

As Introduced

132nd General Assembly

Regular Session

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S. B. No. 154

Senators Schiavoni, Yuko

Cosponsors: Senators Brown, Sykes, Skindell, O'Brien, Tavares

A BILL

To amend sections 109.90, 1739.05, 1751.01, 1
3715.89, 4729.54, 4729.69, 4729.99, 5119.49, and 2
5167.12 and to enact sections 1751.692, 1751.76, 3
3301.97, 3707.60, 3901.80, 3901.801, 3923.046, 4
3923.852, 5119.368, 5164.092, and 5164.7512 of 5
the Revised Code to provide for the prevention 6
and treatment of opioid addiction, to make an 7
appropriation, and to declare an emergency. 8

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

Section 1. That sections 109.90, 1739.05, 1751.01, 9
3715.89, 4729.54, 4729.69, 4729.99, 5119.49, and 5167.12 be 10
amended and sections 1751.692, 1751.76, 3301.97, 3707.60, 11
3901.80, 3901.801, 3923.046, 3923.852, 5119.368, 5164.092, and 12
5164.7512 of the Revised Code be enacted to read as follows: 13

Sec. 109.90. (A) The attorney general shall collaborate 14
with the state board of pharmacy and director of mental health 15
and addiction services in the establishment and administration 16
of a one or more drug take-back programs, including the Ohio 17
drug take-back program, as provided under section 4729.69 of the 18

Revised Code. ~~The~~ Except as provided in division (D) of section 19
4729.69 of the Revised Code, the office of the attorney general 20
is solely responsible for the costs incurred in the 21
establishment and administration of ~~the~~ any such program. 22

(B) The attorney general may accept grants, gifts, or 23
donations for purposes of the ~~program~~ programs. Money received 24
under this division or section 5119.49 or 4729.69 of the Revised 25
Code shall be deposited into the state treasury to the credit of 26
the drug take-back program fund, which is hereby created. Money 27
credited to the fund shall be used solely for purposes of 28
the ~~program~~ programs. 29

Sec. 1739.05. (A) A multiple employer welfare arrangement 30
that is created pursuant to sections 1739.01 to 1739.22 of the 31
Revised Code and that operates a group self-insurance program 32
may be established only if any of the following applies: 33

(1) The arrangement has and maintains a minimum enrollment 34
of three hundred employees of two or more employers. 35

(2) The arrangement has and maintains a minimum enrollment 36
of three hundred self-employed individuals. 37

(3) The arrangement has and maintains a minimum enrollment 38
of three hundred employees or self-employed individuals in any 39
combination of divisions (A) (1) and (2) of this section. 40

(B) A multiple employer welfare arrangement that is 41
created pursuant to sections 1739.01 to 1739.22 of the Revised 42
Code and that operates a group self-insurance program shall 43
comply with all laws applicable to self-funded programs in this 44
state, including sections 3901.04, 3901.041, 3901.19 to 3901.26, 45
3901.38, 3901.381 to 3901.3814, 3901.40, 3901.45, 3901.46, 46
3901.491, 3902.01 to 3902.14, 3923.041, 3923.046, 3923.24, 47

3923.282, 3923.30, 3923.301, 3923.38, 3923.581, 3923.602, 48
3923.63, 3923.80, 3923.84, 3923.85, 3923.851, 3923.852, 49
3924.031, 3924.032, and 3924.27 of the Revised Code. 50

(C) A multiple employer welfare arrangement created 51
pursuant to sections 1739.01 to 1739.22 of the Revised Code 52
shall solicit enrollments only through agents or solicitors 53
licensed pursuant to Chapter 3905. of the Revised Code to sell 54
or solicit sickness and accident insurance. 55

(D) A multiple employer welfare arrangement created 56
pursuant to sections 1739.01 to 1739.22 of the Revised Code 57
shall provide benefits only to individuals who are members, 58
employees of members, or the dependents of members or employees, 59
or are eligible for continuation of coverage under section 60
1751.53 or 3923.38 of the Revised Code or under Title X of the 61
"Consolidated Omnibus Budget Reconciliation Act of 1985," 100 62
Stat. 227, 29 U.S.C.A. 1161, as amended. 63

(E) A multiple employer welfare arrangement created 64
pursuant to sections 1739.01 to 1739.22 of the Revised Code is 65
subject to, and shall comply with, sections 3903.81 to 3903.93 66
of the Revised Code in the same manner as other life or health 67
insurers, as defined in section 3903.81 of the Revised Code. 68

Sec. 1751.01. As used in this chapter: 69

(A) (1) "Basic health care services" means the following 70
services when medically necessary: 71

(a) Physician's services, except when such services are 72
supplemental under division (B) of this section; 73

(b) Inpatient hospital services; 74

(c) Outpatient medical services; 75

(d) Emergency health services;	76
(e) Urgent care services;	77
(f) Diagnostic laboratory services and diagnostic and therapeutic radiologic services;	78 79
(g) Diagnostic and treatment services, other than prescription drug services, for biologically based mental illnesses;	80 81 82
(h) Preventive health care services, including, but not limited to, voluntary family planning services, infertility services, periodic physical examinations, prenatal obstetrical care, and well-child care;	83 84 85 86
(i) Routine patient care for patients enrolled in an eligible cancer clinical trial pursuant to section 3923.80 of the Revised Code.	87 88 89
"Basic health care services" does not include experimental procedures.	90 91
Except as provided by divisions (A) (2) and (3) of this section in connection with the offering of coverage for diagnostic and treatment services for biologically based mental illnesses, a health insuring corporation shall not offer coverage for a health care service, defined as a basic health care service by this division, unless it offers coverage for all listed basic health care services. However, this requirement does not apply to the coverage of beneficiaries enrolled in medicare pursuant to a medicare contract, or to the coverage of beneficiaries enrolled in the federal employee health benefits program pursuant to 5 U.S.C.A. 8905, or to the coverage of medicaid recipients, or to the coverage of beneficiaries under any federal health care program regulated by a federal	92 93 94 95 96 97 98 99 100 101 102 103 104

regulatory body, or to the coverage of beneficiaries under any 105
contract covering officers or employees of the state that has 106
been entered into by the department of administrative services. 107

(2) A health insuring corporation may offer coverage for 108
diagnostic and treatment services for biologically based mental 109
illnesses without offering coverage for all other basic health 110
care services. A health insuring corporation may offer coverage 111
for diagnostic and treatment services for biologically based 112
mental illnesses alone or in combination with one or more 113
supplemental health care services. However, a health insuring 114
corporation that offers coverage for any other basic health care 115
service shall offer coverage for diagnostic and treatment 116
services for biologically based mental illnesses in combination 117
with the offer of coverage for all other listed basic health 118
care services. 119

(3) A health insuring corporation that offers coverage for 120
basic health care services is not required to offer coverage for 121
diagnostic and treatment services for biologically based mental 122
illnesses in combination with the offer of coverage for all 123
other listed basic health care services if all of the following 124
apply: 125

(a) The health insuring corporation submits documentation 126
certified by an independent member of the American academy of 127
actuaries to the superintendent of insurance showing that 128
incurred claims for diagnostic and treatment services for 129
biologically based mental illnesses for a period of at least six 130
months independently caused the health insuring corporation's 131
costs for claims and administrative expenses for the coverage of 132
basic health care services to increase by more than one per cent 133
per year. 134

(b) The health insuring corporation submits a signed 135
letter from an independent member of the American academy of 136
actuaries to the superintendent of insurance opining that the 137
increase in costs described in division (A) (3) (a) of this 138
section could reasonably justify an increase of more than one 139
per cent in the annual premiums or rates charged by the health 140
insuring corporation for the coverage of basic health care 141
services. 142

(c) The superintendent of insurance makes the following 143
determinations from the documentation and opinion submitted 144
pursuant to divisions (A) (3) (a) and (b) of this section: 145

(i) Incurred claims for diagnostic and treatment services 146
for biologically based mental illnesses for a period of at least 147
six months independently caused the health insuring 148
corporation's costs for claims and administrative expenses for 149
the coverage of basic health care services to increase by more 150
than one per cent per year. 151

(ii) The increase in costs reasonably justifies an 152
increase of more than one per cent in the annual premiums or 153
rates charged by the health insuring corporation for the 154
coverage of basic health care services. 155

Any determination made by the superintendent under this 156
division is subject to Chapter 119. of the Revised Code. 157

(B) (1) "Supplemental health care services" means any 158
health care services other than basic health care services that 159
a health insuring corporation may offer, alone or in combination 160
with either basic health care services or other supplemental 161
health care services, and includes: 162

(a) Services of facilities for intermediate or long-term 163

care, or both;	164
(b) Dental care services;	165
(c) Vision care and optometric services including lenses and frames;	166 167
(d) Podiatric care or foot care services;	168
(e) Mental health services, excluding diagnostic and treatment services for biologically based mental illnesses;	169 170
(f) Short-term outpatient evaluative and crisis- intervention mental health services;	171 172
(g) Medical or psychological treatment and referral services for alcohol and drug abuse or addiction;	173 174
(h) Home health services;	175
(i) <u>(h)</u> Prescription drug services;	176
(j) <u>(i)</u> Nursing services;	177
(k) <u>(j)</u> Services of a dietitian licensed under Chapter 4759. of the Revised Code;	178 179
(l) <u>(k)</u> Physical therapy services;	180
(m) <u>(l)</u> Chiropractic services;	181
(n) <u>(m)</u> Any other category of services approved by the superintendent of insurance.	182 183
(2) If a health insuring corporation offers prescription drug services under this division, the coverage shall include prescription drug services for the treatment of biologically based mental illnesses on the same terms and conditions as other physical diseases and disorders.	184 185 186 187 188

(C) "Specialty health care services" means one of the 189
supplemental health care services listed in division (B) of this 190
section, when provided by a health insuring corporation on an 191
outpatient-only basis and not in combination with other 192
supplemental health care services. 193

(D) "Biologically based mental illnesses" means 194
schizophrenia, schizoaffective disorder, major depressive 195
disorder, bipolar disorder, paranoia and other psychotic 196
disorders, obsessive-compulsive disorder, and panic disorder, as 197
these terms are defined in the most recent edition of the 198
diagnostic and statistical manual of mental disorders published 199
by the American psychiatric association. 200

(E) "Closed panel plan" means a health care plan that 201
requires enrollees to use participating providers. 202

(F) "Compensation" means remuneration for the provision of 203
health care services, determined on other than a fee-for-service 204
or discounted-fee-for-service basis. 205

(G) "Contractual periodic prepayment" means the formula 206
for determining the premium rate for all subscribers of a health 207
insuring corporation. 208

(H) "Corporation" means a corporation formed under Chapter 209
1701. or 1702. of the Revised Code or the similar laws of 210
another state. 211

(I) "Emergency health services" means those health care 212
services that must be available on a seven-days-per-week, 213
twenty-four-hours-per-day basis in order to prevent jeopardy to 214
an enrollee's health status that would occur if such services 215
were not received as soon as possible, and includes, where 216
appropriate, provisions for transportation and indemnity 217

payments or service agreements for out-of-area coverage.	218
(J) "Enrollee" means any natural person who is entitled to receive health care benefits provided by a health insuring corporation.	219 220 221
(K) "Evidence of coverage" means any certificate, agreement, policy, or contract issued to a subscriber that sets out the coverage and other rights to which such person is entitled under a health care plan.	222 223 224 225
(L) "Health care facility" means any facility, except a health care practitioner's office, that provides preventive, diagnostic, therapeutic, acute convalescent, rehabilitation, mental health, intellectual disability, intermediate care, or skilled nursing services.	226 227 228 229 230
(M) "Health care services" means basic, supplemental, and specialty health care services.	231 232
(N) "Health delivery network" means any group of providers or health care facilities, or both, or any representative thereof, that have entered into an agreement to offer health care services in a panel rather than on an individual basis.	233 234 235 236
(O) "Health insuring corporation" means a corporation, as defined in division (H) of this section, that, pursuant to a policy, contract, certificate, or agreement, pays for, reimburses, or provides, delivers, arranges for, or otherwise makes available, basic health care services, supplemental health care services, or specialty health care services, or a combination of basic health care services and either supplemental health care services or specialty health care services, through either an open panel plan or a closed panel plan.	237 238 239 240 241 242 243 244 245 246

"Health insuring corporation" does not include a limited liability company formed pursuant to Chapter 1705. of the Revised Code, an insurer licensed under Title XXXIX of the Revised Code if that insurer offers only open panel plans under which all providers and health care facilities participating receive their compensation directly from the insurer, a corporation formed by or on behalf of a political subdivision or a department, office, or institution of the state, or a public entity formed by or on behalf of a board of county commissioners, a county board of developmental disabilities, an alcohol and drug addiction services board, a board of alcohol, drug addiction, and mental health services, or a community mental health board, as those terms are used in Chapters 340. and 5126. of the Revised Code. Except as provided by division (D) of section 1751.02 of the Revised Code, or as otherwise provided by law, no board, commission, agency, or other entity under the control of a political subdivision may accept insurance risk in providing for health care services. However, nothing in this division shall be construed as prohibiting such entities from purchasing the services of a health insuring corporation or a third-party administrator licensed under Chapter 3959. of the Revised Code.

(P) "Intermediary organization" means a health delivery network or other entity that contracts with licensed health insuring corporations or self-insured employers, or both, to provide health care services, and that enters into contractual arrangements with other entities for the provision of health care services for the purpose of fulfilling the terms of its contracts with the health insuring corporations and self-insured employers.

(Q) "Intermediate care" means residential care above the

level of room and board for patients who require personal 278
assistance and health-related services, but who do not require 279
skilled nursing care. 280

(R) "Medical record" means the personal information that 281
relates to an individual's physical or mental condition, medical 282
history, or medical treatment. 283

(S) (1) "Open panel plan" means a health care plan that 284
provides incentives for enrollees to use participating providers 285
and that also allows enrollees to use providers that are not 286
participating providers. 287

(2) No health insuring corporation may offer an open panel 288
plan, unless the health insuring corporation is also licensed as 289
an insurer under Title XXXIX of the Revised Code, the health 290
insuring corporation, on June 4, 1997, holds a certificate of 291
authority or license to operate under Chapter 1736. or 1740. of 292
the Revised Code, or an insurer licensed under Title XXXIX of 293
the Revised Code is responsible for the out-of-network risk as 294
evidenced by both an evidence of coverage filing under section 295
1751.11 of the Revised Code and a policy and certificate filing 296
under section 3923.02 of the Revised Code. 297

(T) "Osteopathic hospital" means a hospital registered 298
under section 3701.07 of the Revised Code that advocates 299
osteopathic principles and the practice and perpetuation of 300
osteopathic medicine by doing any of the following: 301

(1) Maintaining a department or service of osteopathic 302
medicine or a committee on the utilization of osteopathic 303
principles and methods, under the supervision of an osteopathic 304
physician; 305

(2) Maintaining an active medical staff, the majority of 306

which is comprised of osteopathic physicians; 307

(3) Maintaining a medical staff executive committee that 308
has osteopathic physicians as a majority of its members. 309

(U) "Panel" means a group of providers or health care 310
facilities that have joined together to deliver health care 311
services through a contractual arrangement with a health 312
insuring corporation, employer group, or other payor. 313

(V) "Person" has the same meaning as in section 1.59 of 314
the Revised Code, and, unless the context otherwise requires, 315
includes any insurance company holding a certificate of 316
authority under Title XXXIX of the Revised Code, any subsidiary 317
and affiliate of an insurance company, and any government 318
agency. 319

(W) "Premium rate" means any set fee regularly paid by a 320
subscriber to a health insuring corporation. A "premium rate" 321
does not include a one-time membership fee, an annual 322
administrative fee, or a nominal access fee, paid to a managed 323
health care system under which the recipient of health care 324
services remains solely responsible for any charges accessed for 325
those services by the provider or health care facility. 326

(X) "Primary care provider" means a provider that is 327
designated by a health insuring corporation to supervise, 328
coordinate, or provide initial care or continuing care to an 329
enrollee, and that may be required by the health insuring 330
corporation to initiate a referral for specialty care and to 331
maintain supervision of the health care services rendered to the 332
enrollee. 333

(Y) "Provider" means any natural person or partnership of 334
natural persons who are licensed, certified, accredited, or 335

otherwise authorized in this state to furnish health care 336
services, or any professional association organized under 337
Chapter 1785. of the Revised Code, provided that nothing in this 338
chapter or other provisions of law shall be construed to 339
preclude a health insuring corporation, health care 340
practitioner, or organized health care group associated with a 341
health insuring corporation from employing certified nurse 342
practitioners, certified nurse anesthetists, clinical nurse 343
specialists, certified nurse-midwives, dietitians, physician 344
assistants, dental assistants, dental hygienists, optometric 345
technicians, or other allied health personnel who are licensed, 346
certified, accredited, or otherwise authorized in this state to 347
furnish health care services. 348

(Z) "Provider sponsored organization" means a corporation, 349
as defined in division (H) of this section, that is at least 350
eighty per cent owned or controlled by one or more hospitals, as 351
defined in section 3727.01 of the Revised Code, or one or more 352
physicians licensed to practice medicine or surgery or 353
osteopathic medicine and surgery under Chapter 4731. of the 354
Revised Code, or any combination of such physicians and 355
hospitals. Such control is presumed to exist if at least eighty 356
per cent of the voting rights or governance rights of a provider 357
sponsored organization are directly or indirectly owned, 358
controlled, or otherwise held by any combination of the 359
physicians and hospitals described in this division. 360

(AA) "Solicitation document" means the written materials 361
provided to prospective subscribers or enrollees, or both, and 362
used for advertising and marketing to induce enrollment in the 363
health care plans of a health insuring corporation. 364

(BB) "Subscriber" means a person who is responsible for 365

making payments to a health insuring corporation for 366
participation in a health care plan, or an enrollee whose 367
employment or other status is the basis of eligibility for 368
enrollment in a health insuring corporation. 369

(CC) "Urgent care services" means those health care 370
services that are appropriately provided for an unforeseen 371
condition of a kind that usually requires medical attention 372
without delay but that does not pose a threat to the life, limb, 373
or permanent health of the injured or ill person, and may 374
include such health care services provided out of the health 375
insuring corporation's approved service area pursuant to 376
indemnity payments or service agreements. 377

Sec. 1751.692. (A) As used in this section: 378

(1) "Abuse-deterrent" means a labeling claim approved by 379
the United States food and drug administration indicating 380
properties expected to deter or reduce drug abuse. 381

(2) "Cost-sharing" has the same meaning as in section 382
1751.69 of the Revised Code. 383

(3) "Opioid analgesic" has the same meaning as in section 384
3719.01 of the Revised Code. 385

(B) Notwithstanding section 3901.71 of the Revised Code, 386
an individual or group health insuring corporation policy, 387
contract, or agreement that provides coverage for prescription 388
drugs shall provide coverage for abuse-deterrent opioid 389
analgesics. All of the following apply to the policy, contract, 390
or agreement: 391

(1) It shall not deny reimbursement of an abuse-deterrent 392
opioid analgesic solely because a generically equivalent drug is 393
available at a lower cost. 394

(2) It shall not require treatment with an opioid analgesic that is not abuse-deterrent before providing coverage of an abuse-deterrent opioid analgesic. 395
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(3) It shall not impose cost-sharing requirements on an abuse-deterrent opioid analgesic that exceed the lowest cost-sharing requirements imposed on any opioid analgesic that is not abuse-deterrent and shall not increase cost-sharing requirements to obtain compliance with division (B) (3) of this section. 398
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Sec. 1751.76. (A) As used in this section: 403

(1) "Medication-assisted treatment" means alcohol and drug addiction services that are accompanied by medication approved by the United States food and drug administration for the treatment of alcoholism or drug addiction, prevention of relapse of alcoholism or drug addiction, or both. 404
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(2) "Prior authorization requirement" has the same meaning as in section 1751.72 of the Revised Code. 409
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(B) Notwithstanding section 3901.71 of the Revised Code, an individual or group health insuring corporation policy, contract, or agreement that provides basic health services shall provide coverage for medical or psychological treatment and referral services for alcohol and drug abuse or addiction, including medication-assisted treatment. All of the following apply to the policy, contract, or agreement: 411
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(1) It shall not impose any prior authorization requirement on the treatment and referral services; 418
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(2) It shall provide coverage for drugs prescribed for the treatment of alcohol and drug abuse or addiction, including buprenorphine and naltrexone. 420
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(3) It shall provide coverage for the treatment and referral services as long as they are needed. 423
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(C) This section does not prohibit a policy, contract, or agreement from imposing copayments, coinsurance, or deductibles for the treatment and referral services described in division (B) of this section. 425
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Sec. 3301.97. (A) The department of education shall establish a grant program to fund school-based initiatives that seek to educate students about opioid dependence and addiction prevention. 429
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(B) In awarding grants, the department shall give priority to initiatives that do both of the following: 433
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(1) Collaborate with individuals, organizations, or entities engaged in activities at the local level to prevent or treat opioid dependence and addiction, including health care professionals, treatment providers, and law enforcement officials; 435
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(2) Concentrate efforts on students enrolled in grades kindergarten through eight. 440
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(C) The department of education may adopt rules as it considers necessary to implement this section. The rules shall be adopted in accordance with Chapter 119. of the Revised Code. 442
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Sec. 3707.60. (A) As used in this section, "board of health" means the board of health of a city or general health district or authority having the duties of a board of health under section 3709.05 of the Revised Code. 445
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(B) Each board of health shall establish an awareness program regarding safe drug disposal, including promoting 449
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awareness of collection locations, state and national drug take- 451
back days, and drug repository programs. The awareness program 452
shall do at least the following: 453

(1) Provide information to pharmacies, manufacturers of 454
dangerous drugs, health care facilities, and government entities 455
regarding the drug repository program established by the state 456
board of pharmacy under section 3715.87 of the Revised Code; 457

(2) Encourage law enforcement agencies to participate in 458
drug take-back days. 459

Sec. 3715.89. (A) Subject to divisions (B) and (C) of this 460
section, any manufacturer of dangerous drugs, terminal 461
distributor of dangerous drugs, or wholesale distributor of 462
dangerous drugs may donate a dangerous drug, including a 463
dangerous drug that has expired, to a pharmacy school. 464

(B) A dangerous drug donation to a pharmacy school shall 465
meet all of the following requirements: 466

~~(1) The dangerous drug is not a controlled substance.~~ 467

~~(2)~~ Each container in which a dangerous drug is donated 468
contains a single national drug code number of that drug and no 469
other drugs. 470

~~(3)~~ (2) If the dangerous drug is of a type that 471
deteriorates with time, the container in which the drug is 472
contained is plainly marked with the drug's expiration date. 473

(3) If the dangerous drug is a controlled substance, the 474
donor and recipient comply with all state and federal laws 475
applicable to the donation, possession, or use of such drugs. 476

(C) A dangerous drug donation to a pharmacy school shall 477
be accompanied by a form signed by a representative of the 478

manufacturer, terminal distributor, or wholesale distributor 479
donating the drug. On delivery, a representative of the pharmacy 480
school accepting the drug donation shall also sign the form. The 481
form shall do both of the following: 482

(1) Confirm the acceptance of the dangerous drug donation 483
by the pharmacy school; 484

(2) Confirm that both the manufacturer, terminal 485
distributor, or wholesale distributor donating the dangerous 486
drug and the pharmacy school accepting the donation understand 487
the immunity provisions of section 3719.92 of the Revised Code. 488

Sec. 3901.80. (A) As used in this section and section 489
3901.801 of the Revised Code, "health plan issuer" means a 490
sickness and accident insurer, health insuring corporation, or 491
multiple employer welfare arrangement. 492

(B) Not later than January 1, 2019, the superintendent of 493
insurance shall establish and administer a program of 494
reinsurance to reimburse health plan issuers for costs incurred 495
when providing coverage as described in sections 1751.76 and 496
3923.046 of the Revised Code. 497

(C) Each health plan issuer subject to section 1751.76 or 498
3923.046 of the Revised Code shall participate in the program. 499

(D) The superintendent shall do all of the following with 500
regard to the program: 501

(1) Establish standards and procedures for health plan 502
issuers to seek and obtain reimbursement under the program; 503

(2) Employ staff to administer the program; 504

(3) Set levels of reinsurance that are adequate to ensure 505
minimal losses for health plan issuers. 506

(E) The superintendent may fulfill the requirements of 507
this section by contracting with a reinsurer accredited under 508
section 3901.62 of the Revised Code. 509

(F) The superintendent shall adopt rules as necessary to 510
implement this section. The rules shall be adopted in accordance 511
with Chapter 119. of the Revised Code. 512

Sec. 3901.801. There is hereby created in the state 513
treasury the opioid overdose and treatment reinsurance fund. Any 514
funds the department of insurance receives for the purposes of 515
the reinsurance program established under section 3901.80 of the 516
Revised Code shall be deposited into the fund. Money in the fund 517
shall be used to reimburse participating health plan issuers as 518
described in section 3901.80 of the Revised Code. 519

Sec. 3923.046. (A) As used in this section: 520

(1) "Medication-assisted treatment" means alcohol and drug 521
addiction services that are accompanied by medication approved 522
by the United States food and drug administration for the 523
treatment of alcoholism or drug addiction, prevention of relapse 524
of alcoholism or drug addiction, or both. 525

(2) "Prior authorization" means any practice in which 526
coverage of a health care service, device, or drug is dependent 527
on a covered person or health care provider obtaining approval 528
from the insurer prior to the service, device, or drug being 529
performed, received, or prescribed. "Prior authorization" 530
includes prospective or utilization review procedures conducted 531
prior to a health care service, device, or drug being provided. 532

(B) Notwithstanding section 3901.71 of the Revised Code, a 533
policy of sickness and accident insurance, or a public employee 534
benefit plan, that provides basic hospital and surgical 535

coverage, basic medical coverage, or major medical coverage 536
shall provide coverage for medical or psychological treatment 537
and referral services for alcohol and drug abuse or addiction, 538
including medication-assisted treatment. All of the following 539
apply to the policy or plan: 540

(1) It shall not impose any prior authorization 541
requirement on the treatment and referral services. 542

(2) It shall provide coverage for drugs prescribed for the 543
treatment of alcohol and drug abuse or addiction, including 544
buprenorphine and naltrexone. 545

(3) It shall provide coverage for the treatment and 546
referral services as long as they are needed. 547

(C) This section does not prohibit a policy or plan from 548
imposing copayments, coinsurance, or deductibles for the 549
treatment and referral services described in division (B) of 550
this section. 551

Sec. 3923.852. (A) As used in this section: 552

(1) "Abuse-deterrent" means a labeling claim approved by 553
the United States food and drug administration indicating 554
properties expected to deter or reduce drug abuse. 555

(2) "Cost-sharing" has the same meaning as in section 556
3923.602 of the Revised Code. 557

(3) "Opioid analgesic" has the same meaning as in section 558
3719.01 of the Revised Code. 559

(B) Notwithstanding section 3901.71 of the Revised Code, 560
an individual or group policy of sickness and accident insurance 561
or public employee benefit plan that provides coverage for 562
prescription drugs shall provide coverage for abuse-deterrent 563

opioid analgesics. All of the following apply to the policy or 564
plan: 565

(1) It shall not deny reimbursement of an abuse-deterrent 566
opioid analgesic solely because a generically equivalent drug is 567
available at a lower cost. 568

(2) It shall not require treatment with an opioid 569
analgesic that is not abuse-deterrent before providing coverage 570
for an abuse-deterrent opioid analgesic. 571

(3) It shall not impose cost-sharing requirements on an 572
abuse-deterrent opioid analgesic that exceed the lowest cost- 573
sharing requirements imposed on any opioid analgesic that is not 574
abuse-deterrent and shall not increase cost-sharing requirements 575
to comply with division (B)(3) of this section. 576

Sec. 4729.54. (A) As used in this section: 577

(1) "Category I" means single-dose injections of 578
intravenous fluids, including saline, Ringer's lactate, five per 579
cent dextrose and distilled water, and other intravenous fluids 580
or parenteral solutions included in this category by rule of the 581
state board of pharmacy, that have a volume of one hundred 582
milliliters or more and that contain no added substances, or 583
single-dose injections of epinephrine to be administered 584
pursuant to sections 4765.38 and 4765.39 of the Revised Code. 585

(2) "Category II" means any dangerous drug that is not 586
included in category I or III. 587

(3) "Category III" means any controlled substance that is 588
contained in schedule I, II, III, IV, or V. 589

(4) "Emergency medical service organization" has the same 590
meaning as in section 4765.01 of the Revised Code. 591

(5) "Person" includes an emergency medical service organization. 592
593

(6) "Schedule I, schedule II, schedule III, schedule IV, and schedule V" mean controlled substance schedules I, II, III, IV, and V, respectively, as established pursuant to section 3719.41 of the Revised Code and as amended. 594
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(B) (1) A person who desires to be licensed as a terminal distributor of dangerous drugs shall file with the executive director of the state board of pharmacy a verified application. After it is filed, the application may not be withdrawn without approval of the board. 598
599
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(2) An application shall contain all the following that apply in the applicant's case: 603
604

(a) Information that the board requires relative to the qualifications of a terminal distributor of dangerous drugs set forth in section 4729.55 of the Revised Code; 605
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607

(b) A statement that the person wishes to be licensed as a category I, category II, category III, limited category I, limited category II, or limited category III terminal distributor of dangerous drugs; 608
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(c) If the person wishes to be licensed as a limited category I, limited category II, or limited category III terminal distributor of dangerous drugs, a notarized list of the dangerous drugs that the person wishes to possess, have custody or control of, and distribute, which list shall also specify the purpose for which those drugs will be used and their source; 612
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(d) If the person is an emergency medical service organization, the information that is specified in division (C) (1) of this section; 618
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(e) Except for an emergency medical service organization, 621
the identity of the one establishment or place at which the 622
person intends to engage in the sale or other distribution of 623
dangerous drugs at retail, and maintain possession, custody, or 624
control of dangerous drugs for purposes other than the person's 625
own use or consumption; 626

(f) If the application pertains to a pain management 627
clinic, information that demonstrates, to the satisfaction of 628
the board, compliance with division (A) of section 4729.552 of 629
the Revised Code; 630

(g) If the application pertains to a facility, clinic, or 631
other location described in division (B) of section 4729.553 of 632
the Revised Code that must hold a category III terminal 633
distributor of dangerous drugs license with an office-based 634
opioid treatment classification, information that demonstrates, 635
to the satisfaction of the board, compliance with division (C) 636
of that section. 637

(C) (1) An emergency medical service organization that 638
wishes to be licensed as a terminal distributor of dangerous 639
drugs shall list in its application for licensure the following 640
additional information: 641

(a) The units under its control that the organization 642
determines will possess dangerous drugs for the purpose of 643
administering emergency medical services in accordance with 644
Chapter 4765. of the Revised Code; 645

(b) With respect to each such unit, whether the dangerous 646
drugs that the organization determines the unit will possess are 647
in category I, II, or III. 648

(2) An emergency medical service organization that is 649

licensed as a terminal distributor of dangerous drugs shall file 650
a new application for such licensure if there is any change in 651
the number, or location of, any of its units or any change in 652
the category of the dangerous drugs that any unit will possess. 653

(3) A unit listed in an application for licensure pursuant 654
to division (C)(1) of this section may obtain the dangerous 655
drugs it is authorized to possess from its emergency medical 656
service organization or, on a replacement basis, from a hospital 657
pharmacy. If units will obtain dangerous drugs from a hospital 658
pharmacy, the organization shall file, and maintain in current 659
form, the following items with the pharmacist who is responsible 660
for the hospital's terminal distributor of dangerous drugs 661
license: 662

(a) A copy of its standing orders or protocol; 663

(b) A list of the personnel employed or used by the 664
organization to provide emergency medical services in accordance 665
with Chapter 4765. of the Revised Code, who are authorized to 666
possess the drugs, which list also shall indicate the personnel 667
who are authorized to administer the drugs. 668

(D) Each emergency medical service organization that 669
applies for a terminal distributor of dangerous drugs license 670
shall submit with its application the following: 671

(1) A notarized copy of its standing orders or protocol, 672
which orders or protocol shall be signed by a physician and 673
specify the dangerous drugs that its units may carry, expressed 674
in standard dose units; 675

(2) A list of the personnel employed or used by the 676
organization to provide emergency medical services in accordance 677
with Chapter 4765. of the Revised Code. 678

An emergency medical service organization that is licensed 679
as a terminal distributor shall notify the board immediately of 680
any changes in its standing orders or protocol. 681

(E) There shall be six categories of terminal distributor 682
of dangerous drugs licenses, which categories shall be as 683
follows: 684

(1) Category I license. A person who obtains this license 685
may possess, have custody or control of, and distribute only the 686
dangerous drugs described in category I. 687

(2) Limited category I license. A person who obtains this 688
license may possess, have custody or control of, and distribute 689
only the dangerous drugs described in category I that were 690
listed in the application for licensure. 691

(3) Category II license. A person who obtains this license 692
may possess, have custody or control of, and distribute only the 693
dangerous drugs described in category I and category II. 694

(4) Limited category II license. A person who obtains this 695
license may possess, have custody or control of, and distribute 696
only the dangerous drugs described in category I or category II 697
that were listed in the application for licensure. 698

(5) Category III license, which may include a pain 699
management clinic classification issued under section 4729.552 700
of the Revised Code. A person who obtains this license may 701
possess, have custody or control of, and distribute the 702
dangerous drugs described in category I, category II, and 703
category III. If the license includes a pain management clinic 704
classification, the person may operate a pain management clinic. 705

(6) Limited category III license. A person who obtains 706
this license may possess, have custody or control of, and 707

distribute only the dangerous drugs described in category I, 708
category II, or category III that were listed in the application 709
for licensure. 710

(F) Except for an application made on behalf of an animal 711
shelter, if an applicant for licensure as a limited category I, 712
II, or III terminal distributor of dangerous drugs intends to 713
administer dangerous drugs to a person or animal, the applicant 714
shall submit, with the application, a notarized copy of its 715
protocol or standing orders, which protocol or orders shall be 716
signed by a licensed health professional authorized to prescribe 717
drugs, specify the dangerous drugs to be administered, and list 718
personnel who are authorized to administer the dangerous drugs 719
in accordance with federal law or the law of this state. An 720
application made on behalf of an animal shelter shall include a 721
notarized list of the dangerous drugs to be administered to 722
animals and the personnel who are authorized to administer the 723
drugs to animals in accordance with section 4729.532 of the 724
Revised Code. After obtaining a terminal distributor license, a 725
licensee shall notify the board immediately of any changes in 726
its protocol or standing orders, or in such personnel. 727

(G) (1) Except as provided in division (G) (2) of this 728
section, each applicant for licensure as a terminal distributor 729
of dangerous drugs shall submit, with the application, a license 730
fee determined as follows: 731

(a) For a category I or limited category I license, forty- 732
five dollars; 733

(b) For a category II or limited category II license, one 734
hundred twelve dollars and fifty cents; 735

(c) For a category III license, including a license with a 736

pain management clinic classification issued under section 737
4729.552 of the Revised Code, or a limited category III license, 738
one hundred fifty dollars. 739

(2) (a) Except as provided in division (G) (2) (b) of this 740
section, for a person who is required to hold a license as a 741
terminal distributor of dangerous drugs pursuant to division (D) 742
of section 4729.541 of the Revised Code, the fee shall be sixty 743
dollars. 744

(b) For a professional association, corporation, 745
partnership, or limited liability company organized for the 746
purpose of practicing veterinary medicine, the fee shall be 747
forty dollars. 748

(3) Fees assessed under divisions (G) (1) and (2) of this 749
section shall not be returned if the applicant fails to qualify 750
for registration. 751

(H) (1) The board shall issue a terminal distributor of 752
dangerous drugs license to each person who submits an 753
application for such licensure in accordance with this section, 754
pays the required license fee, is determined by the board to 755
meet the requirements set forth in section 4729.55 of the 756
Revised Code, and satisfies any other applicable requirements of 757
this section. 758

(2) The license of a person other than an emergency 759
medical service organization shall describe the one 760
establishment or place at which the licensee may engage in the 761
sale or other distribution of dangerous drugs at retail and 762
maintain possession, custody, or control of dangerous drugs for 763
purposes other than the licensee's own use or consumption. The 764
one establishment or place shall be that which is described in 765

the application for licensure. 766

No such license shall authorize or permit the terminal 767
distributor of dangerous drugs named in it to engage in the sale 768
or other distribution of dangerous drugs at retail or to 769
maintain possession, custody, or control of dangerous drugs for 770
any purpose other than the distributor's own use or consumption, 771
at any establishment or place other than that described in the 772
license, except that an agent or employee of an animal shelter 773
may possess and use dangerous drugs in the course of business as 774
provided in division (D) of section 4729.532 of the Revised 775
Code. 776

(3) The license of an emergency medical service 777
organization shall cover and describe all the units of the 778
organization listed in its application for licensure. 779

(4) The license of every terminal distributor of dangerous 780
drugs shall indicate, on its face, the category of licensure. If 781
the license is a limited category I, II, or III license, it 782
shall specify, and ~~shall~~ authorize the licensee to possess, have 783
custody or control of, and distribute only, the dangerous drugs 784
that were listed in the application for licensure, except that 785
the license holder may also possess and have custody and control 786
over all drugs that are deposited in a lock box or kiosk on the 787
licensee's premises as part of the Ohio drug take-back program 788
established under section 4729.69 of the Revised Code. 789

(I) All licenses issued pursuant to this section shall be 790
effective for a period of twelve months from the first day of 791
April of each year. A license shall be renewed by the board for 792
a like period, annually, according to the provisions of this 793
section, and the standard renewal procedure of Chapter 4745. of 794
the Revised Code. A person who desires to renew a license shall 795

submit an application for renewal and pay the required fee on or 796
before the thirty-first day of March each year. The fee required 797
for the renewal of a license shall be the same as the fee paid 798
for the license being renewed, and shall accompany the 799
application for renewal. 800

A license that has not been renewed during March in any 801
year and by the first day of May of the same year may be 802
reinstated only upon payment of the required renewal fee and a 803
penalty fee of fifty-five dollars. 804

(J) (1) No emergency medical service organization that is 805
licensed as a terminal distributor of dangerous drugs shall fail 806
to comply with division (C) (2) or (3) of this section. 807

(2) No emergency medical service organization that is 808
licensed as a terminal distributor of dangerous drugs shall fail 809
to comply with division (D) of this section. 810

(3) No licensed terminal distributor of dangerous drugs 811
shall possess, have custody or control of, or distribute 812
dangerous drugs that the terminal distributor is not entitled to 813
possess, have custody or control of, or distribute by virtue of 814
its category of licensure, except that a licensed terminal 815
distributor of dangerous drugs that is a retail pharmacy, as 816
defined in section 4729.69 of the Revised Code, may possess or 817
have custody and control over all drugs deposited in a lock box 818
or kiosk as part of the Ohio drug take-back program established 819
under section 4729.69 of the Revised Code. 820

(4) No licensee that is required by division (F) of this 821
section to notify the board of changes in its protocol or 822
standing orders, or in personnel, shall fail to comply with that 823
division. 824

Sec. 4729.69. (A) As used in this section, "retail 825
pharmacy" means an establishment or place described pursuant to 826
division (H)(2) of section 4729.54 of the Revised Code in a 827
terminal distributor of dangerous drugs license, except that 828
"retail pharmacy" does not include any of the following: an 829
emergency medical service organization, mail-order pharmacy, 830
pharmacy operated by a government entity, or pharmacy in which 831
the majority of prescriptions filled are for patients of a drug 832
treatment facility, hospital, intermediate care facility, 833
nursing home, or other health care facility in which inpatient 834
care is provided on a routine basis. 835

(B) The state board of pharmacy, in collaboration with the 836
director of mental health and addiction services and the 837
attorney general, shall establish and administer the Ohio drug 838
take-back program. Under the program, drug manufacturers shall 839
be required to supply secure lock boxes or secure kiosks in 840
which individual consumers may dispose of drugs at retail 841
pharmacies. The program shall not be used for the disposal of 842
drugs by institutional consumers, including hospitals, 843
ambulatory surgical facilities, veterinary clinics, nursing 844
homes, correctional facilities, physician offices, pharmacies, 845
or manufacturers of dangerous drugs. 846

~~The state board of pharmacy, in collaboration with the~~ 847
~~director of mental health and addiction services and attorney~~ 848
~~general, shall establish and administer a drug take-back the~~ 849
~~program under which drugs are collected from the community for~~ 850
~~the purpose of destruction or disposal of the drugs.~~ 851

~~(B) The program shall be established and administered in~~ 852
~~such a manner that it does both of the following:~~ 853

(1) ~~Complies with any state or federal laws regarding the~~ 854

collection, destruction, or disposal of drugs, including 855
controlled substances as defined in section 3719.01 of the 856
Revised Code; 857

(2) Maintains the confidentiality of individuals who 858
submit or otherwise provide drugs under the program. 859

(C) In consultation with the director ~~of mental health and~~ 860
~~addiction services~~ and attorney general, the board shall adopt 861
rules governing the program. The rules shall be adopted in 862
accordance with Chapter 119. of the Revised Code. In adopting 863
the rules, the board shall specify all of the following: 864

(1) ~~The entities that may participate~~A procedure for 865
determining which manufacturer of dangerous drugs is responsible 866
for supplying a lock box or kiosk to each retail pharmacy based 867
on the objectives of achieving the efficient collection and 868
destruction of unused drugs and having manufacturers bear the 869
costs on an equitable basis; 870

(2) Guidelines and responsibilities for accepting drugs ~~by~~ 871
~~participating entities;~~ 872

(3) Drugs that may be collected; 873

(4) Record-keeping requirements; 874

(5) ~~Proper methods to destroy unused drugs~~Standards for 875
the proper removal, transport, or destruction of drugs deposited 876
in each lock box or kiosk that comply with state and federal 877
laws and with guidelines, if any, adopted by the United States 878
food and drug administration and United States environmental 879
protection agency; 880

(6) Privacy protocols and security standards; 881

(7) ~~Drug transportation procedures~~A schedule of fees to be 882

charged to manufacturers to cover the cost to the board of 883
establishing and administering the program; 884

~~(8) The schedule, duration, and frequency of the~~ 885
~~collections of drugs, except that the first collection shall~~ 886
~~occur not later than one year after May 20, 2011;~~ 887

~~(9)~~ Any other standards and procedures the board considers 888
necessary for purposes of governing the program. 889

(D) (1) Under the program, each retail pharmacy shall have 890
a secure and prominently displayed and labeled lock box or 891
secure kiosk supplied by a drug manufacturer into which 892
individual consumers may deposit drugs. Manufacturers of 893
dangerous drugs shall pay all administrative and operational 894
costs associated with the program, including the cost of 895
removing, transporting, and destroying drugs and associated 896
packaging. 897

(2) No person may charge a consumer a fee associated with 898
the program either at the time of the sale of a drug or when a 899
consumer deposits a drug in a lock box or kiosk. 900

(E) In accordance with state and federal law, the board 901
may adopt rules to allow an entity participating in the program 902
to return any unused drugs to the pharmacy that originally 903
dispensed the drug. The rules shall include procedures to be 904
followed to maintain the confidentiality of the person for whom 905
the drug was dispensed. 906

~~(E)~~ (F) Rules adopted under this section may not do any of 907
the following: 908

(1) Require any entity to establish, fund, or operate a 909
drug take-back program; 910

(2) Establish <u>Except as provided in division (D) (1) of this section, establish</u> any new licensing requirement or fee to participate in the program;	911 912 913
(3) Require any entity to compile data on drugs collected.	914
(F) <u>(G)</u> The board may compile data on the amount and type of drugs collected under the program. For purposes of this division, the board may cooperate with a public or private entity in obtaining assistance in the compilation of data. An entity providing the assistance shall not be reimbursed under the program for any costs incurred in providing the assistance.	915 916 917 918 919 920
(G) <u>(H)</u> If the board compiles data under division (F) <u>(G)</u> of this section, the board shall submit a report to the governor and, in accordance with section 101.68 of the Revised Code, the general assembly. The report, to the extent possible, shall include the following information:	921 922 923 924 925
(1) Total weight of drugs collected, both with and without packaging;	926 927
(2) The weight of controlled substances;	928
(3) The amount of all of the following as a per cent of total drugs collected:	929 930
(a) Controlled substances;	931
(b) Brand name drugs;	932
(c) Generic drugs;	933
(d) Prescription drugs;	934
(e) Non-prescription drugs.	935
(4) The amount of vitamins, herbal supplements, and personal care products collected;	936 937

(5) If provided by the person who submitted or otherwise 938
donated drugs to the program, the reasons why the drugs were 939
returned or unused. 940

~~(H) No entity is required to participate in a drug take- 941
back program established under this section, and no entity shall 942
be subject to civil liability or professional disciplinary 943
action for declining to participate. 944~~

(I) The board may accept grants, gifts, or donations for 945
purposes of the program. Money received under this division 946
shall be deposited into the drug take-back program fund 947
established under section 109.90 of the Revised Code. 948

(J) The state board of pharmacy may continue to administer 949
a drug take-back program established prior to the effective date 950
of this amendment to the extent that the program is not 951
inconsistent with this section. 952

(K) No person shall knowingly fail to comply with this 953
section. 954

(J) The board, in an adjudication under Chapter 119. of 955
the Revised Code, may impose a fine of not more than one 956
thousand dollars per day for each violation of division (K) of 957
this section. On the request of the board, the attorney general 958
shall bring and prosecute to judgment a civil action to collect 959
any fine imposed under this division that remains unpaid. All 960
amounts collected under this division shall be deposited in the 961
drug take-back program fund established under section 109.90 of 962
the Revised Code. 963

A fine may be imposed under this division in addition to 964
any action taken under section 4729.99 of the Revised Code. 965

Sec. 4729.99. (A) Whoever violates division (H) of section 966

4729.16, division (G) of section 4729.38, section 4729.57, or 967
division (F) of section 4729.96 of the Revised Code is guilty of 968
a minor misdemeanor, unless a different penalty is otherwise 969
specified in the Revised Code. Each day's violation constitutes 970
a separate offense. 971

(B) Whoever violates section 4729.27, 4729.28, or 4729.36 972
of the Revised Code is guilty of a misdemeanor of the third 973
degree. Each day's violation constitutes a separate offense. If 974
the offender previously has been convicted of or pleaded guilty 975
to a violation of this chapter, that person is guilty of a 976
misdemeanor of the second degree. 977

(C) Whoever violates section 4729.32, 4729.33, or 4729.34 978
or division (K) of section 4729.69 of the Revised Code is guilty 979
of a misdemeanor. 980

(D) Whoever violates division (A), (B), (C), (D), (F), or 981
(G) of section 4729.51 of the Revised Code is guilty of a 982
misdemeanor of the first degree. 983

(E) (1) Whoever violates section 4729.37, division (E) (1) 984
(b) of section 4729.51, division (J) of section 4729.54, 985
division (B) or (D) of section 4729.553, or section 4729.61 of 986
the Revised Code is guilty of a felony of the fifth degree. If 987
the offender previously has been convicted of or pleaded guilty 988
to a violation of this chapter or a violation of Chapter 2925. 989
or 3719. of the Revised Code, that person is guilty of a felony 990
of the fourth degree. 991

(2) If an offender is convicted of or pleads guilty to a 992
violation of section 4729.37, division (E) of section 4729.51, 993
division (J) of section 4729.54, or section 4729.61 of the 994
Revised Code, if the violation involves the sale, offer to sell, 995

or possession of a schedule I or II controlled substance, with 996
the exception of marihuana, and if the court imposing sentence 997
upon the offender finds that the offender as a result of the 998
violation is a major drug offender, as defined in section 999
2929.01 of the Revised Code, and is guilty of a specification of 1000
the type described in section 2941.1410 of the Revised Code, the 1001
court, in lieu of the prison term authorized or required by 1002
division (E) (1) of this section and sections 2929.13 and 2929.14 1003
of the Revised Code and in addition to any other sanction 1004
imposed for the offense under sections 2929.11 to 2929.18 of the 1005
Revised Code, shall impose upon the offender, in accordance with 1006
division (B) (3) of section 2929.14 of the Revised Code, the 1007
mandatory prison term specified in that division. 1008

(3) Notwithstanding any contrary provision of section 1009
3719.21 of the Revised Code, the clerk of court shall pay any 1010
fine imposed for a violation of section 4729.37, division (E) of 1011
section 4729.51, division (J) of section 4729.54, or section 1012
4729.61 of the Revised Code pursuant to division (A) of section 1013
2929.18 of the Revised Code in accordance with and subject to 1014
the requirements of division (F) of section 2925.03 of the 1015
Revised Code. The agency that receives the fine shall use the 1016
fine as specified in division (F) of section 2925.03 of the 1017
Revised Code. 1018

(F) Whoever violates section 4729.531 of the Revised Code 1019
or any rule adopted thereunder or section 4729.532 of the 1020
Revised Code is guilty of a misdemeanor of the first degree. 1021

(G) Whoever violates division (E) (1) (a) of section 4729.51 1022
of the Revised Code is guilty of a felony of the fourth degree. 1023
If the offender has previously been convicted of or pleaded 1024
guilty to a violation of this chapter, or of a violation of 1025

Chapter 2925. or 3719. of the Revised Code, that person is 1026
guilty of a felony of the third degree. 1027

(H) Whoever violates division (E)(1)(c) of section 4729.51 1028
of the Revised Code is guilty of a misdemeanor of the first 1029
degree. If the offender has previously been convicted of or 1030
pleaded guilty to a violation of this chapter, or of a violation 1031
of Chapter 2925. or 3719. of the Revised Code, that person is 1032
guilty of a felony of the fifth degree. 1033

(I)(1) Whoever violates division (A) of section 4729.95 of 1034
the Revised Code is guilty of unauthorized pharmacy-related drug 1035
conduct. Except as otherwise provided in this section, 1036
unauthorized pharmacy-related drug conduct is a misdemeanor of 1037
the second degree. If the offender previously has been convicted 1038
of or pleaded guilty to a violation of division (A), (B), or (C) 1039
of that section, unauthorized pharmacy-related drug conduct is a 1040
misdemeanor of the first degree on a second offense and a felony 1041
of the fifth degree on a third or subsequent offense. 1042

(2) Whoever violates division (B) or (C) of section 1043
4729.95 of the Revised Code is guilty of permitting unauthorized 1044
pharmacy-related drug conduct. Except as otherwise provided in 1045
this section, permitting unauthorized pharmacy-related drug 1046
conduct is a misdemeanor of the second degree. If the offender 1047
previously has been convicted of or pleaded guilty to a 1048
violation of division (A), (B), or (C) of that section, 1049
permitting unauthorized pharmacy-related drug conduct is a 1050
misdemeanor of the first degree on a second offense and a felony 1051
of the fifth degree on a third or subsequent offense. 1052

(3) Notwithstanding any contrary provision of section 1053
3719.21 of the Revised Code or any other provision of law that 1054
governs the distribution of fines, the clerk of the court shall 1055

pay any fine imposed pursuant to division (I) (1) or (2) of this 1056
section to the state board of pharmacy if the board has adopted 1057
a written internal control policy under division (F) (2) of 1058
section 2925.03 of the Revised Code that addresses fine moneys 1059
that it receives under Chapter 2925. of the Revised Code and if 1060
the policy also addresses fine moneys paid under this division. 1061
The state board of pharmacy shall use the fines so paid in 1062
accordance with the written internal control policy to subsidize 1063
the board's law enforcement efforts that pertain to drug 1064
offenses. 1065

(J) (1) Whoever violates division (A) (1) of section 4729.86 1066
of the Revised Code is guilty of a misdemeanor of the third 1067
degree. If the offender has previously been convicted of or 1068
pleaded guilty to a violation of division (A) (1), (2), or (3) of 1069
section 4729.86 of the Revised Code, that person is guilty of a 1070
misdemeanor of the first degree. 1071

(2) Whoever violates division (A) (2) of section 4729.86 of 1072
the Revised Code is guilty of a misdemeanor of the first degree. 1073
If the offender has previously been convicted of or pleaded 1074
guilty to a violation of division (A) (1), (2), or (3) of section 1075
4729.86 of the Revised Code, that person is guilty of a felony 1076
of the fifth degree. 1077

(3) Whoever violates division (A) (3) of section 4729.86 of 1078
the Revised Code is guilty of a felony of the fifth degree. If 1079
the offender has previously been convicted of or pleaded guilty 1080
to a violation of division (A) (1), (2), or (3) of section 1081
4729.86 of the Revised Code, that person is guilty of a felony 1082
of the fourth degree. 1083

(K) A person who violates division (C) of section 4729.552 1084
of the Revised Code is guilty of a misdemeanor of the first 1085

degree. If the person previously has been convicted of or 1086
pleaded guilty to a violation of division (C) of section 1087
4729.552 of the Revised Code, that person is guilty of a felony 1088
of the fifth degree. 1089

Sec. 5119.49. (A) The director of mental health and 1090
addiction services shall collaborate with the state board of 1091
pharmacy and attorney general in the establishment and 1092
administration of a one or more drug take-back programs, 1093
including the Ohio drug take-back program, as provided under 1094
section 4729.69 of the Revised Code. 1095

(B) The department may accept grants, gifts, or donations 1096
for purposes of the programprograms. Money received under this 1097
division shall be deposited into the drug take-back program fund 1098
established under section 109.90 of the Revised Code. 1099

Sec. 5119.368. The department of mental health and 1100
addiction services shall establish and maintain a web portal to 1101
monitor the availability of services and supports from community 1102
addiction services providers. The department may contract with a 1103
separate entity to establish and maintain all or any part of the 1104
web portal on behalf of the department. 1105

The web portal shall allow information regarding the 1106
availability of services and supports to be updated 1107
instantaneously and be presented by county. 1108

Each community addiction services provider shall submit to 1109
the department any information the department determines 1110
necessary for maintaining the web portal. 1111

Sec. 5164.092. (A) As used in this section: 1112

(1) "Abuse-deterrent" means a labeling claim approved by 1113
the United States food and drug administration indicating 1114

properties expected to deter or reduce drug abuse. 1115

(2) "Opioid analgesic" has the same meaning as in section 3719.01 of the Revised Code. 1116
1117

(B) With respect to the coverage of prescribed drugs under the medicaid program, the department of medicaid shall provide coverage for abuse-deterrent opioid analgesics. 1118
1119
1120

(C) All of the following apply to the medicaid program's coverage of abuse-deterrent opioid analgesics: 1121
1122

(1) The department shall not deny reimbursement of an abuse-deterrent opioid analgesic solely on the basis of the drug's cost. 1123
1124
1125

(2) The department shall not require treatment with an opioid analgesic that is not abuse-deterrent before providing coverage for an abuse-deterrent opioid analgesic. 1126
1127
1128

(3) The department shall not institute cost-sharing requirements under section 5162.20 of the Revised Code for an abuse-deterrent opioid analgesic that exceed the lowest cost-sharing requirements imposed on any opioid analgesic that is not abuse-deterrent. The department shall not increase cost-sharing requirements to obtain compliance with division (C) (3) of this section. 1129
1130
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Sec. 5164.7512. (A) As used in this section: 1136

(1) "Medication-assisted treatment" means alcohol and drug addiction services that are accompanied by medication approved by the United States food and drug administration for the treatment of alcoholism or drug addiction, prevention of relapse of alcoholism or drug addiction, or both. 1137
1138
1139
1140
1141

(2) "Prior authorization requirement" means any practice 1142

in which coverage of a health care service, device, or drug is 1143
dependent on a medicaid recipient or medicaid provider obtaining 1144
approval from the medicaid program prior to the service, device, 1145
or drug being performed, received, or prescribed. "Prior 1146
authorization" includes prospective or utilization review 1147
procedures conducted prior to a health care service, device, or 1148
drug being provided. 1149

(B) The medicaid program shall provide coverage for 1150
medical or psychological treatment and referral services for 1151
alcohol and drug abuse or addiction, including medication- 1152
assisted treatment. All of the following apply to the department 1153
of medicaid with regard to this coverage: 1154

(1) The department shall not impose any prior 1155
authorization requirement on the treatment and referral 1156
services. 1157

(2) The department shall provide coverage for drugs 1158
prescribed for the treatment of alcohol and drug abuse or 1159
addiction, including buprenorphine and naltrexone. 1160

(3) The department shall provide coverage for treatment 1161
for as long as it is needed. 1162

(C) This section does not prohibit the department from 1163
imposing cost-sharing requirements on the treatment and referral 1164
services. 1165

Sec. 5167.12. (A) When contracting under section 5167.10 1166
of the Revised Code with a managed care organization that is a 1167
health insuring corporation, the department of medicaid shall 1168
require the health insuring corporation to provide coverage of 1169
prescribed drugs for medicaid recipients enrolled in the health 1170
insuring corporation. In providing the required coverage, the 1171

health insuring corporation may use strategies for the 1172
management of drug utilization, but any such strategies are 1173
subject to divisions (B) and (E) of this section and the 1174
department's approval. 1175

(B) The department shall not permit a health insuring 1176
corporation to impose a prior authorization requirement in the 1177
case of a drug to which all of the following apply: 1178

(1) The drug is an antidepressant or antipsychotic. 1179

(2) The drug is administered or dispensed in a standard 1180
tablet or capsule form, except that in the case of an 1181
antipsychotic, the drug also may be administered or dispensed in 1182
a long-acting injectable form. 1183

(3) The drug is prescribed by either of the following: 1184

(a) A physician whom the health insuring corporation, 1185
pursuant to division (C) of section 5167.10 of the Revised Code, 1186
has credentialed to provide care as a psychiatrist; 1187

(b) A psychiatrist practicing at a community mental health 1188
services provider whose mental health services are certified by 1189
the department of mental health and addiction services under 1190
section 5119.36 of the Revised Code. 1191

(4) The drug is prescribed for a use that is indicated on 1192
the drug's labeling, as approved by the federal food and drug 1193
administration. 1194

(C) Subject to division (E) of this section, the 1195
department shall authorize a health insuring corporation to 1196
develop and implement a pharmacy utilization management program 1197
under which prior authorization through the program is 1198
established as a condition of obtaining a controlled substance 1199

pursuant to a prescription. 1200

(D) The department shall require a health insuring 1201
corporation to comply with section 5164.7511 of the Revised Code 1202
with respect to medication synchronization. 1203

(E) The department shall require a health insuring 1204
corporation to comply with ~~section~~ sections 5164.091, 5164.092, 1205
and 5164.7512 of the Revised Code as if the health insuring 1206
corporation were the department. 1207

Section 2. That existing sections 109.90, 1739.05, 1208
1751.01, 3715.89, 4729.54, 4729.69, 4729.99, 5119.49, and 1209
5167.12 of the Revised Code are hereby repealed. 1210

Section 3. All items in this section are hereby 1211
appropriated as designated out of any moneys in the state 1212
treasury to the credit of the designated fund. For all 1213
appropriations made in this act, those in the first column are 1214
for fiscal year 2018 and those in the second column are for 1215
fiscal year 2019. The appropriations made in this act are in 1216
addition to any other appropriations made for the FY 2018-FY 1217
2019 biennium. 1218

EDU DEPARTMENT OF EDUCATION 1219

General Revenue Fund 1220

GRF 200597 Education Program Support \$2,000,000 \$2,000,000 1221

TOTAL GRF General Revenue Fund \$2,000,000 \$2,000,000 1222

TOTAL ALL BUDGET FUND GROUPS \$2,000,000 \$2,000,000 1223

EDUCATION PROGRAM SUPPORT 1224

The foregoing appropriation item 200597, Education Program 1225
Support, shall be used to provide grants in accordance with 1226

section 3301.97 of the Revised Code.	1227
MHA DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES	1228
General Revenue Fund	1229
GRF 336421 Continuum of Care Services\$100,000,000 \$0	1230
TOTAL GRF General Revenue Fund \$100,000,000 \$0	1231
TOTAL ALL BUDGET FUND GROUPS \$100,000,000 \$0	1232
CONTINUUM OF CARE SERVICES	1233
(A) Of the foregoing appropriation item 336421, Continuum	1234
of Care Services, \$10,000,000 in fiscal year 2018 shall be	1235
allocated by the Department of Mental Health and Addiction	1236
Services to boards of alcohol, drug addiction, and mental health	1237
services to assist in data collection. Each board shall use	1238
these funds to provide the following data to the Department of	1239
Mental Health and Addiction Services within ninety days of the	1240
effective date of this section:	1241
(1) A list and description of programs and services	1242
available within the board's jurisdiction to address opioid	1243
addiction;	1244
(2) The number of individuals each board is serving by	1245
program or service;	1246
(3) The number of individuals each board is capable of	1247
serving by program or service; and	1248
(4) An estimate of the number of individuals addicted to	1249
opioids within the board's jurisdiction.	1250
(B) Of the foregoing appropriation item 336421, Continuum	1251
of Care Services, \$90,000,000 in fiscal year 2018 shall be	1252
distributed to programs that provide treatment for opioid	1253

addiction. Any programs that receive funds shall use the funds 1254
to increase the number of facilities providing opioid addiction 1255
treatment or to increase the number of beds within such a 1256
facility. Programs that receive funds shall provide services to 1257
individuals regardless of an individual's county of residence. 1258
The Department of Mental Health and Addiction Services shall 1259
give priority to programs that: 1260

(1) Are currently in operation and scalable statewide; and 1261

(2) Provide transportation for individuals receiving 1262
treatment services. 1263

RDF STATE REVENUE DISTRIBUTIONS 1264

Revenue Distribution Fund Group 1265

7069 110969 Local Government Fund \$100,000,000 \$0 1266

TOTAL RDF Revenue Distribution Fund Group \$100,000,000 \$0 1267

TOTAL ALL BUDGET FUND GROUPS \$100,000,000 \$0 1268

LOCAL GOVERNMENT FUND SUPPLEMENT 1269

(A) Of the foregoing appropriation item 110969, Local 1270
Government Fund, up to \$100,000,000 in fiscal year 2018 shall be 1271
allocated to counties in fiscal year 2018. On the effective date 1272
of this section, or as soon as possible thereafter, the Tax 1273
Commissioner shall determine amounts to be distributed to each 1274
county based on the county's calendar year 2015 undivided local 1275
government fund distributions as a percentage of the total 1276
calendar year 2015 undivided local government fund distributions 1277
made to all counties. The Tax Commissioner shall distribute the 1278
amounts to each county treasurer for deposit into the county 1279
undivided local government fund and shall separately identify to 1280
each county treasurer the amount to be allocated to the county 1281

under this section. 1282

(B) Moneys received by each county under this section 1283
shall be expended only for the following purposes: ADAMHS 1284
Boards; law enforcement purposes; Child Protective Services; 1285
Kinship Care; purposes of first responders; or establishing or 1286
expanding Drug Courts. Within six months after the effective 1287
date of this act, each county shall prepare a written report to 1288
the Department of Mental Health and Addiction Services regarding 1289
its expenditures related to moneys received under this section. 1290

Section 4. Within the limits set forth in this act, the 1291
Director of Budget and Management shall establish accounts 1292
indicating the source and amount of funds for each appropriation 1293
made in this act, and shall determine the form and manner in 1294
which appropriation accounts shall be maintained. Expenditures 1295
from appropriations contained in this act shall be accounted for 1296
as though made in the main operating appropriations act of the 1297
132nd General Assembly. 1298

The appropriations made in this act are subject to all 1299
provisions of the main operating appropriations act of the 132nd 1300
General Assembly that are generally applicable to such 1301
appropriations. 1302

Section 5. Notwithstanding any provision of law to the 1303
contrary, on the effective date of this section, or as soon as 1304
possible thereafter, the Director of Budget and Management shall 1305
transfer \$100,000,000 cash from the Budget Stabilization Fund 1306
(Fund 7013) to the General Revenue Fund and \$100,000,000 cash 1307
from Fund 7013 to the Local Government Fund (Fund 7069). 1308

Section 6. Sections 1739.05, 1751.692, and 1751.76 of the 1309
Revised Code, as amended or enacted by this act, apply only to 1310

arrangements, policies, contracts, and agreements that are 1311
created, delivered, issued for delivery, or renewed in this 1312
state on or after January 1, 2019. Sections 3923.046 and 1313
3923.852 of the Revised Code, as enacted by this act, apply only 1314
to policies of sickness and accident insurance delivered, issued 1315
for delivery, or renewed in this state on or after January 1, 1316
2019, and only to public employee benefit plans that are 1317
established or modified in this state on or after January 1, 1318
2019. Sections 5164.092, 5164.7512, and 5167.12 of the Revised 1319
Code, as amended or enacted by this act, apply to the Medicaid 1320
program and health insuring corporations under contract with the 1321
Department of Medicaid on or after January 1, 2019. 1322

Section 7. Not later than July 1, 2018, the Superintendent 1323
of Insurance shall conduct an actuarial survey to determine the 1324
estimated cost for the reinsurance program to be established and 1325
administered under section 3901.80 of the Revised Code. The 1326
Superintendent may fulfill the requirements of this section by 1327
contracting with an actuary to conduct the survey. 1328

Section 8. This act is hereby declared to be an emergency 1329
measure necessary for the immediate preservation of the public 1330
peace, health, or safety. The reason for such necessity is the 1331
increasing prevalence of opioid abuse, as evidenced by the 1332
rising rate of unintentional opioid overdose deaths, and the 1333
growing need to both prevent and treat opioid addiction. 1334
Therefore, this act shall go into immediate effect. 1335