

**As Reported by the Senate Health, Human Services and Aging
Committee**

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Sub. H. B. No. 197

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Hughes, Key, Law, Mason, Miller, Patton, S., Smith, S., Stewart, D., Sykes,
Wagoner, White, Williams, Woodard, Yuko
Senator Clancy**

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A B I L L

To amend sections 111.15, 3702.11, 3702.16, 3702.18, 1
3727.11, 3727.12, 3727.14, and 3727.16, to amend 2
for the purpose of adopting new section numbers as 3
indicated in parentheses sections 3727.11 4
(3727.34), 3727.12 (3727.42), 3727.121 (3727.43), 5
3727.14 (3727.36), and 3727.16 (3727.45), to enact 6
sections 3727.31, 3727.311, 3727.312, 3727.313, 7
3727.32, 3727.321, 3727.33, 3727.331, 3727.35, 8
3727.37, 3727.38, 3727.39, 3727.391, 3727.40, 9
3727.41, and 3727.44, and to repeal sections 10
3727.13 and 3727.15 of the Revised Code concerning 11
the submission of information by hospitals about 12
their performance in meeting certain measures and 13
their charges for services. 14

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That sections 111.15, 3702.11, 3702.16, 3702.18, 15

3727.11, 3727.12, 3727.14, and 3727.16 be amended, sections 16
3727.11 (3727.34), 3727.12 (3727.42), 3727.121 (3727.43), 3727.14 17
(3727.36), and 3727.16 (3727.45) be amended for the purpose of 18
adopting new section numbers as indicated in parentheses, and 19
sections 3727.31, 3727.311, 3727.312, 3727.313, 3727.32, 3727.321, 20
3727.33, 3727.331, 3727.35, 3727.37, 3727.38, 3727.39, 3727.391, 21
3727.40, 3727.41, and 3727.44 of the Revised Code be enacted to 22
read as follows: 23

Sec. 111.15. (A) As used in this section: 24

(1) "Rule" includes any rule, regulation, bylaw, or standard 25
having a general and uniform operation adopted by an agency under 26
the authority of the laws governing the agency; any appendix to a 27
rule; and any internal management rule. "Rule" does not include 28
any guideline adopted pursuant to section 3301.0714 of the Revised 29
Code, any order respecting the duties of employees, any finding, 30
any determination of a question of law or fact in a matter 31
presented to an agency, or any rule promulgated pursuant to 32
Chapter 119., section 4141.14, division (C)(1) or (2) of section 33
5117.02, or section 5703.14 of the Revised Code. "Rule" includes 34
any amendment or rescission of a rule. 35

(2) "Agency" means any governmental entity of the state and 36
includes, but is not limited to, any board, department, division, 37
commission, bureau, society, council, institution, state college 38
or university, community college district, technical college 39
district, or state community college. "Agency" does not include 40
the general assembly, the controlling board, the adjutant 41
general's department, or any court. 42

(3) "Internal management rule" means any rule, regulation, 43
bylaw, or standard governing the day-to-day staff procedures and 44
operations within an agency. 45

(4) "Substantive revision" has the same meaning as in 46
division (J) of section 119.01 of the Revised Code. 47

(B)(1) Any rule, other than a rule of an emergency nature, 48
adopted by any agency pursuant to this section shall be effective 49
on the tenth day after the day on which the rule in final form and 50
in compliance with division (B)(3) of this section is filed as 51
follows: 52

(a) The rule shall be filed in electronic form with both the 53
secretary of state and the director of the legislative service 54
commission; 55

(b) The rule shall be filed in electronic form with the joint 56
committee on agency rule review. Division (B)(1)(b) of this 57
section does not apply to any rule to which division (D) of this 58
section does not apply. 59

An agency that adopts or amends a rule that is subject to 60
division (D) of this section shall assign a review date to the 61
rule that is not later than five years after its effective date. 62
If no review date is assigned to a rule, or if a review date 63
assigned to a rule exceeds the five-year maximum, the review date 64
for the rule is five years after its effective date. A rule with a 65
review date is subject to review under section 119.032 of the 66
Revised Code. This paragraph does not apply to a rule of a state 67
college or university, community college district, technical 68
college district, or state community college. 69

If all filings are not completed on the same day, the rule 70
shall be effective on the tenth day after the day on which the 71
latest filing is completed. If an agency in adopting a rule 72
designates an effective date that is later than the effective date 73
provided for by division (B)(1) of this section, the rule if filed 74
as required by such division shall become effective on the later 75
date designated by the agency. 76

Any rule that is required to be filed under division (B)(1) 77
of this section is also subject to division (D) of this section if 78
not exempted by division (D)(1), (2), (3), (4), (5), (6), (7), or 79
(8) of this section. 80

If a rule incorporates a text or other material by reference, 81
the agency shall comply with sections 121.71 to 121.76 of the 82
Revised Code. 83

(2) A rule of an emergency nature necessary for the immediate 84
preservation of the public peace, health, or safety shall state 85
the reasons for the necessity. The emergency rule, in final form 86
and in compliance with division (B)(3) of this section, shall be 87
filed in electronic form with the secretary of state, the director 88
of the legislative service commission, and the joint committee on 89
agency rule review. The emergency rule is effective immediately 90
upon completion of the latest filing, except that if the agency in 91
adopting the emergency rule designates an effective date, or date 92
and time of day, that is later than the effective date and time 93
provided for by division (B)(2) of this section, the emergency 94
rule if filed as required by such division shall become effective 95
at the later date, or later date and time of day, designated by 96
the agency. 97

An emergency rule becomes invalid at the end of the ninetieth 98
day it is in effect. Prior to that date, the agency may file the 99
emergency rule as a nonemergency rule in compliance with division 100
(B)(1) of this section. The agency may not refile the emergency 101
rule in compliance with division (B)(2) of this section so that, 102
upon the emergency rule becoming invalid under such division, the 103
emergency rule will continue in effect without interruption for 104
another ninety-day period. 105

(3) An agency shall file a rule under division (B)(1) or (2) 106
of this section in compliance with the following standards and 107

procedures:	108
(a) The rule shall be numbered in accordance with the numbering system devised by the director for the Ohio administrative code.	109 110 111
(b) The rule shall be prepared and submitted in compliance with the rules of the legislative service commission.	112 113
(c) The rule shall clearly state the date on which it is to be effective and the date on which it will expire, if known.	114 115
(d) Each rule that amends or rescinds another rule shall clearly refer to the rule that is amended or rescinded. Each amendment shall fully restate the rule as amended.	116 117 118
If the director of the legislative service commission or the director's designee gives an agency notice pursuant to section 103.05 of the Revised Code that a rule filed by the agency is not in compliance with the rules of the legislative service commission, the agency shall within thirty days after receipt of the notice conform the rule to the rules of the commission as directed in the notice.	119 120 121 122 123 124 125
(C) All rules filed pursuant to divisions (B)(1)(a) and (2) of this section shall be recorded by the secretary of state and the director under the title of the agency adopting the rule and shall be numbered according to the numbering system devised by the director. The secretary of state and the director shall preserve the rules in an accessible manner. Each such rule shall be a public record open to public inspection and may be transmitted to any law publishing company that wishes to reproduce it.	126 127 128 129 130 131 132 133
(D) At least sixty-five days before a board, commission, department, division, or bureau of the government of the state files a rule under division (B)(1) of this section, it shall file the full text of the proposed rule in electronic form with the	134 135 136 137

joint committee on agency rule review, and the proposed rule is 138
subject to legislative review and invalidation under division (I) 139
of section 119.03 of the Revised Code. If a state board, 140
commission, department, division, or bureau makes a substantive 141
revision in a proposed rule after it is filed with the joint 142
committee, the state board, commission, department, division, or 143
bureau shall promptly file the full text of the proposed rule in 144
its revised form in electronic form with the joint committee. The 145
latest version of a proposed rule as filed with the joint 146
committee supersedes each earlier version of the text of the same 147
proposed rule. Except as provided in division (F) of this section, 148
a state board, commission, department, division, or bureau shall 149
also file the rule summary and fiscal analysis prepared under 150
section 121.24 or 127.18 of the Revised Code, or both, in 151
electronic form along with a proposed rule, and along with a 152
proposed rule in revised form, that is filed under this division. 153

As used in this division, "commission" includes the public 154
utilities commission when adopting rules under a federal or state 155
statute. 156

This division does not apply to any of the following: 157

(1) A proposed rule of an emergency nature; 158

(2) A rule proposed under section 1121.05, 1121.06, 1155.18, 159
1163.22, 1349.33, 1707.201, 1733.412, 4123.29, 4123.34, 4123.341, 160
4123.342, 4123.40, 4123.411, 4123.44, or 4123.442 of the Revised 161
Code; 162

(3) A rule proposed by an agency other than a board, 163
commission, department, division, or bureau of the government of 164
the state; 165

(4) A proposed internal management rule of a board, 166
commission, department, division, or bureau of the government of 167
the state; 168

(5) Any proposed rule that must be adopted verbatim by an agency pursuant to federal law or rule, to become effective within sixty days of adoption, in order to continue the operation of a federally reimbursed program in this state, so long as the proposed rule contains both of the following:

(a) A statement that it is proposed for the purpose of complying with a federal law or rule;

(b) A citation to the federal law or rule that requires verbatim compliance.

(6) An initial rule proposed by the director of health to impose safety standards, and quality-of-care standards, ~~and quality-of-care data reporting requirements~~ with respect to a health service specified in section 3702.11 of the Revised Code, or an initial rule proposed by the director to impose quality standards on a facility listed in division (A)(4) of section 3702.30 of the Revised Code, if section 3702.12 of the Revised Code requires that the rule be adopted under this section;

(7) A rule of the state lottery commission pertaining to instant game rules.

If a rule is exempt from legislative review under division (D)(5) of this section, and if the federal law or rule pursuant to which the rule was adopted expires, is repealed or rescinded, or otherwise terminates, the rule is thereafter subject to legislative review under division (D) of this section.

(E) Whenever a state board, commission, department, division, or bureau files a proposed rule or a proposed rule in revised form under division (D) of this section, it shall also file the full text of the same proposed rule or proposed rule in revised form in electronic form with the secretary of state and the director of the legislative service commission. Except as provided in division (F) of this section, a state board, commission, department,

division, or bureau shall file the rule summary and fiscal
analysis prepared under section 121.24 or 127.18 of the Revised
Code, or both, in electronic form along with a proposed rule or
proposed rule in revised form that is filed with the secretary of
state or the director of the legislative service commission.

(F) Except as otherwise provided in this division, the
auditor of state or the auditor of state's designee is not
required to file a rule summary and fiscal analysis along with a
proposed rule, or proposed rule in revised form, that the auditor
of state proposes under section 117.12, 117.19, 117.38, or 117.43
of the Revised Code and files under division (D) or (E) of this
section. If, however, the auditor of state or the designee
prepares a rule summary and fiscal analysis of the original
version of such a proposed rule for purposes of complying with
section 121.24 of the Revised Code, the auditor of state or
designee shall file the rule summary and fiscal analysis in
electronic form along with the original version of the proposed
rule filed under division (D) or (E) of this section.

Sec. 3702.11. The director of health shall adopt rules
establishing safety standards, ~~and~~ quality-of-care standards, ~~and~~
~~quality of care data reporting requirements~~ for each of the
following:

- (A) Solid organ and bone marrow transplantation;
- (B) Stem cell harvesting and reinfusion;
- (C) Cardiac catheterization;
- (D) Open-heart surgery;
- (E) Obstetric and newborn care;
- (F) Pediatric intensive care;
- (G) Operation of linear accelerators;

(H) Operation of cobalt radiation therapy units;	229
(I) Operation of gamma knives.	230
Sec. 3702.16. The rules adopted under section 3702.11 of the Revised Code at a minimum shall specify the following:	231 232
(A) A procedure that the director of health shall follow to update and revise safety and quality-of-care standards to account for technological advances;	233 234 235
(B) The responsibilities of the department of health and of health care providers with respect to collection of data and monitoring and enforcing compliance with the safety and quality-of-care standards established by the rules;	236 237 238 239
(C) The types of reports providers must submit, the types of audits they must undergo, and the frequency with which they must submit the reports and undergo the audits;	240 241 242
(D) The quality of care data that must be reported to the department;	243 244
(E) A requirement that data be reported to the department no less frequently than annually;	245 246
(F) A standardized data reporting format;	247
(G) A scale for determining the amount of penalties to be imposed under section 3702.20 of the Revised Code based on the severity of the violation.	248 249 250
Sec. 3702.18. The director of health and any employee or contractor of the department of health shall not make public any quality-of-care data reported to the department pursuant to the rules adopted under section 3702.11 of the Revised Code, <u>as that section existed immediately prior to the effective date of this amendment</u> , or any record copied under section 3702.19 of the	251 252 253 254 255 256

Revised Code, that identifies or would tend to identify specific patients. 257
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The director and any employee or contractor of the department shall not make public any data reported to the department pursuant to ~~the rule~~ rules adopted under section 3702.11 of the Revised Code, as that section existed immediately prior to the effective date of this amendment, that ~~requires~~ require reports on specific adverse events, bodily injuries, or complaints. 259
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Sec. 3727.31. There is hereby created the hospital measures advisory council. The council shall consist of the following members: 265
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(A) The director of health; 268

(B) The superintendent of insurance; 269

(C) The executive director of the commission on minority health or the executive director's designee; 270
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(D) Two members of the house of representatives, from different political parties, appointed by the speaker of the house of representatives; 272
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(E) Two members of the senate, from different political parties, appointed by the president of the senate; 275
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(F) One representative of each of the following appointed by the speaker of the house of representatives: 277
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(1) Health insurers; 279

(2) Small employers; 280

(3) Organized labor; 281

(4) Physicians in general practice; 282

(5) Childrens' hospitals. 283

(G) One representative of each of the following appointed by 284

<u>the president of the senate:</u>	285
<u>(1) Physicians specializing in public health;</u>	286
<u>(2) Hospitals;</u>	287
<u>(3) Health services researchers;</u>	288
<u>(4) Health care consumers;</u>	289
<u>(5) Large employers.</u>	290
<u>Sec. 3727.311. The director of health shall serve as chair of</u>	291
<u>the hospital measures advisory council. The department of health</u>	292
<u>shall provide meeting space and staff and other administrative</u>	293
<u>support for the council.</u>	294
<u>Sec. 3727.312. The hospital measures advisory council shall</u>	295
<u>do all of the following:</u>	296
<u>(A) Study the issue of hospitals reporting information</u>	297
<u>regarding their performance in meeting measures for hospital</u>	298
<u>inpatient and outpatient services, including how such reports are</u>	299
<u>made in other states;</u>	300
<u>(B) Not later than one year after the date the last of the</u>	301
<u>initial council members is appointed, issue a report to the</u>	302
<u>director of health with recommendations for all of the following:</u>	303
<u>(1) Collecting, pursuant to section 3727.33 of the Revised</u>	304
<u>Code, information from hospitals that shows their performance in</u>	305
<u>meeting measures for hospital inpatient and outpatient services;</u>	306
<u>(2) The audits conducted pursuant to section 3727.331 of the</u>	307
<u>Revised Code;</u>	308
<u>(3) Disseminating information about the performance of</u>	309
<u>hospitals in meeting the measures, including effective methods of</u>	310
<u>displaying information on any internet web site established under</u>	311
<u>section 3727.39 of the Revised Code;</u>	312

<u>(4) Explaining to the public how to use the information about</u>	313
<u>the performance of hospitals in meeting the measures, including</u>	314
<u>explanations about the limitations of the information.</u>	315
<u>(C) Provide the director of health ongoing advice on all of</u>	316
<u>the following:</u>	317
<u>(1) The issue of hospitals reporting information regarding</u>	318
<u>their performance in meeting measures for hospital inpatient and</u>	319
<u>outpatient services;</u>	320
<u>(2) Disseminating the information reported by hospitals;</u>	321
<u>(3) Making improvements to the reports and dissemination of</u>	322
<u>information;</u>	323
<u>(4) Making changes to the information collection requirements</u>	324
<u>and dissemination methods.</u>	325
<u>(D) Convene a group of health care consumers, nurses, and</u>	326
<u>experts in infection control, the members of which shall be</u>	327
<u>appointed by the council according to a method selected by the</u>	328
<u>council, to provide information about infection issues to the</u>	329
<u>council as needed for the council to perform its duties.</u>	330
<u>Sec. 3727.313.</u> All of the following apply to members of the	331
<u>hospital measures advisory council and the members of the group</u>	332
<u>convened by the council under division (D) of section 3727.312 of</u>	333
<u>the Revised Code:</u>	334
<u>(A) The members shall serve at the pleasure of their</u>	335
<u>appointing authority.</u>	336
<u>(B) The members shall serve without remuneration, except to</u>	337
<u>the extent that serving on the council or in the group is</u>	338
<u>considered a part of their regular employment duties.</u>	339
<u>(C) The members shall not be reimbursed for expenses incurred</u>	340
<u>in the performance of their duties on the council or in the group.</u>	341

Sec. 3727.32. (A) The director of health shall convene a 342
group of experts in data collection and analysis or a related 343
field to do all of the following: 344

(1) Develop, on an ongoing basis, recommendations regarding 345
measures for hospital inpatient and outpatient services and submit 346
the recommendations to the director for the director's 347
consideration when the director adopts rules under section 3727.41 348
of the Revised Code specifying the measures to be used by 349
hospitals in submitting information to the director under section 350
3727.33 of the Revised Code; 351

(2) Issue, not later than one year after the date the last of 352
the initial members of the hospital measures advisory council is 353
appointed, a report to the director that advises the director on 354
how to provide for any internet web site established under section 355
3727.39 of the Revised Code to include a report on each hospital's 356
overall performance in meeting the measures specified in rules 357
adopted under section 3727.41 of the Revised Code; 358

(3) Submit to the director guidelines to be used to determine 359
whether a hospital's performance in meeting a particular measure 360
should be excluded from any web site established under section 361
3727.39 of the Revised Code because the hospital's caseload for 362
the diagnosis or procedure that the measure concerns is 363
insufficient to make the hospital's performance a reliable 364
indicator of its ability to treat the diagnosis or perform the 365
procedure in a quality manner; 366

(4) Assist the hospital measures advisory council with the 367
part of the report required by division (B) of section 3727.312 of 368
the Revised Code that includes recommendations for the audits 369
conducted pursuant to section 3727.331 of the Revised Code and 370
provide the director ongoing advice on the issue of those audits. 371

(B) Each member of the hospital measures advisory council shall appoint an individual to serve on a group convened under this section, except that a member of the council who is an expert in data collection and analysis or a related field may serve as a member of the group rather than appoint another individual. The director of health shall ensure that the group's membership includes at least one representative of small and rural hospitals.

The members of the group shall serve without remuneration, except to the extent that serving in the group is considered a part of their regular employment duties. The members shall not be reimbursed for expenses incurred in the performance of their duties in the group.

Sec. 3727.321. (A) The group of experts convened under section 3727.32 of the Revised Code may include in the recommendations developed under division (A)(1) of that section recommendations that the director of health's rules adopted under section 3727.41 of the Revised Code include some or all of the following measures:

(1) Hospital quality measures publicly reported by the centers for medicare and medicaid services;

(2) Hospital quality measures publicly reported by the joint commission on accreditation of healthcare organizations;

(3) Measures included in the patient safety indicators and inpatient quality indicators developed by the agency for health care research and quality;

(4) Measures included in the national voluntary consensus standards for hospital care endorsed by the national quality forum.

(B) In considering whether to recommend that the director include a particular measure in the rules, the group of experts

shall consider whether there are any excessive administrative or 402
financial implications associated with the reporting of 403
information by hospitals regarding their performance in meeting 404
the measure. 405

Sec. 3727.33. Beginning in 2007, not later than the first day 406
of each April and the first day of each October, each hospital 407
shall submit information to the director of health that shows the 408
hospital's performance in meeting each of the inpatient and 409
outpatient service measures specified in rules adopted under 410
section 3727.41 of the Revised Code. 411

In submitting information under this section, each hospital 412
shall do all of the following: 413

(A) Submit the information for the hospital's inpatient and 414
outpatient services regardless of who pays the charges incurred 415
for the services; 416

(B) For each measure for which the information is submitted, 417
use the form and specifications for the measure that the entity 418
that developed or endorsed the measure recommends be used for the 419
measure; 420

(C) Adjust for risk, as needed, the information for a 421
particular measure in accordance with the risk adjustment 422
methodology that the entity that developed or endorsed the measure 423
recommends be used for the measure; 424

(D) Provide for the information to reflect the hospital's 425
performance in meeting the measures over a twelve-month period; 426

(E) Follow the rules governing the submission of the 427
information that are adopted under section 3727.41 of the Revised 428
Code. 429

Sec. 3727.331. The director of health may audit any 430

information submitted to the director under section 3727.33 of the 431
Revised Code, including information adjusted for risk pursuant to 432
division (C) of that section. 433

Sec. ~~3727.11~~ 3727.34. (A) ~~As used in this section,~~ 434
~~"nongovernmental patient" means any patient other than a patient~~ 435
~~for whom primary charges are paid under Title XVIII or XIX of the~~ 436
~~"Social Security Act," 49 Stat. 620 (1935), 42 U.S.C. 301, as~~ 437
~~amended, or by the bureau for children with medical handicaps~~ 438
~~under sections 3701.023 to 3701.028 of the Revised Code.~~ 439

~~(B) On~~ Except as provided in division (C) of this section, on 440
or before the first day of each May ~~each year, every~~ each hospital 441
shall ~~disclose~~ submit to the ~~department~~ director of health the 442
following ~~data~~ information pertaining to inpatient services, 443
regardless of who pays the charges incurred for the services, for 444
~~nongovernmental~~ patients in each of the ~~one hundred~~ sixty 445
diagnosis related groups as defined pursuant to 42 C.F.R. 412 most 446
frequently treated on an inpatient basis in the hospital as 447
represented by inpatient discharges during the previous calendar 448
year: 449

(1) The total number of patients discharged; 450

(2) The mean, median, and range of total hospital charges; 451

(3) The mean, median, and range of length of stay; 452

(4) The number of admissions from each of the following: 453

(a) Emergency room; 454

(b) Transfer from another hospital; 455

(c) Other sources of admission. 456

(5) The number of ~~nongovernmental~~ patients falling within 457
diagnosis related group numbers 468, 469, and 470 as defined 458

pursuant to 42 C.F.R. part 412. 459

(B) On or before the first day of each May, each hospital shall submit to the director of health the following information pertaining to outpatient services, regardless of who pays the charges incurred for the services, for patients in each of the sixty categories of outpatient services most frequently provided by the hospital as represented by outpatient discharges during the previous calendar year: 460-466

(1) The mean and median of total hospital charges for the services; 467-468

(2) For each of the sixty categories of services, the number of patients for whom the hospital provided the services. 469-470

(C) This section does not require disclosure the submission of data information for any diagnosis related group or outpatient service category for which the hospital treated fewer than ten nongovernmental patients during the year. 471-474

(D) Each hospital may include with data disclosed the information submitted under this section commentary concerning reasons for major deviations in the range of data the information for any diagnosis related group or outpatient service category. All reports or other releases of information by the department director identifying a hospital shall include the commentary provided by the hospital. The department 475-481

(E)(1) The director shall maintain make the information disclosed submitted under division (B) of this section as a public record available to the public in accordance with section 149.43 sections 3727.39 and 3727.40 of the Revised Code. 482-485

(C)(2) Every hospital shall make the information it reports submits under division (B) of this section available for inspection by any member of the public at any reasonable time. On request, the hospital shall make copies available for a reasonable 486-489

fee, and the hospital shall advise the requesting person that the 490
information is available from the ~~department~~ director of health, 491
as provided in sections 3727.39 and 3727.40 of the Revised Code. 492
If a hospital has information available on the average prices of 493
diagnosis related groups, outpatient service categories, or 494
specific procedures not required to be ~~disclosed~~ submitted under 495
this section, it shall make such information available at the 496
request of any member of the public. 497

~~If the federal government adopts a severity of illness 498
classification system under Title XVIII of the "Social Security 499
Act," such system shall be used by all hospitals in reporting 500
their diagnosis related group prices effective with hospital 501
fiscal years beginning on or after said action, and if the federal 502
government fails to act by July 1, 1988, the public health council 503
shall adopt rules under Chapter 119. of the Revised Code requiring 504
the use of one or more severity of illness classification systems 505
effective with hospital fiscal years beginning on or after January 506
1, 1989. 507~~

Sec. 3727.35. The director of health shall permit a hospital 508
to verify the accuracy of all information submitted to the 509
director under sections 3727.33 and 3727.34 of the Revised Code 510
and provide corrections of the information in a timely manner. 511

~~Sec. 3727.14~~ 3727.36. Under no circumstances shall the name 512
or social security number of a patient ~~or,~~ physician, or dentist 513
be included in the ~~data disclosed~~ information submitted under 514
~~sections 3727.11 and 3727.13~~ section 3727.33 or 3727.34 of the 515
Revised Code. 516

~~The health care information data base collected by the 517
department of health under section 3727.13 of the Revised Code and 518
any analysis of such information shall be maintained as a public 519~~

~~record within the meaning of section 149.43 of the Revised Code. 520
No data collected by the department pursuant to this section shall 521
be released to the public except on an aggregate basis by 522
geographic area, by institution, or by other aggregation. 523~~

~~No hospital that discloses data under section 3727.11 or 524
3727.13 of the Revised Code is liable for misuse or improper 525
release of the data by the department or by any other person. 526~~

Sec. 3727.37. A hospital that submits information under 527
section 3727.33 or 3727.34 of the Revised Code is not liable for 528
the misuse or improper release of the information by any of the 529
following: 530

(A) The department of health; 531

(B) A person with whom the director of health contracts under 532
section 3727.391 of the Revised Code; 533

(C) A person whose misuse or improper release of the 534
information is not done on behalf of the hospital. 535

Sec. 3727.38. The information submitted under section 3727.33 536
or 3727.34 of the Revised Code shall not be used to establish or 537
alter any professional standard of care. The information is not 538
admissible as evidence in any civil, criminal, or administrative 539
proceeding. 540

Sec. 3727.39. (A) The duties of the director of health under 541
this section are subject to section 3727.391 of the Revised Code. 542

(B) Not later than ninety days after a hospital submits 543
information to the director of health under section 3727.33 or 544
3727.34 of the Revised Code, the director shall make the submitted 545
information available on an internet web site. In making the 546
information available on a web site, the director shall do all of 547

<u>the following:</u>	548
<u>(1) Make the web site available to the public without charge;</u>	549
<u>(2) Provide for the web site to be organized in a manner that enables the public to use it easily;</u>	550 551
<u>(3) Exclude from the web site any information that compromises patient privacy;</u>	552 553
<u>(4) Include links to hospital internet web sites to enable the public to obtain additional information about hospitals, including hospital programs designed to enhance quality and safety;</u>	554 555 556 557
<u>(5) Allow other internet web sites to link to the web site for purposes of increasing the web site's availability and encouraging ongoing improvement;</u>	558 559 560
<u>(6) Update the web site as needed to include new information and to correct errors.</u>	561 562
<u>(C) The information submitted under section 3727.33 of the Revised Code shall be presented on the web site in a manner that enables the public to compare the performance of hospitals in meeting the measures for hospital inpatient and outpatient services specified in rules adopted under section 3727.41 of the Revised Code. In making the information available on a web site, the director shall do all of the following:</u>	563 564 565 566 567 568 569
<u>(1) Enable the public to compare the performance of hospitals in meeting the measures for specific diagnoses and procedures;</u>	570 571
<u>(2) Enable the public to make the comparisons by different geographic regions, such as by county or zip code;</u>	572 573
<u>(3) Based on the report issued to the director pursuant to division (A)(2) of section 3727.32 of the Revised Code, include a report of each hospital's overall performance in meeting the measures;</u>	574 575 576 577

(4) To the extent possible, include state and federal benchmarks for the measures; 578
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(5) Include contextual information and explanations that the public can easily understand, including contextual information that explains why differences in the performance of hospitals in meeting the measures may be misleading; 580
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(6) Exclude from the web site a hospital's performance in meeting a particular measure if the hospital's caseload for the diagnosis or procedure that the measure concerns is insufficient, as determined in accordance with the guidelines submitted to the director under division (A)(3) of section 3727.32 of the Revised Code, to make the hospital's performance for the diagnosis or procedure a reliable indicator of its ability to treat the diagnosis or provide the procedure in a quality manner; 584
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(7) Clearly identify the sources of information used in the web site and explain both of the following: 592
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(a) The analytical methods used in determining the performance of hospitals in meeting the measures; 594
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(b) The risk adjustment methodologies that hospitals use to adjust information submitted to the director pursuant to division (C) of section 3727.33 of the Revised Code. 596
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Sec. 3727.391. (A) The duties of the director of health under section 3727.39 of the Revised Code apply only to the extent that appropriations are made by the general assembly to make performance of the duties possible. 599
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(B) Subject to division (A) of this section, the director shall enter into a contract with a person under which the director's duties under section 3727.39 of the Revised Code are performed by the person pursuant to the contract. The contract may be entered into with any person selected by the director. For 603
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purposes of section 3727.39 of the Revised Code, all references to the director are references to the person who is under contract with the director pursuant to this division.

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The department of health may accept gifts, grants, donations, and awards for purposes of paying the fees or other costs incurred when a contract is entered into under this division.

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Sec. 3727.40. Not later than ninety days after a hospital submits information to the director of health under section 3727.33 or 3727.34 of the Revised Code, the director shall make the submitted information available for sale to any interested person or government entity. When the director sells the information, the fee charged shall not exceed a reasonable amount.

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Sec. 3727.41. (A) The director of health shall adopt rules governing hospitals in their submission of information to the director under sections 3727.33 and 3727.34 of the Revised Code. The rules shall be adopted in accordance with Chapter 119. of the Revised Code.

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(B)(1) The rules for submission of information under section 3727.33 of the Revised Code shall include rules specifying the inpatient and outpatient service measures to be used by hospitals in submitting the information. The rules may include any of the measures recommended by the group of experts convened under section 3727.32 of the Revised Code and shall include measures from the following:

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(a) Hospital quality measures publicly reported by the centers for medicare and medicaid services;

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(b) Hospital quality measures publicly reported by the joint commission on accreditation of healthcare organizations;

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(c) Measures that examine volume of cases, adjusted length of stay, complications, infections, or mortality rates and are developed by the agency for health care research and quality; 637
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(d) Measures included in the national voluntary consensus standards for hospital care endorsed by the national quality forum. 640
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(2) In adopting rules specifying the measures to be used by hospitals in submitting the information, the director shall consider both of the following: 643
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(a) Whether hospitals have a sufficient caseload to make a particular measure a reliable indicator of their ability to treat a diagnosis or perform a procedure in a quality manner; 646
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(b) Whether there are any excessive administrative or financial implications associated with the reporting of information by hospitals regarding their performance in meeting a particular measure. 649
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Sec. ~~3727.12~~ 3727.42. (A) Every hospital shall compile and make available for inspection by the public a price information list containing the following information, which specified in division (B) of this section and shall be updated periodically update the list to maintain current information. The price information list shall be compiled and made available in a format that complies with the electronic transaction standards and code sets adopted by the United States secretary of health and human services under 42 U.S.C. 1320d-2. 653
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(B) Each price information list required by division (A) of this section shall contain all of the following information: 662
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(1) The usual and customary room and board charges for each level of care within the hospital, including but not limited to private rooms, semiprivate rooms, other multiple patient rooms, 664
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and intensive care and other specialty units; 667

(2) Rates charged for nursing care, if the hospital charges 668
separately for nursing care; 669

(3) The usual and customary charges, stated separately for 670
inpatients and outpatients if different charges are imposed, for 671
any of the following services provided by the hospital: 672

(a) The thirty most common x-ray and radiological procedures; 673

(b) The thirty most common laboratory procedures; 674

(c) Emergency room services; 675

(d) Operating room services; 676

(e) Delivery room services; 677

(f) Physical, occupational, and pulmonary therapy services; 678

(g) Any other services designated as high volume services by 679
a rule which shall be adopted by the public health council. 680

~~(B) The list required by division (A) of this section shall 681
specify whether (4) The hospital's billing policies, including 682
whether the hospital charges interest on an amount not paid in 683
full by any person or government entity and the interest rate 684
charged; 685~~

(5) Whether or not the charges listed include fees for the 686
services of hospital-based anesthesiologists, radiologists, 687
pathologists, and emergency room physicians. ~~If the and, if a 688
charge does not include such fees, the listing shall specify how 689
such fee information can be obtained. 690~~

(C) ~~At~~ Every hospital shall do all of the following with the 691
price information list required by this section: 692

(1) At the time of admission, or as soon as practical 693
thereafter, ~~the hospital shall~~ inform each patient of the 694
availability of the ~~price information list required by this 695~~

~~section~~ and on request ~~shall~~ provide the patient with a free copy 696
of the list. ~~On;~~ 697

(2) On request, a hospital shall provide a paper copy of the 698
list to any person or governmental agency, subject to payment of a 699
reasonable fee for copying and processing; 700

(3) Make the list available free of charge on the hospital's 701
internet web site. 702

Sec. ~~3727.121~~ 3727.43. Each hospital shall provide a full 703
disclosure of the provisions of section 3924.21 of the Revised 704
Code to every beneficiary who receives services at the hospital. 705

Sec. 3727.44. The director of health may adopt rules to carry 706
out the purposes of sections 3727.42 and 3727.43 of the Revised 707
Code. All rules adopted pursuant to this section shall be adopted 708
in accordance with Chapter 119. of the Revised Code. 709

Sec. ~~3727.16~~ 3727.45. The director of health may apply to the 710
court of common pleas of the county in which a hospital is located 711
for a temporary or permanent injunction restraining the hospital 712
from failure to comply with sections ~~3727.11~~ 3727.33, 3727.34, and 713
~~3727.12~~ 3727.42 of the Revised Code. 714

Section 2. That existing sections 111.15, 3702.11, 3702.16, 715
3702.18, 3727.11, 3727.12, 3727.121, 3727.14, and 3727.16 and 716
sections 3727.13 and 3727.15 of the Revised Code are hereby 717
repealed. 718