

As Introduced

**128th General Assembly
Regular Session
2009-2010**

H. B. No. 453

Representative Boyd

**Cosponsors: Representatives Hagan, Harris, Yuko, Domenick, Weddington,
Letson, Slesnick, Patten, Williams, S., Stewart, Oelslager**

—

A B I L L

To enact sections 1751.661, 3923.602, and 3923.611 of 1
the Revised Code to require certain insurers to 2
provide notification of changes to their 3
prescription drug coverage to all network health 4
care providers, network pharmacies, network 5
pharmacists, and insureds, and to specify when the 6
change may apply. 7

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

Section 1. That sections 1751.661, 3923.602, and 3923.611 of 8
the Revised Code be enacted to read as follows: 9

Sec. 1751.661. (A) No health insuring corporation shall 10
remove a prescription drug from its formulary, move a covered 11
prescription drug to a higher copay tier, interchange a 12
prescription drug, or add utilization management requirements for 13
a prescription drug without providing prior notice in writing to 14
all network health care providers, network pharmacies, network 15
pharmacists, and enrollees covered under any affected policy, 16
contract, or agreement. The notice shall specify that the change 17
will become effective as described in division (B) of this 18

section. 19

(B) Notwithstanding section 3901.71 of the Revised Code, if a health insuring corporation makes any of the changes listed in division (A) of this section, the change shall become effective on the renewal date of the enrollee's policy, contract, or agreement. 20
21
22
23

(C) As used in this section: 24

(1) "Formulary" means the list of prescription drugs covered under the policy, contract, or agreement. 25
26

(2) "Interchange" means to substitute one version of a prescribed drug for the drug originally prescribed including substituting a generic version for a brand-name version, a brand-name version for a generic version, a generic version by one manufacturer or a generic version by a different manufacturer, a different formulation of the same drug, or a different drug in the same class. 27
28
29
30
31
32
33

Sec. 3923.602. (A) No sickness and accident insurer shall remove a prescription drug from its formulary, move a covered prescription drug to a higher copay tier, interchange a prescription drug, or add utilization management requirements for a prescription drug without providing prior notice in writing to all network health care providers, network pharmacies, network pharmacists, and insureds covered under any affected policy of sickness and accident insurance. The notice shall specify that the change will become effective as described in division (B) of this section. 34
35
36
37
38
39
40
41
42
43

(B) Notwithstanding section 3901.71 of the Revised Code, if a sickness and accident insurer makes any of the changes listed in division (A) of this section, the change shall become effective on the renewal date of the insured's policy. 44
45
46
47

(C) As used in this section: 48

(1) "Formulary" means the list of prescription drugs covered 49
under the policy. 50

(2) "Interchange" means to substitute one version of a 51
prescribed drug for the drug originally prescribed including 52
substituting a generic version for a brand-name version, a 53
brand-name version for a generic version, a generic version by one 54
manufacturer or a generic version by a different manufacturer, a 55
different formulation of the same drug, or a different drug in the 56
same class. 57

Sec. 3923.611. (A) No public employee benefit plan shall 58
remove a prescription drug from its formulary, move a covered 59
prescription drug to a higher copay tier, interchange a 60
prescription drug, or add utilization management requirements for 61
a prescription drug without providing prior notice in writing to 62
all network health care providers, network pharmacies, network 63
pharmacists, and plan members covered under any affected public 64
employee benefit plan. The notice shall specify that the change 65
will become effective as described in division (B) of this 66
section. 67

(B) Notwithstanding section 3901.71 of the Revised Code, if a 68
public employee benefit plan makes any of the changes listed in 69
division (A) of this section, the change shall become effective on 70
the renewal date of the plan member's plan. 71

(C) As used in this section: 72

(1) "Formulary" means the list of prescription drugs covered 73
under the plan. 74

(2) "Interchange" means to substitute one version of a 75
prescribed drug for the drug originally prescribed including 76
substituting a generic version for a brand-name version, a 77
brand-name version for a generic version, a generic version by one 78

<u>manufacturer or a generic version by a different manufacturer, a</u>	79
<u>different formulation of the same drug, or a different drug in the</u>	80
<u>same class.</u>	81