



## Ohio Revised Code

### Section 3902.50 Out-of-network care definitions.

Effective: April 12, 2021

Legislation: House Bill 388 - 133rd General Assembly

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As used in sections 3902.50 to 3902.54 of the Revised Code:

- (A) "Ambulance" has the same meaning as in section 4765.01 of the Revised Code.
- (B) "Clinical laboratory services" has the same meaning as in section 4731.65 of the Revised Code.
- (C) "Cost sharing" means the cost to a covered person under a health benefit plan according to any copayment, coinsurance, deductible, or other out-of-pocket expense requirement.
- (D) "Covered person," "health benefit plan," "health care services," and "health plan issuer" have the same meanings as in section 3922.01 of the Revised Code.
- (E) "Emergency facility" has the same meaning as in section 3701.74 of the Revised Code.
- (F) "Emergency services" means all of the following as described in 42 U.S.C. 1395dd:
  - (1) Medical screening examinations undertaken to determine whether an emergency medical condition exists;
  - (2) Treatment necessary to stabilize an emergency medical condition;
  - (3) Appropriate transfers undertaken prior to an emergency medical condition being stabilized.
- (G) "Unanticipated out-of-network care" means health care services, including clinical laboratory services, that are covered under a health benefit plan and that are provided by an out-of-network provider when either of the following conditions applies:
  - (1) The covered person did not have the ability to request such services from an in-network provider.



(2) The services provided were emergency services.

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