

As Introduced

**133rd General Assembly
Regular Session
2019-2020**

H. B. No. 512

Representative Rogers

A BILL

To amend sections 5162.20 and 5167.12 and to enact 1
sections 3902.50 and 5164.092 of the Revised 2
Code regarding insurance and Medicaid coverage 3
of epinephrine and glucagon. 4

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

Section 1. That sections 5162.20 and 5167.12 be amended 5
and sections 3902.50 and 5164.092 of the Revised Code be enacted 6
to read as follows: 7

Sec. 3902.50. (A) As used in this section: 8

(1) "Cost sharing" means the cost to a covered person 9
under a health benefit plan according to any coverage limit, 10
copayment, coinsurance, deductible, or other out-of-pocket 11
expense requirement. 12

(2) "Covered person" and "health benefit plan" have the 13
same meanings as in section 3922.01 of the Revised Code. 14

(B) A health benefit plan shall cover epinephrine in any 15
prescribed form for a covered person eighteen years of age or 16
younger if considered medically necessary by the covered 17
person's provider. A health benefit plan shall not impose cost 18

sharing for epinephrine in any prescribed form that exceeds one 19
hundred dollars per prescription fill. 20

(C) A health benefit plan shall cover glucagon in any 21
prescribed form for a covered person eighteen years of age or 22
younger if considered medically necessary by the covered 23
person's provider. A health benefit plan shall not impose cost 24
sharing for glucagon in any prescribed form that exceeds one 25
hundred dollars per prescription fill. 26

(D) Nothing in this section is subject to section 3901.71 27
of the Revised Code. 28

Sec. 5162.20. (A) The department of medicaid shall 29
institute cost-sharing requirements for the medicaid program. 30
The department shall not institute cost-sharing requirements in 31
a manner that does ~~either~~ any of the following: 32

(1) Disproportionately impacts the ability of medicaid 33
recipients with chronic illnesses to obtain medically necessary 34
medicaid services; 35

(2) Violates section 5164.09 of the Revised Code; 36

(3) Violates section 5164.092 of the Revised Code. 37

(B) (1) No provider shall refuse to provide a service to a 38
medicaid recipient who is unable to pay a required copayment for 39
the service. 40

(2) Division (B) (1) of this section shall not be 41
considered to do either of the following with regard to a 42
medicaid recipient who is unable to pay a required copayment: 43

(a) Relieve the medicaid recipient from the obligation to 44
pay a copayment; 45

(b) Prohibit the provider from attempting to collect an 46
unpaid copayment. 47

(C) Except as provided in division (F) of this section, no 48
provider shall waive a medicaid recipient's obligation to pay 49
the provider a copayment. 50

(D) No provider or drug manufacturer, including the 51
manufacturer's representative, employee, independent contractor, 52
or agent, shall pay any copayment on behalf of a medicaid 53
recipient. 54

(E) If it is the routine business practice of a provider 55
to refuse service to any individual who owes an outstanding debt 56
to the provider, the provider may consider an unpaid copayment 57
imposed by the cost-sharing requirements as an outstanding debt 58
and may refuse service to a medicaid recipient who owes the 59
provider an outstanding debt. If the provider intends to refuse 60
service to a medicaid recipient who owes the provider an 61
outstanding debt, the provider shall notify the recipient of the 62
provider's intent to refuse service. 63

(F) In the case of a provider that is a hospital, the 64
cost-sharing program shall permit the hospital to take action to 65
collect a copayment by providing, at the time services are 66
rendered to a medicaid recipient, notice that a copayment may be 67
owed. If the hospital provides the notice and chooses not to 68
take any further action to pursue collection of the copayment, 69
the prohibition against waiving copayments specified in division 70
(C) of this section does not apply. 71

(G) The department of medicaid may collaborate with a 72
state agency that is administering, pursuant to a contract 73
entered into under section 5162.35 of the Revised Code, one or 74

more components, or one or more aspects of a component, of the 75
medicaid program as necessary for the state agency to apply the 76
cost-sharing requirements to the components or aspects of a 77
component that the state agency administers. 78

Sec. 5164.092. (A) The medicaid program shall cover 79
epinephrine in any prescribed form for a medicaid recipient who 80
is eighteen years of age or younger if considered medically 81
necessary by the recipient's provider. In implementing this 82
section, the department of medicaid shall not impose cost- 83
sharing requirements under section 5162.20 of the Revised Code 84
for epinephrine in any prescribed form that are greater than any 85
cost-sharing requirements instituted under that section for 86
epinephrine in a different prescribed form. 87

(B) The medicaid program shall cover glucagon in any 88
prescribed form for a medicaid recipient who is eighteen years 89
of age or younger if considered medically necessary by the 90
recipient's provider. In implementing this section, the 91
department shall not impose cost-sharing requirements under 92
section 5162.20 of the Revised Code for glucagon in any 93
prescribed form that are greater than any cost-sharing 94
requirements instituted under that section for glucagon in a 95
different prescribed form. 96

Sec. 5167.12. If prescribed drugs are included in the care 97
management system: 98

(A) Medicaid MCO plans may include strategies for the 99
management of drug utilization, but any such strategies are 100
subject to the limitations and requirements of this section and 101
the approval of the department of medicaid. 102

(B) A medicaid MCO plan shall not impose a prior 103

authorization requirement in the case of a drug to which all of	104
the following apply:	105
(1) The drug is an antidepressant or antipsychotic.	106
(2) The drug is administered or dispensed in a standard	107
tablet or capsule form, except that in the case of an	108
antipsychotic, the drug also may be administered or dispensed in	109
a long-acting injectable form.	110
(3) The drug is prescribed by any of the following:	111
(a) A physician whom the medicaid managed care	112
organization that offers the plan allows to provide care as a	113
psychiatrist through its credentialing process;	114
(b) A psychiatrist who is practicing at a location on	115
behalf of a community mental health services provider whose	116
mental health services are certified by the department of mental	117
health and addiction services under section 5119.36 of the	118
Revised Code;	119
(c) A certified nurse practitioner, as defined in section	120
4723.01 of the Revised Code, who is certified in psychiatric	121
mental health by a national certifying organization approved by	122
the board of nursing under section 4723.46 of the Revised Code;	123
(d) A clinical nurse specialist, as defined in section	124
4723.01 of the Revised Code, who is certified in psychiatric	125
mental health by a national certifying organization approved by	126
the board of nursing under section 4723.46 of the Revised Code.	127
(4) The drug is prescribed for a use that is indicated on	128
the drug's labeling, as approved by the federal food and drug	129
administration.	130
(C) The department shall authorize a medicaid MCO plan to	131

include a pharmacy utilization management program under which 132
prior authorization through the program is established as a 133
condition of obtaining a controlled substance pursuant to a 134
prescription. 135

(D) Each medicaid managed care organization and medicaid 136
MCO plan shall comply with sections 5164.091, 5164.092, 137
5164.7511, 5164.7512, and 5164.7514 of the Revised Code as if 138
the organization were the department and the plan were the 139
medicaid program. 140

Section 2. That existing sections 5162.20 and 5167.12 of 141
the Revised Code are hereby repealed. 142

Section 3. This act shall apply to health benefit plans, 143
as defined in section 3922.01 of the Revised Code, delivered, 144
issued for delivery, modified, or renewed on or after the 145
effective date of this act. 146