

As Introduced

136th General Assembly

Regular Session

2025-2026

H. B. No. 682

Representatives Craig, Manning

To enact section 3902.65 of the Revised Code to
prohibit certain insurance practices related to
physician-administered drugs for patients with
chronic, complex, rare, or life-threatening
medical conditions.

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

Section 1. That section 3902.65 of the Revised Code be
enacted to read as follows:

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Sec. 3902.65. (A) As used in this section:

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(1) "Administer" means to directly apply a drug to the
body of a patient by injection, inhalation, ingestion, or any
other means.

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(2) "Health care provider" means an individual who is
licensed, certified, or otherwise authorized to provide health
care services in this state.

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(3) "Independent hospital" means a hospital, or group of
hospitals, that files jointly one hospital financial statement
as required by section 5168.05 of the Revised Code, or if not
filing pursuant to that section, a similar financial statement,
and that has an annual patient service revenue derived in this
state of less than two billion dollars based on the financial

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statement. 21

(4) "Pharmacy" includes a pharmacy located in or 22
affiliated with an independent hospital. 23

(5) "Physician" means a person licensed under Chapter 24
4731. of the Revised Code to practice medicine or surgery or 25
osteopathic medicine and surgery. 26

(6) "Physician-administered drug" means a drug, other than 27
a vaccine, to which both of the following apply: 28

(a) The drug cannot reasonably be self-administered by the 29
patient to whom the drug is prescribed or by an individual 30
assisting the patient with the self-administration. 31

(b) The drug is typically administered by a physician or 32
other health care provider, including when acting under a 33
physician's delegation and supervision. 34

(7) "Specified location" means a physician's office or 35
independent hospital. "Specified location" does not include 36
either of the following: 37

(a) A hospital that is not an independent hospital; 38

(b) A hospital that is part of a group of hospitals that 39
are not independent hospitals. 40

(B) Notwithstanding section 3901.71 of the Revised Code, 41
but subject to division (C) of this section, a health benefit 42
plan issued, amended, or renewed on or after January 1, 2027, 43
shall not do any of the following with respect to physician- 44
administered drugs when the administration occurs on an 45
outpatient basis in a specified location: 46

(1) Require physician-administered drugs to be dispensed 47

only by certain pharmacies or only by pharmacies participating 48
in the health plan issuer's network; 49

(2) If a physician-administered drug is otherwise covered, 50
limit or exclude coverage for the drug based on the covered 51
person's choice of pharmacy or because the drug is not dispensed 52
by a pharmacy that participates in the health plan issuer's 53
network; 54

(3) Require a physician or other health care provider 55
participating in the health plan issuer's network to bill or be 56
reimbursed for the delivery and administration of physician- 57
administered drugs under the pharmacy benefit instead of the 58
medical benefit without both of the following: 59

(a) Informed consent from the covered person; 60

(b) A written attestation by the covered person's 61
physician or other health care provider that a delay in the 62
drug's administration will not place the covered person at an 63
increased health risk. 64

(4) Require that a covered person pay an additional fee or 65
impose increased cost-sharing requirements for physician- 66
administered drugs based on the covered person's choice of 67
pharmacy or because the drug was not dispensed by a pharmacy 68
that participates in the health plan issuer's network. 69

(C) This section applies only with respect to covered 70
persons with a chronic, complex, rare, or life-threatening 71
medical condition and whose physician or other health care 72
provider determines any of the following: 73

(1) A delay of care would make disease progression 74
probable. 75

(2) The use of a pharmacy within the health plan issuer's 76
network would make death or patient harm probable or potentially 77
cause a barrier to the covered person's compliance with the plan 78
of care. 79

(3) It is necessary to have the drug dispensed by a 80
different pharmacy based on the timeliness of the delivery or on 81
dosage requirements. 82

(D) Nothing in this section shall be construed to do 83
either of the following: 84

(1) Authorize a person to administer a drug when otherwise 85
prohibited under the laws of this state; 86

(2) Modify drug administration requirements under the laws 87
of this state, including any requirements related to delegation 88
and supervision of drug administration. 89