

As Introduced

132nd General Assembly

Regular Session

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H. B. No. 465

Representatives Lipps, Koehler

**Cosponsors: Representatives Hambley, Thompson, Riedel, Vitale, Smith, R.,
Retherford, Hill, Johnson, Roegner, Scherer, Becker, DeVitis, Butler, Perales**

A BILL

To amend sections 4121.50, 4729.20, and 5167.12; to 1
amend, for the purpose of adopting a new section 2
number as indicated in parentheses, section 3
5167.12 (5164.092); to enact section 5167.05; 4
and to repeal section 5167.13 of the Revised 5
Code to provide for the prescribed drugs benefit 6
to be delivered under the Medicaid program 7
through the fee-for-service system. 8

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

Section 1. That sections 4121.50, 4729.20, and 5167.12 be 9
amended; section 5167.12 (5164.092) be amended for the purpose 10
of adopting a new section number as indicated in parentheses; 11
and section 5167.05 of the Revised Code be enacted to read as 12
follows: 13

Sec. 4121.50. Not later than July 1, 2012, the 14
administrator of workers' compensation shall adopt rules in 15
accordance with Chapter 119. of the Revised Code to implement a 16
coordinated services program for claimants under this chapter or 17
Chapter 4123., 4127., or 4131. of the Revised Code who are found 18

to have obtained prescription drugs that were reimbursed 19
pursuant to an order of the administrator or of the industrial 20
commission or by a self-insuring employer but were obtained at a 21
frequency or in an amount that is not medically necessary. The 22
program shall be implemented in a manner that is substantially 23
similar to the coordinated services programs established for the 24
medicaid program under ~~sections~~ section 5164.758 and 5167.13 of 25
the Revised Code. 26

Sec. 4729.20. As used in this section, "medication 27
synchronization" means a pharmacy service that synchronizes the 28
filling or refilling of prescriptions in a manner that allows 29
the dispensed drugs to be obtained on the same date each month. 30

A pharmacist may dispense a drug in a manner that varies 31
from the prescription for the drug by dispensing a quantity or 32
amount of the drug that is less than a thirty-day supply, if the 33
pharmacist's action is taken solely for the purpose of 34
medication synchronization pursuant to section 1751.68, 35
3923.602, or 5164.7511, ~~or 5167.12~~ of the Revised Code. 36

Sec. 5167.12 5164.092. ~~(A) When contracting under section~~ 37
~~5167.10 of the Revised Code with a managed care organization~~ 38
~~that is a health insuring corporation, the department of~~ 39
~~medicaid shall require the health insuring corporation to~~ 40
~~provide coverage of prescribed drugs for medicaid recipients~~ 41
~~enrolled in the health insuring corporation. In providing the~~ 42
~~required coverage, the health insuring corporation may use~~ 43
~~strategies for the management of drug utilization, but any such~~ 44
~~strategies are subject to divisions (B) and (E) of this section~~ 45
~~and the department's approval.~~ 46

~~(B) The department medicaid program shall not permit a~~ 47
~~health insuring corporation to impose a prior authorization~~ 48

requirement in the case of a prescribed drug to which all of the 49
following apply: 50

~~(1)~~ ~~(A)~~ The drug is an antidepressant or antipsychotic. 51

~~(2)~~ ~~(B)~~ The drug is administered or dispensed in a 52
standard tablet or capsule form, except that in the case of an 53
antipsychotic, the drug also may be administered or dispensed in 54
a long-acting injectable form. 55

~~(3)~~ ~~(C)~~ The drug is prescribed by any of the following: 56

~~(a)~~ ~~(1)~~ ~~A physician who is allowed by the health insuring-~~ 57
~~corporation to provide care as a psychiatrist through its~~ 58
~~credentialing process, as described in division (C) of section~~ 59
~~5167.10 of the Revised Code with a valid provider agreement;~~ 60

~~(b)~~ ~~(2)~~ A psychiatrist who is practicing at a location on 61
behalf of a community mental health services provider, as 62
defined in section 5119.01 of the Revised Code, whose mental 63
health services are certified by the department of mental health 64
and addiction services under section 5119.36 of the Revised 65
Code; 66

~~(c)~~ ~~(3)~~ A certified nurse practitioner, as defined in 67
section 4723.01 of the Revised Code, who is certified in 68
psychiatric mental health by a national certifying organization 69
approved by the board of nursing under section 4723.46 of the 70
Revised Code; 71

~~(d)~~ ~~(4)~~ A clinical nurse specialist, as defined in section 72
4723.01 of the Revised Code, who is certified in psychiatric 73
mental health by a national certifying organization approved by 74
the board of nursing under section 4723.46 of the Revised Code. 75

~~(4)~~ ~~(5)~~ The drug is prescribed for a use that is indicated 76

on the drug's labeling, as approved by the federal food and drug administration. 77
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~~(C) Subject to division (E) of this section, the department shall authorize a health insuring corporation to develop and implement 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.~~ 79
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~~(D) The department shall require a health insuring corporation to comply with section 5164.7511 of the Revised Code with respect to medication synchronization.~~ 85
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~~(E) The department shall require a health insuring corporation to comply with section 5164.091 of the Revised Code as if the health insuring corporation were the department.~~ 88
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Sec. 5167.05. Prescribed drugs shall not be included in the care management system established under section 5167.03 of the Revised Code. The department of medicaid may permit medicaid managed care organizations to develop and implement medication therapy management programs, including medication reconciliation programs, for medicaid recipients participating in the care management system, but payments for medicaid-covered prescribed drugs and dispensing fees for terminal distributors of dangerous drugs shall be made under the fee-for-service component of the medicaid program. 91
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Section 2. That existing sections 4121.50, 4729.20, and 5167.12 and section 5167.13 of the Revised Code are hereby repealed. 101
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