at least once annually, and to indicate the date on which it was most recently updated (<i>R.C. 3727.34(D)(5)</i>). No provision. No provision. No provision.	No provision.* Allows a hospital that maintains an internet-based price estimator tool to meet the requirements of the bill's shoppable services provisions if the tool is deemed by CMS to meet the requirements of the federal price transparency law and if the hospital takes reasonable steps to do both of the following: ▪ Improve the accuracy and performance of the price estimator tool; ▪ Regularly update the underlying data used by the price estimator tool and audit price estimates generated by the tool for quality assurance purposes (<i>R.C. 3727.32(C)</i>). Prohibits a hospital from selling personal data acquired from the use of the hospital's internet-based price estimator tool by a person in Ohio (<i>R.C. 3727.32(D)(1)</i>). Prohibits a hospital from using, selling, or processing personal data acquired from the use of the hospital's internet-based price estimator tool by a person in Ohio for the purposes of targeted advertising (<i>R.C. 3727.32(D)(2)</i>).
List updates	
Requires a hospital to submit an updated list to the Director of Health each time the hospital updates a list of standard charges or standard charges for shoppable services (<i>R.C. 3727.35</i>).	No provision.

Previous Version (As Passed by the House)	Latest Version (I_135_2179-3)
Requires the Director of Health to prescribe the form in which an updated list is to be submitted (<i>R.C. 3727.35</i>).	No provision.
Monitoring and enforcement	
Prohibits hospitals from failing to comply with the requirements to publish or maintain the lists required by the bill, or fail to comply with the bill in any other manner (<i>R.C. 3727.36(A)</i>).	Same, but replaces references to the bill's requirements in the Revised Code with references to the federal price transparency law (<i>R.C. 3727.33(A)</i>).
Requires the Director of Health to monitor each hospital's compliance with the bill through various methods, including confirming that each hospital has submitted updated lists to the Director each time the hospital updates a list (<i>R.C. 3727.36(B)</i>).	Same, but removes the reference to confirming that each hospital has submitted updated lists to the Director (<i>R.C. 3727.33(B)</i>).
Specifies that the list of noncompliant hospitals and the materials that consist of notices of violations, orders, communications, and determinations of compliance are public records (<i>R.C. 3727.36(D)</i>).	Specifies that only the list of noncompliant hospitals is automatically a public record (<i>R.C. 3727.33(D)(1) and (2)</i>). Specifies that the materials that consist of notices of violations, orders, communications, and determinations of compliance are public records only after the Director of Health has determined that a hospital is not in compliance with the bill (<i>R.C. 3727.33(D)(3)</i>).
Civil and administrative penalties	
Requires the Director of Health to impose an administrative penalty on a hospital if it fails to comply with the requirement to publish either list, if it fails to respond to the Director's requirement to submit a corrective action plan, or if it fails to submit or complete a corrective action plan (<i>R.C. 3727.38(A)(1)</i>).	Permits the Director to impose an administrative penalty, and only if a hospital fails to comply with the requirements related to the list and the requirements related to corrective action plans (<i>R.C. 3727.35(A)(1)</i>).

Previous Version (As Passed by the House)	Latest Version (I_135_2179-3)
Establishes that each day a violation continues is considered a separate violation (<i>R.C. 3727.38(A)(2)</i>). Requires the Director of Health to select amounts of administrative penalties imposed on noncompliant hospitals subject to the minimum amounts specified by the bill (<i>R.C. 3727.38(B)</i>). Establishes the following minimum daily penalties: ▪ \$600 for a hospital with 30 beds or fewer; ▪ \$20 per bed for a hospital with 31 to 550 beds; ▪ \$11,000 for a hospital with more than 550 beds (<i>R.C. 3727.38(C)</i>). Requires administrative penalties collected pursuant to the bill to be deposited into the state treasury to the credit of the General Operations Fund (<i>R.C. 3727.38(D)</i>). No provision.	Narrows the criteria so that only each day a hospital violates both the list and corrective action requirements is considered a separate violation (<i>R.C. 3727.35(A)(2)</i>). Same, but replaces “minimum” with “maximum” (<i>R.C. 3727.35(B)</i>). Establishes the following maximum daily penalties: ▪ \$300 for a hospital with 30 beds or fewer; ▪ \$10 per bed for a hospital with 31 to 550 beds; ▪ \$5,500 for a hospital with more than 550 beds (<i>R.C. 3727.35(C)</i>). Requires collected penalties to be deposited into the state treasury to the credit of the Hospital Price Transparency Fund (<i>R.C. 3727.35(D)</i>). Creates the Hospital Price Transparency Fund in the state treasury and requires the Director of Health to administer the fund (<i>R.C. 3727.351</i>).
Collection actions	
Permits a patient or patient guarantor to submit a complaint to the Director of Health if they believe that there has been a violation of the public disclosure requirements (<i>R.C. 3727.39(B)</i>). Prohibits a hospital from taking or continuing to take a collection action against a patient or patient guarantor if the Director of Health determines that the hospital was in violation of the public disclosure	No provision. No provision.

Previous Version (As Passed by the House)	Latest Version (I_135_2179-3)
requirements on the day that items or services were purchased by or provided to the patient (<i>R.C. 3727.39(C)</i>). Creates additional duties for a hospital if the Director of Health determines it has violated the public disclosure requirements: ▪ Requires the hospital to refund any amount of the debt that has been paid; ▪ Requires the hospital to pay a penalty to the patient or patient guarantor in an amount that is twice the total amount of the debt; ▪ Requires the hospital to dismiss any suit it has brought to collect the debt and to pay any attorney's fees and costs incurred by the patient or patient guarantor related to the suit; ▪ Requires the hospital to remove or cause to be removed from the patient's or patient guarantor's credit report any report made to a consumer reporting agency relating to the debt (<i>R.C. 3727.39(D)</i>).	No provision.
Clarifies that the bill does not prohibit a hospital from issuing bills for hospital items or services provided to the patient, and it does not require the hospital to refund any payment made for hospital items or services when a collection action is not taken in violation of the bill (<i>R.C. 3727.39(E)</i>).	No provision.
Prohibits a medical creditor or medical debt collector from sharing or reporting any patient medical debt to a consumer reporting agency for a period of one year beginning on the date when the patient is first sent a bill for the medical debt (<i>R.C. 3727.39(F)</i>).	No provision.

Previous Version (As Passed by the House)	Latest Version (I_135_2179-3)
Requires a medical creditor or medical debt collector to send a patient at least one additional bill at least 30 days before reporting a medical debt to any consumer reporting agency, and to provide notice in accordance with federal law at least 30 days before reporting the debt to any consumer reporting agency (<i>R.C. 3727.39(G)</i>).	No provision.
Reports	
Requires the Director of Health to prepare a periodic report containing recommendations for modifying the hospital price transparency requirements in the bill, including in response to changes made to the federal regulations made by CMS (<i>R.C. 3727.40(B)</i>).	No provision.
Requires the Director of Health to submit the periodic report to the General Assembly (<i>R.C. 3727.40(B)</i>).	No provision.
Permits the Director of Health to adopt rules necessary to carry out the provisions of the bill requiring disclosure of Ohio law concerning overcharges to beneficiaries (<i>R.C. 3727.41</i>).	Permits the Director of Health to adopt rules necessary to carry out all the provisions of the bill concerning hospital price transparency (<i>R.C. 3727.37</i>).
Facility fees	
No provision.	Prohibits a hospital or multi-hospital system that acquires or acquired an existing, independent outpatient physician facility and operates that facility as an outpatient facility subject to the hospital's control from requiring a third-party payor or self-pay individual to pay facility fees in connection with any health care services or items provided to a patient at that outpatient facility, beginning July 1, 2027 (<i>R.C. 3727.42(A)</i>).

Previous Version (As Passed by the House)	Latest Version (I_135_2179-3)
No provision.	Specifies that this prohibition applies only to existing outpatient physician facilities purchased or acquired by a hospital or multi-hospital system, and not outpatient facilities that are constructed by a hospital or multi-hospital system, or that did not previously operate as outpatient physician facilities prior to their acquisition by a hospital or multi-hospital system (<i>R.C. 3727.42(B)</i>).
Definitions	
Defines “hospital” for the purposes of hospital price transparency to mean an institution or facility that provides inpatient medical or surgical services for a continuous period longer than 24 hours, including a children’s hospital (<i>R.C. 3727.31(F)</i>; <i>R.C. 3722.01(C)</i>, <i>not in the bill</i>). Defines “hospital items or services” for the purposes of hospital price transparency to mean all items or services, including individual items or services and service packages, that may be provided by a hospital to a patient in connection with an inpatient admission or an outpatient department visit, as applicable, for which the hospital has established a standard charge, including supplies and procedures, room and board, facility fees, professional fees, and any other item or service with a standard charge (<i>R.C. 3727.31(F)</i>). Defines the following terms for the purposes of hospital price transparency: ▪ Chargemaster; ▪ De-identified maximum negotiated charge; ▪ De-identified minimum negotiated charge;	Same, but also defines “hospital” for the purposes of facility fees to mean an institution classified as a hospital under section 3701.07 of the Revised Code in which are provided to inpatients diagnostic, medical, surgical, obstetrical, psychiatric, or rehabilitation care for a continuous period longer than 24 hours or a hospital operated by a health maintenance organization (<i>R.C. 3727.41(J)</i>). Defines “health care service or item” for the purposes of facility fees to mean any service or item, including service packages, that may be provided by a health care facility to a patient in connection with an outpatient department, satellite unit, or other outpatient facility visit for which the health care facility has established a standard charge, including supplies and procedures, room and board, facility fees, professional fees, and any other item or service with a standard charge (<i>R.C. 3727.41(I)</i>). Defines the terms for the purposes of facility fees, and replaces the term “hospital items or services” with “health care service or item” (<i>R.C. 3727.41</i>).*

Previous Version (As Passed by the House)	Latest Version (I_135_2179-3)
▪ Discounted cash price; ▪ Gross charge; ▪ Payor-specific negotiated charge; ▪ Service package; ▪ Standard charge; ▪ Third-party payor (<i>R.C. 3727.31</i>). Defines the following terms: ▪ Ancillary service; ▪ Machine-readable format; ▪ Collection action; ▪ Collection agency; ▪ Consumer reporting agency; ▪ Debt; ▪ Debt collector; ▪ Medical creditor; ▪ Medical debt buyer; ▪ Medical debt collector (<i>R.C. 3727.31 and 3727.39</i>).	No provision.*

Previous Version (As Passed by the House)	Latest Version (I_135_2179-3)
No provision.	Defines the following terms: ▪ Personal data; ▪ Process or processing; ▪ Publicly available information; ▪ Targeted advertising; ▪ Federal price transparency law; ▪ Campus; ▪ Governmental health plan; ▪ Health care facility; ▪ Multi-hospital system; ▪ Outpatient; ▪ Outpatient facility; ▪ Outpatient physician facility; ▪ Satellite unit; ▪ Self-pay individual (<i>R.C. 3727.31 and 3727.41</i>).

Attachment: R-135_2544