

As Introduced

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H. B. No. 291

Representatives Liston, Carruthers

Cosponsors: Representatives Galonski, McNally, Russo, Robb Blasdel, Baker,
Troy, Brennan, Brown, Ray, Hillyer

A BILL

To enact section 3902.63 of the Revised Code 1
regarding prescription drugs and medication 2
switching. 3

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

Section 1. That section 3902.63 of the Revised Code be 4
enacted to read as follows: 5

Sec. 3902.63. (A) As used in this section, 6
"interchangeable biological product" and "generically equivalent 7
drug" have the same meanings as in section 3715.01 of the 8
Revised Code. 9

(B) Notwithstanding section 3901.71 of the Revised Code, 10
with regard to health benefit plans amended, issued, or renewed 11
on or after the effective date of this section, a health plan 12
issuer shall not do any of the following during a plan year: 13

(1) Increase a covered person's burden of cost-sharing 14
with respect to a drug; 15

(2) Move a drug to a more restrictive tier of a health 16

<u>benefit plan's formulary;</u>	17
<u>(3) Remove a drug from a health benefit plan's formulary</u>	18
<u>unless one of the following occurred:</u>	19
<u>(a) The United States food and drug administration issued</u>	20
<u>a statement about the drug calling into question the clinical</u>	21
<u>safety of the drug.</u>	22
<u>(b) The drug manufacturer notified the United States food</u>	23
<u>and drug administration of a permanent discontinuance or</u>	24
<u>interruption of the manufacture of the drug as required by 21</u>	25
<u>U.S.C. 356c.</u>	26
<u>(c) The drug manufacturer has removed the drug from sale</u>	27
<u>in the United States.</u>	28
<u>(4) Limit or reduce coverage of a drug with respect to a</u>	29
<u>covered person in any other way, including subjecting it to a</u>	30
<u>prior authorization requirement.</u>	31
<u>(C) This section shall not be construed to do any of the</u>	32
<u>following:</u>	33
<u>(1) Prevent a health plan issuer from adding a drug to its</u>	34
<u>formulary;</u>	35
<u>(2) Prevent a health plan issuer from removing a drug from</u>	36
<u>its formulary if the drug manufacturer has removed the drug from</u>	37
<u>sale in the United States;</u>	38
<u>(3) Prevent a health care provider from prescribing</u>	39
<u>another drug covered by the health benefit plan that the</u>	40
<u>provider considers medically appropriate for the covered person;</u>	41
<u>(4) In the case of a prescribed drug for which a</u>	42
<u>generically equivalent drug or interchangeable biological</u>	43

<u>product is available, prevent any of the following:</u>	44
<u>(a) A pharmacist from substituting the generically</u>	45
<u>equivalent drug or interchangeable biological product for the</u>	46
<u>prescribed drug in accordance with section 4729.38 of the</u>	47
<u>Revised Code;</u>	48
<u>(b) A health plan issuer from requiring a covered person</u>	49
<u>to use the generically equivalent drug or interchangeable</u>	50
<u>biological product instead of the prescribed drug, even when the</u>	51
<u>equivalent or product becomes available during a plan year;</u>	52
<u>(c) A covered person from using the generically equivalent</u>	53
<u>drug or interchangeable drug product instead of the prescribed</u>	54
<u>drug, even when the equivalent or product becomes available</u>	55
<u>during a plan year.</u>	56
<u>(5) Prevent a pharmacist from substituting for a</u>	57
<u>prescribed epinephrine autoinjector another epinephrine</u>	58
<u>autoinjector pursuant to section 4729.382 of the Revised Code.</u>	59
<u>(D) A violation of this section shall be considered an</u>	60
<u>unfair and deceptive practice in the business of insurance for</u>	61
<u>the purposes of section 3901.21 of the Revised Code.</u>	62