

**As Introduced**

**132nd General Assembly**

**Regular Session**

**2017-2018**

**S. B. No. 154**

**Senators Schiavoni, Yuko**

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

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**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) <del>Medical or psychological treatment and referral services for alcohol and drug abuse or addiction;</del>	173 174
<del>(h)</del> Home health services;	175
<del>(i)</del> <u>(h)</u> Prescription drug services;	176
<del>(j)</del> <u>(i)</u> Nursing services;	177
<del>(k)</del> <u>(j)</u> Services of a dietitian licensed under Chapter 4759. of the Revised Code;	178 179
<del>(l)</del> <u>(k)</u> Physical therapy services;	180
<del>(m)</del> <u>(l)</u> Chiropractic services;	181
<del>(n)</del> <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  
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(2) An application shall contain all the following that apply in the applicant's case: 603  
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(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) <del>Establish</del> <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
<del>(F)</del> <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
<del>(G)</del> <u>(H)</u> If the board compiles data under division <del>(F)</del> <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 program ~~programs~~. 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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1135

**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