

Major Insurance Reform Initiatives

»» Prior Authorization “Gold Card”

HB 214

SPONSOR: Rep. Kevin Miller (R-Newark)

- Would exempt healthcare providers who consistently receive a high prior authorization approval rate for a specific service or treatment in a 12-month period from prior authorization requirements for that service.
- Also includes data collection provisions mirroring federal CMS requirements set to go into effect in 2027, which will require insurers to share program metrics on their public websites and with ODI on an annual basis.

»» Network Adequacy

HB 219

SPONSOR: Rep. Kellie Deeter (R-Norwalk)

- Would establish standards for creation and maintenance of networks by insurers and assure the adequacy, adequacy, accessibility, transparency and quality of healthcare services offered under a network plan.
- Would require insurers to maintain and follow access plans that consist of policies and procedures for assuring the ongoing sufficiency of provider networks.
- Would establish requirements for written agreements between insurers and participating providers regarding the standards, terms and provisions under which the participating provider will provide covered services to covered patients.

»» Prior Authorization: Retroactive Denials, Peer to Peer, Appeals

HB 220

SPONSOR: Rep. Heidi Workman (R-Rootstown)

- Would ensure retroactive denial can only occur for non-covered benefits or lack of coverage at the time of service.
- Would require prior authorization appeals to be between the healthcare provider and a clinical peer, and require identification of the clinical peer (plan clinician) making adverse determinations.
- Would also prohibit insurers from charging providers to appeal rejected claims.
- Would require insurers to account for dosage adjustments in drug prior authorizations to treat chronic conditions.

»» Collection of Copays

HB 390

SPONSOR: Rep. Jean Schmidt (R-Loveland)

- Would shift the responsibility of collecting a patient’s cost-sharing amount—copays, deductibles, and coinsurance—from physicians to health insurers.

»» Prohibit Reimbursement Reduction

HB 429

SPONSOR: Rep. Jim Hoops (R-Napoleon)

- Would prohibit insurers from reducing reimbursement to health care providers based on:
 1. The insurer’s own description of that is included in the service outside of the most current CPT code in effect, the most current ICD-10 code in effect, the most current CDT code in effect, or the most current HCPCS code in effect.
 2. The insurer’s own description of what is included in the diagnosis code submitted on the claim outside of guidelines established by entities responsible for the code set, including the Centers for Disease Control and Prevention’s National Center for Health Statistics.
 3. The provider billing for additional health services, including outpatient surgery, on the same date as the covered service.

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» Non-Medical Switching

SB 160

SPONSOR: Sen. Terry Johnson (R-McDermott) and Sen. Beth Liston (D-Dublin)

- Would prohibit insurers from making mid-year drug formulary changes in order to avoid abrupt and unwarranted treatment changes that disrupt a physician's ability to exercise their medical expertise to help their patients.

» Takebacks/Clawbacks

SB 162

SPONSOR: Sen. Bill Blessing (R-Colerain Twp.)

- Would decrease Ohio's current 24-month insurer takeback timeframe to the same timeframe given to a provider to submit a claim, and also prohibit insurers from changing these timeframes during a contract period.
- Would prohibit insurers from charging a provider for appealing a determination of overpayment.

» Transparency in Health Plan Use of AI

SB 164

SPONSOR: Sen. Al Cutrona (R-Canfield)

- Would require insurer transparency regarding their use of AI tools in prior authorization determinations, and ensure that determinations are made through review of individual merits of claims by licensed clinical professionals.

» Automatic Downcoding & Prudent Laysperson

SB 165

SPONSOR: Sen. Susan Manchester (R-Waynesfield)

- Would prohibit downcoding for all providers, including prohibition of limitations on reimbursement for time spent with patients.
- Would strengthen Ohio's prudent laysperson standard to protect Ohioans from unexpected medical bills due to insurer denying claims for emergency care after the care has been provided.

» No Fees for EFTs

VICTORY

SB 166

SPONSOR: Sen. Nathan Manning (R-North Ridgeville)

- Language prohibiting health plans for charging providers a fee for delivering payments via check or for electronic transmission of funds was included in the state budget legislation (HB 96) signed into law by Governor DeWine.
- This budget language inclusion successfully achieves the goal of SB 166, separate legislation we were supporting, sponsored by Sen. Nathan Manning (R-North Ridgeville).



How You Can Help:

If you have meaningful data or examples to illustrate the burdens insurers are placing upon you, your practice, and your patients, we need to hear from you. Your stories will support our advocacy for these legislative initiatives. [Please email info@osma.org](mailto:info@osma.org) to share your story with our Advocacy Team!

To submit a complaint in the event that you believe a health plan is not following current Ohio law, please visit the [Ohio Department of Insurance complaint portal](#) to provide information to ODI about your concerns.