

Executive

As Passed by the House

As Passed by the Senate

As Enacted

PRXCD3 Open meetings exemption for Pharmacy Board conference calls

No provision.	<p>R.C. 121.22</p> <p>Specifies that an existing exemption from the Open Meetings Law that is applicable to the State Board of Pharmacy when determining whether to suspend a pharmacist or pharmacy intern license without a prior hearing by utilizing a telephone conference call also applies to the Board when: (1) making other summary suspension determinations under the laws governing the Medical Marijuana Control Program, controlled substances, distributors of dangerous drugs, pharmacy technicians, and providers of home medical equipment services, and (2) determining whether to add a substance to schedule I through an emergency rule, as authorized by current law.</p> <p>Fiscal effect: None.</p>	No provision.	No provision.
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PRXCD4 Pharmacy Board accounting of federal forfeiture moneys

(1) No provision.	(1) No provision.	<p>R.C. 4729.65</p> <p>(1) Creates in the state treasury the Board of Pharmacy Federal Equitable Sharing Justice Fund and the Board of Pharmacy Federal Equitable Sharing Treasury Fund.</p>	<p>R.C. 4729.65</p> <p>(1) Same as the Senate.</p>
(2) No provision.	(2) No provision.	<p>(2) Requires moneys derived from forfeitures of property pursuant to federal law to be</p>	(2) Same as the Senate.

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deposited in those funds, as opposed to in the Board of Pharmacy Drug Law Enforcement Fund, as under current law.

Fiscal effect: None.

Fiscal effect: Same as the Senate.

PRXCD1 *VETOED** OARRS access and federal agencies**

No provision.

R.C. 4729.80, 4729.86

[***VETOED: Permits the State Board of Pharmacy to provide information from its Ohio Automated Rx Reporting System (OARRS) to a prescriber or pharmacist participating in a prescription monitoring program operated by a federal agency when there is a written agreement under which the information is to be used and disseminated according to state law.***]

Fiscal effect: Potential minimal increase in administrative expenses for the Board to provide the requested information, which can likely be absorbed by current staff and appropriated resources.

R.C. 4729.80, 4729.86

Same as the House.

Fiscal effect: Same as the House.

R.C. 4729.80, 4729.86

Same as the House.

Fiscal effect: Same as the House.

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PRXCD2 State pharmacy benefit manager

(1) No provision.	<p>R.C. 4729.261</p> <p>(1) Requires the State Board of Pharmacy, by July 1, 2020, to adopt rules: (a) defining "specialty drug" and "specialty pharmacy," and (b) prohibiting the state pharmacy benefit manager (PBM) from requiring Medicaid recipients to use a specialty pharmacy owned or otherwise affiliated with the state PBM to obtain specialty drugs.</p>	(1) No provision.	(1) No provision.
(2) No provision.	<p>(2) Permits the Board to consult with the Department of Medicaid in adopting the rules described in provision (1) above.</p>	(2) No provision.	(2) No provision.

Fiscal effect: None.

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PRXCD5 Service entities and naloxone

No provision.

No provision.

R.C. 4729.514

Includes places of worship within the list of service entities that, under current law, may procure naloxone for use in an emergency situation without having to obtain a license issued by the State Board of Pharmacy and whose employees, volunteers, or contractors are not liable for or subject to any of the following for injury, death, or loss to person or property that arises from an act or omission associated with procuring, maintaining, accessing, or using naloxone, unless the act or omission constitutes willful or wanton conduct: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action.

Fiscal effect: None.

R.C. 4729.514

Same as the Senate.

Fiscal effect: Same as the Senate.

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OBMCD37 Medical marijuana control program repayments

Section: 509.50

Requires the Director of Commerce and the Executive Director of the Board of Pharmacy to consult with the Director of OBM to determine a repayment schedule for the FY 2020-FY 2021 biennium to fully repay transfers on behalf of each agency from the Emergency Purposes/Contingency Fund (Fund 5KM0) to the Medicaid Marijuana Control Program Fund (Fund 5YS0). Specifies that such repayments are to be credited to the GRF.

Section: 509.50

Same as the Executive.

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INSCD8 Pharmacy benefit managers, pharmacists, and cost-sharing for drug purchases

R.C. 1739.05, 1751.92, 3923.87, 3959.12, 3959.20, 4729.48 and Section 739.20

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R.C. 1739.05, 1751.92, 3923.87, 3959.12, 3959.20, 4729.48 and Section 739.20

No provision.

Prohibits health plan issuers, pharmacy benefit managers (PBMs), or any other administrators from requiring cost-sharing in an amount greater than the lesser of either of the following: (1) the amount an individual would pay for the drug if the drug were to be purchased without coverage under a health benefit plan, or (2) the net reimbursement paid to the pharmacy for the prescription drug by the health plan issuer, PBM, or other administrator.

Same as the House.

Same as the House.

No provision.

Prohibits health plan issuers, PBMs, and other administrators from retroactively adjusting a pharmacy claim for reimbursement of a prescription drug unless the adjustment is the result of either (1) a pharmacy audit, or (2) a technical billing error.

Same as the House.

Same as the House.

No provision.

Prohibits health plan issuers, PBMs, or other administrators from charging a fee related to a claim unless the amount of the fee can be determined at the time of claim adjudication.

Same as the House.

Same as the House.

No provision.

Requires a pharmacist, pharmacy intern, or terminal distributor of dangerous drugs who has information indicating that the cost-sharing amount required by the patient's health benefit plan exceeds the permitted amount to provide

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No provision.

such information to the patient and ensure that the patient is not charged the higher amount.

Allows the Superintendent of Insurance to suspend for up to two years, revoke, or not renew any license issued to a PBM, or other administrator, if the PBM or administrator violates the price disclosure requirements. Requires the Department of Insurance to create a web form that consumers can use to submit complaints associated with violations of the requirements.

Fiscal effect: May increase administrative costs for the Department of Insurance and the State Board of Pharmacy. Any such costs for the Department of Insurance may be offset in part by penalties collected by the Department, and would be paid from the Department of Insurance Operating Fund (Fund 5540). Any penalties collected by the Department will also be deposited into Fund 5540. Any increase in the Board's administrative costs will be paid from the Board's appropriation item 887609, Operating Expenses (Fund 4K90); all penalties collected by the Board will be deposited into Fund 4K90. The cost-sharing requirement may have the effect of leading some health benefit plans to raise premiums to cover additional prescription costs, thereby increasing costs to local governments that provide health benefits to employees and their dependents.

Same as the House.

Fiscal effect: Same as the House.

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Fiscal effect: Same as the House.

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MCD50 **VETOED Medicaid managed care - shared savings, quality incentive programs and other**

R.C. 5167.35, 4729.80, 4729.801, 5162.138, 5162.139, 5166.01, 5166.43, 5166.50, 5167.10, 5167.104, 5167.105, 5167.20, 5167.29, 5167.36, 5167.17, 5167.173, (conforming changes) 5167.01, 5167.101, 5167.102, 5167.11, 5167.13, 5167.171, 5167.172, 5167.12, Section 333.195

R.C. 5167.15, 4729.80, 4729.801, Section 812.40

R.C. 5167.35, 4729.80, 4729.801, 5162.138, 5162.139, 5166.01, 5166.43, 5166.50, 5167.10, 5167.105, 5167.106, 5167.17, 5167.173, 5167.20, 5167.29, 5167.36, (conforming changes) 5167.01, 5167.101, 5167.102, 5167.11, 5167.13, 5176.171, 5167.172, 5167.12, Section 333.195

No provision.

[***VETOED: Requires ODM to do all of the following if the U.S. Secretary of Health and Human Services agrees to enter into an enforceable agreement that safeguards the state's receipt of federal Medicaid funds:**]

No provision.

Same as the House.

(1) No provision.

[***VETOED: (1) Establish the Shared Savings Bonus Program under which a Medicaid MCO earns a bonus if its three-year average per recipient capitated payment rate is less than the three-year average per recipient cost of certain other states' Medicaid programs.***]

(1) No provision.

(1) Same as the House.

(2) No provision.

[***VETOED: (2) Establish the Quality Incentive Program under which the Department randomly assigns certain Medicaid recipients to MCOs participating in the program based on the MCOs' points earned for meeting health and quality metrics.***]

(2) No provision.

(2) Same as the House.

(3) No provision.

[***VETOED: (3) Permit regional networks consisting of hospitals to become Medicaid

(3) No provision.

(3) Same as the House.

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No provision.	<p>MCOs if they accept a capitated payment that is not more than 90% of the lowest capitated payment made to a Medicaid MCO that is a health insuring corporation.***]</p> <p>[***VETOED: Requires each Medicaid MCO to establish a program that incentivizes enrollees to obtain covered health care from high quality and efficient providers.***]</p>	No provision.	Same as the House.
No provision.	<p>[***VETOED: Requires the Medicaid Director to establish a Medicaid waiver program under which Medicaid MCOs may cover any service or product that would have a beneficial effect on enrollees' health and is likely to reduce the costs under the plan within three years.***]</p>	Replaces the House provision with a provision that authorizes a Medicaid MCO to include in its plans any service or product that would have a beneficial effect on the health of enrollees and that, because of the beneficial effect, is likely to reduce the per recipient per month costs under the plan by the end of the first three years that the service or product is covered.	Same as the House.
No provision.	<p>[***VETOED: Requires a Medicaid MCO, if it establishes a rate for a service that is greater than the fee-for-service rate for the service, to require providers of the service to enter into value-based contracts as a condition of joining the MCO's provider panel.***]</p>	No provision.	Same as the House.
No provision.	<p>[***VETOED: Prohibits a Medicaid MCO from permitting a provider to be part of the MCO's provider panel unless the provider assures the MCO that it will comply with a requirement regarding cost estimates.***]</p>	No provision.	Same as the House.
No provision.	<p>[***VETOED: Requires, with certain exceptions, a hospital to accept as payment in full from a Medicaid MCO an amount equal to 90% of the fee-for-service rate for a non-emergency service provided to a Medicaid recipient if the hospital</p>	No provision.	Same as the House.

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No provision.

does not have a contract with the MCO and the MCO refers the recipient to the hospital.***]

[***VETOED: Allows a Medicaid MCO to submit a bulk request to the State Board of Pharmacy for information about all Medicaid recipients enrolled in the organization's Medicaid MCO plan and requires the Board to provide the requested information in a single electronic file or format.***]

Fiscal effect: Increase in administrative costs that include: developing the Shared Savings Bonus Program and Quality Incentive Program, as well as preparing and tracking MCO data to ensure compliance. Potential savings including the following: if any regional networks accept a lower capitated payment and hospital non-emergency services are reduced.

Same as the House, but makes the following changes: requires the Board of Pharmacy to collaborate with the Office of InnovateOhio to provide the information; specifies that the information can also be provided by direct data transfer; and specifies that the provision does not take effect until March 1, 2020.

Fiscal effect: The provision that authorizes Medicaid MCOs to include beneficial services or products in their plans is permissive; however, if any services or products are included, this could result in decreased costs. The Board of Pharmacy could realize an increase in costs for the bulk request provision.

Same as the House.

Fiscal effect: Same as the House.

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DPSCD51 Non-opioid directives

R.C. 4765.60, 4765.601, 4765.602, 4765.603, 4765.604, 4765.604, 4765.605, 4765.606, 4765.607, 4765.608, 4765.609

(1) No provision.

(1) Requires the State Board of Emergency Medical, Fire, and Transportation Services, within one year of the provision's effective date, to develop and make available free of charge a non-opioid directive form for use by a patient who does not want to be provided an opioid analgesic.

(1) No provision.

(1) No provision.

(2) No provision.

(2) Provides that a patient's decision to sign a non-opioid directive form is voluntary and does not become effective until it is signed and placed in the patient's medical record.

(2) No provision.

(2) No provision.

(3) No provision.

(3) Requires an individual who places a signed non-opioid directive form in a patient's medical record, or that individual's delegate, to notify the State Board of Pharmacy that the patient has signed a non-opioid directive form and where the form is maintained.

(3) No provision.

(3) No provision.

(4) No provision.

(4) Requires a non-opioid directive form be distributed to each individual who has completed treatment with a community addiction services provider at the time of discharge from such treatment, and each individual who served a prison term for a drug offense.

(4) No provision.

(4) No provision.

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(5) No provision.	(5) Provides that the patient may revoke a non-opioid directive form at any time.	(5) No provision.	(5) No provision.
(6) No provision.	(6) Provides immunity, generally, from criminal prosecution, civil liability, or professional disciplinary action to certain first responders, pharmacists or pharmacy interns, and prescribers when providing an opioid analgesic to a person with a non-opioid director form in certain specified situations.	(6) No provision.	(6) No provision.
(7) No provision.	(7) Prohibits the existence or nonexistence of a non-opioid directive from: (a) affecting the sale, procurement, issuance, or renewal of a life insurance policy or annuity, (b) modifying or invalidating the terms of a life insurance policy or annuity that is in effect on this provision's effective date, and (c) impairing or invalidating a life insurance policy or annuity or any health benefit plan. Fiscal effect: Uncertain.	(7) No provision.	(7) No provision.

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DVSCD4 Temporary occupational license for military member and spouse

R.C. 4743.041, 4743.04, 4730.121, 4731.153, 4731.299, 4731.57, 4734.281, 4734.285, 4734.49, 4759.02, 4759.064, 4759.10, 4760.041, 4761.03, 4761.052, 4762.03, 4762.041, 4774.041, 4778.051, 4778.07, 4778.08, 4778.081, and 5903.04

No provision.

No provision.

Requires state occupational licensing agencies, under certain circumstances, to issue temporary licenses or certificates to members of the military and spouses who are licensed in another jurisdiction and have moved or will move to Ohio for duty. Requires state occupational licensing agencies to waive all fees associated with issuing these temporary licenses or certificates.

No provision.

No provision.

No provision.

Specifies that temporary licenses or certificates under the bill are to be issued to an individual for a duration of not more than six years.

No provision.

No provision.

No provision.

Allows a state licensing agency to deny or revoke a temporary license or certificate issued under the bill under certain circumstances.

No provision.

No provision.

No provision.

Requires the Director of DAS to prepare a report for each fiscal year on the number and type of temporary licenses or certificates issued during the fiscal year under the bill and provide the report to the Director of Veterans Services to

No provision.

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No provision.	No provision.	<p>make the report available to the public.</p> <p>Excludes the State Medical Board from the temporary license or certificate requirements. Instead, requires the State Medical Board, under certain circumstances, to issue expedited licenses by endorsement to members of the military and spouses who are licensed in another jurisdiction and have moved or will move to Ohio for duty.</p>	No provision.
No provision.	No provision.	<p>Requires the State Medical Board to waive the current law application fee for certain members of the military and spouses who apply for an expedited license to practice medicine and surgery or osteopathic medicine and surgery by endorsement.</p> <p>Fiscal effect: Various state occupational licensing agencies will incur administrative costs in implementing the temporary occupational licenses and certificates for military members and spouses. Their license fee revenues could also decrease.</p>	No provision.