OHIO COMMON GROUND RESEARCH CENTER

OCG Legislative Tracker

Issue Index #3 · Tracking ID: RL-2026-008 · Version 1.0

Ohio Common Ground Legislative Tracker

Issue Index #3: Healthcare Affordability

Enacted and Pending Health-Care-Cost Legislation in the 136th Ohio General Assembly, with Public-Opinion Context

Status current through July 9, 2026

Prepared by the Ohio Common Ground Research Center

Published July 16, 2026 · Updated periodically — see Revision History

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Suggested citation

Ohio Common Ground Research Center. Legislative Tracker, Issue Index #3: Healthcare Affordability. Tracking ID LT-2026-003, Version 1.0. Dublin, Ohio: Ohio Common Ground, 2026.

Publication record

Series: OCG Legislative Tracker

Issue: Issue Index #3 — Healthcare Affordability

Tracking ID: RL-2026-008

Version: 1.0 (see Revision History)

Publication date: July 16, 2026

Prepared by: Ohio Common Ground Research Center

Review: Peer review and editorial review (OCG Research Center)

Update cadence: Reviewed and reissued periodically, on a schedule set jointly with OCG leadership and informed by the Ohio General Assembly's legislative calendar. Not on a fixed calendar interval.

Contents

Executive Summary 4
Key Findings 5
Why This Report Matters 6
Data and Methodology 7
Definitions 8
Legislative Record: Enacted Legislation 9
Legislative Record: Introduced but Not Enacted 11
Public Opinion Context 13
Interpretive Considerations 14
Limitations and What This Report Does Not Claim 15
Future Research 16
Sources 17
Conclusion 18
Revision History 19
Appendix A. Bills Discussed in This Report 20

Executive Summary

No bill enacted during the 136th Ohio General Assembly as of July 9, 2026 directly reduced insurance premiums, prescription-drug cost-sharing, deductibles, or medical-debt obligations for Ohioans. One related Medicaid measure, Senate Bill 315 (the Ohio Medicaid Program Integrity and Fraud Prevention Act), was enacted — passed by the General Assembly on June 10, 2026 and signed by Governor Mike DeWine on July 7, 2026 — but it is a provider-oversight and fraud-enforcement measure, not a direct household-cost measure. A related bill regulating pharmacy benefit managers, House Bill 229, was also enacted during the report period; it is documented in full in OCG Legislative Tracker LT-2026-001 (Affordability) and is referenced rather than repeated here.

Seven bills addressing insurance premiums, prescription drug costs, deductibles and cost-sharing, and medical debt remained pending in committee as of the status date: a health-insurance premium and benefits bill (HB 438), a Prescription Drug Affordability Board proposal (HB 890), a prescription-drug-rebate pass-through bill (HB 448), a Senate bill capping insulin cost-sharing (SB 227), a broader House proposal capping both insulin and diabetes-device cost-sharing (HB 263), and two medical-debt consumer-protection bills (HB 257 and SB 444).

This report describes that legislation, states each bill's status, and places it alongside available polling context. It classifies each bill by its principal effect — whether it would directly reduce a household's out-of-pocket cost, restrain the future growth of a cost, or change administrative or market structure — a distinction that matters because the one related bill enacted during this report's period (SB 315) is a program-integrity and enforcement measure whose effect on what an Ohioan pays out of pocket is not directly measurable from its text.

This report does not evaluate whether these measures were sufficient relative to the scale of Ohio's healthcare-affordability concerns. It documents what was enacted, how far pending measures advanced, and where meaningful uncertainty remains.

Key Findings

- No bill directly reducing insurance premiums, prescription-drug cost-sharing, deductibles, or medical-debt obligations was enacted within this report's scope as of July 9, 2026; a related Medicaid provider-oversight and fraud-enforcement bill (SB 315) was enacted, and a second enacted bill relevant to prescription-drug costs (HB 229, PBM licensing) is documented in LT-2026-001 and cross-referenced here
- 7 bills addressing insurance premiums, prescription drug costs, deductibles/cost-sharing, and medical debt identified as introduced but not enacted as of July 9, 2026, including two separate medical-debt bills (HB 257 and SB 444)
- SB 315 (Ohio Medicaid Program Integrity and Fraud Prevention Act), signed July 7, 2026, is an administrative/enforcement measure — it restructures Medicaid provider oversight and fraud penalties rather than directly reducing a household's premium, deductible, or out-of-pocket cost
- SB 227 and HB 263 are related but not identical: SB 227 would cap insulin cost-sharing alone at $35 per 30-day supply, while HB 263 would cap both insulin ($35) and diabetes-related devices ($100) per 30-day supply; both remained in committee
- The only Ohio-specific poll identified that isolates insurance premiums and deductibles as a distinct concern was fielded by a Republican-aligned firm (OnMessage Public Strategies, March 2026) alongside U.S. Senate race polling; it is presented with that context rather than as independent, nonpartisan public-opinion research
- Independent, general-audience Ohio polling that ranks affordability categories against one another (Emerson College Polling, previously documented in LT-2026-001) places healthcare third among voters' top-of-mind concerns, behind the economy and threats to democracy

Why This Report Matters

Unlike many household expenses, what Ohioans pay for healthcare is shaped by multiple actors operating at different levels of government and the market: insurers, hospitals and physicians, pharmacy benefit managers, pharmaceutical manufacturers, employers, and both state and federal government. The Ohio General Assembly has legislative authority over some of these actors — for example, state-regulated insurance products and Medicaid program administration — but not others; many premium and coverage decisions affecting Ohioans with employer-sponsored or Affordable Care Act Marketplace coverage are governed substantially by federal law and private market behavior.

This report documents only legislative action within the Ohio General Assembly's authority. It does not assess the adequacy of that action relative to the scale of cost pressure Ohioans report experiencing, nor does it attribute healthcare-cost trends to any single actor or policy choice.

Data and Methodology

Bill descriptions and statuses are drawn from the Ohio General Assembly's official legislative tracking system (legislature.ohio.gov and ohiosenate.gov), Ohio Legislative Service Commission (LSC) bill analyses, sponsor and legislative-caucus press releases, LegiScan and BillTrack50 bill-tracking summaries (used to confirm bill numbers, sponsors, and committee actions against the official record), and secondary legal, trade, and news publications, each cited individually. All statuses reflect the public record through July 9, 2026 — six days later than the status date of OCG's companion Affordability Tracker (LT-2026-001), reflecting this report's later publication date and the intervening enactment of SB 315.

A bill is included in this report when its operative provisions have a direct, reasonably identifiable effect on health-insurance premiums, prescription-drug costs, deductibles or other cost-sharing, or medical debt and unexpected medical bills, and the bill was introduced in the 136th General Assembly (January 2025 through July 9, 2026). Bills are not included or excluded on the basis of press coverage or advocacy-group attention.

This report's scope covers four cost categories — insurance premiums, prescription drug costs, deductibles, and unexpected medical bills — identified in the Ohio-focused polling reviewed for this edition and selected by OCG for initial tracking. It does not attempt comprehensive coverage of healthcare-workforce, hospital-consolidation, Certificate of Need, or provider-scope-of-practice legislation, which may be addressed in a future companion report if OCG's Research Center undertakes that scope expansion.

Definitions

The following terms are used throughout this report with the specific meanings given here.

- Premium. The amount an enrollee or their employer pays, typically monthly, to maintain health insurance coverage, regardless of whether care is used.
- Deductible. The amount an enrollee must pay out of pocket for covered services before their insurance plan begins to pay.
- Cost-sharing. The general term for the portion of a healthcare cost an enrollee pays directly, including deductibles, copayments, and coinsurance.
- Copayment / coinsurance. A fixed dollar amount (copayment) or a percentage of the cost (coinsurance) an enrollee pays for a covered service, in addition to or instead of a deductible.
- Pharmacy benefit manager (PBM). A company that administers prescription-drug benefits on behalf of health plans, including negotiating rebates and setting pharmacy reimbursement rates. PBM licensing and market-structure regulation in Ohio (HB 229) is documented in LT-2026-001.
- Rebate pass-through. A policy requiring that discounts or rebates a PBM or insurer negotiates with a drug manufacturer be applied to reduce what a patient pays at the pharmacy counter, rather than retained by the intermediary.
- Prescription Drug Affordability Board / upper payment limit. A state body authorized to review the price of selected high-cost drugs and, where authorized, set a ceiling on what payers or patients may be charged.
- Program integrity (Medicaid). Administrative and enforcement measures intended to prevent, detect, and penalize improper billing or fraud within the Medicaid program, as distinct from measures that change what a Medicaid enrollee owes.
- Electronic visit verification (EVV). A technology requirement, commonly using mobile apps or GPS, that confirms the time, location, and provision of in-home Medicaid services as a fraud-prevention measure.
- Medical debt. Debt incurred for healthcare services that remains unpaid after insurance (if any) has been applied, which may be subject to collections, credit reporting, interest charges, or wage garnishment depending on state law.

Legislative Record: Enacted Legislation

The following healthcare-affordability-related bill was signed into law during the 136th General Assembly as of July 9, 2026.

Bill	Principal legal change	Classification	Status through July 9, 2026
SB 315	Establishes extensive Medicaid provider-integrity and fraud-prevention requirements (in-person provider inspections, high-risk-provider classification, payment-suspension authority, third-party-liability verification to confirm Medicaid is the payer of last resort, prior authorization for specified behavioral-health services, tiered criminal penalties for Medicaid fraud, electronic visit verification for specified Medicaid-funded home- and community-based service workers); also requires SNAP benefit cards to use chip technology. Named the Ohio Medicaid Program Integrity and Fraud Prevention Act.	Administrative / program integrity and enforcement — not a direct reduction to what an enrollee owes	Passed the General Assembly June 10, 2026 (House 85–10; Senate concurred without recorded dissent). Signed by Governor Mike DeWine on July 7, 2026. Most program-integrity provisions phase in over 2026; electronic-visit-verification requirements for covered home- and community-based service workers take effect in early October 2026.

SB 315 — the Medicaid Program Integrity and Fraud Prevention Act

SB 315 began as a narrower bill addressing chip-enabled Supplemental Nutrition Assistance Program (SNAP) benefit cards. In June 2026, the House Finance Committee amended it to incorporate extensive Medicaid program-integrity provisions drawn from a separate bill, House Bill 795. The amended bill passed the House 85–10 and received unanimous Senate concurrence on June 10, 2026. Governor Mike DeWine signed it on July 7, 2026.

As enacted, SB 315 requires the Ohio Department of Medicaid to conduct in-person inspections before enrolling new home- and community-based service providers, establishes criteria for classifying “high-risk” providers subject to payment suspension and investigation, requires third-party-liability verification before paying Medicaid claims to confirm Medicaid is the payer of last resort, adds prior-authorization requirements for specified behavioral-health services, and creates a tiered scale of criminal penalties for Medicaid fraud that rises to a third-degree felony with a presumption of a prison term for fraud exceeding certain dollar thresholds. It also mandates electronic visit verification for specified Medicaid-funded home- and community-based service workers.

A provision in an earlier version of the bill that would have ended Medicaid payments to an estimated 7,000 family members providing paid home care — a figure reported consistently across Ohio Public Media's Statehouse News Bureau and its affiliate stations — was removed before passage after opposition from disability-rights advocates and paid family caregivers. In a survey released July 6, 2026 by Scioto Analysis (via its Ohio Economic Experts Panel), 6 of 13 surveyed Ohio economists agreed that SB 315's fraud-prevention

provisions would create fiscal savings exceeding their administrative costs, 4 disagreed, 2 were uncertain, and 1 had no opinion — a split finding this report has not independently resolved or modeled.

SB 315 is included here because it is the only bill enacted during the report period with a direct bearing on Medicaid healthcare spending; it is not, however, a bill that reduces what a Medicaid enrollee owes. It does not change a premium, deductible, copayment, or medical-debt obligation, and its effect on program spending, provider availability, or the pace of future Medicaid cost growth is not yet measurable from the bill's text alone. No bill enacted during the report period met this report's inclusion test of a direct, reasonably identifiable effect on insurance premiums, prescription-drug cost-sharing, deductibles, or medical debt.

HB 229 — pharmacy benefit manager regulation (cross-reference)

HB 229, which establishes a stand-alone licensing process for pharmacy benefit managers and restricts PBMs from reimbursing affiliated pharmacies more favorably than independent pharmacies, was also enacted during the period covered by this report. Because HB 229 was documented in full in OCG Legislative Tracker LT-2026-001 (Affordability), it is not repeated here; readers seeking that bill's detailed status and classification should consult LT-2026-001.

Legislative Record: Introduced but Not Enacted

The following bills addressed insurance premiums, prescription drug costs, deductibles and cost-sharing, or medical debt but had not been enacted as of July 9, 2026, organized by category. SB 227 and HB 263 both address insulin cost-sharing but differ in scope (see table); both are listed once, under Prescription Drugs, rather than duplicated under Deductibles & Cost-Sharing, since their caps apply regardless of deductible status.

Insurance Premiums

Bill	Subject	Sponsor(s)	Status through July 9, 2026
HB 438	"FAMILY Act" (Fair Access to Medical Insurance for Local Youth and Families Act): amends health-insurance premium and benefit provisions across multiple Revised Code sections governing individual, group, and HMO coverage. Per its sponsors, the bill aims to protect families from preexisting-condition discrimination, establish fair premium-rating rules intended to stabilize the individual/group enrollment market, and require coverage of preventive services.	Reps. Tristan Rader and Karen Brownlee (primary sponsors); 17 cosponsors	Introduced September 9, 2025; referred to House Insurance Committee September 15, 2025; not enacted

Prescription Drugs

Bill	Subject	Sponsor(s)	Status through July 9, 2026
HB 890	"P.R.I.C.E. Act": creates a Prescription Drug Affordability Board and stakeholder council within the Department of Insurance; authorizes upper payment limits on certain high-cost drugs; repeals the prior Prescription Drug Transparency and Affordability Advisory Council	Rep. Derrick Hall	Introduced May 12, 2026; referred to committee; not enacted
HB 448	Requires prescription-drug rebates negotiated by a PBM or insurer to be applied to reduce patient cost-sharing at the point of sale	Reps. Rachel Baker and Tim Barhorst	Introduced; in committee; not enacted
SB 227	Caps cost-sharing for prescription insulin drugs at $35 per 30-day supply, regardless of insulin type or amount needed. Unlike its House counterpart below, SB 227's title and text address insulin cost-sharing only, not diabetes devices.	Sen. Hearcel Craig and 5 co-sponsors	Introduced July 1, 2025; referred to Senate Financial Institutions, Insurance and Technology Committee October 1, 2025; not enacted
HB 263	A related, broader House proposal: caps cost-sharing for prescription insulin at $35 and separately caps diabetes-related devices (pumps, glucometers, test strips) at $100, per 30-day supply, regardless of existing deductibles	Reps. Munira Abdullahi and Thomas Hall	Introduced 2025; first House Health Committee hearing June 11, 2025; not enacted

Deductibles & Cost-Sharing

This report's research did not identify a standalone Ohio bill in the 136th General Assembly that directly caps or limits deductibles generally, as distinct from the insulin- and diabetes-device-specific cost-sharing caps listed above under Prescription Drugs (SB 227, HB 263). A general deductible-limitation bill may exist and not have been identified by this report's search; see Limitations.

Medical Debt and Collection Protections

Two bills in this category address medical-debt interest rates, credit reporting, and wage garnishment; neither principally regulates surprise or balance billing at the point of care. This report's search did not identify an Ohio bill in the 136th General Assembly directly addressing surprise or balance billing.

Bill	Subject	Sponsor(s)	Status through July 9, 2026
HB 257	"Ohio Medical Debt Fairness Act": caps interest on medical debt at 3% annually, prohibits reporting medical debt to consumer reporting agencies, and prohibits wage garnishment for medical-debt collection. Applies prospectively to debt incurred on or after the bill's effective date.	Reps. Michele Grim and Jean Schmidt	Introduced May 2025; referred to House Health Committee; five committee hearings held as of November 2025; not enacted as of the status date
SB 444	Also titled the "Ohio Medical Debt Fairness Act"; caps interest on medical debt at 3% annually and prohibits wage garnishment for medical-debt collection — narrower than HB 257, as SB 444's text does not include HB 257's prohibition on reporting medical debt to consumer reporting agencies	Sen. Thomas Patton	Introduced May 26, 2026; referred to Senate Finance Committee June 2, 2026; not enacted

Public Opinion Context

Independent and campaign-sponsored polling both provide context for how Ohio voters weigh healthcare affordability against other concerns and which specific cost drivers concern them most. The polls below measure different things — general issue salience versus a ranked breakdown of healthcare cost concerns — and are presented separately with their limitations rather than combined into a single narrative.

Poll / Question	Sponsor & Pollster	Field Dates, Sample	Finding	Major Limitation
Top issue facing Ohio voters (response option: "healthcare")	Emerson College Polling (nonpartisan, college-based polling center); documented in LT-2026-001	December 6–8, 2025; 850 Ohio active registered voters; credibility interval ±3.3 points (a companion wave was also fielded in August 2025)	Healthcare was selected by 11% of respondents, third behind "the economy" (44%) and threats to democracy (13%), ahead of housing affordability (9%) and immigration (8%)	General issue-salience measure; does not break out specific healthcare cost drivers
Biggest healthcare cost concern; part of health system causing most problems	OnMessage Public Strategies (Republican-aligned polling and political-consulting firm), fielded alongside 2026 U.S. Senate race polling; this report could not confirm which party commissioned the poll	March 3–8, 2026; 600 likely Ohio voters, phone poll, margin of error ±4 points	72% cited insurance-related costs (premiums, deductibles, or coverage denials) as their biggest healthcare cost worry; asked which part of the health system caused the most problems, 37% said insurance companies, 14% pharmaceutical companies, 12% hospital systems, and 6% pharmacy benefit managers	Fielded by a partisan firm in connection with a competitive U.S. Senate race; single Ohio sample; not independent, nonpartisan public-opinion research

This report did not identify an independent, non-campaign-sponsored Ohio poll that isolates prescription-drug costs, deductibles, or unexpected medical bills as distinct categories, separate from a general "insurance-related costs" grouping. The OnMessage poll's cost-driver breakdown is the most specific Ohio-focused data currently available on the categories this report covers, and is presented with the sponsorship context noted above.

Interpretive Considerations

The record above supports more than one reasonable reading, and Ohio Common Ground does not adopt one. The dimensions below are offered so a reader may form an independent judgment.

- Breadth: no bill enacted within this report's four-category scope directly reduces a premium, deductible, prescription-drug cost-sharing amount, or medical-debt obligation. The one related bill enacted during the period (SB 315) is a Medicaid provider-oversight and fraud-enforcement measure.
- Household effect: SB 315 does not change what a Medicaid enrollee owes for coverage; its effect on program spending, provider access, and the pace of future Medicaid cost growth depends on implementation that has not yet occurred.
- Category overlap and scope differences: SB 227 and HB 263 both address insulin cost-sharing, but only HB 263 also caps diabetes-device costs — they are related, not identical, proposals. Similarly, HB 257 and SB 444 share a title and an interest-rate cap but differ in scope: only HB 257 would prohibit reporting medical debt to consumer reporting agencies.
- Federal-state division: several cost pressures Ohio voters report — including Affordable Care Act Marketplace premium increases following the expiration of enhanced federal premium tax credits — are driven substantially by federal, not state, action and fall outside this report's scope, which covers only bills within Ohio General Assembly authority. State insurance mandates in the bills tracked here also typically apply to state-regulated insurance products and may not extend to self-funded employer plans, which are governed principally by federal ERISA law.
- Measurement: the Emerson issue-salience poll and the OnMessage cost-driver poll were fielded by different organizations for different purposes and should not be combined into a single ranking; readers should consider each poll's sponsor and methodology separately.
- Timing: SB 315's electronic-visit-verification requirements do not take effect until early October 2026; its fraud-prevention and cost effects are not yet observable from enactment alone.

Limitations and What This Report Does Not Claim

- Selection, not exhaustive census. This report covers bills meeting its stated inclusion criteria across four healthcare-cost categories. It is not a complete census of every health-policy bill introduced in the 136th General Assembly.
- Descriptive, not evaluative. This report does not rate, grade, or conclude whether the General Assembly's output was adequate to the scale of Ohio's healthcare-affordability concerns.
- Deductible-specific legislation not confirmed exhaustive. This report's research did not identify a standalone general deductible-limitation bill beyond the insulin- and device-specific caps in SB 227 and HB 263. A relevant bill may exist and not have been identified; readers who are aware of one are invited to bring it to OCG's attention for a future revision.
- Polling limitation. The only Ohio-specific poll identified that breaks out premiums, deductibles, and copayments as distinct concerns (OnMessage Public Strategies) was commissioned by a partisan firm in connection with a U.S. Senate horse-race survey; it is reported with that context rather than presented as a neutral academic instrument.
- Fiscal estimates not independently reproduced. This report has not built an independent fiscal model of SB 315's projected fraud-prevention savings against its administrative costs; a Scioto Analysis survey of Ohio economists found split expert views on that question and is referenced but not adopted.
- Household-level effects not yet measurable. SB 315's effect on Medicaid provider availability, claim-processing timelines, and program spending depends on implementation that had not yet occurred as of the status date.

Future Research

- Track implementation of SB 315's electronic-visit-verification and provider-inspection requirements following their October 2026 effective date, and any measurable effect on home- and community-based service access.
- Monitor HB 890, HB 438, HB 448, SB 227, HB 263, and HB 257 through committee action and any floor votes in the remainder of the 136th General Assembly.
- Identify additional non-partisan-sponsored Ohio polling isolating prescription-drug, deductible, and medical-debt cost concerns, if published.
- Consider a companion white paper on Affordable Care Act Marketplace premium and enrollment trends in Ohio, given the interaction between the expiration of enhanced federal premium tax credits and state-level affordability legislation (flagged for future scoping, not yet undertaken).
- Expand this report's category coverage to healthcare workforce and provider-access legislation, hospital price transparency, and Certificate of Need policy, which remain outside its current scope.

Sources

- Ohio General Assembly, official bill-tracking system (legislature.ohio.gov) and Ohio Senate legislation pages (ohiosenate.gov), consulted for status and full text of each bill discussed.
- LegiScan and BillTrack50 bill-tracking summaries, used as discovery and cross-check tools; all bill numbers, sponsors, and statuses reported here were verified against the Ohio General Assembly's official record.
- Office of the Governor of Ohio, “Governor DeWine Signs Bills Into Law” (July 7, 2026), confirming the signing of SB 315.
- Rep. Derrick Hall, press release announcing HB 890, the Prescription Relief and Inflation Cost Elimination (P.R.I.C.E.) Act, ohiohouse.gov (May 2026).
- Reps. Tristan Rader and Karen Brownlee, “Reps. Rader, Brownlee Introduce FAMILY Act to Expand Medical Insurance for Ohio Youth and Families,” ohiohouse.gov (September 9, 2025).
- Shumaker, Loop & Kendrick, LLP, “Client Alert: Ohio Enacts Sweeping Medicaid Fraud Reforms Through SB 315” (June 2026).
- Ohio House of Representatives member press releases on passage of SB 315, ohiohouse.gov (June 2026).
- The Statehouse News Bureau / Ohio Public Media, “DeWine signs bill requiring Ohio Medicaid home health workers electronically check in” (July 9, 2026).
- Dayton Daily News, Springfield News-Sun, and Journal-News (Cox First Media Ohio properties, which published a shared report), “Gov. DeWine signs bill authorizing new regulations for Medicaid providers” (July 2026).
- Scioto Analysis, “Ohio economists split on value of Medicaid fraud prevention programs,” Ohio Economic Experts Panel (July 6, 2026).
- Ohio Capital Journal, “Poll shows the Ohio US Senate race is statistically tied, and that health insurance is a big concern,” reporting on OnMessage Public Strategies polling (March 18, 2026).
- NBC4 (WCMH-TV), “Brown leads Husted in new Ohio Senate race poll, with healthcare costs a top concern” (March 2026).
- Emerson College Polling, “Ohio 2026 Poll: Democrats Make Gains in Races for Governor and US Senate” (December 2025 survey release), as documented in OCG Legislative Tracker LT-2026-001.
- ANA-Ohio (Ohio Nurses Association) Legislative Update, reporting on SB 227's introduction (August 6, 2025).
- Ohio Capital Journal / News 5 Cleveland (WEWS), reporting on House Bill 263 and its predecessor legislation.
- Advocates for Ohio's Future, background on Ohio insulin cost-sharing cap legislation.
- ABC6 (WSYX), “Ohio law could change over medical debt collection as hospital sues thousands of patients,” reporting on HB 257 (November 2025).
- The Herald-Star, reporting on national polling regarding HB 257 and medical-debt policy support (November 2025).

Conclusion

This report is intended as a factual description of selected healthcare-affordability legislation enacted or considered during the 136th Ohio General Assembly. It does not evaluate whether these measures were sufficient, only what they did, how far they advanced, and where uncertainty remains. No bill directly reducing insurance premiums, prescription-drug cost-sharing, deductibles, or medical-debt obligations was enacted as of July 9, 2026; a related Medicaid provider-oversight and fraud-enforcement measure, SB 315, was enacted on July 7, 2026. Seven bills addressing insurance premiums, prescription drug costs, deductibles, and medical debt remained pending. Future editions of this report may expand its scope as additional categories, such as healthcare workforce and provider access, are researched.

Revision History

This is a living tracker rather than a fixed monograph. It is reviewed and reissued periodically as the 136th General Assembly acts on healthcare-affordability-related legislation, on a cadence set jointly by OCG's Research Center and organizing leadership rather than a fixed calendar interval. Each revision is logged below, and superseded versions are preserved in the OCG Research Library.

Version	Date	Summary of Changes
1.0	July 11, 2026	Initial publication.

Appendix A. Bills Discussed in This Report

Ohio General Assembly. “House Bill [number] / Senate Bill [number], 136th General Assembly.” Accessed July 9, 2026. legislature.ohio.gov/legislation/136/[bill].

- Enacted (related Medicaid measure, within this report's scope): SB 315
- Enacted (cross-referenced to LT-2026-001): HB 229
- Insurance premiums (pending): HB 438
- Prescription drugs (pending): HB 890, HB 448, SB 227, HB 263
- Medical debt and collection protections (pending): HB 257, SB 444