

2025 Health Care Affordability State Policy Snapshot

OHIO

ADDRESS CONSOLIDATION AND PROMOTE COMPETITION	Consolidation Oversight	Facility Fee Limits	Anti-Competitive Contract Provisions		
MEDICAL DEBT PREVENTION	Balance Billing and Short-Term Insurance	Charity Care and Community Benefit	Reducing Financial Consequences		
CURB EXCESS COSTS IN THE SYSTEM	Premium Rate Review	Hospital Price Regulation	Affordable Coverage	Prescription Drug Pricing	Medicaid Costs
MEDICAID SERVICES AND IMMIGRANT COVERAGE	Medicaid Administration	Medicaid Covered Services	Medicaid Eligibility	Immigrant Coverage	
IMPROVE OVERSIGHT, ACCOUNTABILITY AND TRANSPARENCY	Health Care Spending Oversight	Prescription Drug Affordability Board	All-Payer Claims Database	Price Transparency	
REDUCE COST-SHARING FOR PATIENTS	Prescription Drugs	Behavioral Health	Preventive Care	Maternal and Reproductive Health Care	Cancer Screening and Testing Services

The Health Care Value Hub (“the Hub”) is proud to launch the 2025 Health Care Affordability Policy Snapshot (“Affordability Snapshot”). The Affordability Snapshot provides legislators, consumer advocates, regulators and other interested parties a tool to compare their state’s health policies across other states.

The categories examined in this resource explore a variety of policy options that impact health care affordability. Policies were examined for whether they were active, implemented to a limited degree, or not active as of June 1, 2025. Sources for this information can be found in the downloadable [Data and Source Document](#) available on the [Dashboard](#) page. Definitions and descriptions for each policy category can be found in the Glossary.

The Hub offers online and hands-on support with staff dedicated to understanding health care policy and connecting advocates and other interested parties together to help build a patient-centered, high-value healthcare system. As a research-based organization, the Hub takes a comprehensive approach to improving affordability through policy analysis, translation, visualization, and collaborative engagement. We encourage advocates, legislators, and other stakeholders to share our findings to improve consumer health care affordability across the states.

Address Consolidation and Promote Competition

Consolidation Oversight

Policy	Status as of June 2025	Summary
Transaction Notification Required	 Requires health systems or providers to notify the state of consolidation transactions	A nonprofit health care entity proposing to enter into a merger, acquisition, or other transaction must notify the Ohio Attorney General before the transaction is finalized.
Authority to Modify or Reject Consolidation Transactions	 Has authority to approve, set conditions, or disapprove consolidation transactions	The Attorney General has authority to approve or disapprove transactions involving a nonprofit health entity.
Affordability Criteria included in Transaction Review	 Does not include consumer affordability or price growth in review criteria, approval conditions, or both	



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State Does Not Have an Active Policy or Program



No Source, or Limited Information Found

Address Consolidation and Promote Competition

Facility Fees

Policy	Status as of June 2025	Summary
Prohibits Facility Fees	 State prohibits provider from charging a facility fee for specified procedures, care settings, or both	Ohio prohibits providers from charging facility fees for telehealth services.
Facility Fee Transparency Laws	 State does not require providers to disclose facility fees to consumers, requires off-campus outpatient departments to identify the physical location where care was provided on claims forms, or both	
Limits Cost-Sharing for Facility Fees	 The state has no laws that limit the amount a patient may be billed out-of-pocket for facility fees	



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Address Consolidation and Promote Competition

Anti-Competitive Contract Provisions

Policy	Status as of June 2025	Summary
Restricts All-or-Nothing Contract Provisions	 No law restricting All-or-Nothing contract provisions	
Restricts Anti-Tiering and Anti-Steering Contract Provisions	 No law restricting Anti-Tiering or Anti-Steering contract provisions	
Restricts Physician Noncompete Clauses	 No statutes limiting physician non-competes	
Restricts Most-Favored Nation Contract Provisions	 Law restricts Most Favored Nation contract provisions	Ohio prohibits Most Favored Nation clauses in health care contracts, barring guaranteed best rates and requirements to disclose reimbursement rates to other insurers.



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Medical Debt Prevention

Balance Billing and Short-Term Insurance

Policy	Status as of June 2025	Summary
Prohibits Balance Billing for Ground Ambulance Services	Prohibits balance billing for out-of-network ground ambulance services	Ohio has established balance bill protections that extend to both public and private ground ambulance services but do not cover non-emergency transport.
Prohibits Short-Term, Limited Duration Health Plans	Short-term, limited duration health plans are not prohibited or eliminated	



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Medical Debt Prevention

Charity Care and Community Benefit

Policy	Status as of June 2025	Summary
Mandated Hospital Charity Care	 State law requires hospitals to provide free or discounted care to low-income patients and sets standards for eligibility (see notes)	Hospitals in Ohio are required to provide free medically necessary hospital-level services to Ohio residents not on Medicaid whose income is at or below the federal poverty level.
Hospital Charity Care Screening Requirements	 State does not require health care providers to screen patients for Medicaid, Marketplace, or charity care eligibility before collecting payment	
Hospital Charity Care Notification Requirement	 State law requires health care providers to notify patients of charity care options before collecting payment	Hospitals in Ohio are required to post clear, multilingual notices in admissions areas, business offices, and emergency rooms about the right to receive free care for qualifying individuals.
Hospital Community Benefit Reporting Requirement	 State law requires hospitals to annually report the amount of charity care provided	Governmental and non-profit hospitals in Ohio are required to submit an annual report to the Department of Health detailing information on financial assistance, means-tested government programs, and community building activities.



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Medical Debt Prevention

Reducing Financial Consequences

Policy	Status as of June 2025	Summary
Mandates Waiting Prior to Collections	✗ State law does not require a waiting period before sending medical debts to collections	
Limits on Liens or Foreclosures due to Medical Debt	● State law prohibits initiating a lien or foreclosure to collect medical debt	Ohio law prohibits creditors from placing a lien on a patient’s residence to collect unpaid medical bills.
Limits Wage Garnishment due to Medical Debt	✗ State law does not exceed federal wage garnishment protections for residents with medical debt	
Limits on the Amount of Interest Charged to Medical Debt	✗ The state has not enacted a law to limit interest rates for medical debt	

Curb Excess Costs in the System

Premium Rate Review

Policy	Status as of June 2025	Summary
Effective Rate Review per Centers for Medicare and Medicaid Services (CMS)	 Has an effective rate review process	
Authority to Modify or Reject Premium Rate Increases	 Has the authority to modify or reject premium rate increases	Ohio has the authority to approve or deny rate filings in the individual, large group, and small group market. Employer group rate filings may be used upon receipt of a complete rate filing; however, this type of filing may be rejected at any time after review.
Affordability Criteria Included in Premium Rate Review	 Does not incorporate affordability criteria into premium rate review	



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Curb Excess Costs in the System

Hospital Price Regulation

Policy	Status as of June 2025	Summary
Medicare Reference-Based Pricing	 State does not use reference-based pricing tied to Medicare rates to regulate hospital pricing	
Hospital Global Budgets	 State has not implemented hospital global budgets	



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Curb Excess Costs in the System

Affordable Coverage

Policy	Status as of June 2025	Summary
Public Option	 State does not offer an active public option insurance plan	
Public Option Includes Provider Participation Mandate	 State does not does not offer a public option, with or without a participation mandate	
Basic Health Plan	 State does not operate a Basic Health Plan	
State-Based Premium Subsidies	 State does not offer supplementary state-funded premium subsidies	



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Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Biologic Substitution Laws: Prescriber Permission Requirements	 State does not require express authorization for biologic substitution	Pharmacists in Ohio may substitute an interchangeable biosimilar for the originator biologic without prior approval from the prescribing physician if the substitution is less expensive than the biological product prescribed.
Biologic Substitution Laws: Prescriber Notification Requirements	 Pharmacists are required to notify prescribers of biologic substitution	Pharmacists in Ohio are required to notify the prescribing physician of a substitution within five business days.
Drug Purchasing Consortium	 State participates in a drug purchasing consortium (see note)	Ohio is a member of ArrayRx (formerly the Northwest Prescription Drug Consortium) and the Sovereign States Drug Consortium.
Drug Coupon Prohibitions	 State does not prohibit the use of drug manufacturer coupons*	
Medicaid Managed Care Organization (MCO) Carve Out	 State Medicaid does not carve out any drug classes from their MCO benefits*	
Mandatory Generics in Medicaid Fee-for-Service (FFS)	 Medicaid FFS programs and pharmacists are not required to substitute a generic version of a drug	



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Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Supplemental Rebate Programs	 Medicaid Pharmacy Supplemental Rebate Agreement (SRA) in place	
Drug Rebate Transparency and Reporting Requirements	 Pharmacy benefit managers are required to report rebate data to the state	The Ohio state pharmacy benefit manager is required to report the amount of rebates passed on to individual pharmacies and all sources of payment it receives for prescribed drugs, including any financial benefits such as drug rebates to the Department of Medicaid.
Spread Pricing Restrictions	 State prohibits pharmacy benefit managers from engaging in spread pricing	
Pharmacy Benefit Manager (PBM) Reimbursement and Clawbacks	 State does not prohibit PBMs from retroactively reducing reimbursement to pharmacies (“clawbacks”)	
Cost-Disclosure and Gag Clause Restrictions	 State law prohibits gag clauses in pharmacy contracts	
Prohibits Copay Accumulator Programs	 State does not prohibit copay accumulator programs	



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Curb Excess Costs in the System

Medicaid Costs

Policy	Status as of June 2025	Summary
Medical Loss Ratio Remittances (MLR) for Medicaid Managed Care Population	State requires MLR remittances for its Medicaid managed care population	Ohio sometimes requires MLR Remittance payments but not always.
Medicaid Site Neutral Payments	State has not enacted Medicaid site neutral payment legislation*	



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Medicaid Services and Immigrant Coverage

Medicaid Administration

Policy	Status as of June 2025	Summary
Medicaid Managed Care (MCO)	State partners with MCOs to operate their Medicaid program	Ohio’s MCOs provide coverage for the majority of Medicaid recipients including those enrolled in the Covered Families and Children program (families, children, and pregnant individuals), Expansion recipients, ABD recipients, MBIWD recipients, and dual eligible recipients.
Medicaid Vendor — Eligibility and Enrollment	State contracts with a vendor for Medicaid enrollment or eligibility*	
Integrated Medicaid-Medicare	State does not integrate Medicare-Medicaid to coordinate care for the dually eligible population	Starting January 1, 2026 Ohio will integrate a fully integrated dual eligible special needs program (FIDE).



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Medicaid Services and Immigrant Coverage

Medicaid Covered Services

Policy	Status as of June 2025	Summary
Medicaid Coverage for Fertility Services	 State Medicaid program does not cover infertility treatments or fertility preservation services	
Medicaid Coverage for Doula Services	 State Medicaid program actively reimburses for doula services	
Medicaid Coverage for Abortion Care	 State Medicaid program does not cover abortion care in their benefits package	
Medicaid Coverage for Transition-Related Care	 State Medicaid program explicitly excludes coverage of transition-related care for adults	State Medicaid policy explicitly excludes coverage of transgender-related health care for all ages, but some sources report that it is covered/that the exclusion is not enforced. A ban for coverage for minors is in litigation.
Medicaid Coverage for Hearing Aids	 State Medicaid program covers hearing aids for all adults	
Medicaid Coverage for Eye Exams and Glasses	 State Medicaid program covers only eye exams or eyeglasses but not both, or biannually or less frequently, or restricts coverage based on age or health condition (see notes)	Exams and glasses covered biannually.
Medicaid Coverage for Dental Services	 State Medicaid program covers preventive and diagnostic dental services, extractions, dentures, root canals, fillings, and crowns for adults	



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Medicaid Services and Immigrant Coverage

Medicaid Eligibility

Policy	Status as of June 2025	Summary
Medicaid Expansion	 State has expanded Medicaid eligibility to 138% of the federal poverty level (FPL)	.
Retroactive Medicaid	 State retroactively extends Medicaid benefits 90 days prior to application date for all adult enrollees	.
Adult Medicaid Continuous Eligibility	 State has not authorized 12-month continuous eligibility for non-pregnant adult Medicaid enrollees*	
12-Month Postpartum Coverage	 State has authorized 12-month postpartum Medicaid coverage	
Medicaid Available to People who are Incarcerated	 State has not authorized Medicaid coverage for justice-involved individuals while they are in a correctional setting*	
Medicaid Aged, Blind and Disabled (ABD) Asset Limits	 State has not expanded the asset limit for Medicaid for the Elderly and Disabled eligibility beyond \$2,000 for an individual applicant and \$3,000 for joint applicants	
Medicaid Aged, Blind and Disabled (ABD) Life Insurance Exemption	 Life insurance exemption limits do not exceed \$1,500	
Medicaid Aged, Blind and Disabled (ABD) Retirement Account Exemptions	 State exempts both applicants' and spouses' retirement savings from Medicaid eligibility determinations	Applicant and/or spouse's retirement account must be in payout status (i.e. generating monthly income) in order to be exempt.



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Medicaid Services and Immigrant Coverage

Immigrant Coverage

Policy	Status as of June 2025	Summary
From Conception to End of Pregnancy (FCEP)	 Does not cover pregnancy-related services through the CHIP From-Conception-to-End-of-Pregnancy (FCEP) Option or post-partum coverage	
Immigrant Children without a Five-Year Bar	 State offers coverage for lawfully residing immigrant children without a five-year bar	
Pregnant Immigrants without a Five-Year Bar	 Offers coverage for lawfully residing pregnant immigrants without a five-year bar	
State-Funded Coverage for Children Regardless of Citizenship Status	 Does not offer coverage for children regardless of immigration status	
State-Funded Coverage for Adults Regardless of Citizenship Status	 Does not offer coverage for adults regardless of immigration status	



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Improve Oversight, Accountability, and Transparency

All-Payer Claims Database

Policy	Status as of June 2025	Summary
Established an All-Payer Claims Database (APCD)	 State does not have a(n) all-payer or multi-payer claims database	
All-Payer Claims Database (APCD) Operated by the State	 The state does not have an APCD operated by the state or another entity	

Prescription Drug Affordability Board

Policy	Status as of June 2025	Summary
Established Prescription Drug Affordability Board (PDAB)	 The state has not established or passed legislation to establish a prescription drug affordability board	
Prescription Drug Upper Payment Limits	 The state has not established Upper Payment Limits for prescription drugs	

Improve Oversight, Accountability, and Transparency

Price Transparency

Policy	Status as of June 2025	Summary
Service Cost Price Transparency Tool	 State does not have a public-facing price transparency tool	
Prescription Drug Price Reporting Requirement	 Organizations are not required to report prescription drug price information to a state entity	

Health Care Spending Oversight

Policy	Status as of June 2025	Summary
Health Care Spending Benchmark	 State has not established a health care spending benchmark for providers, insurance carriers, or both	
Authority to Enforce Health Care Spending Benchmark	 State has not established a health care spending benchmark, with or without enforcement mechanisms	
Hospital or Primary Care Spending Oversight Entity	 State does not monitor and report hospital spending, primary care spending, or both	



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No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduce Cost-Sharing: Prescription Drugs

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Diabetes Medications	State has not enacted legislation limiting cost-sharing for insulin, diabetes related equipment, or both	
Waives or Reduces Cost-Sharing for Asthma Inhalers	State has not enacted legislation limiting cost-sharing for asthma inhalers	
Waives or Reduces Cost-Sharing for Epinephrine Auto-Injectors	State has not enacted legislation to limit cost-sharing for prescription epinephrine autoinjector (s)	
Waives or Reduces Cost-Sharing for Specialty Drugs	State has enacted legislation to limit cost-sharing for specialty drugs	Ohio caps cost-sharing for oral anticancer medications at \$100.00 per prescription.

Reduced Cost-Sharing: Behavioral Health

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for an Annual Behavioral Health Office Visit	State does not require private insurers to cover at least one annual mental health wellness exam without cost-sharing	

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Preventive Care

Policy	Status as of June 2025	Summary
Waives Cost-Sharing for Preventive Services Recommended by the U.S. Preventive Services Task Force (USPSTF)	 State does not mandate private insurers cover USPSTF recommended preventive services without cost-sharing	

Reduced Cost-Sharing: Maternal and Reproductive Health Care

Policy	Status as of June 2025	Summary
Individual and Small Group Health Plans Required to Cover Fertility Treatment	 The state does not require individual and small group health plans to offer coverage for in-vitro fertilization or fertility preservation services	
Individual and Small Group Health Plans Required to Cover Doula Services	 State does not require private health insurers to cover doula services for enrollees	
Individual and Small Group Health Plans Required to Cover Abortion Services	 The state does not require individual and small group health plans to cover abortion services	



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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Colorectal Cancer Screenings	State law does not require coverage or waive cost-sharing for colorectal cancer screening exams*	
Waives or Reduces Cost-Sharing for Follow-Up Colorectal Cancer Screening Exams	State law does not require coverage or waive cost-sharing for follow-up colorectal cancer screening exams*	
Waives or Reduces Cost-Sharing for Lung Cancer Screenings	State law does not require coverage or waive cost-sharing for lung cancer screening exams*	

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Cervical Cancer Screenings	State law requires insurers to cover cervical cancer screening but allows cost-sharing	Health insurance carriers in Ohio are required to cover cytologic screening for the detection of cervical cancer. Legislation was introduced in 2025 to prohibit cost-sharing for these services, but the bill did not progress.
Waives or Reduces Cost-Sharing for Breast Cancer Screenings	State law requires insurers to cover breast cancer screening but allows cost-sharing	Insurers in Ohio are required to cover screening mammography, including breast tomosynthesis. The total benefit for a screening mammography or supplemental breast cancer screening shall not exceed one hundred thirty per cent of the Medicare reimbursement rate. Legislation was introduced in 2025 to prohibit cost-sharing for these services, but the bill did not progress.
Waives or Reduces Cost-Sharing for Supplementary Breast Cancer Screenings	State law requires insurers to cover supplementary breast cancer screening but allows cost-sharing	Insurers in Ohio are required to cover supplemental breast cancer screening. The total benefit for supplemental breast cancer screening can not exceed 130% of the Medicare reimbursement rate, and the benefit paid constitutes the full payment. Legislation was introduced in 2025 to prohibit all cost-sharing for these services, but the bill did not progress.

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Prostate Cancer Screenings	 State law does not require coverage or waive cost-sharing for prostate cancer screening exams	Legislation that would have required Ohio health insurance carriers to provide coverage for prostate cancer screenings was introduced in 2025, but the bill was unsuccessful.
Waives or Reduces Cost-Sharing for Ovarian Cancer Screening	 State law does not require coverage or waive cost-sharing for ovarian cancer screening exams*	
Waives or Reduces Cost-Sharing for Biomarker Testing for Cancer	 State does not require coverage or waive cost-sharing for biomarker testing	



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