



## Ohio Revised Code

### Section 3901.3815

Effective: September 30, 2025

Legislation: House Bill 96

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(A) As used in this section:

(1) "Health plan issuer" has the same meaning as in section 3922.01 of the Revised Code, except that the term also includes any vendor contracted by a health plan issuer, as defined in that section.

(2) "Health care provider" has the same meaning as in section 3701.74 of the Revised Code.

(3) "Credit card" means a single-use or virtual payment card provided in an electronic, digital, facsimile, physical, or paper format.

(4) "Business day" has the same meaning as in section 3901.81 of the Revised Code.

(B) A health plan issuer shall offer all reasonably available methods of payment to a health care provider, which shall include payment by check and electronic funds transfer. A health plan issuer shall not charge a health care provider a fee for delivering payment by check or electronic funds transfer, either directly or indirectly through an agent, affiliate, or third party contracted by the health plan issuer in connection with the method of payment.

(C) A health plan issuer that offers payment by credit card shall provide a process by which a health care provider may opt out of that method of payment and select another method of payment.

(D) If a health plan issuer or an agent, affiliate, or third party contracted by a health plan issuer in connection with one of the available payment methods, other than payment by check or electronic funds transfer, charges a fee, the health plan issuer shall, prior to initiating the first payment to a health care provider or upon changing the payment methods available to a health care provider, do both of the following:

(1) Notify the provider about potential fees associated with a particular payment method, disclose



any charges by the health plan issuer, and advise the provider to contact the provider's financial institution, credit card issuer, or payment processor for information about other fees that may apply;

(2) Provide the health care provider with clear instructions as to how to select each payment method either on the health plan issuer's web site or through a means other than the contract offered to the health care provider.

(E)(1) If a health care provider requests a change in the available payment method, the health plan issuer shall implement the change to the payment method selected by the health care provider within thirty-one business days.

(2) The payment method selected by the health care provider shall remain in effect until either the health care provider requests a different payment method or the health plan issuer has not generated a payment to the provider for more than one year.

(3) The health plan issuer shall not charge a fee for a change in payment method.