



Ohio Revised Code

Section 3727.46 Prohibited facility fees.

Effective: September 30, 2025

Legislation: House Bill 96 - 136th General Assembly

(A) As used in this section:

(1) "Facility fee" means the portion of a bill for health care treatment that covers all the costs of delivering patient care, except for those that are billed by one or more physicians and other professionals.

(2) "Governmental health plan" means a plan established or maintained for its beneficiaries by the government of the United States, the government of any state or political subdivision thereof, or by any agency or instrumentality of the government of the United States or the government of any state or political subdivision thereof, including medicare and medicaid managed care organization plans.

(3) "Hospital" means an institution or facility licensed under Chapter 3722. of the Revised Code.

(4) "Physician" means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery.

(5) "Primary care services" means professional comprehensive personal health services, which may include health education and disease prevention, treatment of uncomplicated health problems, diagnosis of chronic health problems, and management of health care services for an individual. "Primary care services" does not include imaging services or diagnostic testing performed in a primary care setting.

(6) "Third-party payor" means an entity, excluding any governmental health plan, that is, by statute, contract, or agreement, legally responsible for payment of a claim for a health care service.

(7) "Self-pay individual" means an individual who does not have benefits for a health care service under a health plan offered by a third-party payor or who does not seek to have a claim for that service submitted to the third-party payer for payment.



(B)(1) Beginning January 1, 2028, and subject to division (B)(2) of this section, a medical practice specializing in primary care that is owned or operated by a hospital or hospital system shall not require a self-pay individual or third-party payor to pay a facility fee in connection with any primary care service provided to a patient at the practice.

(2) The prohibition described in division (B)(1) of this section applies only if both of the following are the case:

(a) The medical practice was owned or operated solely by a physician or group of physicians at the time of its purchase by the hospital or hospital system;

(b) The hospital or hospital system purchased the medical practice after January 1, 2010.

(C) This section shall not be construed to apply to a medical practice specializing in primary care that is established by a hospital or hospital system.