

**As Introduced**

**135th General Assembly  
Regular Session  
2023-2024**

**H. B. No. 156**

**Representatives Manning, Oelslager**

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**A BILL**

To amend section 3902.50 and to enact section 1  
3902.63 of the Revised Code to amend the law 2  
related to physician-administered drugs. 3

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

**Section 1.** That section 3902.50 be amended and section 4  
3902.63 of the Revised Code be enacted to read as follows: 5

**Sec. 3902.50.** As used in sections 3902.50 to 3902.72 of 6  
the Revised Code: 7

(A) "Ambulance" has the same meaning as in section 4765.01 8  
of the Revised Code. 9

(B) "Clinical laboratory services" has the same meaning as 10  
in section 4731.65 of the Revised Code. 11

(C) "Cost sharing" means the cost to a covered person 12  
under a health benefit plan according to any copayment, 13  
coinsurance, deductible, or other out-of-pocket expense 14  
requirement. 15

(D) "Covered" or "coverage" means the provision of 16  
benefits related to health care services to a covered person in 17  
accordance with a health benefit plan. 18

(E) "Covered person," ~~"health benefit plan,"~~ "health care services," and "health plan issuer" have the same meanings as in section 3922.01 of the Revised Code. 19  
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(F) "Drug" has the same meaning as in section 4729.01 of the Revised Code. 22  
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(G) "Emergency facility" has the same meaning as in section 3701.74 of the Revised Code. 24  
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(H) "Emergency services" means all of the following as described in 42 U.S.C. 1395dd: 26  
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(1) Medical screening examinations undertaken to determine whether an emergency medical condition exists; 28  
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(2) Treatment necessary to stabilize an emergency medical condition; 30  
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(3) Appropriate transfers undertaken prior to an emergency medical condition being stabilized. 32  
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(I) Except as provided in section 3902.63 of the Revised Code, "health benefit plan" has the same meaning as in section 3922.01 of the Revised Code. 34  
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(J) "Health care practitioner" has the same meaning as in section 3701.74 of the Revised Code. 37  
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~~(J)~~ (K) "Pharmacy" has the same meaning as in section 4729.01 of the Revised Code. 39  
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(L) "Pharmacy benefit manager" has the same meaning as in section 3959.01 of the Revised Code. 41  
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~~(K)~~ (M) "Prior authorization requirement" means any practice implemented by a health plan issuer in which coverage of a health care service, device, or drug is dependent upon a 43  
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covered person or a provider obtaining approval from the health 46  
plan issuer prior to the service, device, or drug being 47  
performed, received, or prescribed, as applicable. "Prior 48  
authorization requirement" includes prospective or utilization 49  
review procedures conducted prior to providing a health care 50  
service, device, or drug. 51

~~(I)~~ (N) "Unanticipated out-of-network care" means health 52  
care services, including clinical laboratory services, that are 53  
covered under a health benefit plan and that are provided by an 54  
out-of-network provider when either of the following conditions 55  
applies: 56

(1) The covered person did not have the ability to request 57  
such services from an in-network provider. 58

(2) The services provided were emergency services. 59

**Sec. 3902.63.** (A) As used in this section: 60

(1) "Affiliated pharmacy" means a pharmacy that controls, 61  
is controlled by, or is under common control with a pharmacy 62  
benefit manager. Such control may be direct or indirect through 63  
one or more intermediaries. 64

(2) Notwithstanding section 3902.50 of the Revised Code, 65  
"health benefit plan" has the same meaning as in section 3922.01 66  
of the Revised Code, but also includes any pharmacy or drug 67  
benefit plan managed or administered by a pharmacy benefits 68  
manager. 69

(3) "Physician-administered drug or medication" means an 70  
outpatient drug, other than a vaccine, that cannot reasonably be 71  
self-administered by the patient to whom the drug is prescribed, 72  
or by an individual assisting the patient with the self- 73  
administration, and that is typically administered by a health 74

care provider in a physician's office, hospital outpatient 75  
infusion center, or other outpatient clinical setting. 76

(B) A health benefit plan issued, amended, or renewed on 77  
or after the effective date of this section may offer, but shall 78  
not require or incentivize, physician-administered drugs or 79  
medications to be dispensed by a specific pharmacy or affiliated 80  
pharmacy if any of the following are true: 81

(1) The choice of drug, strength, or dose depends on the 82  
covered person's clinical presentation, including weight 83  
changes, lab results, or adverse event grading. 84

(2) The drug requires compounding. 85

(3) The covered person, or the covered person's legal 86  
representative, has not consented in writing to the offered 87  
dispensing arrangement for a specified course of treatment. 88

(C) A health benefit plan issued, amended, or renewed on 89  
or after the effective date of this section shall not do any of 90  
the following: 91

(1) Limit or exclude coverage for a physician-administered 92  
drug or medication when it is not dispensed by a pharmacy or 93  
affiliated pharmacy if the drug is otherwise covered under the 94  
health benefit plan; 95

(2) Cover the drug or medication at a different benefits 96  
tier or with cost-sharing requirements that impose greater 97  
expense for a covered person if it is dispensed or administered 98  
at the physician's office, hospital outpatient infusion center, 99  
or other outpatient clinical setting rather than a pharmacy. 100

**Section 2.** That existing section 3902.50 of the Revised 101  
Code is hereby repealed. 102