

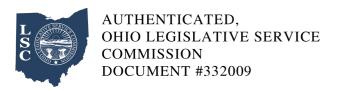
## Ohio Revised Code

Section 3727.33 Hospital standard charges list.

Effective: April 3, 2025

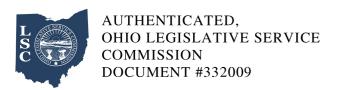
Legislation: House Bill 173 - 135th General Assembly

- (A) A hospital shall maintain a list of all standard charges for all hospital items or services in accordance with this section. The hospital shall ensure that the list is available at all times to the public, including by posting the list electronically in the manner provided by this section.
- (B) The standard charges contained in the list shall reflect the standard charges applicable to that location of the hospital, regardless of whether the hospital operates in more than one location or operates under the same license as another hospital.
- (C) The list shall include the following information, as applicable:
- (1) A description of each hospital item or service provided by the hospital;
- (2) The following charges, expressed in dollar amounts, for each particular hospital item or service when provided in either an inpatient setting or an outpatient department setting, as applicable:
- (a) The gross charge;
- (b) The de-identified minimum negotiated charge;
- (c) The de-identified maximum negotiated charge;
- (d) The discounted cash price;
- (e) The payor-specific negotiated charge, 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 each third-party payor and health plan;
- (f) 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.

- (D) The information contained in the list shall be published in a single digital file that is in a machine-readable format.
- (E) The list shall be displayed in a prominent location on the home page of the hospital's publicly accessible internet web site or be accessible by selecting a dedicated link that is prominently displayed on that home page. If the hospital operates multiple locations and maintains a single internet web site, a separate list shall be posted for each location the hospital operates and shall be displayed in a manner that clearly associates the list with the applicable location.
- (F) The list shall satisfy all of the following conditions:
- (1) Be available free of charge; without having to register or establish a user account or password; without having to submit personal identifying information, including any information pertaining to an individual's health care coverage or other benefits; and without having to overcome any other impediment in order to access the list, including such impediments as entering a code or completing any type of security measure known as challenge-response authentication;
- (2) 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;
- (3) Be formatted in a manner prescribed by the template developed under division (G) of this section:
- (4) Be digitally searchable;
- (5) Use the following naming convention specified by the United States centers for medicare and medicaid services, specifically:



"<ein>\_<hospital-name>\_standardcharges.[jsonxmlcsv]."

- (G) For purposes of division (F)(3) of this section, the director of health shall develop a template that each hospital shall use in formatting the list. In developing the template, the director shall do both of the following:
- (1) Consider any applicable federal guidelines for formatting similar lists required by federal statutes or regulations and ensure that the design of the template enables health care consumers or other researchers to compare the charges contained in the lists maintained by each hospital;
- (2) Design the template to be substantially similar to the template used by the United States centers for medicare and medicaid services for purposes similar to those of sections 3727.31 to 3727.40 of the Revised Code, if the director determines that designing the template in that manner serves the purposes of this section and that the department of health benefits from the director developing and requiring that substantially similar design.
- (H) At least once each year, the hospital shall update the list it maintains under this section. The hospital shall clearly indicate the date on which the list was most recently updated, either on the list or in a manner that is clearly associated with the list.