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# OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research  
and Drafting

Legislative Budget  
Office

H.B. 512  
133<sup>rd</sup> General Assembly

## Bill Analysis

**Version:** As Introduced

**Primary Sponsor:** Rep. Rogers

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### SUMMARY

- Requires health benefit plans and the Medicaid program to cover epinephrine and glucagon for persons 18 years of age or younger.
- Prohibits a health benefit plan from imposing cost-sharing requirements exceeding \$100 per prescription epinephrine or glucagon fill.
- Prohibits the Medicaid program from imposing cost-sharing requirements exceeding those for epinephrine and glucagon in another form.

### DETAILED ANALYSIS

#### Insurance coverage

The bill requires a health benefit plan (a contract to provide for or pay for health care services, including plans offered by health insuring corporations, sickness and accident insurers, and multiple employer welfare arrangements) to cover epinephrine and glucagon in any prescribed form for a person covered under the health benefit plan who is 18 years of age or younger if considered medically necessary by the covered person's provider.

Epinephrine is commonly used to treat anaphylaxis. Glucagon is a hormone that helps regulate the levels of blood sugar in a person's body.

The bill prohibits a health benefit plan from imposing cost sharing (the cost to a covered person under a health benefit plan according to any out-of-pocket expense requirement) for epinephrine or glucagon in any prescribed form that exceeds \$100 per prescription fill.<sup>1</sup>

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<sup>1</sup> R.C. 3902.50(A) to (C); healthline, *What's the Difference Between Epinephrine and Norepinephrine?*, <https://www.healthline.com/health/epinephrine-vs-norepinephrine#uses>, accessed March 31, 2020; and healthline, *How Insulin and Glucagon Work*, <https://www.healthline.com/health/diabetes/insulin-and-glucagon>, accessed March 31, 2020.

These requirements apply to plans delivered, issued for delivery, modified, or renewed on or after the bill's effective date.<sup>2</sup>

## Medicaid coverage

The bill requires the Medicaid program to cover epinephrine and glucagon in any prescribed form for a Medicaid recipient 18 years of age or younger if considered medically necessary by the recipient's provider.

The bill requires parity in the cost-sharing requirements for the different forms of each of those drugs under the Medicaid program. Cost sharing for epinephrine in one prescribed form cannot exceed the cost sharing for epinephrine in another prescribed form. Likewise, cost sharing for glucagon in one prescribed form cannot exceed the cost sharing for glucagon in another prescribed form.<sup>3</sup>

Each Medicaid managed care organization (MCO) and MCO plan must comply with these requirements.<sup>4</sup>

## Exemption from review by the Superintendent of Insurance

The bill's required coverage for epinephrine and glucagon might be considered a mandated health benefit. Under R.C. 3901.71, if the General Assembly enacts a provision for mandated health benefits, that provision cannot be applied to any health benefit plan until the Superintendent of Insurance determines that the provision can be applied fully and equally in all respects to employee benefit plans subject to regulation by the federal "Employee Retirement Income Security Act of 1974" (ERISA),<sup>5</sup> and to employee benefit plans established or modified by the state or any of its political subdivisions. ERISA appears to preempt any state regulation of such plans.<sup>6</sup> The bill contains provisions that exempt its requirements from this restriction.<sup>7</sup>

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## HISTORY

Action	Date
Introduced	02-18-20

H0512-I-133/ec

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<sup>2</sup> Section 3 of the bill.

<sup>3</sup> R.C. 5164.092, with conforming changes in R.C. 5162.20.

<sup>4</sup> R.C. 5167.12(D).

<sup>5</sup> 29 U.S.C. 1001, as amended.

<sup>6</sup> 29 U.S.C. 1144.

<sup>7</sup> R.C. 3902.50(D).