



# OHIO LEGISLATIVE SERVICE COMMISSION

---

## Bill Analysis

Nick Thomas

### **Am. S.B. 265\***

132nd General Assembly

(As Reported by S. Insurance and Financial Institutions)

Sen. Dolan

---

### **BILL SUMMARY**

- Authorizes health plan issuers to pay or reimburse pharmacists for all health services that a pharmacist is legally authorized to provide and that are covered by the health benefit plan.
  - Explicitly authorizes pharmacists to provide certain types of services.
  - Explicitly authorizes health insuring corporations, health care practitioners, and organized health care groups to hire pharmacists.
  - Allows pharmacists to enter into contracts with contracting entities under the Health Care Contract Law.
- 

### **CONTENT AND OPERATION**

#### **Reimbursement for covered services**

The bill explicitly authorizes a health plan issuer to pay or reimburse a pharmacist for providing health care services if the pharmacist is legally authorized to provide the service and if the patient in question's health benefit plan covers the service. The bill specifically authorizes payment for the following services that continuing law authorizes a pharmacist to perform:

- Managing drug therapy under a consult agreement with a physician;

---

\* This analysis was prepared before the report of the Senate Insurance and Financial Institutions Committee appeared in the Senate Journal. Note that the list of co-sponsors and the legislative history may be incomplete.

- Administering immunizations;
- Administering the following injectable drugs:
  - An opioid antagonist used for treatment of drug addiction in a long-acting form;
  - An antipsychotic drug in a long-acting form;
  - Hydroxyprogesterone caproate;
  - Medroxyprogesterone acetate;
  - Cobalamin.

This authorization applies to health insuring corporations, sickness and accident insurers, public employee benefit plans, multiple employer welfare arrangements, and the Department of Medicaid.<sup>1,2</sup>

These provisions apply to non-Medicaid health benefit plans that are delivered, issued for delivery, or renewed in Ohio on or after the bill's effective date.<sup>3</sup>

### **Pharmacist services**

The bill explicitly authorizes pharmacists to provide the following types of services:

- Preventative medical services and counseling on health matters provided at a multi-purpose senior center;<sup>4</sup>
- Necessary care in a jail or state correctional institution;<sup>5</sup>
- Services provided in an ambulatory surgical facility for which an ambulatory surgical facility fee may be charged;<sup>6</sup>

---

<sup>1</sup> R.C. 1739.05, 1751.91, 3923.89, 5167.14, and 5167.121; R.C. 4729.39, 4729.41, and 4729.45, not in the bill.

<sup>2</sup> See **Comment**.

<sup>3</sup> Section 3.

<sup>4</sup> R.C. 173.12(A)(1).

<sup>5</sup> R.C. 341.192(A)(2).

<sup>6</sup> R.C. 3702.30(A)(2)(c).

- Hospice services as a part of a hospice care program;<sup>7</sup>
- Pediatric respite services as a part of a pediatric respite care program.<sup>8</sup>

## Hiring pharmacists

The bill authorizes pharmacists to be hired by certain entities. Current law states that nothing in the Health Insuring Corporation Law is to be construed as prohibiting a health insuring corporation, health care practitioner, or organized health care group associated with a health insuring corporation from hiring certain medical providers, including nurses, physicians assistants, and dietitians. The bill adds pharmacists to that list of personnel that those entities may hire.<sup>9</sup>

These provisions apply to health benefit plans that are delivered, issued for delivery, or renewed in Ohio on or after the bill's effective date.<sup>10</sup>

## Contracting entities under the Health Care Contract Law

The bill includes pharmacists in the definition of "provider" for the purposes of contracting entities and health care contracts. Contracting entities are entities that pool a group of health care providers for the purpose of contracting with a health plan issuer for the provision of health care services. In other words, contracting entities gather groups of health care providers and bring those providers to health plan issuers for the purpose of forming the plan issuer's network.<sup>11</sup>

This provision applies to health care contracts that are entered into, materially amended, or renewed on or after the bill's effective date.<sup>12</sup>

---

## COMMENT

With respect to Medicaid coverage of pharmacist services, the bill does not include changes to existing law that establish the reimbursement formulas used for making payments to nursing facilities and intermediate care facilities for individuals

---

<sup>7</sup> R.C. 3712.06(H).

<sup>8</sup> R.C. 3712.061(B).

<sup>9</sup> R.C. 1751.01(Y).

<sup>10</sup> Section 3.

<sup>11</sup> R.C. 3963.01(C) and (P).

<sup>12</sup> Section 3.



with intellectual disabilities (ICFs/IID) (see R.C. Chapter 5124. for ICFs/IID and R.C. Chapter 5165. for nursing facilities). If pharmacist services were added to any component of those formulas, it could have the result of mandating Medicaid coverage of the services, which would conflict with other portions of the bill that make Medicaid coverage optional. Although the bill does not add pharmacist services to the Medicaid reimbursement formulas for nursing facilities and ICFs/IID, the formulas currently account for costs associated with "pharmacy consultations." This term is not defined by current law, but it is possible that it encompasses all or part of the pharmacist services addressed by S.B. 265.

---

## HISTORY

ACTION	DATE
Introduced	02-22-18
Reported, S. Insurance and Financial Institutions	---

