

## **Ohio Legislative Service Commission**

## **Sub. Bill Comparative Synopsis**

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## Sub. H.B. 116

131st General Assembly (H. Health & Aging)

This table summarizes how the latest substitute version of the bill differs from the immediately preceding version. It addresses only the topics on which the two versions differ substantively. It does not list topics on which the two bills are substantively the same.

Topic	Previous Version (As Introduced)	Sub. Version (LSC 131 0830-2)
Medication synchronization	Requires that certain health insurers and the Medicaid program provide coverage for medication synchronization, which allows dispensed drugs to be obtained on the same date each month.  (R.C. 1739.05, 1751.68, 3923.602, 5164.7511, and 5167.12.)	Same, but includes conforming changes to correspond with the provisions described below.
Conditions on private insurers and public employee benefit plans	Requires that an insurance policy, contract, agreement, or plan provide for medication synchronization if all of the following conditions are met:  (1) The policy, contract, agreement, or plan provides prescription drug coverage;  (2) A covered individual (the "insured"), a network pharmacist, and a provider agree that medication synchronization would be in the best interest of the insured;	Same, but includes as an additional condition that the insured elect to participate in medication synchronization.  (R.C. 1739.05, 1751.68(B), and 3923.602(B).)

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	(3) The drug is eligible for synchronization.  (R.C. 1739.05, 1751.68(B), and 3923.602(B).)	
Drugs eligible for synchronization	To be eligible for synchronization, requires that a drug meet all of the following conditions:  (1) Be covered by the policy, contract, agreement, or plan;  (2) Be used for the treatment and management of a chronic condition and subject to refills;  (3) Satisfy all prior authorization criteria;  (4) Not have quantity limits or dose optimization criteria or requirements that would be violated by synchronization;  (5) Not be a schedule II controlled substance, a substance containing opiates, or a benzodiazepine.  (R.C. 1739.05, 1751.68(B),	Same, but provides that a drug must also meet the following conditions:  (1) Not have special handling or sourcing needs that require a single, designated pharmacy to fill or refill the prescription;  (2) Be formulated so that the quantity or amount dispensed can be effectively divided in order to achieve synchronization.  (R.C. 1739.05, 1751.68(C), and 3923.602(C).)
Achieving synchronization	Authorizes "short filling" to achieve synchronization if any of the following occurs:  (1) A change in drug dosage or frequency of drug administration;  (2) An insured is prescribed a new drug subject to synchronization.  (R.C. 1739.05, 1751.68(B), and 3923.602(B).)	Instead requires coverage of a prescription drug subject to synchronization when the drug is dispensed in a quantity or amount that is less than a 30-day supply.  Limits the dispensing of a 30-day supply of a prescription drug to just once, unless any of the following occur:  (1) The prescriber changes the dosage or frequency of administration of a drug;

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		(2) The prescriber prescribes a new drug.
		(R.C. 1739.05, 1751.68(D), and 3923.602(D).)
	Defines "short fill" as "providing, in conjunction with medication synchronization, a supply of a drug that is less than the prescribed amount."	No provision.
	(R.C. 1739.05, 1751.68(A), and 3923.602(A).)	
Pharmacist authority	Authorizes a pharmacist to engage in medication synchronization and to short fill prescriptions.  (R.C. 4729.20.)	Instead authorizes a pharmacist to dispense a drug in a manner that varies from the drug's prescription by dispensing a quantity or amount that is less than a 30-day supply, if the pharmacist's action is taken solely for the purpose of medication synchronization.  (R.C. 4729.20.)
Monetary incentives for pharmacists	No provision.	Specifies that a private health insurer or public employee benefit plan is not required to provide to a network pharmacy or pharmacist any monetary or other financial incentive for the purpose of encouraging the pharmacy or pharmacist to recommend medication synchronization to an insured.  (R.C. 1739.05, 1751.68(G), and 3923.602(G).)

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