OHIO LEGISLATIVE SERVICE COMMISSION

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Office of Research and Drafting

Legislative Budget Office

S.B. 61
135th General Assembly

Bill Analysis

Version: As Introduced

Primary Sponsors: Sens. Craig and Manning

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SUMMARY

- Prohibits a health plan issuer from imposing – on a prescription insulin drug – cost sharing in an amount that exceeds $35 for a 30-day supply.

DETAILED ANALYSIS

Insulin cost-sharing limit

S.B. 61 prohibits a health plan issuer from imposing – on a prescription insulin drug – cost sharing in an amount that exceeds $35 for a 30-day supply. The prohibition applies as follows: (1) only to health plan issuers that provide coverage for prescription insulin drugs and (2) regardless of the amount or type of insulin needed to fill a covered person's prescription. Under the bill, cost sharing must be charged on a per-prescription-fill basis.[1]

Exemption from Superintendent of Insurance review

The bill exempts its provisions regarding prescription insulin drug cost sharing from an existing law that could prevent them from being applied until a review by the Superintendent of Insurance has been conducted with respect to mandated health benefits.[2] Under current law, if the General Assembly enacts a statute mandating health benefits, that statute cannot be applied to any health benefit plan until the Superintendent of Insurance holds a hearing and determines that it can be applied fully and equally in all respects to (1) employee benefit plans subject to regulation by the federal "Employee Retirement Income Security Act of 1974,"

[1] R.C. 3902.63.

[2] R.C. 3902.63(B).

(ERISA),[3] and (2) employee benefit plans established or modified by the state or its political subdivisions.[4] ERISA appears to preempt any state regulation of such plans.[5]

Definitions

- "Prescription insulin drug" means a prescription drug that contains insulin and is used to treat diabetes.[6]
- "Cost sharing" means the cost to a covered person under a health benefit plan according to any copayment, coinsurance, deductible, or other out-of-pocket expense requirement.
- "Covered person" means a person covered by a health benefit plan.
- "Health plan issuer" means an entity subject to Ohio's insurance laws that contracts to provide, pay for, or reimburse any of the costs of health care services. The term includes a sickness and accident insurer, a health insuring corporation, a fraternal benefit society, a self-funded multiple employer welfare arrangement, and a nonfederal, government health plan. The term also includes a third party administrator to the extent that the benefits the administrator is contracted to administer are subject to Ohio insurance laws or to the Superintendent's jurisdiction.[7]

HISTORY

Action	Date
Introduced	02-16-23

ANSB0061IN-135ks

[3] 29 United States Code (U.S.C.) 1001.

[4] R.C. 3901.71, not in the bill.

[5] 29 U.S.C. 1144.

[6] R.C. 3902.63(A).

[7] R.C. 3902.50, not in the bill.