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OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research
and Drafting

Legislative Budget
Office

H.B. 448
134th General Assembly

Bill Analysis

Version: As Introduced

Primary Sponsor: Rep. Brown

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SUMMARY

- Requires a licensed terminal distributor of dangerous drugs, such as a pharmacy, to notify a purchaser of a prescription drug at retail of the availability of a prescription drug reader and to make the reader available on request.
- Requires health benefit plans and Medicaid to cover prescription readers provided by a terminal distributor.

DETAILED ANALYSIS

Prescription drug readers

A “prescription reader” is a device that audibly conveys the information that is required to be included on a prescription label for a patient who is visually impaired or otherwise would have difficulty reading the label. The information to be audibly conveyed includes any cautions required by federal and state law, as well as information regarding drug interactions, contraindications, and side effects that are provided to sighted patients and patients who have no difficulty reading a label.¹

Terminal distributors

Prior to selling a prescription drug at retail, the bill requires a licensed terminal distributor of dangerous drugs, such as a pharmacy, to notify the person purchasing the drug that a prescription reader can be made available. The terminal distributor must provide the notice as follows:

¹ R.C. 4729.362(D)(4) and 5164.092(B).

- For in-person transactions, the notice must be provided if the terminal distributor has reason to believe that the purchaser is blind or visually impaired or is purchasing the drug on behalf of a patient who is blind or visually impaired.
- For transactions in which the drug will be delivered to a patient by mail, parcel post, or common carrier, the notice must be provided to the person purchasing the drug.²

If the person requests the reader, the terminal distributor must provide one for the duration of the prescription.³

The bill provides that its requirements do not apply when:

- A drug is personally furnished by a prescriber;
- The licensed terminal distributor dispensing the drug is any of the following: a pharmacy dispensing a drug as part of Ohio’s existing drug repository program; a pharmacy in a jail, state or federal correctional institution, or juvenile detention facility; a pharmacy operated by a government entity; or an institutional pharmacy.⁴

The bill defines “institutional pharmacy” as a pharmacy that is part of, or operated in conjunction with, any of the following health care facilities: an ambulatory surgical facility, nursing home, residential care facility, freestanding rehabilitation facility, hospice care program, home and community-based services provider, residential facility for individuals with mental illness or developmental disabilities. It specifically includes (1) a pharmacy on the premises of a health care facility that provides a system of distributing and supplying medication to the facility or its patients, whether or not operated by the facility, and (2) a pharmacy off the premises of a health care facility that provides services only to patients of one or more health care facilities.⁵

The bill specifies that it does not affect any law relative to labeling requirements for drugs.⁶ Existing federal and state laws and regulations address what must be included on prescription drug labels.⁷

Health benefit plans and Medicaid

The bill also requires health benefit plans, the Medicaid program, and each Medicaid managed care organization (MCO) and Medicaid MCO plan to cover prescription readers

² R.C. 4729.362(A)(2).

³ R.C. 4729.362(A)(1).

⁴ R.C. 4729.362(B).

⁵ R.C. 4729.362(D)(2).

⁶ R.C. 4729.362(C).

⁷ See, e.g., 21 Code of Federal Regulations Part 201; Ohio Administrative Code 4729-5-16.

provided by a licensed terminal distributor of dangerous drugs, such as a pharmacy, pursuant to **“Terminal distributors”** above.⁸

“Health benefit plan” means an agreement offered by a health plan issuer to provide or reimburse the costs of health care services. “Health benefit plan” also means a limited benefit plan, except for a policy that covers only accident, dental, disability income, long-term care, hospital indemnity, supplemental coverage, specified disease, vision care, and other specified types of coverage. “Health benefit plan” does not include a Medicare, Medicaid, or federal employee plan.⁹

“Health plan issuer” means an entity subject to Ohio insurance laws that provides or reimburses the costs of health care services under a health benefit plan. The term includes a sickness and accident insurance company, a health insuring corporation, a fraternal benefit society, a self-funded multiple employer welfare arrangement, a nonfederal government health plan, or a third-party administrator.¹⁰

HISTORY

Action	Date
Introduced	10-12-21

H0448-I-134/ts

⁸ R.C. 3902.80, 5164.092, and 5167.12(D).

⁹ R.C. 3902.50 and R.C. 3922.01, not in the bill.

¹⁰ R.C. 3902.50 and R.C. 3922.01, not in the bill.