

_____ moved to amend as follows:

1 In line 4 of the title, after "4123.59," insert "to enact
2 section 5162.80,"

3 In line 15, after "4123.59," insert "be amended and section
4 5162.80,"; delete "amended" and insert "enacted"

5 Between lines 2428 and 2429, insert:

6 "Sec. 5162.80. (A) A provider of medical services licensed,
7 accredited, or certified under Chapter 3721., 3727., 4715.,
8 4725., 4731., 4732., 4734., 4747., 4753., 4755., 4757., or 4779.
9 of the Revised Code shall provide in writing, before products,
10 services, or procedures are provided, a reasonable, good-faith
11 estimate of all of the following for the provider's non-
12 emergency products, services, or procedures:

13 (1) The amount the provider will charge the patient or the
14 consumer's health plan issuer for the product, service, or
15 procedure;

16 (2) The amount the health plan issuer intends to pay for
17 the product, service, or procedure;

18 (3) The difference, if any, that the consumer or other
19 party responsible for the consumer's care would be required to
20 pay to the provider for the product, service, or procedure.

21 (B) Any health plan issuer contacted by a provider
22 described in division (A) of this section in order for the
23 provider to obtain information so that the provider can comply
24 with division (A) of this section shall provide such information
25 to the provider within a reasonable time of the provider's
26 request.

27 (C) As used in this section, "health plan issuer" means an
28 entity subject to the insurance laws and rules of this state, or
29 subject to the jurisdiction of the superintendent of insurance,
30 that contracts, or offers to contract, to provide, deliver,
31 arrange for, pay for, or reimburse any of the costs of health
32 care services under a health benefit plan, including a sickness
33 and accident insurance company and a health insuring
34 corporation. "Health plan issuer" also includes a managed care
35 organization under contract with the department of medicaid and,
36 if the services are to be provided on a fee-for-service basis,
37 the Medicaid program.

38 (D) The medicaid director shall adopt rules, in accordance
39 with Chapter 119. of the Revised Code, to carry out this
40 section."

41 Between lines 2516 and 2517, insert:

42 **"Section 7. HEALTH SERVICES PROVIDERS COST ESTIMATES**

43 (A) There is hereby established under the Office of Health
44 Transformation the Health Services Price Disclosure Study
45 Committee. The Committee shall study the impact and feasibility

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46 of carrying out the requirement prescribed in section 5162.80 of
47 the Revised Code. The Committee shall consist of interested
48 parties and legislators.

49 (B) Not later than December 31, 2015, the Health Services
50 Price Disclosure Study Committee shall make a report of its
51 findings and shall deliver that report to the Governor, the
52 President and Minority Leader of the Senate, and the Speaker and
53 Minority Leader of the House of Representatives.

54 (C) The Health Services Price Disclosure Study Committee
55 shall also provide recommendations on how health plan issuers
56 can provide comparison prices from the providers described in
57 division (A) of section 5162.80 of the Revised Code to their own
58 enrollees for comparison purposes. The Committee shall also
59 provide recommendations on required cost information disclosure
60 for health plans offered through the health care exchange for
61 consumer comparison purposes. These recommendations shall be
62 submitted in a separate report and the Committee shall deliver a
63 copy of the report to the Governor, the President and Minority
64 Leader of the Senate, and Speaker and Minority Leader of the
65 House of Representatives.

66 (D) Not later than July 1, 2016, the Medicaid Director
67 shall adopt rules, in accordance with Chapter 119. of the
68 Revised Code, related to the implementation of section 5162.80
69 of the Revised Code. These rules shall be based on the

70 recommendations of the Health Services Price Disclosure Study
71 Committee. These rules shall address both of the following:

72 (1) How a cost estimate is to be provided to a consumer;

73 (2) The definition of "emergency products, services, or
74 procedures."

75 In line 2517, delete "7" and insert "8"

76 In line 2524, delete "8" and insert "9"

77 In line 2529, delete "9" and insert "10"

78 In line 2533, after "State" insert "or, if a later
79 effective date is specified below, on that date"

80 After line 2535, insert:

81 **"Section 11.** Section 5162.80 of the Revised Code, as
82 enacted by this act, shall take effect January 1, 2017."

83 The motion was _____ agreed to.

84 SYNOPSIS

85 **Health Services Cost Estimates**

86 **R.C. 5162.80; Section 7**

87 Requires health services providers to provide, upon
88 request, a good-faith estimate for all non-emergency services.
89 Delays the effective date of this requirement to January 1,
90 2017. Requires the Medicaid Director to adopt rules to carry out
91 this requirement.

92 Establishes, under the Office of Health Transformation, the
93 Health Services Price Disclosure Study Committee. Requires the
94 Committee to study the impact and feasibility of requiring
95 health services providers to provide cost estimates and produce
96 a related report.