

HB 305

Prohibits a health plan issuer from imposing cost-sharing on a prescription insulin drug in an amount that exceeds \$35 for a 30-day supply.

HB 336

Prohibits a health plan issuer from taking certain actions that would favor the issuer's affiliated pharmacies or would result in a covered person being required to use an affiliated pharmacy or restricted from using an unaffiliated but in-network pharmacy. Prohibits a health plan issuer from preventing a pharmacy from joining the issuer's network if the pharmacy agrees to reasonable terms of the issuer's pharmacy provider contract and is otherwise in compliance with the law. Requires each contract between a health plan issuer and a pharmacy to include a system by which the pharmacy can inform a covered person when a drug is available at a lower cost if purchased outside of the health benefit plan.

HB 446

The bill creates the Ohio Health Care Plan, which is charged with providing universal and affordable health care coverage to all Ohio residents, consisting of a comprehensive benefit

package that includes benefits for prescription drugs, while simultaneously working to: control health care costs; control health care spending; achieve measurable improvement in health care outcomes; increase all parties' satisfaction with the health care system; implement policies that strengthen and improve culturally and linguistically sensitive care; and develop an integrated health care database to support health care planning.

HB 451

Prohibits a health benefit plan from requiring that physician-administered drugs be dispensed by a pharmacy or affiliated pharmacy, limiting coverage when such drugs are not dispensed by a pharmacy or affiliated pharmacy, or covering such drugs with higher cost-sharing if dispensed in a setting other than a pharmacy.

HB 460

Prohibits a health benefit plan from imposing cost sharing for occupational or physical therapy services that is greater than the cost sharing for an office visit to a primary care physician or primary care osteopath physician. Requires a health plan issuer to clearly state on its website and on all relevant literature that coverage for occupational and physical therapy is available along with any

limitations. Makes a violation of the bill's provisions an unfair and deceptive practice in the business of insurance.

4 Economic Takeaways From 6th Circ. ProMedica Decision

Healthcare Affordability State Policy Scorecard

HB 122

Regards the provision of telehealth services. To establish and modify requirements regarding the provision of telehealth services.

HB 160

Regards the provision of health care cost estimates. Before a health care provider may provide a health care product, service, or procedure to a patient, the patient or the patient's representative shall receive a reasonable, good faith cost estimate for the product, service, or procedure.

Hospital Wants Redo In 6th Circ. ProMedica Contract Appeal