

Ohio Surprise Bill Law

In December of 2020, the No Surprises Act was passed at the federal level to eliminate surprise billing. Shortly thereafter, Ohio passed its own legislation to mirror the federal policy, with a few notable differences.

Ohio's surprise bill legislation ([HB 388](#)) was passed on January 7, 2021, with a vote of 95-0 and began accepting comments from stakeholders the following March. Like all surprise bill legislation, this bill was passed in a concerted effort to combat patients receiving unexpected bills for emergency care or specific instances of out-of-network (OON) services. This law is set to go into effect in January 2022 and will be administered by Ohio Department of Insurance (ODI).

Though designed to mirror the No Surprises Act, there are two notable distinctions in HB 388:

- National legislation only applies to aerial ambulatory services, whereas Ohio extends the surprise billing legislation to include ground ambulances.
- HB 388 only applies to fully-insured patients, whereas the No Surprises Act covers both fully-insured and self-insured patients.

In line with other states and the No Surprises Act, HB 388 promotes a baseball-style arbitration process for reimbursement disputes (that is to say, both parties may submit documentation to make their case to a neutral third party, who would then review the information and make a final, binding decision). It also establishes the default reimbursement rate as the greatest of the in-network rate, the out-of-network rate, or the Medicare rate. The procedures for dispute are outlined in this legislation if payees wish to negotiate reimbursement.

As always, APS will continue to monitor developments in surprise billing, both on the state and federal level, and continue to advocate for our clients' interests. If you have any questions or concerns, please reach out to your Practice Manager for further discussion.