



# Ohio Legislative Service Commission

## Bill Analysis

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### Sub. S.B. 288\*

130th General Assembly  
(As Reported by H. Health and Aging)

**Sens.** Eklund, Beagle, Brown, Gentile, Kearney, Bacon, Balderson, Burke, Cafaro, Coley, Faber, Gardner, Hite, Hughes, Jones, Jordan, LaRose, Lehner, Manning, Obhof, Oelslager, Patton, Peterson, Sawyer, Schaffer, Seitz, Skindell, Tavares, Turner, Uecker, Widener

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## BILL SUMMARY

### Volunteer Peace Officers' Dependents Fund

- Creates the Volunteer Peace Officers' Dependents Fund to provide death benefits to survivors of volunteer, part-time, and reserve police officers, sheriffs' deputies, constables, and deputy marshals killed in the line of duty and disability benefits to such disabled officers and deputies.
- Makes each political subdivision with a police or sheriff's department that employs volunteer peace officers a member of the Fund and requires each Fund member to establish a volunteer peace officers' dependents fund board to administer claims for benefits from the Fund.
- Requires the following benefit amounts to be paid from the Fund: (1) surviving spouses, a lump-sum award of \$1,000, plus a benefit of \$300 per month, (2) dependent children, a benefit of \$125 per month, and (3) disabled volunteer peace officers, a disability benefit of \$300 per month.
- To pay for benefits disbursed by the Fund, requires each Fund member to pay the Treasurer of State an initial premium of \$300 to \$500, which is based on the member's assessed property valuation.

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\* This analysis was prepared before the report of the House Health and Aging Committee appeared in the House Journal. Note that the list of co-sponsors and the legislative history may be incomplete.

- If claims against the Fund have reduced it to 95% or less of its basic capital account, requires Fund members to pay additional premiums of \$90 to \$150, depending on the member's assessed property valuation.

## **Insurance**

- Lowers to 26 (from 28) the age to which health insurance coverage must be extended, upon the request of the insured, under certain health policies or plans that provide coverage to an insured's unmarried dependent children.
- Increases to 30 (from 25) the minimum number of hours that an eligible employee works in a normal work week for the purposes of the law governing small employer health benefit plans.
- Specifies that a volunteer firefighter is not an employee for the purposes of the federal Patient Protection and Affordable Care Act.
- Increases the potential length of one-time, limited duration health insurance policies, from policies that are not longer than six months to policies that are less than 12 months.
- Specifies that chemotherapy parity requirements, as they apply to high deductible health plans, apply only after the respective deductible has been met.

## **Controlled substances containing buprenorphine**

- Requires the State Medical Board to establish, by rule, standards and procedures for physicians to follow in using controlled substances to treat opioid dependence or addiction.
- Modifies the conditions under which buprenorphine is not included in determining whether prescribers have exceeded their limits on personally furnishing controlled substances.
- Requires, beginning April 1, 2015, that certain prescriber-based business entities hold a terminal distributor license from the State Board of Pharmacy in order to possess and distribute buprenorphine-containing drugs used to treat drug dependence or addiction.

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## CONTENT AND OPERATION

### VOLUNTEER PEACE OFFICERS' DEPENDENTS FUND

#### Volunteer Peace Officers' Dependents Fund

The bill creates the Volunteer Peace Officers' Dependents Fund (Fund) to provide death benefits to survivors of volunteer, part-time, and reserve police officers, sheriffs' deputies, constables, and deputy marshals killed in the line of duty and disability benefits to such officers and deputies who are totally and permanently disabled as a result of discharging their duties.<sup>1</sup> The bill is similar to the existing Volunteer Firefighters' Dependents Fund, which provides (1) death benefits to surviving spouses and dependent children of volunteer firefighters killed in the line of duty and (2)

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<sup>1</sup> R.C. Chapter 143.



disability benefits to volunteer firefighters who are totally and permanently disabled as a result of discharging duties as a firefighter.<sup>2</sup>

The bill defines "volunteer peace officer" as any person who is employed as a police officer, sheriff's deputy, constable, or deputy marshal in a part-time, reserve, or volunteer capacity by a county sheriff's department or the police department of a municipal corporation, township, township police district, or joint police district and is not a member of the Public Employees Retirement System (PERS), Ohio Police and Fire Pension Fund (OP&F), State Highway Patrol Retirement System (SHPRS), or the Cincinnati Retirement System (CRS).<sup>3</sup>

The bill specifies that it has no impact on PERS, OP&F, or SHPRS.<sup>4</sup>

### **Volunteer peace officers' dependents fund boards**

The bill makes each county, municipal corporation, township, township police district, and joint police district with a police or sheriff's department that employs volunteer peace officers a member of the Fund. Each Fund member must establish a volunteer peace officers' dependents fund board. The boards administer claims for benefits from the Fund.

Each board is to consist of the following members:

(1) Two members, elected by the legislative authority of the Fund member that maintains the police or sheriff's department;

(2) Two members, elected by the volunteer peace officers of the police or sheriff's department;

(3) One board member, elected by the members specified in (1) and (2), above. The member must be an elector of the Fund member in which the police or sheriff's department is located, but not be a public employee, member of the legislative authority, or peace officer of that police or sheriff's department.<sup>5</sup>

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<sup>2</sup> R.C. Chapter 146., not in the bill.

<sup>3</sup> R.C. 143.01(C).

<sup>4</sup> Section 4.

<sup>5</sup> R.C. 143.02(A).



## **Election of members**

The legislative authority of the Fund member that maintains the police or sheriff's department must hold the election for the initial board members no later than 30 days after the bill's effective date. After that, the election of the board members specified in (1) above must be held each year between November 1 and the second Monday in December. The election of the member specified in (3) above is to be held each year on or before December 31.<sup>6</sup>

The Board members specified in (2) above are to be elected on or before the second Monday in December. The board's secretary (or, the case of the initial election, the legislative authority of the Fund member that maintains the department) must give notice of the election by posting it in a conspicuous place at the police or sheriff's department headquarters. Between 9 a.m. and 9 p.m. on the day designated, each person eligible to vote must send in writing the name of two persons eligible to be elected to the board who are the person's choices. The board (or, for initial elections, the legislative authority) is to count and record all votes cast at the election, and announce the result. The two persons receiving the highest number of votes are elected. If there is a tie vote for any two persons, the election is to be decided by lot or in any other way agreed on by the persons for whom the tie vote was cast.<sup>7</sup>

Except for initial terms of office, terms of office of board members are one year and begin the first day of January. For the initially elected members, a member's term begins on the day after the member is elected and ends on December 31 of the year in which the member is elected. Any vacancy occurring on a board is to be filled at a special election called by the board's secretary.<sup>8</sup>

## **Organization**

A Fund board is to meet promptly after election of its members and organize. The board must select from among its members a chairperson and secretary. The board's secretary is to keep a complete record of the board's proceedings, which must be maintained as a permanent file.

Board members are to serve without compensation. The legislative authority of the Fund member must provide sufficient meeting space and supplies for the board to carry out its duties.

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<sup>6</sup> R.C. 143.02(C)(1) and Section 3.

<sup>7</sup> R.C. 143.02(C)(2) and Section 3.

<sup>8</sup> R.C. 143.02(B) and (D) and Section 3.



The board's secretary must submit all of the following to the Director of Commerce: (1) the name and address of each board member and the group or authority that elected the member, (2) the names of the board chairperson and secretary, and (3) a certificate indicating the current assessed property valuation of the Fund member that is prepared by the clerk of the Fund member.<sup>9</sup>

Each board may adopt rules as necessary for handling and processing claims for benefits. The board must perform other duties as necessary to implement the law governing the Fund.<sup>10</sup>

The prosecuting attorney of the county in which a Fund member is located serves as the legal advisor for the board.<sup>11</sup>

## **Benefits**

### **Death benefits**

Under the bill, death benefits must be paid from the Fund to the surviving spouse or dependent children of a volunteer peace officer who is killed in the line of duty, regardless of whether disability benefits were paid from the Fund to that officer. Death benefits are to be paid as follows:

--A surviving spouse receives a lump-sum award of \$1,000 and a benefit of \$300 per month.

--Each dependent child under age 18, or under age 22 if in school, receives a benefit of \$125 per month.<sup>12</sup>

"Killed in the line of duty" is defined as either (1) death in the line of duty or (2) death from injury sustained in the line of duty, including heart attack or other fatal injury or illness caused while in the line of duty.<sup>13</sup>

### **Disability benefits**

Under the bill a volunteer peace officer who is totally and permanently disabled as a result of discharging the duties of a volunteer peace officer receives a disability

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<sup>9</sup> R.C. 143.03.

<sup>10</sup> R.C. 143.04.

<sup>11</sup> R.C. 143.05.

<sup>12</sup> R.C. 143.09(B).

<sup>13</sup> R.C. 143.01(A).



benefit from the Fund of \$300 per month. The bill provides, however, that no payment is to be made to a volunteer peace officer who is receiving the officer's full salary during the time of the officer's disability.<sup>14</sup>

The bill defines "totally and permanently disabled" as unable to engage in any substantial gainful employment for a period of not less than 12 months by reason of a medically determinable physical impairment that is permanent or presumed to be permanent.<sup>15</sup>

### **Application for benefits**

An individual eligible for benefits from the Fund must file a claim for benefits with the appropriate Fund board on a form provided by the board. All of the following information must be submitted with the claim:

(1) In the case of a totally and permanently disabled volunteer peace officer: (a) the name of the police or sheriff's department for which the officer was a volunteer peace officer, (b) the date of the injury, and (c) satisfactory medical evidence that the officer is totally and permanently disabled.

(2) In the case of a surviving spouse or a parent, guardian, or other person in charge of a dependent child: (a) the deceased officer's full name, (b) the name of the police or sheriff's department for which the deceased officer was a volunteer peace officer, (c) the name and address of the surviving spouse, as applicable, (d) the names, ages, and addresses of any dependent children, and (e) any other evidence required by the board.<sup>16</sup>

All claimants must certify that neither the claimant nor the person on whose behalf the claim is filed qualifies for other benefits from any of the following based on the officer's service as a volunteer peace officer: PERS, OP&F, SHPRS, CRS, or the Ohio Public Safety Officers Death Benefit Fund.<sup>17</sup>

The bill requires initial claims to be filed with the board of the Fund member in which the officer was a volunteer peace officer. Thereafter, on request of the claimant or

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<sup>14</sup> R.C. 143.09(A).

<sup>15</sup> R.C. 143.01(B).

<sup>16</sup> R.C. 143.09(C).

<sup>17</sup> R.C. 143.09(D).



the board, claims may be transferred to a board near the claimant's current residence, if the boards concerned agree to the transfer.<sup>18</sup>

### **Consideration of claims**

Not later than five days after receiving a claim for benefits, a board must meet and determine the validity of the claim. If the board determines that the claim is valid, it must make a determination of the amount due and certify its determination to the Director of Commerce for payment. The certificate must show (1) the board's name and address, (2) the name and address of each beneficiary, (3) the amount to be received by each beneficiary, and (4) the name and address of the person to whom payments are to be made.

If the Board determines that a claimant is ineligible for benefits, it must deny the claim and issue to the claimant a copy of its order.<sup>19</sup>

The bill authorizes a board to make a continuing order for monthly payments to a claimant for a period not exceeding three months from the date of the determination. The determination may be modified after issuance to reflect any changes in the claimant's eligibility. If no changes occur at the end of the three-month period, the Director may provide for payment if the board certifies that the original certificate is continued for an additional three-month period.<sup>20</sup>

### **Exemption from garnishment and attachment**

Under the bill, an individual's right to the benefits provided by the bill (1) are exempt from execution, garnishment, attachment, and bankruptcy or insolvency laws, and (2) are unassignable, except for orders concerning the division of marital property and withholding orders to satisfy child support obligations.<sup>21</sup>

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<sup>18</sup> R.C. 143.09(E).

<sup>19</sup> R.C. 143.10(A).

<sup>20</sup> R.C. 143.10(B).

<sup>21</sup> R.C. 143.11 and 2329.66.





## Funding of benefits

### Initial premiums

The Fund is to be maintained in the state treasury. All investment earnings of the Fund must be collected by the Treasurer of State and placed to the credit of the Fund.<sup>22</sup>

To pay for benefits disbursed by the Fund, the bill requires each Fund member to pay the Treasurer of State an initial premium, which is credited to the Fund. The amount of the premium depends on the member's assessed property valuation, as indicated in the table below.<sup>23</sup>

Member's assessed property valuation	Initial premium amount
Less than \$7 million	\$300
\$7 million or more, but less than \$14 million	\$350
\$14 million or more, but less than \$21 million	\$400
\$21 million or more, but less than \$28 million	\$450
\$28 million or more	\$500

### Additional premiums

The bill makes the total of all initial premiums collected by the Treasurer of State the basic capital account of the Fund. No further contributions are required of its members until claims against the Fund have reduced it to 95% or less of its basic capital account. In that event, additional premiums must be paid by Fund members and the Director must cause the following assessments, based on current property valuation, to be made and certified to the legislative authority of each member:<sup>24</sup>

Member's assessed property valuation	Assessment amount
Less than \$7 million	\$90
\$7 million or more, but less than \$14 million	\$105
\$14 million or more, but less than \$21 million	\$120
\$21 million or more, but less than \$28 million	\$135
\$28 million or more	\$150

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<sup>22</sup> R.C. 143.06(A).

<sup>23</sup> R.C. 143.06(B).

<sup>24</sup> R.C. 143.07.



### **Failure to pay premiums**

If a Fund member fails to pay the initial premium, the bill requires the Director to certify the failure as an assessment against the member to the auditor of the county within which the member is located. The county auditor is to (1) withhold the amount of the assessment, together with interest at the rate of 6% from the due date of the premium, from the next ensuing tax settlement due the member and (2) pay the amount to the Treasurer of State to the credit of the Fund.

If a board secretary fails to submit to the Director a certificate of the member's current assessed property valuation, the Director must use the highest assessed property valuation (\$28 million or more) as a basis for the assessment. As a result, the member will pay an initial premium of \$500.<sup>25</sup>

If a member does not pay the additional premium within 45 days after receiving notice of the assessment, the Director must proceed with collection in accordance with the bill's procedures for collecting initial premiums that have not been paid.<sup>26</sup>

## **INSURANCE**

### **Insurance coverage for dependent children**

The bill provides that, once an unmarried child has attained the limiting age for dependent children specified in a health insurance policy, contract, agreement, or benefit plan and upon the request of the insured, the health insurer must offer to cover the unmarried child until the child reaches age 26 if certain conditions are satisfied (see "**Limiting age**," below).<sup>27</sup> Current law requires that such coverage extend until the unmarried child reaches age 28; however, it does not require insurers to offer dependent coverage in general.

The insurers subject to these provisions of the bill are health insuring corporations, sickness and accident insurers, multiple employer welfare arrangements, and public employee benefit plans. The provisions do not apply to health insurance that is part of employee benefits offered by private employers that self-insure their benefit programs. These programs are generally precluded from state regulation by the federal Employee Retirement Income Security Act (ERISA) (see "**ERISA**," below).

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<sup>25</sup> R.C. 143.08(A).

<sup>26</sup> R.C. 143.08(B).

<sup>27</sup> R.C. 1751.14, 3923.24, and 3923.241.



As noted above, coverage must be extended to an unmarried dependent child upon the request of the insured and if certain conditions are met, including the following: (1) the child is the natural child, stepchild, or adopted child of the insured, (2) the child is an Ohio resident or a full-time student at an accredited public or private institution of higher education, (3) the child is not Medicaid or Medicare eligible, and (4) the child is not employed by an employer that offers any health benefit plan under which the child is eligible for coverage.

### **Application**

These provisions of the bill apply to policies, contracts, agreements, and plans that are delivered, issued for delivery, or renewed in Ohio on or after January 1, 2016.<sup>28</sup>

### **Limiting age**

Existing law allows a health insurance policy or plan offered by a sickness and accident insurer, a health insuring corporation, multiple employer welfare arrangement, or public employee benefit plan that offers coverage for unmarried dependent children to place a "limiting age" on such coverage. Under current law, the attainment of that age may not operate to terminate coverage if the child continues to be both: (1) incapable of self-sustaining employment by reason of mental retardation or physical handicap and (2) primarily dependent on the policyholder for support or maintenance.

### **Mandated health benefits legislation**

The bill's requirements regarding extended coverage for unmarried dependents could be considered mandated health benefits. Under current law, no mandated health benefits legislation enacted by the General Assembly may be applied to any policy, contract, plan, or other arrangement providing sickness and accident or other health benefits until the Superintendent of Insurance determines, pursuant to a hearing conducted in accordance with the Administrative Procedure Act, that the provision can be applied fully and equally in all respects to (1) employee benefit plans subject to regulation by the federal ERISA and (2) employee benefit plans established or modified by the state or its political subdivisions.<sup>29</sup>

The bill includes provisions that exempt its requirements regarding coverage for unmarried dependents from review by the Superintendent. Therefore, the coverage

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<sup>28</sup> Section 3.

<sup>29</sup> R.C. 3901.71, not in the bill.

may be implemented without a hearing and determination that the coverage can be applied to employee benefit plans subject to ERISA.<sup>30</sup>

## **ERISA**

ERISA is a comprehensive federal statute governing the administration of employee benefit plans. ERISA generally precludes state regulation of benefits offered by private employers that self-insure their benefit programs. Larger employers frequently choose to establish their own health insurance plans for their employees in lieu of purchasing coverage from a sickness and accident insurer or health insuring corporation.

### **Eligible employees under small employer benefit plans**

The bill specifies, for the purposes of the law governing small employer benefit plans, that an eligible employee means an employee who works a normal work week of 30 or more hours. Current law provides that an eligible employee works a normal work week of 25 or more hours. A small employer, in connection with a group health benefit plan, is an employer who employed an average of at least two but no more than 50 eligible employees on business days during the preceding calendar year and who employs at least two employees on the first day of the plan year.<sup>31</sup> This change conforms Ohio law to provisions in the Patient Protection and Affordable Care Act (ACA) that relate to mandatory health insurance coverage.

### **Application**

These provisions of the bill apply to policies, contracts, agreements, and plans that are delivered, issued for delivery, or renewed in Ohio on or after January 1, 2016.<sup>32</sup>

### **Volunteer firefighters**

With respect to a volunteer firefighter appointed by a municipal corporation or township, the bill provides that the firefighter is a bona fide volunteer and is not a municipal corporation or township employee for the purposes of the federal Patient Protection and Affordable Care Act.<sup>33</sup> The bill specifies that a firefighter is not an employee even if the firefighter or, in some instances, a family member of the firefighter, receives any benefits provided by the following:

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<sup>30</sup> R.C. 1751.69(B) and 3923.85(B).

<sup>31</sup> R.C. 3924.01.

<sup>32</sup> Section 3.

<sup>33</sup> R.C. 505.377, 737.082, and 737.222.



- (1) The Volunteer Fire Fighters' Dependents Fund;
- (2) The Industrial Commission or Bureau of Workers' Compensation;
- (3) An annuity program established by a township or municipal corporation for its volunteer firefighters;
- (4) A standard liability and casualty insurance policy purchased by a township or municipal corporation for members of its fire department;
- (5) The tuition waiver available to a person attending a state-funded college or university who is the child or spouse of a firefighter killed in the line of duty;
- (6) A sickness and accident insurance policy that covers a volunteer fire department and its members;
- (7) The law that prohibits an employer from terminating an employee who is a volunteer firefighter when that employee is absent from or late to work in order to respond to an emergency prior to the time the employee is to report to work.

### **One-time, limited-duration policies**

The bill increases the potential length of one-time, limited-duration (OTLD) health insurance policies, from policies that are not longer than six months to policies that are less than 12 months.<sup>34</sup> OTLD policies are distinct from other health insurance policies in that certain requirements that apply to standard insurance policies do not apply to OTLD policies. The following is a list of the requirements that do not apply to OTLD policies:

- Uniform prescription drug information on standardized identification cards or other identifying electronic technology;
- Limitations on administrative expenses retained in relation to health policies;
- Coverage of adult dependent children;
- Biologically based mental illness parity;
- Pre-existing conditions coverage;
- Coverage of emergency services;

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<sup>34</sup> See **COMMENT**.

- Required continuation of coverage;
- Requirements for the discontinuation of insurance products;
- Small employer health benefit plan law requirements.<sup>35</sup>

## **Chemotherapy parity**

The bill specifies that chemotherapy parity requirements, as they apply to high deductible health plans, including catastrophic health plans, apply only after the respective deductible has been met.<sup>36</sup> Current law requires that orally administered chemotherapy be covered on at least the same basis as intravenously administered or injected cancer medications. This change ensures that such plans will be eligible under federal law for health savings accounts (HSA).

## **Context**

An HSA is a tax-exempt savings account that can be used to pay or reimburse certain medical expenses. An HSA can only be set up in relation to certain types of health benefit plans. Federal guidance provided by the Internal Revenue Service (IRS) specifies that high deductible health plans that include prescription drug coverage are eligible for an HSA only if the prescription drug coverage provides no benefits until the deductible is met.<sup>37</sup>

## **CONTROLLED SUBSTANCES CONTAINING BUPRENORPHINE**

### **Physician use of controlled substances to treat dependence or addiction**

The bill requires the State Medical Board to establish standards and procedures to be followed by physicians when using schedule III, IV, or V controlled substances to treat opioid dependence or addiction. The bill authorizes the Board to specify the practice type or location in which the standards and procedures are to apply.<sup>38</sup>

The standards and procedures are to be established in rules adopted by the Board in accordance with the Administrative Procedure Act (R.C. Chapter 119.). The

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<sup>35</sup> R.C. 1739.061, 3923.24(E), 3923.241(D), 3923.281, 3923.57, 3923.58, 3923.601, 3923.83, and 3924.01(H).

<sup>36</sup> R.C. 1751.69(C) and 3923.85(C)

<sup>37</sup> U.S. Internal Revenue Service. *Health Savings Accounts and Other Tax-Favored Health Plans* (Publication 969), 2013.

<sup>38</sup> R.C. 4731.056.



standards and procedures are applicable to physicians who are medical doctors or osteopathic doctors.

### **Limits on personally furnishing controlled substances**

Existing law limits on the amount of controlled substances a prescriber may personally furnish to or for patients. Under these limits, which are unchanged by the bill, a prescriber (other than a veterinarian) cannot personally furnish more than either of the following:

- 2,500 dosage units in a 30-day period to all patients taken as a whole;
- A 72-hour supply for a patient's use in that period.

A prescriber who violates these limits may be subject to fines of not more than \$5,000 imposed by the State Board of Pharmacy under current law.<sup>39</sup>

The bill modifies the conditions under which buprenorphine is not included in determining whether a prescriber has exceeded the limits on personally furnishing controlled substances to patients.<sup>40</sup> Buprenorphine, which is used to treat opioid dependence, prevents withdrawal symptoms when someone stops taking opioid drugs by producing similar effects to the opioid drugs.<sup>41</sup>

Under current law, buprenorphine is excluded from consideration in determining whether the limits have been exceeded if the buprenorphine is provided to treat drug addiction by a prescriber who satisfies federal requirements so as to be exempt from separate registration with the federal Drug Enforcement Administration.<sup>42</sup> The bill replaces this provision with a provision that excludes buprenorphine that is provided to treat drug addiction as part of an opioid treatment program. For the exclusion to apply, the opioid treatment program (1) must be certified by the Substance Abuse and Mental Health Services Administration of the federal Department of Health and Human Services and (2) must distribute both buprenorphine and methadone.

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<sup>39</sup> R.C. 4729.291(C).

<sup>40</sup> R.C. 4729.291(D).

<sup>41</sup> U.S. National Library of Medicine, National Institutes of Health, *Buprenorphine Sublingual* (last visited December 2, 2014), available at < <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a605002.html>>.

<sup>42</sup> R.C. 4729.291(D)(1)(b); *see also* 21 Code of Federal Regulations 1301.28.

## Terminal distributor license for prescriber businesses using buprenorphine

Under current law, certain prescriber-based business entities that possess dangerous drugs are exempt from the general requirement to be licensed by the State Board of Pharmacy as terminal distributors of dangerous drugs. For the exemption to apply, each shareholder, member, or partner of the business entity must be authorized to prescribe drugs and authorized to provide the health care professional services offered by the entity.<sup>43</sup>

Beginning April 1, 2015, the bill requires such a business entity to hold a terminal distributor license in circumstances involving buprenorphine. Specifically, the business entity must be licensed in order to possess, have custody or control of, and distribute controlled substances containing buprenorphine that are used for the purpose of treating drug dependence or addiction.<sup>44</sup>

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### COMMENT

The operation of R.C. 3923.58 was suspended by S.B. 9 of the 130th General Assembly. This section required insurers to offer open enrollment to individuals that could not otherwise obtain insurance (perhaps because of a pre-existing condition). This section was suspended because the open enrollment program was largely subsumed by the federal Patient Protection and Affordable Care Act (PPACA). The bill's amendment of this section does not supersede that suspension.

Because OTLD policies do not have to meet certain requirements, such as the coverage of pre-existing conditions, they may not constitute qualified health plans with regard to the individual mandate enacted in the PPACA. As such, individuals covered by OTLD policies might be subject to the tax penalty associated with the mandate.

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### HISTORY

ACTION	DATE
Introduced	02-25-14
Reported, S. Insurance & Financial Institutions	05-28-14
Passed Senate (32-0)	05-28-14
Reported, H. Health & Aging	---

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<sup>43</sup> R.C. 4729.51, not in the bill and 4729.541.

<sup>44</sup> R.C. 4729.541(C)(2).

