

As Introduced

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Representative Brown

**Cosponsors: Representatives Lepore-Hagan, Sheehy, Skindell, Weinstein,
Galonski, Miller, A., West, O'Brien, Smith, M., Dean, Crossman, Ingram**

A BILL

To amend sections 3902.50, 3902.60, 3902.70, and 1
5167.12 and to enact sections 3902.80, 4729.362, 2
and 5164.092 of the Revised Code regarding 3
prescription drug readers for visually impaired 4
patients. 5

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

Section 1. That sections 3902.50, 3902.60, 3902.70, and 6
5167.12 be amended and sections 3902.80, 4729.362, and 5164.092 7
of the Revised Code be enacted to read as follows: 8

Sec. 3902.50. As used in sections 3902.50 to ~~3902.54~~ 9
3902.80 of the Revised Code: 10

(A) "Ambulance" has the same meaning as in section 4765.01 11
of the Revised Code. 12

(B) "Clinical laboratory services" has the same meaning as 13
in section 4731.65 of the Revised Code. 14

(C) "Cost sharing" means the cost to a covered person 15
under a health benefit plan according to any copayment, 16

coinsurance, deductible, or other out-of-pocket expense 17
requirement. 18

(D) "Covered person," "health benefit plan," "health care 19
services," and "health plan issuer" have the same meanings as in 20
section 3922.01 of the Revised Code. 21

(E) "Emergency facility" has the same meaning as in 22
section 3701.74 of the Revised Code. 23

(F) "Emergency services" means all of the following as 24
described in 42 U.S.C. 1395dd: 25

(1) Medical screening examinations undertaken to determine 26
whether an emergency medical condition exists; 27

(2) Treatment necessary to stabilize an emergency medical 28
condition; 29

(3) Appropriate transfers undertaken prior to an emergency 30
medical condition being stabilized. 31

(G) "Unanticipated out-of-network care" means health care 32
services, including clinical laboratory services, that are 33
covered under a health benefit plan and that are provided by an 34
out-of-network provider when either of the following conditions 35
applies: 36

(1) The covered person did not have the ability to request 37
such services from an in-network provider. 38

(2) The services provided were emergency services. 39

Sec. 3902.60. As used in sections 3902.60 and 3902.61 of 40
the Revised Code: 41

(A) "Associated conditions" means the symptoms or side 42
effects of stage four advanced metastatic cancer, or the 43

treatment thereof, which would, in the judgment of the health care practitioner in question, jeopardize the health of a covered individual if left untreated.

~~(B) "Covered person," "health benefit plan," and "health plan issuer" have the same meanings as in section 3922.01 of the Revised Code.~~

~~(C) "Stage four advanced metastatic cancer" means a cancer that has spread from the primary or original site of the cancer to nearby tissues, lymph nodes, or other areas or parts of the body.~~

Sec. 3902.70. As used in this section and section 3902.71 of the Revised Code:

(A) "340B covered entity" and "third-party administrator" have the same meanings as in section 5167.01 of the Revised Code.

~~(B) "Health plan issuer" has the same meaning as in section 3922.01 of the Revised Code.~~

~~(C) "Terminal distributor of dangerous drugs" has the same meaning as in section 4729.01 of the Revised Code.~~

Sec. 3902.80. (A) Notwithstanding section 3901.71 of the Revised Code, a health benefit plan shall provide coverage for prescription readers provided by a licensed terminal distributor of dangerous drugs pursuant to section 4729.362 of the Revised Code.

(B) As used in this section, "prescription reader" has the same meaning as in section 4729.362 of the Revised Code.

Sec. 4729.362. (A) (1) Except as provided in division (B) of this section, prior to selling a dangerous drug at retail, a

licensed terminal distributor of dangerous drugs shall provide 72
notice, in the manner specified in division (A) (2) of this 73
section, that a prescription reader can be made available. If 74
the person purchasing the drug requests a prescription reader, 75
the terminal distributor shall provide a prescription reader for 76
at least the duration of the prescription. 77

(2) A licensed terminal distributor shall provide the 78
notice required by division (A) (1) of this section as follows: 79

(a) For in-person transactions, the notice shall be 80
provided to the purchaser of the drug if the licensed terminal 81
distributor has reason to believe that the purchaser is blind or 82
visually impaired or is purchasing the drug on behalf of a 83
patient who is blind or visually impaired. 84

(b) For transactions in which the drug will be delivered 85
to a patient by mail, parcel post, or common carrier, the notice 86
shall be provided to the person purchasing the drug. 87

(B) This section does not apply in either of the following 88
circumstances: 89

(1) When the drug is personally furnished by a licensed 90
health professional authorized to prescribe drugs; 91

(2) When the licensed terminal distributor dispensing the 92
drug is any of the following: 93

(a) An institutional pharmacy; 94

(b) A pharmacy participating in the drug repository 95
program pursuant to section 3715.871 of the Revised Code, but 96
only if the drug being dispensed was donated or given under the 97
program; 98

(c) A pharmacy in a jail, state correctional institution, 99

<u>federal correctional facility or complex, or juvenile detention</u>	100
<u>facility;</u>	101
<u>(d) A pharmacy operated by a government entity.</u>	102
<u>(C) This section does not affect any law relative to</u>	103
<u>labeling requirements for drugs.</u>	104
<u>(D) As used in this section:</u>	105
<u>(1) "Dangerous drug" has the same meaning as set forth in</u>	106
<u>division (F) of section 4729.01 of the Revised Code.</u>	107
<u>(2) "Institutional pharmacy" means a pharmacy that is part</u>	108
<u>of or is operated in conjunction with any of the following</u>	109
<u>health care facilities: an ambulatory surgical facility, nursing</u>	110
<u>home, residential care facility, freestanding rehabilitation</u>	111
<u>facility, hospice care program, home and community-based</u>	112
<u>services provider, or residential facility for individuals with</u>	113
<u>mental illness or developmental disabilities. "Institutional</u>	114
<u>pharmacy" includes both of the following:</u>	115
<u>(a) A pharmacy on the premises of a health care facility</u>	116
<u>identified in division (D) (2) of this section that provides a</u>	117
<u>system of distributing and supplying medication to the facility</u>	118
<u>or its patients, whether or not operated by the facility;</u>	119
<u>(b) A pharmacy off the premises of a health care facility</u>	120
<u>identified in division (D) (2) of this section that provides</u>	121
<u>services only to patients of one or more health care facilities.</u>	122
<u>(3) "Terminal distributor of dangerous drugs" has the same</u>	123
<u>meaning as set forth in division (Q) of section 4729.01 of the</u>	124
<u>Revised Code, and specifically includes retail pharmacies, as</u>	125
<u>well as mail-order or other pharmacies that deliver dangerous</u>	126
<u>drugs by mail, parcel post, or common carrier.</u>	127

(4) "Prescription reader" means a device that audibly conveys the information that is required by law or rule to be contained on a label affixed to the container in which a dangerous drug is dispensed for a patient who is visually impaired or otherwise would have difficulty reading the label. The information to be audibly conveyed shall include any cautions that may be required by federal and state law and any information regarding drug interactions, contraindications, and side effects that are also provided to sighted patients and patients who have no difficulty reading the label.

Sec. 5164.092. (A) The medicaid program shall cover prescription readers provided by a licensed terminal distributor of dangerous drugs pursuant to section 4729.49 of the Revised Code.

(B) As used in this section, "prescription reader" has the same meaning as in section 4729.362 of the Revised Code.

Sec. 5167.12. If prescribed drugs are included in the care management system:

(A) Medicaid MCO plans may include strategies for the management of drug utilization, but any such strategies are subject to the limitations and requirements of this section and the approval of the department of medicaid.

(B) A medicaid MCO plan shall not impose a prior authorization requirement in the case of a drug to which all of the following apply:

(1) The drug is an antidepressant or antipsychotic.

(2) The drug is administered or dispensed in a standard tablet or capsule form, except that in the case of an antipsychotic, the drug also may be administered or dispensed in

a long-acting injectable form.	157
(3) The drug is prescribed by any of the following:	158
(a) A physician whom the medicaid managed care organization that offers the plan allows to provide care as a psychiatrist through its credentialing process;	159 160 161
(b) A psychiatrist who is practicing at a location on behalf of a community mental health services provider whose mental health services are certified by the department of mental health and addiction services under section 5119.36 of the Revised Code;	162 163 164 165 166
(c) A certified nurse practitioner, as defined in section 4723.01 of the Revised Code, who is certified in psychiatric mental health by a national certifying organization approved by the board of nursing under section 4723.46 of the Revised Code;	167 168 169 170
(d) A clinical nurse specialist, as defined in section 4723.01 of the Revised Code, who is certified in psychiatric mental health by a national certifying organization approved by the board of nursing under section 4723.46 of the Revised Code.	171 172 173 174
(4) The drug is prescribed for a use that is indicated on the drug's labeling, as approved by the federal food and drug administration.	175 176 177
(C) The department shall authorize a medicaid MCO plan to include a pharmacy utilization management program under which prior authorization through the program is established as a condition of obtaining a controlled substance pursuant to a prescription.	178 179 180 181 182
(D) Each medicaid managed care organization and medicaid MCO plan shall comply with sections 5164.091, <u>5164.092</u> , 5164.10,	183 184

5164.7511, 5164.7512, and 5164.7514 of the Revised Code as if 185
the organization were the department and the plan were the 186
medicaid program. 187

Section 2. That existing sections 3902.50, 3902.60, 188
3902.70, and 5167.12 of the Revised Code are hereby repealed. 189

Section 3. Section 3902.80 of the Revised Code, as enacted 190
by this act, applies only to health benefit plans, as defined in 191
section 3922.01 of the Revised Code, delivered, issued for 192
delivery, modified, or renewed in this state on or after the 193
effective date of this section. 194