A BILL

To amend section 5167.12 and to enact sections 3902.50, 3902.51, and 5164.7516 of the Revised Code to require insurance and Medicaid coverage of a ninety-day supply of certain covered drugs and to declare an emergency.

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

Section 1. That section 5167.12 be amended and sections 3902.50, 3902.51, and 5164.7516 of the Revised Code be enacted to read as follows:

Sec. 3902.50. As used in sections 3902.50 and 3902.51 of the Revised Code:

(A) "Cost sharing" means the cost borne by a person covered under a health benefit plan according to any coverage limit, copayment, coinsurance, deductible, or other out-of-pocket expense requirements imposed by the plan.

(B) "Covered person," "health benefit plan," and "health plan issuer" have the same meanings as in section 3922.01 of the Revised Code.

(C) "State of emergency" means a state of emergency.
declared by the governor in an executive order.

Sec. 3902.51. (A) A health benefit plan that provides coverage for prescription drugs shall, during any state of emergency, cover a prescribed ninety-day supply of covered drugs dispensed under section 4729.40 of the Revised Code.

(B) A health plan issuer shall not impose any cost-sharing requirement for coverage provided under division (A) of this section that is proportionally greater than the cost-sharing requirement for a standard supply of the prescription.

(C) Nothing in this section shall be construed as doing either of the following:

(1) Requiring a health benefit plan to cover a drug that is not already covered;

(2) Prohibiting a health benefit plan from imposing a cost-sharing requirement with regard to the coverage provided under division (A) of this section.

Sec. 5164.7516. (A) As used in this section, "state of emergency" has the same meaning as in section 3902.50 of the Revised Code.

(B) The department of medicaid shall, during any state of emergency, cover a ninety-day supply of a prescribed drug dispensed under section 4729.40 of the Revised Code.

(C) The department shall not impose any cost-sharing requirement for coverage provided under division (B) of this section that is proportionally greater than the cost-sharing requirement established under section 5162.20 of the Revised Code for a standard supply of the prescribed drug.

(D) Nothing in this section shall be construed as doing
either of the following:

(1) Requiring the department to cover a drug that is not already covered under the medicaid program;

(2) Prohibiting the department from imposing a cost-sharing requirement under section 5162.20 of the Revised Code with regard to the coverage provided under division (B) of this section.

Sec. 5167.12. If prescribed drugs are included in the care management system:

(A) Medicaid MCO plans may include strategies for the management of drug utilization, but any such strategies are subject to the limitations and requirements of this section and the approval of the department of medicaid.

(B) A medicaid MCO plan shall not impose a prior authorization requirement in the case of a drug to which all of the following apply:

(1) The drug is an antidepressant or antipsychotic.

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

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

(a) A physician whom the medicaid managed care organization that offers the plan allows to provide care as a psychiatrist through its credentialing process;

(b) A psychiatrist who is practicing at a location on behalf of a community mental health services provider whose
mental health services are certified by the department of mental health and addiction services under section 5119.36 of the Revised Code;

(c) A certified nurse practitioner, as defined in section 4723.01 of the Revised Code, who is certified in psychiatric mental health by a national certifying organization approved by the board of nursing under section 4723.46 of the Revised Code;

(d) A clinical nurse specialist, as defined in section 4723.01 of the Revised Code, who is certified in psychiatric mental health by a national certifying organization approved by the board of nursing under section 4723.46 of the Revised Code.

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

(C) The department shall authorize a medicaid MCO plan to include a pharmacy utilization management program under which prior authorization through the program is established as a condition of obtaining a controlled substance pursuant to a prescription.

(D) Each medicaid managed care organization and medicaid MCO plan shall comply with sections 5164.091, 5164.7511, 5164.7512, and 5164.7514, and 5164.7516 of the Revised Code as if the organization were the department and the plan were the medicaid program.

Section 2. That existing section 5167.12 of the Revised Code is hereby repealed.

Section 3. Sections 3902.50 and 3902.51 of the Revised Code as enacted by this act shall apply to health benefit plans, as that term is defined in section 3922.01 of the Revised Code,
in effect on the effective date of this section. Those sections shall also apply to all health benefit plans issued, amended, or renewed on or after the effective date of this section.

Section 5167.12 of the Revised Code as amended by this act and sections 3902.50, 3902.51, and 5164.7516 of the Revised Code as enacted by this act shall apply to the state of emergency declared by Executive Order 2020-01D, issued on March 9, 2020, to protect the well-being of Ohio citizens from the dangerous effects of COVID-19.

**Section 4.** This act is an emergency measure necessary for the immediate preservation of the public peace, health, and safety. The reason for such necessity is to provide patients access to necessary medications while minimizing their exposure to COVID-19. Therefore, this act shall go into immediate effect.