

As Introduced

136th General Assembly

Regular Session

H. B. No. 682

2025-2026

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
filings 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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<u>statement.</u>	21
<u>(4) "Pharmacy" includes a pharmacy located in or</u>	22
<u>affiliated with an independent hospital.</u>	23
<u>(5) "Physician" means a person licensed under Chapter</u>	24
<u>4731. of the Revised Code to practice medicine or surgery or</u>	25
<u>osteopathic medicine and surgery.</u>	26
<u>(6) "Physician-administered drug" means a drug, other than</u>	27
<u>a vaccine, to which both of the following apply:</u>	28
<u>(a) The drug cannot reasonably be self-administered by the</u>	29
<u>patient to whom the drug is prescribed or by an individual</u>	30
<u>assisting the patient with the self-administration.</u>	31
<u>(b) The drug is typically administered by a physician or</u>	32
<u>other health care provider, including when acting under a</u>	33
<u>physician's delegation and supervision.</u>	34
<u>(7) "Specified location" means a physician's office or</u>	35
<u>independent hospital. "Specified location" does not include</u>	36
<u>either of the following:</u>	37
<u>(a) A hospital that is not an independent hospital;</u>	38
<u>(b) A hospital that is part of a group of hospitals that</u>	39
<u>are not independent hospitals.</u>	40
<u>(B) Notwithstanding section 3901.71 of the Revised Code,</u>	41
<u>but subject to division (C) of this section, a health benefit</u>	42
<u>plan issued, amended, or renewed on or after January 1, 2027,</u>	43
<u>shall not do any of the following with respect to physician-</u>	44
<u>administered drugs when the administration occurs on an</u>	45
<u>outpatient basis in a specified location:</u>	46
<u>(1) Require physician-administered drugs to be dispensed</u>	47

<u>only by certain pharmacies or only by pharmacies participating</u>	48
<u>in the health plan issuer's network;</u>	49
<u>(2) If a physician-administered drug is otherwise covered,</u>	50
<u>limit or exclude coverage for the drug based on the covered</u>	51
<u>person's choice of pharmacy or because the drug is not dispensed</u>	52
<u>by a pharmacy that participates in the health plan issuer's</u>	53
<u>network;</u>	54
<u>(3) Require a physician or other health care provider</u>	55
<u>participating in the health plan issuer's network to bill or be</u>	56
<u>reimbursed for the delivery and administration of physician-</u>	57
<u>administered drugs under the pharmacy benefit instead of the</u>	58
<u>medical benefit without both of the following:</u>	59
<u>(a) Informed consent from the covered person;</u>	60
<u>(b) A written attestation by the covered person's</u>	61
<u>physician or other health care provider that a delay in the</u>	62
<u>drug's administration will not place the covered person at an</u>	63
<u>increased health risk.</u>	64
<u>(4) Require that a covered person pay an additional fee or</u>	65
<u>impose increased cost-sharing requirements for physician-</u>	66
<u>administered drugs based on the covered person's choice of</u>	67
<u>pharmacy or because the drug was not dispensed by a pharmacy</u>	68
<u>that participates in the health plan issuer's network.</u>	69
<u>(C) This section applies only with respect to covered</u>	70
<u>persons with a chronic, complex, rare, or life-threatening</u>	71
<u>medical condition and whose physician or other health care</u>	72
<u>provider determines any of the following:</u>	73
<u>(1) A delay of care would make disease progression</u>	74
<u>probable.</u>	75

<u>(2) The use of a pharmacy within the health plan issuer's network would make death or patient harm probable or potentially cause a barrier to the covered person's compliance with the plan of care.</u>	76
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<u>(3) It is necessary to have the drug dispensed by a different pharmacy based on the timeliness of the delivery or on dosage requirements.</u>	80
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<u>(D) Nothing in this section shall be construed to do either of the following:</u>	83
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<u>(1) Authorize a person to administer a drug when otherwise prohibited under the laws of this state;</u>	85
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<u>(2) Modify drug administration requirements under the laws of this state, including any requirements related to delegation and supervision of drug administration.</u>	87
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