

As Introduced

134th General Assembly

Regular Session

2021-2022

H. B. No. 451

Representatives Manning, Oelslager

A BILL

To amend sections 3902.50, 3902.60, and 3902.70 and 1
to enact section 3902.72 of the Revised Code to 2
amend the law related to physician-administered 3
drugs. 4

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

Section 1. That sections 3902.50, 3902.60, and 3902.70 be 5
amended and section 3902.72 of the Revised Code be enacted to 6
read as follows: 7

Sec. 3902.50. As used in sections 3902.50 to ~~3902.54~~ 8
3902.72 of the Revised Code: 9

(A) "Ambulance" has the same meaning as in section 4765.01 10
of the Revised Code. 11

(B) "Clinical laboratory services" has the same meaning as 12
in section 4731.65 of the Revised Code. 13

(C) "Cost sharing" means the cost to a covered person 14
under a health benefit plan according to any copayment, 15
coinsurance, deductible, or other out-of-pocket expense 16
requirement. 17

(D) "Covered person," ~~"health benefit plan,"~~ "health care 18

services," and "health plan issuer" have the same meanings as in 19
section 3922.01 of the Revised Code. 20

(E) "Emergency facility" has the same meaning as in 21
section 3701.74 of the Revised Code. 22

(F) "Emergency services" means all of the following as 23
described in 42 U.S.C. 1395dd: 24

(1) Medical screening examinations undertaken to determine 25
whether an emergency medical condition exists; 26

(2) Treatment necessary to stabilize an emergency medical 27
condition; 28

(3) Appropriate transfers undertaken prior to an emergency 29
medical condition being stabilized. 30

(G) Except as provided in section 3902.72 of the Revised 31
Code, "health benefit plan" has the same meaning as in section 32
3922.01 of the Revised Code. 33

(H) "Unanticipated out-of-network care" means health care 34
services, including clinical laboratory services, that are 35
covered under a health benefit plan and that are provided by an 36
out-of-network provider when either of the following conditions 37
applies: 38

(1) The covered person did not have the ability to request 39
such services from an in-network provider. 40

(2) The services provided were emergency services. 41

Sec. 3902.60. As used in sections 3902.60 and 3902.61 of 42
the Revised Code: 43

(A) "Associated conditions" means the symptoms or side 44
effects of stage four advanced metastatic cancer, or the 45

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. 3902.72. (A) As used in this section:

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

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

manager. 74

(3) "Pharmacy" has the same meaning as in section 4729.01 75
of the Revised Code. 76

(4) "Pharmacy benefits manager" means any person or entity 77
that, pursuant to a contract or other relationship with an 78
insurer, managed care organization, employer, or other third 79
party, either directly or through an intermediary, manages the 80
prescription drug benefit provided by the insurer, managed care 81
organization, employer, or third party in the performance of any 82
other duty directly or indirectly related to the processing or 83
payment of claims for covered prescription drugs. 84

(5) "Physician-administered drug or medication" means an 85
outpatient drug, other than a vaccine, that cannot reasonably be 86
self-administered by the patient to whom the drug is prescribed, 87
or by an individual assisting the patient with the self- 88
administration, and that is typically administered by a health 89
care provider in a physician's office, hospital outpatient 90
infusion center, or other outpatient clinical setting. 91

(B) A health benefit plan issued, amended, or renewed on 92
or after the effective date of this section, shall not do any of 93
the following: 94

(1) Require that physician-administered drugs or 95
medications be dispensed by a pharmacy or affiliated pharmacy as 96
a condition of coverage; 97

(2) Limit or exclude coverage for such a physician- 98
administered drug or medication when it is not dispensed by a 99
pharmacy or affiliated pharmacy, if the drug is otherwise 100
covered under the health benefit plan or pharmacy benefit plan; 101

(3) Cover the drug or medication at a different benefits 102

tier or with cost-sharing requirements that impose greater 103
expense for a covered individual if it is dispensed or 104
administered at the physician's office, hospital outpatient 105
infusion center, or other outpatient clinical setting rather 106
than a pharmacy. 107

Section 2. That existing sections 3902.50, 3902.60, and 108
3902.70 of the Revised Code are hereby repealed. 109