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H.B. 451
134th General Assembly

Bill Analysis

Version: As Introduced

Primary Sponsors: Reps. Manning and Oelslager

Yosef Schiff, Attorney

SUMMARY

- Prohibits a health benefit plan from requiring that physician-administered drugs be dispensed by a pharmacy or affiliated pharmacy, limiting coverage when such drugs are not dispensed by a pharmacy or affiliated pharmacy, or covering such drugs with higher cost-sharing if dispensed in a setting other than a pharmacy.

DETAILED ANALYSIS

Prohibitions

The bill prohibits a health benefit plan from doing any of the following:

- Requiring that physician-administered drugs or medications be dispensed by a pharmacy or affiliated pharmacy as a condition of coverage;
- Limiting or excluding coverage for a physician-administered drug or medication when it is not dispensed by a pharmacy or affiliated pharmacy, if the drug is otherwise covered under the health benefit plan or pharmacy benefit plan; or
- Covering the drug or medication at a different benefits tier or with cost-sharing requirements that impose greater expense for a covered individual if it is dispensed or administered at the physician's office, hospital outpatient infusion center, or other outpatient clinical setting rather than a pharmacy.

Definitions

“**Affiliated pharmacy**” means a pharmacy that controls, is controlled by, or is under common control with a pharmacy benefits manager. Such control may be direct or indirect through one or more intermediaries.¹

¹ R.C. 3902.72.

“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. “Health benefit plan” includes any pharmacy or drug benefit plan managed or administered by a pharmacy benefits manager.²

“Pharmacy” means any area, room, rooms, place of business, department, or portion of any of those places where the practice of pharmacy is conducted.³

“Pharmacy benefits manager” means any person or entity that, pursuant to a contract or other relationship with an insurer, managed care organization, employer, or other third party, either directly or through an intermediary, manages the prescription drug benefit provided by the insurer, managed care organization, employer, or third party in the performance of any other duty directly or indirectly related to the processing or payment of claims for covered prescription drugs.⁴

“Physician-administered drug or medication” means an outpatient drug, other than a vaccine, that cannot reasonably be self-administered by the patient to whom the drug is prescribed, or by an individual assisting the patient with the self-administration, and that is typically administered by a health care provider in a physician’s office, hospital outpatient infusion center, or other outpatient clinical setting.⁵

HISTORY

Action	Date
Introduced	10-12-21

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² R.C. 3902.72; R.C. 3922.01, not in the bill.

³ R.C. 3902.72; R.C. 4729.01, not in the bill.

⁴ R.C. 3902.72.

⁵ R.C. 3902.72.