

As Reported by the House Health Committee

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Sub. S. B. No. 43

**Senators Spada, Robert Gardner, Blessing, Coughlin, Schuring, Jacobson,
Fingerhut, DiDonato, Wachtmann, Harris, Schuler, Dann, Armbruster, Brady,**

Fedor, Hagan, Mallory, Roberts, Zurz

Representatives Barrett, Combs, DeBose, Beatty, S. Smith, Harwood,

G. Smith, Hoops, Reidelbach

A BILL

To amend section 3917.01 and to enact sections 1
1739.061, 1751.111, 3923.601, and 3923.83 of the 2
Revised Code to require the inclusion of specified 3
pharmacy benefits information when health insurers 4
issue or require the use of standardized 5
identification cards or electronic technology for 6
submission of claims and to amend the definition 7
of "group life insurance" to mean life insurance 8
covering not less than two, rather than not less 9
than ten, employees. 10

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That section 3917.01 be amended and sections 11
1739.061, 1751.111, 3923.601, and 3923.83 of the Revised Code be 12
enacted to read as follows: 13

Sec. 1739.061. (A)(1) This section applies to both of the 14
following: 15

(a) A multiple employer welfare arrangement that issues or 16

requires the use of a standardized identification card or an
electronic technology for submission and routing of prescription
drug claims;

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(b) A person or entity that a multiple employer welfare
arrangement contracts with to issue a standardized identification
card or an electronic technology described in division (A)(1)(a)
of this section.

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(2) Notwithstanding division (A)(1) of this section, this
section does not apply to the issuance or required use of a
standardized identification card or an electronic technology for
the submission and routing of prescription drug claims in
connection with any of the following:

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(a) Any program or arrangement covering only accident,
credit, dental, disability income, long-term care, hospital
indemnity, medicare supplement, medicare, tricare, specified
disease, or vision care; coverage under a
one-time-limited-duration policy of not longer than six months;
coverage issued as a supplement to liability insurance; insurance
arising out of workers' compensation or similar law; automobile
medical payment insurance; or insurance under which benefits are
payable with or without regard to fault and which is statutorily
required to be contained in any liability insurance policy or
equivalent self-insurance.

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(b) Coverage provided under medicaid, as defined in section
5111.01 of the Revised Code.

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(c) Coverage provided under an employer's self-insurance plan
or by any of its administrators, as defined in section 3959.01 of
the Revised Code, to the extent that federal law supersedes,
preempts, prohibits, or otherwise precludes the application of
this section to the plan and its administrators.

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(B) A standardized identification card or an electronic

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technology issued or required to be used as provided in division 48
(A)(1) of this section shall contain uniform prescription drug 49
information in accordance with either division (B)(1) or (2) of 50
this section. 51

(1) The standardized identification card or the electronic 52
technology shall be in a format and contain information fields 53
approved by the national council for prescription drug programs or 54
a successor organization, as specified in the council's or 55
successor organization's pharmacy identification card 56
implementation guide in effect on the first day of October most 57
immediately preceding the issuance or required use of the 58
standardized identification card or the electronic technology. 59

(2) If the multiple employer welfare arrangement or person 60
under contract with it to issue a standardized identification card 61
or an electronic technology requires the information for the 62
submission and routing of a claim, the standardized identification 63
card or the electronic technology shall contain any of the 64
following information: 65

(a) The name of the multiple employer welfare arrangement; 66

(b) The individual's name, group number, and identification 67
number; 68

(c) A telephone number to inquire about pharmacy-related 69
issues; 70

(d) The issuer's international identification number, labeled 71
as "ANSI BIN" or "RxBIN"; 72

(e) The processor's control number, labeled as "RxPCN"; 73

(f) The individual's pharmacy benefits group number if 74
different from the insured's medical group number, labeled as 75
"RxGrp. " 76

(C) If the standardized identification card or the electronic 77

technology issued or required to be used as provided in division 78
(A)(1) of this section is also used for submission and routing of 79
nonpharmacy claims, the designation "Rx" is required to be 80
included as part of the labels identified in divisions (B)(2)(d) 81
and (e) of this section if the issuer's international 82
identification number or the processor's control number is 83
different for medical and pharmacy claims. 84

(D) Each multiple employer welfare arrangement described in 85
division (A) of this section shall annually file a certificate 86
with the superintendent of insurance certifying that it or any 87
person it contracts with to issue a standardized identification 88
card or electronic technology for submission and routing of 89
prescription drug claims complies with this section. 90

(E)(1) Except as provided in division (E)(2) of this section, 91
if there is a change in the information contained in the 92
standardized identification card or the electronic technology 93
issued to an individual, the multiple employer welfare arrangement 94
or person under contract with it to issue a standardized 95
identification card or an electronic technology shall issue a new 96
card or electronic technology to the individual. 97

(2) A multiple employer welfare arrangement or person under 98
contract with it is not required under division (E)(1) of this 99
section to issue a new card or electronic technology to an 100
individual more than once during a twelve-month period. 101

(F) Nothing in this section shall be construed as requiring a 102
multiple employer welfare arrangement to produce more than one 103
standardized identification card or one electronic technology for 104
use by individuals accessing health care benefits provided under a 105
multiple employer welfare arrangement. 106

Sec. 1751.111. (A)(1) This section applies to both of the 107

following: 108

(a) A health insuring corporation that issues or requires the use of a standardized identification card or an electronic technology for submission and routing of prescription drug claims pursuant to a policy, contract, or agreement for health care services; 109
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(b) A person or entity that a health insuring corporation contracts with to issue a standardized identification card or an electronic technology described in division (A)(1)(a) of this section. 114
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(2) Notwithstanding division (A)(1) of this section, this section does not apply to the issuance or required use of a standardized identification card or an electronic technology for submission and routing of prescription drug claims in connection with any of the following: 118
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(a) Coverage provided under the medicare advantage program operated pursuant to Part C of Title XVIII of the "Social Security Act," 49 Stat. 62 (1935), 42 U.S.C. 301, as amended. 123
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(b) Coverage provided under medicaid, as defined in section 5111.01 of the Revised Code. 126
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(c) Coverage provided under an employer's self-insurance plan or by any of its administrators, as defined in section 3959.01 of the Revised Code, to the extent that federal law supersedes, preempts, prohibits, or otherwise precludes the application of this section to the plan and its administrators. 128
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(B) A standardized identification card or an electronic technology issued or required to be used as provided in division (A)(1) of this section shall contain uniform prescription drug information in accordance with either division (B)(1) or (2) of this section. 133
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(1) The standardized identification card or the electronic technology shall be in a format and contain information fields approved by the national council for prescription drug programs or a successor organization, as specified in the council's or successor organization's pharmacy identification card implementation guide in effect on the first day of October most immediately preceding the issuance or required use of the standardized identification card or the electronic technology.

(2) If the health insuring corporation or the person under contract with the corporation to issue a standardized identification card or an electronic technology requires the information for the submission and routing of a claim, the standardized identification card or the electronic technology shall contain any of the following information:

(a) The health insuring corporation's name;

(b) The subscriber's name, group number, and identification number;

(c) A telephone number to inquire about pharmacy-related issues;

(d) The issuer's international identification number, labeled as "ANSI BIN" or "RxBIN";

(e) The processor's control number, labeled as "RxPCN";

(f) The subscriber's pharmacy benefits group number if different from the subscriber's medical group number, labeled as "RxGrp. "

(C) If the standardized identification card or the electronic technology issued or required to be used as provided in division (A)(1) of this section is also used for submission and routing of nonpharmacy claims, the designation "Rx" is required to be included as part of the labels identified in divisions (B)(2)(d)

and (e) of this section if the issuer's international 168
identification number or the processor's control number is 169
different for medical and pharmacy claims. 170

(D) Each health insuring corporation described in division 171
(A) of this section shall annually file a certificate with the 172
superintendent of insurance certifying that it or any person it 173
contracts with to issue a standardized identification card or 174
electronic technology for submission and routing of prescription 175
drug claims complies with this section. 176

(E)(1) Except as provided in division (E)(2) of this section, 177
if there is a change in the information contained in the 178
standardized identification card or the electronic technology 179
issued to a subscriber, the health insuring corporation or person 180
under contract with the corporation to issue a standardized 181
identification card or an electronic technology shall issue a new 182
card or electronic technology to the subscriber. 183

(2) A health insuring corporation or person under contract 184
with the corporation is not required under division (E)(1) of this 185
section to issue a new card or electronic technology to a 186
subscriber more than once during a twelve-month period. 187

(F) Nothing in this section shall be construed as requiring a 188
health insuring corporation to produce more than one standardized 189
identification card or one electronic technology for use by 190
subscribers accessing health care benefits provided under a 191
policy, contract, or agreement for health care services. 192

Sec. 3917.01. (A) Group life insurance is that form of life 193
insurance covering not less than ~~ten~~ two employees with or without 194
medical examination, written under a policy issued to the 195
employer, or to a trustee of a trust created by such employer, the 196
premium on which is to be paid by the employer, by the employer 197

and employees jointly, or by such trustee out of funds contributed 198
by the employer or by the employer and employees jointly, and 199
insuring only all of the employer's employees or all of any 200
classes thereof, determined by sex, age, or conditions pertaining 201
to the employment, for amounts of insurance based upon some plan 202
which will preclude individual selection, for the benefit of 203
persons other than the employer; but when the premium is to be 204
paid by the employer and employee jointly and the benefits of the 205
policy are offered to all eligible employees, not less than 206
seventy-five per cent of such employees may be so insured. Such 207
group policy may provide that "employees" includes retired 208
employees of the employer and the officers, managers, employees, 209
and retired employees of subsidiary or affiliated corporations and 210
the individual proprietors, partners, employees, and retired 211
employees of affiliated individuals and firms, when the business 212
of such subsidiary or affiliated corporations, firms, or 213
individuals is controlled by the common employer through stock 214
ownership, contract, or otherwise. This section does not define as 215
a group the lives covered by a policy issued on more than one life 216
which provides for payments upon the death of any one or more or 217
upon the death of each of the lives so insured, and upon which the 218
premium rates charged are computed on the same basis as used by 219
the issuing company on singlelife policies and upon its regular 220
forms of insurance. 221

(B) As used in sections 3917.01 to 3917.06 of the Revised 222
Code, the following forms of life insurance are group life 223
insurance: 224

(1) Life insurance covering the members of one or more 225
companies, batteries, troops, battalions, divisions, or other 226
units of the national guard or naval militia of any state, written 227
under a policy issued to the commanding general of the national 228
guard or commanding officer of the naval militia, who is the 229

employer for the purposes of such sections, the premium on which 230
is to be paid by the members of such units for the benefit of 231
persons other than the employer; provided that when the benefits 232
of the policy are offered to all eligible members of a unit of the 233
national guard or naval militia, not less than seventy-five per 234
cent of the members of such a unit may be insured; 235

(2) Life insurance covering the members of one or more troops 236
or other units of the state troopers or state police of any state, 237
written under a policy issued to the commanding officer of the 238
state troopers or state police who is the employer for the 239
purposes of such sections, the premium on which is to be paid by 240
the members of such units for the benefit of persons other than 241
the employer; provided that when the benefits of the policy are 242
offered to all eligible members of a unit of the state troopers or 243
state police, not less than seventy-five per cent of the members 244
of such a unit may be insured; 245

(3) Life insurance covering the members of any labor union, 246
written under a policy issued to such union which is the employer 247
for the purposes of such sections, the premium on which is to be 248
paid by the union or by the union and its members jointly, and 249
insuring only all of its members, who are actively engaged in the 250
same occupation, for amounts of insurance based upon some plan 251
which will preclude individual selection, for the benefit of 252
persons other than the union or its officials; provided that in 253
case the insurance policy is cancellable at the end of any policy 254
year at the option of the insurance company and that the basis of 255
premium rates may be changed by the insurance company at the 256
beginning of any policy year, all members of a labor union may be 257
insured; and provided that when the premium is to be paid by the 258
union and its members jointly and the benefits are offered to all 259
eligible members, not less than seventy-five per cent of such 260
members may be insured; and provided that when members apply and 261

pay for additional amounts of insurance, a smaller percentage of 262
members may be insured for such additional amounts if they pass 263
satisfactory medical examinations or submit satisfactory evidence 264
of insurability; 265

(4) Life insurance written under a policy issued to a 266
creditor, who shall be deemed the policyholder, to insure debtors 267
of the creditor, subject to the following requirements: 268

(a) The debtors eligible for insurance under the policy shall 269
be all of the debtors of the creditor, excepting that no debtor is 270
eligible unless the indebtedness constitutes an obligation to 271
repay that is binding upon the debtor during the debtor's lifetime 272
at and from the date the insurance becomes effective upon the 273
debtor's life. The policy may provide that "debtors" includes the 274
debtors of one or more subsidiary corporations and the debtors of 275
one or more affiliated corporations, proprietors, or partnerships 276
if the business of the policyholder and of such affiliated 277
corporations, proprietors, or partnerships is under common control 278
through stock ownership, contract, or otherwise. 279

(b) The premium for the policy shall be paid by the 280
policyholder, either from the creditor's funds, or from charges 281
collected from the insured debtors, or from both. A policy on 282
which part or all of the premium is to be derived from the 283
collection from the insured debtors of identifiable charges not 284
required of uninsured debtors shall not include debtors under 285
obligations outstanding at its date of issue without evidence of 286
individual insurability unless at least seventy-five per cent of 287
the then eligible debtors elect to pay the required charges. A 288
policy on which no part of the premium is to be derived from the 289
collection of such identifiable charges must insure all eligible 290
debtors, or all except any as to whom evidence of individual 291
insurability is not satisfactory to the insurer. 292

(c) The policy may be issued only if the group of eligible 293

debtors is then receiving new entrants at the rate of at least one 294
hundred persons yearly, or may reasonably be expected to receive 295
at least one hundred new entrants during the first policy year, 296
and continues to receive not less than one hundred new entrants to 297
the group yearly, and only if the policy reserves to the insurer 298
the right to require evidence of individual insurability if less 299
than seventy-five per cent of the new entrants become insured. The 300
policy may exclude from the classes eligible for insurance classes 301
of debtors determined by age. 302

(d) The amount of insurance on the life of any debtor may be 303
determined by the age of the debtor based upon a plan which will 304
preclude individual selection and shall at no time exceed the 305
amount owed by the debtor that is repayable in installments to the 306
creditor. 307

(e) The insurance shall be payable to the policyholder. Such 308
payment shall reduce or extinguish the unpaid indebtedness of the 309
debtor to the extent of such payment. 310

(5) Life insurance covering the members of any duly organized 311
corporation or association of veterans or veteran society or 312
association of the World War veterans, written under a policy 313
issued to such corporation, association, or society which is the 314
employer for the purpose of such sections, the premium on which is 315
to be paid by the corporation, association, society, and its 316
members jointly, and insuring all of its members who are actively 317
engaged in any occupation for amounts of insurance based upon some 318
plan which will preclude individual selection for the benefit of 319
persons other than the corporation, association, or society or its 320
officials; provided that when the premium is to be paid by the 321
corporation, association, or society and its members jointly and 322
the benefits are offered to all eligible members, not less than 323
seventy-five per cent of such members may be insured; and provided 324
that when members apply and pay for additional amounts of 325

insurance, a smaller percentage of members may be insured for such 326
additional amounts if they pass satisfactory medical examinations 327
or submit satisfactory evidence of insurability; 328

(6) Life insurance covering the members of any organization 329
of agriculturists or horticulturists organized under the 330
co-operative laws of this state, written under a policy issued to 331
such co-operative association which is the employer for the 332
purpose of such sections, the premium on which is to be paid by 333
the association or by the association and its members jointly, and 334
insuring all of its members who are actively engaged in 335
agricultural or horticultural pursuits, for an amount of insurance 336
based upon some plan which will preclude individual selection, and 337
for the benefit of persons other than the association or its 338
officials; provided that when the premium is to be paid by the 339
corporation, association, or society and its members jointly and 340
the benefits are offered to all eligible members, not less than 341
seventy-five per cent of such members may be insured; provided 342
that when members apply and pay for additional amounts of 343
insurance, a smaller percentage of members may be insured for such 344
additional amounts if they pass satisfactory medical examinations 345
or submit satisfactory evidence of insurability; 346

(7) Life insurance covering employees of a political 347
subdivision or district of this state, or of an educational or 348
other institution supported in whole or in part by public funds, 349
or of any classes thereof, determined by conditions pertaining to 350
employment, or of this state or any department or division 351
thereof, written under a policy issued to such political 352
subdivision, district, or institution, or the proper official or 353
board of this state or of such state department or division 354
thereof, which is the employer for the purpose of such sections, 355
the premium on which is to be paid by such employees, unless 356
otherwise provided by law, charter, or ordinance, for the benefit 357

of persons other than the employer; provided that when the 358
benefits of the policy are offered to all eligible employees of a 359
political subdivision or district of the state or of an 360
educational or other institution supported in whole, or in part by 361
public funds, or of this state or a state department or division 362
thereof, not less than seventy-five per cent of such employees may 363
be insured; and provided that when employees apply and pay for 364
additional amounts of insurance, a smaller percentage of employees 365
may be insured for such additional amounts if they pass 366
satisfactory medical examinations or submit satisfactory evidence 367
of insurability; and provided that upon acquisition by a political 368
subdivision of any privately owned property or enterprise, the 369
employees of which have been covered by a group policy of life or 370
other insurance as employees of such private employer, such 371
political subdivision and insurance company may continue such 372
contract in force upon similar conditions as the last preceding 373
private employer; 374

(8) Life insurance covering the members, or the members and 375
the employees of members of any duly organized association, other 376
than an association subject to any other provision of this 377
division, written under a policy issued to such association, which 378
association is the employer for the purpose of such sections, the 379
premium on which is to be paid by the insured members or their 380
employees, insuring members and their employees for amounts of 381
insurance based upon some plan which will preclude individual 382
selection except as provided in this section, for the benefit of 383
persons other than the association; provided the association has 384
been in existence for at least two years immediately preceding the 385
purchase of the insurance; provided that there must be at least 386
fifty insured members in any group; and provided that the 387
association has been organized and is maintained in good faith for 388
purposes other than that of obtaining insurance; 389

(9) Life insurance issued to trustees of a trust fund 390
established jointly by one or more employers in the same industry, 391
on the one hand, and one or more labor unions representing as 392
bargaining agents employees of such employers, on the other hand, 393
or by two or more employers in the same industry, or by two or 394
more labor unions, which trustees shall be deemed the policyholder 395
to insure employees of the employers or members of unions for the 396
benefit of persons other than the employers or the unions or the 397
trustees, subject to the following requirements: 398

(a) The persons eligible for such insurance shall be all of 399
the employees of the employers, or all of the members of the 400
unions, or all of any class of such employees determined by sex, 401
age, or conditions pertaining to their employment, or to 402
membership in the unions, or to any or all of them. The policy may 403
provide that "employees" includes the retired employees of the 404
employer and the officers, managers, employees, and retired 405
employees of subsidiary or affiliated corporations and the 406
individual proprietors, partners, employees, and retired employees 407
of affiliated individuals and firms, when the business of such 408
subsidiary or affiliated corporations, firms, or individuals is 409
controlled by the common employer through stock ownership, 410
contract, or otherwise. The policy may provide that "employees" 411
includes the individual proprietor or partners if the employer is 412
an individual proprietor or a partnership. The policy may provide 413
that "employees" includes the trustees or their employees, or 414
both, if their duties are principally connected with such 415
trusteeship. 416

(b) The premium for the policy shall be paid by the trustees, 417
either wholly from funds contributed by the employers of the 418
insured persons, or partly from such funds and partly from funds 419
contributed by the insured employees. If part of the premium is to 420
be derived from funds contributed by the insured employees, then 421

such policy may be placed in force only if it covers at least 422
seventy-five per cent of the then eligible employees. A policy on 423
which no part of the premium is derived from funds contributed by 424
the insured employees must insure all eligible employees. 425

(c) Any policy must insure at least ~~ten~~ two persons at date 426
of issue. 427

(d) The amounts of insurance under the policy must be based 428
upon some plan precluding individual selection by the insured 429
persons or the policyholder or the employers or the unions or the 430
trustees. 431

(10) Life insurance covering the members of a credit union, 432
which shall be deemed to be the employer for the purposes of this 433
section, the premium on which is to be paid by the credit union or 434
by the credit union and its members jointly, and insuring all of 435
its eligible members for amounts of insurance not in excess of the 436
share balance as to each member, and for the benefit of persons 437
other than the credit union or its officers; provided that in the 438
determination of the eligibility of members there may be 439
classifications and limitations based upon age; provided also that 440
when the premium is to be paid by the credit union and its members 441
jointly and the benefits are offered to all eligible members, not 442
less than seventy-five per cent of such members may be so insured; 443
provided also that in obtaining such insurance, the officers of 444
the credit union shall consider proposals from any licensed 445
insurer; provided also that members may be required to provide 446
evidence of insurability satisfactory to the insurer. 447

(11) Life insurance covering the members of any duly 448
organized corporation or association of members of the Ohio 449
national guard, the Ohio naval militia, and the Ohio military 450
reserve, which shall have been in existence for at least two years 451
immediately preceding the purchase of such insurance, written 452
under a policy issued to such corporation or association, which 453

corporation or association is the employer for the purpose of such 454
sections, the premium on which is to be paid by the insured 455
members, insuring members for amounts of insurance based upon some 456
plan which will preclude individual selection, except as provided 457
in this section, for the benefit of persons other than the 458
corporation or association, provided that there must be at least 459
fifty insured members in any group, and provided further that 460
unless seventy-five per cent of all members or one thousand 461
members, whichever is the lesser number, are insured, each member 462
must pass a satisfactory medical examination in order to be 463
insured; and provided that, when members apply and pay for 464
additional amounts of insurance, they may be insured for such 465
additional amounts if they pass satisfactory medical examinations 466
or submit satisfactory evidence of insurability. 467

(12) Life insurance that is written under a policy issued to 468
a trustee under a trust established by an insurer for the purpose 469
of providing continued group life insurance coverage to those 470
former employees, former members, or former members and the 471
employees of such members, and their spouses and dependent 472
children, previously covered under policies of group life 473
insurance issued by the insurer to employers or trustees pursuant 474
to division (A) of this section, to associations pursuant to 475
division (B)(8) of this section, or to trustees pursuant to 476
division (B)(9) of this section, and that is evidenced by the 477
issuance of a certificate of insurance to such former employees or 478
members; provided that the amount of the continued life insurance 479
coverage made available to a former employee or member and to the 480
employee's or member's spouse and dependents shall not exceed the 481
amount of the group life insurance coverage previously provided to 482
the employee or member and the employee's or member's eligible 483
dependents at the time of the employee's separation from 484
employment or the member's termination of membership. 485

(13) Life insurance covering the members of a workforce 486
actively engaged in an occupation for, and performing services on 487
behalf of, a duly organized corporation, limited liability 488
company, partnership, proprietor, or similar organization, whose 489
members are not employees of the organization, written under a 490
policy issued to the organization, which organization is the 491
members' employer for this purpose, the premium on which is to be 492
paid by the organization or by the organization and the members 493
jointly, insuring members for amounts of insurance based upon some 494
plan which will preclude individual selection, for the benefit of 495
persons other than the organization; provided, that when the 496
premium is to be paid by the organization and its members jointly 497
and the benefits are offered to all eligible members, not less 498
than seventy-five per cent of the members may be so insured; 499
provided also that members may be required to furnish evidence of 500
insurability satisfactory to the insurer. Life insurance meeting 501
this definition may also cover the organization's employees at the 502
option of the organization. 503

(C) Any policy issued pursuant to this section, except a 504
policy issued to a creditor pursuant to division (B)(4) of this 505
section, may be extended, in the form of group term life insurance 506
only, to insure the spouse and dependent children of an insured 507
employee or member, or any class or classes thereof, subject to 508
the following requirements: 509

(1) The premiums for the group term life insurance shall be 510
paid by the policyholder, either from the employer, union or 511
association funds, or from funds contributed by the employer, 512
union, or association, or from funds contributed by the insured 513
employee or member, or from both. 514

(2) The amounts of insurance under the policy must be based 515
upon some plan precluding individual selection either by the 516
insured employee or member or by the policyholder. 517

(3) Upon termination of the group term life insurance with respect to the spouse of any insured employee or member by reason of such person's termination of employment or membership or death, the spouse insured pursuant to this section shall have the same conversion rights as to the group term life insurance on the spouse's life as is provided for the insured employee or member.

(4) Only one certificate need be issued for delivery to an insured employee or member if a statement concerning any dependent's coverage is included in such certificate.

Sec. 3923.601. (A)(1) This section applies to both of the following:

(a) A sickness and accident insurer that issues or requires the use of a standardized identification card or an electronic technology for submission and routing of prescription drug claims pursuant to a policy, contract, or agreement for health care services;

(b) A person that a sickness and accident insurer contracts with to issue a standardized identification card or an electronic technology described in division (A)(1)(a) of this section.

(2) Notwithstanding division (A)(1) of this section, this section does not apply to the issuance or required use of a standardized identification card or an electronic technology for the submission and routing of prescription drug claims in connection with any of the following:

(a) Any individual or group policy of sickness and accident insurance covering only accident, credit, dental, disability income, long-term care, hospital indemnity, medicare supplement, medicare, tricare, specified disease, or vision care; coverage under a one-time-limited-duration policy of not longer than six months; coverage issued as a supplement to liability insurance;

insurance arising out of workers' compensation or similar law; 548
automobile medical payment insurance; or insurance under which 549
benefits are payable with or without regard to fault and which is 550
statutorily required to be contained in any liability insurance 551
policy or equivalent self-insurance. 552

(b) Coverage provided under medicaid, as defined in section 553
5111.01 of the Revised Code. 554

(c) Coverage provided under an employer's self-insurance plan 555
or by any of its administrators, as defined in section 3959.01 of 556
the Revised Code, to the extent that federal law supersedes, 557
preempts, prohibits, or otherwise precludes the application of 558
this section to the plan and its administrators. 559

(B) A standardized identification card or an electronic 560
technology issued or required to be used as provided in division 561
(A)(1) of this section shall contain uniform prescription drug 562
information in accordance with either division (B)(1) or (2) of 563
this section. 564

(1) The standardized identification card or the electronic 565
technology shall be in a format and contain information fields 566
approved by the national council for prescription drug programs or 567
a successor organization, as specified in the council's or 568
successor organization's pharmacy identification card 569
implementation guide in effect on the first day of October most 570
immediately preceding the issuance or required use of the 571
standardized identification card or the electronic technology. 572

(2) If the insurer or person under contract with the insurer 573
to issue a standardized identification card or an electronic 574
technology requires the information for the submission and routing 575
of a claim, the standardized identification card or the electronic 576
technology shall contain any of the following information: 577

(a) The insurer's name; 578

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| <u>(b) The insured's name, group number, and identification</u> | 579 |
| <u>number;</u> | 580 |
| <u>(c) A telephone number to inquire about pharmacy-related</u> | 581 |
| <u>issues;</u> | 582 |
| <u>(d) The issuer's international identification number, labeled</u> | 583 |
| <u>as "ANSI BIN" or "RxBIN";</u> | 584 |
| <u>(e) The processor's control number, labeled as "RxPCN";</u> | 585 |
| <u>(f) The insured's pharmacy benefits group number if different</u> | 586 |
| <u>from the insured's medical group number, labeled as "RxGrp."</u> | 587 |
| <u>(C) If the standardized identification card or the electronic</u> | 588 |
| <u>technology issued or required to be used as provided in division</u> | 589 |
| <u>(A)(1) of this section is also used for submission and routing of</u> | 590 |
| <u>nonpharmacy claims, the designation "Rx" is required to be</u> | 591 |
| <u>included as part of the labels identified in divisions (B)(2)(d)</u> | 592 |
| <u>and (e) of this section if the issuer's international</u> | 593 |
| <u>identification number or the processor's control number is</u> | 594 |
| <u>different for medical and pharmacy claims.</u> | 595 |
| <u>(D) Each sickness and accident insurer described in division</u> | 596 |
| <u>(A) of this section shall annually file a certificate with the</u> | 597 |
| <u>superintendent of insurance certifying that it or any person it</u> | 598 |
| <u>contracts with to issue a standardized identification card or</u> | 599 |
| <u>electronic technology for submission and routing of prescription</u> | 600 |
| <u>drug claims complies with this section.</u> | 601 |
| <u>(E)(1) Except as provided in division (E)(2) of this section,</u> | 602 |
| <u>if there is a change in the information contained in the</u> | 603 |
| <u>standardized identification card or the electronic technology</u> | 604 |
| <u>issued to an insured, the insurer or person under contract with</u> | 605 |
| <u>the insurer to issue a standardized identification card or an</u> | 606 |
| <u>electronic technology shall issue a new card or electronic</u> | 607 |
| <u>technology to the insured.</u> | 608 |

(2) An insurer or person under contract with the insurer is not required under division (E)(1) of this section to issue a new card or electronic technology to an insured more than once during a twelve-month period. 609
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(F) Nothing in this section shall be construed as requiring an insurer to produce more than one standardized identification card or one electronic technology for use by insureds accessing health care benefits provided under a policy of sickness and accident insurance. 613
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Sec. 3923.83. (A)(1) This section applies to both of the following: 618
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(a) A public employee benefit plan that issues or requires the use of a standardized identification card or an electronic technology for submission and routing of prescription drug claims pursuant to a policy, contract, or agreement for health care services; 620
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(b) A person or entity that a public employee benefit plan contracts with to issue a standardized identification card or an electronic technology described in division (A)(1)(a) of this section. 625
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(2) Notwithstanding division (A)(1) of this section, this section does not apply to the issuance or required use of a standardized identification card or an electronic technology for the submission and routing of prescription drug claims in connection with either of the following: 629
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(a) Any individual or group policy of insurance covering only accident, credit, dental, disability income, long-term care, hospital indemnity, medicare supplement, medicare, tricare, specified disease, or vision care; coverage under a one-time-limited-duration policy of not longer than six months; 634
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coverage issued as a supplement to liability insurance; insurance 639
arising out of workers' compensation or similar law; automobile 640
medical payment insurance; or insurance under which benefits are 641
payable with or without regard to fault and which is statutorily 642
required to be contained in any liability insurance policy or 643
equivalent self-insurance. 644

(b) Coverage provided under medicaid, as defined in section 645
5111.01 of the Revised Code. 646

(B) A standardized identification card or an electronic 647
technology issued or required to be used as provided in division 648
(A)(1) of this section shall contain uniform prescription drug 649
information in accordance with either division (B)(1) or (2) of 650
this section. 651

(1) The standardized identification card or the electronic 652
technology shall be in a format and contain information fields 653
approved by the national council for prescription drug programs or 654
a successor organization, as specified in the council's or 655
successor organization's pharmacy identification card 656
implementation guide in effect on the first day of October most 657
immediately preceding the issuance or required use of the 658
standardized identification card or the electronic technology. 659

(2) If the public employee benefit plan or person under 660
contract with the plan to issue a standardized identification card 661
or an electronic technology requires the information for the 662
submission and routing of a claim, the standardized identification 663
card or the electronic technology shall contain any of the 664
following information: 665

(a) The plan's name; 666

(b) The insured's name, group number, and identification 667
number; 668

(c) A telephone number to inquire about pharmacy-related issues; 669
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(d) The issuer's international identification number, labeled as "ANSI BIN" or "RxBIN"; 671
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(e) The processor's control number, labeled as "RxPCN"; 673

(f) The insured's pharmacy benefits group number if different from the insured's medical group number, labeled as "RxGrp." 674
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(C) If the standardized identification card or the electronic technology issued or required to be used as provided in division (A)(1) of this section is also used for submission and routing of nonpharmacy claims, the designation "Rx" is required to be included as part of the labels identified in divisions (B)(2)(d) and (e) of this section if the issuer's international identification number or the processor's control number is different for medical and pharmacy claims. 676
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(D)(1) Except as provided in division (D)(2) of this section, if there is a change in the information contained in the standardized identification card or the electronic technology issued to an insured, the public employee benefit plan or person under contract with the plan to issue a standardized identification card or electronic technology shall issue a new card or electronic technology to the insured. 684
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(2) A public employee benefit plan or person under contract with the plan is not required under division (D)(1) of this section to issue a new card or electronic technology to an insured more than once during a twelve-month period. 691
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(F) Nothing in this section shall be construed as requiring a public employee benefit plan to produce more than one standardized identification card or one electronic technology for use by insureds accessing health care benefits provided under a health 695
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benefit plan. 699

Section 2. That existing section 3917.01 of the Revised Code 700
is hereby repealed. 701

Section 3. Sections 1739.061, 1751.111, 3923.601, and 3923.83 702
of the Revised Code, as enacted by this act shall take effect one 703
year after the effective date of this act. 704

Section 4. (A) Section 1739.061 of the Revised Code, as 705
enacted by this act, shall apply only with respect to multiple 706
employer welfare arrangements authorized to enter into a program 707
or arrangement in this state on or after one year after the 708
effective date of Section 1 of this act. 709

(B) Section 1751.111 of the Revised Code, as enacted by this 710
act, shall apply only with respect to policies, contracts, and 711
agreements delivered, issued for delivery, or renewed in this 712
state on or after one year after the effective date of Section 1 713
of this act. 714

(C) Section 3923.601 of the Revised Code, as enacted by this 715
act, shall apply only with respect to policies of sickness and 716
accident insurance delivered, issued for delivery, renewed, or 717
used in this state on or after one year after the effective date 718
of Section 1 of this act. 719

(D) Section 3923.80 of the Revised Code, as enacted by this 720
act, shall apply only with respect to public employee benefit 721
plans established or modified by this state on or after one year 722
after the effective date of Section 1 of this act. 723