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**Senate Financial Institutions, Insurance and Technology**  
**Sponsor Testimony for SB 160**  
**June 17, 2025**

Chair Wilson, Vice-Chair Lang, Ranking Member Craig, and members of the Senate Financial Institutions, Insurance and Technology Committee, thank you for allowing me to speak on my bill with Senator Johnson, SB 160. This bill prohibits the practice of “non-medical switching” in the middle of a plan year. This is when the payer, or insurance provider, implements a policy that requires a patient to switch from their current medication to a different medication for reasons wholly unrelated to the patients’ health.

Essentially, SB 160 prohibits health insurers from changing the terms of their contract in the middle of the contract year. As the law currently stands, people may choose an insurance plan during open enrollment because their medication is covered, but health insurance plans may change the coverage of that medicine at any time during a plan year, often putting patients on a cheaper medication to cut costs. This allows a ‘bait and switch’ at the cost of patient safety and the health of people in Ohio.

Unfortunately, this is a common practice that can have significant harmful effects on health. I am sure everyone on this committee or someone they know has had this experience: when you walk into a pharmacy to pick up a needed medication for conditional like depression, high blood pressure, or diabetes only to be told that your regular prescription is no longer covered and the pharmacist will need to call the doctor’s office to find a substitute. This is non-medical switching.

When forced to change treatment for no medical reason, previously controlled chronic conditions often destabilize: meaning that they become more vulnerable to whatever disease is ailing them. For many diseases such as Crohn’s, autoimmune diseases, or even mental health disorders, changes to prescribed treatments can cause flare-ups and even threaten the life of a patient. People are unique and for most chronic conditions, there is no magic medication that works for everyone. I can not tell you how many children I have admitted to the hospital unable to breath with their asthma flaring, and they weren’t able to take their controller inhaler because it was no longer on their formulary.

People who must change their medicine because of a decision by an insurance company rather than their doctor are much more likely to have complications including hospitalizations, medication reactions, and difficulty getting or taking their medications. It is much more expensive to pay for a hospitalization than a medication on which the patient has been stable. It is even more costly to deal with the long-term complications on health, which inevitably will follow poorly controlled chronic disease. However, we have provisions in the bill that would account for unforeseen financial circumstances. This bill does not prohibit an insurer from

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changing to a generic form of the drug should one become available during the plan year. Similarly, this bill does not prohibit coverage adjustments if the price of the medication increases by more than 5% over the rate of inflation

When people choose an insurance plan they are entering into a contract with an insurer. Someone may choose a specific health plan because it covers the medication needed to treat their disease. When the insurer later changes to cover a cheaper option, this is like a breach of contract, except that the patient has no legal recourse. This bill says that an insurer can't change the terms of the contract in the middle of the contract period. When the contract expires, drug coverage can be renegotiated and patients can make informed decisions about their health care plan.

Health insurers focus on the short-term costs to their bottom line – costs incurred during the potentially limited period of coverage that is tied to a specific employment. However, it is our job as State Senators to look at the bigger picture of health care costs and outcomes across the lifetime of all Ohioans. States like Texas, Iowa, Florida, and more have all passed legislation to address non-medical switching. This means minimizing the administrative burdens that do not add value and making sure people can securely access their needed medication, without fear that the coverage they signed up for was just the bait, and a harmful switch could be coming. Thank you for your attention and I am happy to answer any questions the committee may have.

