

Ohio

Ohio lawmakers have made strides in healthcare price transparency in recent sessions despite previous setbacks. In 2021, the state eliminated surprise medical bills for HMO and PPO enrollees for emergency services provided by out-of-network professionals, facilities, and ground ambulance service providers, and non-emergency services provided by out-of-network professionals at in-network facilities. Also in 2021, the legislature enacted new law to allow small businesses to annually request employees' de-identified enrollment and claims information from their health insurance provider—a move intended to strengthen businesses' bargaining position with insurers.

Additionally, state legislators are considering new price transparency legislation that would require healthcare providers to give patients good-faith cost estimates in most circumstances in the wake of a [6th Circuit decision](#) in 2020 that permanently enjoined the state from enforcing the Healthcare Price Transparency Law (HB 52). The 2015 law, which required providers to provide patients with a “good faith” cost estimate of non-emergency, elective health care services before beginning treatment, was challenged and halted by healthcare providers who argued its requirements are too broad and would delay patient care.

To promote access and healthcare cost savings, the state also requires coverage and cost-sharing parity for certain telehealth services, while lawmakers are considering additional legislation to expand these protections to additional healthcare services. Ohio's Office of Health Transformation has also redesigned its state health care payment system in recent years to show providers how the cost and quality of their care compares to others in the state. Its system analyzes how much it costs a

provider to treat an episode of care and to provide high-quality comprehensive primary care, which in turns helps generate cost savings and improve public health.

On the competition front, Ohio is one the few states that prohibits most-favored nation clauses in contracts between providers and insurers. Ohio's merger review law requires nonprofit healthcare entities seeking to merge or consolidate to provide notice to the state's attorney general, who may review and approve the transaction based on limited criteria including whether the parties fulfilled their fiduciary duties and whether the deal is fair or protects charitable assets. More notably, Ohio is the site of the high-profile FTC enforcement case against [ProMedica Health System](#), which was challenged to divest St. Luke's Hospital post-merger due to competition concerns in the Toledo area. The 6th Circuit ruling in favor of the FTC and Ohio attorney general sets important precedent for future healthcare merger challenges.

See below for an overview of Ohio state mandates. Click on citation tab for detailed information of specific statutes (click link to download statute text).