

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

federal correctional facility or complex, or juvenile detention 100
facility; 101

(d) A pharmacy operated by a government entity. 102

(C) This section does not affect any law relative to 103
labeling requirements for drugs. 104

(D) As used in this section: 105

(1) "Dangerous drug" has the same meaning as set forth in 106
division (F) of section 4729.01 of the Revised Code. 107

(2) "Institutional pharmacy" means a pharmacy that is part 108
of or is operated in conjunction with any of the following 109
health care facilities: an ambulatory surgical facility, nursing 110
home, residential care facility, freestanding rehabilitation 111
facility, hospice care program, home and community-based 112
services provider, or residential facility for individuals with 113
mental illness or developmental disabilities. "Institutional 114
pharmacy" includes both of the following: 115

(a) A pharmacy on the premises of a health care facility 116
identified in division (D) (2) of this section that provides a 117
system of distributing and supplying medication to the facility 118
or its patients, whether or not operated by the facility; 119

(b) A pharmacy off the premises of a health care facility 120
identified in division (D) (2) of this section that provides 121
services only to patients of one or more health care facilities. 122

(3) "Terminal distributor of dangerous drugs" has the same 123
meaning as set forth in division (Q) of section 4729.01 of the 124
Revised Code, and specifically includes retail pharmacies, as 125
well as mail-order or other pharmacies that deliver dangerous 126
drugs by mail, parcel post, or common carrier. 127

(4) "Prescription reader" means a device that audibly 128
conveys the information that is required by law or rule to be 129
contained on a label affixed to the container in which a 130
dangerous drug is dispensed for a patient who is visually 131
impaired or otherwise would have difficulty reading the label. 132
The information to be audibly conveyed shall include any 133
cautions that may be required by federal and state law and any 134
information regarding drug interactions, contraindications, and 135
side effects that are also provided to sighted patients and 136
patients who have no difficulty reading the label. 137

Sec. 5164.092. (A) The medicaid program shall cover 138
prescription readers provided by a licensed terminal distributor 139
of dangerous drugs pursuant to section 4729.49 of the Revised 140
Code. 141

(B) As used in this section, "prescription reader" has the 142
same meaning as in section 4729.362 of the Revised Code. 143

Sec. 5167.12. If prescribed drugs are included in the care 144
management system: 145

(A) Medicaid MCO plans may include strategies for the 146
management of drug utilization, but any such strategies are 147
subject to the limitations and requirements of this section and 148
the approval of the department of medicaid. 149

(B) A medicaid MCO plan shall not impose a prior 150
authorization requirement in the case of a drug to which all of 151
the following apply: 152

(1) The drug is an antidepressant or antipsychotic. 153

(2) The drug is administered or dispensed in a standard 154
tablet or capsule form, except that in the case of an 155
antipsychotic, the drug also may be administered or dispensed in 156

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 159
organization that offers the plan allows to provide care as a 160
psychiatrist through its credentialing process; 161

(b) A psychiatrist who is practicing at a location on 162
behalf of a community mental health services provider whose 163
mental health services are certified by the department of mental 164
health and addiction services under section 5119.36 of the 165
Revised Code; 166

(c) A certified nurse practitioner, as defined in section 167
4723.01 of the Revised Code, who is certified in psychiatric 168
mental health by a national certifying organization approved by 169
the board of nursing under section 4723.46 of the Revised Code; 170

(d) A clinical nurse specialist, as defined in section 171
4723.01 of the Revised Code, who is certified in psychiatric 172
mental health by a national certifying organization approved by 173
the board of nursing under section 4723.46 of the Revised Code. 174

(4) The drug is prescribed for a use that is indicated on 175
the drug's labeling, as approved by the federal food and drug 176
administration. 177

(C) The department shall authorize a medicaid MCO plan to 178
include a pharmacy utilization management program under which 179
prior authorization through the program is established as a 180
condition of obtaining a controlled substance pursuant to a 181
prescription. 182

(D) Each medicaid managed care organization and medicaid 183
MCO plan shall comply with sections 5164.091, 5164.092, 5164.10, 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