



Ohio Revised Code

Section 3727.31

Effective: April 3, 2025

Legislation: House Bill 173

As used in sections 3727.31 to 3727.40 of the Revised Code:

(A) "Ancillary service" means a hospital item or service that a hospital customarily provides as part of a shoppable service.

(B) "Chargemaster" means the list maintained by a hospital of each hospital item or service for which the hospital has established a charge.

(C) "De-identified maximum negotiated charge" means the highest charge that a hospital has negotiated with all third-party payors for a hospital item or service.

(D) "De-identified minimum negotiated charge" means the lowest charge that a hospital has negotiated with all third-party payors for a hospital item or service.

(E) "Discounted cash price" means the charge that applies to an individual who pays cash, or a cash equivalent, for a hospital item or service.

(F) "Federal price transparency law" means section 2718(e) of the "Public Health Service Act," 42 U.S.C. 300gg-18, and hospital price transparency rules adopted by the United States department of health and human services and the United States centers for medicare and medicaid services implementing that section, including the rules and requirements under 45 C.F.R. 180.

(G) "Hospital" has the same meaning as in section 3722.01 of the Revised Code.

(H) "Hospital items or services" means 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 all of the following:



- (1) Supplies and procedures;
 - (2) Room and board;
 - (3) Use of the hospital and other areas, the charges for which are generally referred to as facility fees;
 - (4) Services of physicians and non-physician practitioners, employed by the hospital, the charges for which are generally referred to as professional fees;
 - (5) Any other item or service for which a hospital has established a standard charge.
- (I) "Gross charge" means the charge for a hospital item or service that is reflected on a hospital's chargemaster, absent any discounts.
- (J) "Machine-readable format" means a digital representation of information in a file that can be imported or read into a computer system for further processing. "Machine-readable format" includes XML, JSON, and CSV formats.
- (K) "Payor-specific negotiated charge" means the charge that a hospital has negotiated with a third-party payor for a hospital item or service.
- (L) "Personal data" means any information that is linked or reasonably linkable to an identified or identifiable person in this state. "Personal data" does not include either of the following:
- (1) Publicly available information;
 - (2) Personal data that has been de-identified or aggregated using commercially reasonable methods such that neither the associated person, nor a device linked to that person, can be reasonably identified.
- (M) "Process" or "processing" means any operation or set of operations that are performed on personal data, whether or not by automated means, including the collection, use, storage, disclosure,



analysis, deletion, transfer, or modification of personal data.

(N) "Publicly available information" means information that is lawfully made available from federal, state, or local government records or widely available media.

(O) "Service package" means an aggregation of individual hospital items or services into a single service with a single charge.

(P) "Shoppable service" means a service that may be scheduled by a health care consumer in advance.

(Q) "Standard charge" means the regular rate established by the hospital for a hospital item or service provided to a specific group of paying patients. "Standard charge" includes all of the following:

- (1) The gross charge;
- (2) The payor-specific negotiated charge;
- (3) The de-identified minimum negotiated charge;
- (4) The de-identified maximum negotiated charge;
- (5) The discounted cash price.

(R) "Targeted advertising" means displaying an advertisement that is selected based on personal data obtained from the use of a hospital's internet-based price estimator tool by a person in this state. "Targeted advertising" does not include any of the following:

- (1) Advertising in response to the user's request for information or feedback;
- (2) Advertisements based on activities within a hospital's own web sites or online applications;



(3) Advertisements based on the context of a user's current search query, visit to a web site, or online application;

(4) Processing personal data solely for measuring or reporting advertising performance, reach, or frequency.

(S) "Third-party payor" means an entity that is, by statute, contract, or agreement, legally responsible for payment of a claim for a hospital item or service.