



**OHS 2024 Legislative
Session Wrap Up**

OHS 2024 Legislative Session Wrap UP (Passed)

PA 24-151 §146: Hospital Financial Reporting (Effective July 1, 2024— hospitals report on or before October 31, 2024 and semiannually thereafter)

- Strengthened hospital reporting to OHS to identify hospitals that may be financially struggling.
- Data includes cash on hand, invoices, utility bills, fees, taxes or assessments due to public entities (past 90 days) and unpaid employee health insurance premiums under self-funded or fully insured plans (past 90 days).

PA 24-68 §31: DPH License Birth Centers (Effective October 1, 2024)

- Allows DPH to issue initial license to a birthing center which is necessary to Agreed Settlement provisions for certain Certificate of Need provisions for birthing centers.

PA 24-6: Medical Debt (Effective July 1, 2024)

- Medical debt to a credit rating agency for use in a credit report, and any reported debt to a credit rating agency shall be void. Any contracts between health providers and collection agencies must have a provision that prohibits reporting debt to a credit rating agency.

PA 24-81 §90: Commissioner (Effective from passage)

- Changes OHS' executive director to Commissioner

OHS 2024 Legislative Session Wrap UP (Passed)

PA 24-19 §§ 22-24 : Health Information Exchange (HIE)

- Providers who do not have patient medical records or who practice as an employee of a covered entity are not required to connect with the HIE. The covered entity is responsible for the compliance with the HIE. Shields health care providers from liability if there is a data breach of the HIE.
- Healthcare provider must be connected to and actively participating in the HIE within 18 months of implementation of the policies and procedures. Defines connection and participation.
- Establishes an OHS working group to make recommendations regarding the parameters of the regulations for the HIE. These are due January 1, 2025 to the legislature.
- Adds a representative from the Office of Attorney General to the Health Information Technology Advisory Council.

OHS 2024 Legislative Session Wrap UP (Proposed)

Cost Growth Benchmark

- Establish Performance Improvement Plans and allow for a Cost and Market Impact review for entity exceeding the benchmark
- Establish a Cost Growth Benchmark Oversight Commission
- Penalty for not appearing to Benchmark hearing

Transfer of Ownership (TOO)

- Strengthen TOO of health care facilities to include transactions involving an entity that has controlling interest of 20% or more of a health care facility
- Requires a transaction that involves a transfer of 10% or more of assets or issuance of dividends more than 20% of net worth of hospital in any 3-year period to apply for CON.
- Automatic approval of TOO to a large group practice or health care facility, except hospitals (for volume tracking purposes)

Certificate of Need

- Update and streamline CON criterion and add ability to look back at activities leading to request for the CON, and to look forward at how proposal may negatively impact future operations. Allow for the Cost and Market Impact Review to be considered as part of the CON record for decision making purposes. Remove presumption in favor of approving CON for transfer of large group practice.

OHS 2024 Legislative Session Wrap UP (Proposed)

Prescription Drug Affordability Board (PDAB)

- Create a PDAB to advise OHS on decision regarding the affordability of prescription drugs. Excludes innovative drugs from PDAB review.
- Focus on “me-too” or “follow-on” or “copycat” drugs that make only slight adjustments to the formula so that they can play patent games and demand higher prices without any real benefit to patients.

All Payers Claims Database (APCD)

- Add non-claims to the database and make sure that hospitals must report their Community Benefit numbers even if they haven't received data from the APCD.
- **Affordability Standards**
- Allows OHS to create affordability standard that CID may be considered during the rate review process

340B Transparency

- Establishes 340B reporting requirements by covered entities to OHS that would be shared by OHS in the aggregate.