OHIO LEGISLATIVE SERVICE COMMISSION

Sub. Bill Comparative Synopsis

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H.B. 72

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(H. Health)

This table compares L_132_0774-3 to L_132_0774-4. It addresses only the topics on which the versions differ substantively. It does not list topics on which the bills are substantively the same. Note that, in the interest of brevity, this comparative synopsis refers to "health plan issuers," which includes health plan issuers, as defined by the bill, utilization review organizations, and the Department of Medicaid, except as otherwise noted below.

Topic	Sub. Version (L_132_0774-3)	Sub. Version (L_132_0774-4)
Mandatory exemptions	Requires, *pursuant to a step therapy exemption request*, a health plan issuer to grant a step therapy exemption request if any of the following are met:	Same.
	The required prescription drug is contraindicated.	The required drug is contraindicated for that specific patient, *pursuant to the drug's U.S. Food and Drug Administration (USFDA) prescribing information.*
	The patient has tried the required prescription drug while under their current, or a previous, health benefit plan, or another prescription drug in the same *pharmacologic class or with the same mechanism of action,* and such prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event.	The patient has tried the required prescription drug while under their current, or a previous, health benefit plan, *or another USFDA approved AB-rated prescription drug,* and such prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event.

Topic	Sub. Version (L_132_0774-3)	Sub. Version (L_132_0774-4)
	The required prescription drug is not in the best interest of the patent, *consistent with medical or scientific evidence, and the health care provider documents the specific reason for the step therapy exemption in the patient's medical record.*	No provision.
	The patient is stable on a prescription drug selected by their health care provider for the medical condition under consideration, regardless of whether or not the drug was prescribed when the patient was covered under the current or a previous health benefit plan, or has already gone through a step therapy protocol. *(R.C. 3901.822(B) and 5164.7514(A)(5).)*	Same *(R.C. 3901.832(B) and 5164.7514(A)(5)).*
	Allows a health benefit plan to require a stable patient to try an AB-rated generic equivalent prior to providing coverage for the branded drug *(R.C. 3901.822(B)(4) and (D)(1) and 5164.7514(A)(5) and (D)).*	Allows a health benefit plan to require a stable patient to try a pharmaceutical alternative, per the USFDA's Orange Book, Purple Book, or their successors, prior to providing coverage for the prescribed drug *(R.C. 3901.832(B)(3) and (D)(1) and 5164.7514(A)(5) and (D)).*
Effective date	Effective 90 days after the bill's effective date *(Section 3)*.	For commercial plans, effective January 1, 2020. For Medicaid, requires, not later than 90 days after the bill's effective date, the Medicaid Director to submit to the U.S. Secretary of Health and Human Services a Medicaid State Plan Amendment as necessary to implement the bill. *(Section 3.)*