



Sub. H.B. 311*

125th General Assembly
(As Passed by the House)

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* *This analysis was prepared before the report of the House Finance and Appropriations Committee and the vote of the House of Representatives appeared in the House Journal.*

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BILL SUMMARY

Ohio's Best Rx Program created

(R.C. 5110.01(P) and 5110.02; Sections 3 to 5)

- Establishes the Ohio's Best Rx Program under which eligible individuals who enroll in the Program may purchase drugs at discounted prices that are derived from rebates provided by drug manufacturers or the average prices otherwise established by the health benefit plans offered by the five state retirement systems and the state health benefit plan offered to state employees through the Ohio Med Preferred Provider Organization or a successor selected by the state.
- Makes an appropriation from the General Revenue Fund for implementation of the Program.¹
- Establishes a process for making a supplemental appropriation, if required.

¹ See the Legislative Service Commission's Fiscal Note for H.B. 311 for a detailed description of the appropriation and its designated uses.

- Specifies that in its creation of the Program, it is not the intention of the General Assembly to establish an entitlement program.

ODJFS administration of the Program

(R.C. 5110.02 and 5110.35)

- Requires the Program to be administered by the Ohio Department of Job and Family Services (ODJFS), but permits ODJFS to contract with a person to be the Ohio's Best Rx Program administrator.
- Requires ODJFS to adopt rules governing the Program, including any rules ODJFS determines are necessary for the efficient administration of the Program.

Program administration through contract

(R.C. 5110.10 and 5110.11)

- Requires ODJFS, before contracting with a person to be the Ohio's Best Rx Program administrator, to issue a request for proposals and to establish the process it must follow in issuing the request, receiving responses to the request, and evaluating the responses on a competitive basis.
- Requires the person awarded a contract to be the Program administrator to perform any duty ODJFS specifies in the contract.
- Requires the administrator to offer a mail order system through which Program participants may obtain drugs.

Eligibility for the Program

(R.C. 5110.05)

- Establishes the following requirements that must be met for an individual to be eligible for the Ohio's Best Rx Program:
 - (1) The individual must be an Ohio resident.
 - (2) The individual must be age 60 or older or have a family income not exceeding 250% of the federal poverty guidelines.

- (3) The individual must not have outpatient prescription drug coverage paid for in whole or in part by a third-party payer (for example, private health insurance), Medicaid, Disability Assistance Medical Assistance, or another health plan or pharmacy assistance plan that uses state or federal funds to cover drug costs, other than the discount card program offered through the Golden Buckeye Card Program.
- (4) The individual must not have had the outpatient prescription drug coverage specified above during any of the four months preceding the month in which application is made for the Ohio's Best Rx Program. This restriction does not apply when a person becomes age 60 or the coverage ended because of any of the following: (a) a third-party payer's bankruptcy, (b) the individual is no longer eligible for coverage provided through a federally protected retirement plan, or (c) the individual is no longer eligible for Medicaid or Disability Assistance Medical Assistance.

Application procedures; penalty for falsification

(R.C. 2921.13, 5110.05(B), 5110.07, and 5110.351)

- Requires ODJFS to adopt rules establishing application and reapplication procedures and the forms to be used for applying to participate in the Program.
- Allows applications to be made by an individual on behalf of another.
- Specifies that providing false information on an application constitutes the offense of falsification, a first degree misdemeanor.
- Requires ODJFS to provide applicants with information about the Medicaid program, including information that explains how Medicaid's drug benefits are better than the Ohio's Best Rx Program.

Eligibility determinations and annual redeterminations

(R.C. 5110.08 and 5110.09)

- Requires ODJFS to adopt rules establishing procedures for making eligibility determinations.

- Provides that an individual's eligibility for the Program is limited to one year, after which the individual may reapply.
- Provides that eligibility determinations cannot be appealed under the Administrative Procedure Act, through ODJFS's administrative appeals process for other public assistance programs, or any other provision of the Revised Code.
- Requires enrollment cards to be issued when an individual receives a determination of eligibility for the Program, permits the card to cover all eligible individuals in a family, and requires the card to be presented with each drug purchase.

Drugs included in the Program

(R.C. 5110.03)

- Requires a drug to be included in the Ohio's Best Rx Program if it is either (1) covered by a state health benefit plan or state retirement system health benefit plan or (2) is covered by a rebate agreement that a drug manufacturer enters into with the Program.
- Permits ODJFS to exclude a drug that is covered by a state health benefit plan or state retirement system health benefit plan, if the plan receives a rebate from the drug manufacturer but the drug is not covered by a rebate agreement under the Ohio's Best Rx Program.

Participating manufacturers

Rebate agreements

(R.C. 5110.21)

- Provides that any drug manufacturer may enter into a rebate agreement with ODJFS under which the manufacturer agrees to make a rebate payment to ODJFS for any drug specified in the agreement that is dispensed to an Ohio's Best Rx Program participant.
- Requires that the amount of the rebate payment be equal to the number of units dispensed to the participant multiplied by the greater of the following: (1) the weighted average of the per unit rebates for the drug

under the state health benefit plans and state retirement system health benefit plans, or (2) a per unit amount specified by the manufacturer.

- Specifies that if ODJFS does not compute the weighted average of the per unit rebates for the drug under the state health benefit plans and state retirement system health benefit plans, the rebate must be the per unit amount specified by the manufacturer.
- Requires a rebate agreement to specify when a manufacturer will report per unit rebates amounts, if any, to ODJFS.
- Requires a manufacturer to make rebate payments to ODJFS on a quarterly basis or in accordance with a schedule ODJFS adopts through rulemaking.
- Requires a rebate agreement to specify the time it is to be in effect, which must not be less than one year.
- Permits ODJFS to remove a drug from a rebate agreement in the event of a dispute over the drug's utilization.

List of participating manufacturers

(R.C. 5110.23(A)(1))

- Requires ODJFS to compile a list of the name of each drug manufacturer that enters into a rebate agreement and the names of the drugs included in the rebate agreement.
- Provides that the list of participating manufacturers is a public record.
- Requires ODJFS to make the list of participating manufacturers available to physicians, participating terminal distributors, and other health professionals.

Non-participating manufacturers

(R.C. 5110.22)

- Provides that if a drug manufacturer does not enter into a rebate agreement with respect to a drug it manufactures for which a state health benefit plan or state retirement system health benefit plan receives a rebate for the drug from the manufacturer, ODJFS must ask the

Department of Administrative Services (DAS) and each state retirement system to determine whether the drug should be placed, for the following plan year, on a prior authorization list for the plan.

Information submitted by ODAS and state retirement systems to ODJFS

(R.C. 5110.25 and 5110.26)

- Requires the Ohio Department of Administrative Services (ODAS) and each state retirement system to submit the following information to ODJFS for each state health benefit plan and each state retirement system health benefit plan, respectively: (1) the name of the plan, (2) the number of individuals eligible for benefits under the plan, (3) the formula used to determine the per unit price for each drug covered by the plan and dispensed through means other than a mail order system, the per unit price for those drugs, or, if both the formula and per unit price is available, both the formula and per unit price, and (4) the per unit rebate for each drug covered by the plan and dispensed through a mail order system or means other than a mail order system.
- Requires ODAS and each state retirement system to ensure in all of their relationships with other persons that they are able to submit the required information to ODJFS.
- Requires ODAS and the state retirement systems to submit the information described above according to certain form and timing specifications. The timing specifications include (1) requiring ODAS and the state retirement systems to submit the formula, per unit price, or formula or per unit price information after each change to the formula or per unit price, unless the formula or per unit price changes more than once a week, in which case it must be submitted at least once a week, (2) providing for the formula or per unit price information to reflect the formula or per unit price as most recently changed, and (3) requiring ODAS and the state retirement systems to submit the information regarding the per unit rebates once a year and provide for the information to reflect the per unit rebates for the previous calendar year.

Participating terminal distributors

Participation agreements

(R.C. 127.16 and 5110.12)

- Provides that a terminal distributor may enter into an agreement with ODJFS to participate in the Program for purposes of dispensing drugs to Program participants.
- Specifies that an agreement a terminal distributor enters into with ODJFS is not subject to existing laws requiring competitive selection or Controlling Board approval.
- Requires ODJFS to provide a terminal distributor with a formula that allows the terminal distributor to calculate the price of each drug included in the Program, a statistically valid sampling of drug prices that includes the prices of not less than two branded and two generic drugs from each category of drugs included in the Program, and the current Ohio's Best Rx Program price for each drug included in the Program *before* the terminal distributor enters into an agreement.
- Requires that a participating terminal distributor charge a Program participant for each drug included in the Program the sum of the following: (1) the lesser of (i) the Ohio's Best Rx Program price (see "Prices and savings," below) or (ii) the terminal distributor's usual and customary price, (2) the administrative fee, if any, determined by ODJFS (see "Administrative charges," below), and (3) the professional fee, if any, determined by the terminal distributor.
- Permits a participating terminal distributor to charge a professional fee of up to \$3 each time a drug is dispensed to a Program participant.
- Requires a participating terminal distributor to disclose to each Program participant the amount the participant saves under the Program (see "Prices and savings," below).
- Requires a participating terminal distributor to submit a claim to ODJFS for each sale of a drug to a participant (see "Claims," below).
- Permits a participating terminal distributor to deliver drugs to Program participants by mail.

- Specifies that an agreement must be in effect for not less than one year, except that a participating terminal distributor may terminate the agreement before one year if it provides ODJFS with 30 days notice of the early termination.

Information reported to terminal distributors

(R.C. 5110.29)

- Requires ODJFS to report all of the following to each participating terminal distributor and the Ohio's Best Rx Program administrator in a manner that enables the distributor and administrator to comply with the agreement:

(1) For each drug that is not covered by a rebate agreement, the weighted average of the per unit prices under the state health benefit plans and state retirement system health benefit plans;

(2) For each drug covered by a rebate agreement, the following, as applicable:

(a) If the drug is covered by one or more state health benefit plans or state retirement system health benefit plans, the difference that results from the following computation:

[weighted average of the per unit prices under the plans]

minus {(the greater of the weighted average of the per unit rebates under the plans *or* the per unit rebate reported by the manufacturer) - [(the greater of the weighted average of the per unit rebates under the plans *or* the per unit rebate reported by the manufacturer) x (rebate administration percentage, if any)]}

(b) If the drug is not covered by one or more state health benefit plans or state retirement system health benefit plans, the difference that results from the following computation:

[weighted average of the per unit prices of drugs not covered by one or more plans computed using the

formula information reported for comparable drugs covered by one or more plans]

minus {(the per unit rebate reported by the manufacturer) - [(the per unit rebate reported by the manufacturer) x (rebate administration percentage, if any)]}

(3) The administrative fee, if any, determined by ODJFS.

List of participating terminal distributors

(R.C. 5110.23(A)(2))

- Requires ODJFS to compile a list of the name of each participating terminal distributor.
- Provides that the list of participating terminal distributors is a public record.
- Requires ODJFS to make the list of participating terminal distributors available to physicians, participating terminal distributors, and other health professionals.

Ombudsperson for terminal distributors

(R.C. 5110.10(A) and 5110.40)

- Requires ODJFS to employ an ombudsperson to assist terminal distributors with grievances regarding the Ohio's Best Rx Program.
- Excludes employment of the ombudsperson from the elements of the Program that may be part of an ODJFS contract with a person to be the Ohio's Best Rx Program administrator.

Non-participating terminal distributors

(R.C. 5110.13)

- Prohibits ODJFS or any entity under contract with ODJFS for purposes of the Program from prohibiting a terminal distributor from participating in a program or network administered or operated by ODJFS or the contracted entity on the basis that the terminal distributor has not entered into an agreement to participate in the Program.

Administrative charges

Administrative fee

(R.C. 5110.35(G) and 5110.353)

- Requires ODJFS to adopt a rule specifying the amount of the administrative fee, if any, terminal distributors and the Ohio's Best Rx Program administrator are to charge a Program participant each time the participant purchases a drug.
- Requires ODJFS, in adopting a rule that specifies the amount of the administrative fee, to determine an amount, not exceeding \$1 per transaction, that equals or is less than the amount needed to cover the administrative costs of the Program when added to the sum of the amount resulting from the application of the rebate administration percentage (see "Administrative rebate percentage," below) and the investment earnings of the Ohio's Best Rx Program Fund.
- Requires ODJFS to report the methodology underlying the determination of the administrative fee to the Ohio's Best Rx Program Council.

Rebate administration percentage

(R.C. 5110.27(C), 5110.35(K), and 5110.354)

- Requires ODJFS to adopt a rule specifying the percentage that is the rebate administration percentage.
- Requires ODJFS, in adopting a rule that specifies the rebate administration percentage, to determine a percentage, not exceeding 5%, that, when multiplied by the rebates for drugs included in the Program, equals or is less than the amount needed to cover the administrative costs of the Program when added to the administrative fee and investment earnings of the Ohio's Best Rx Program Fund.
- Requires ODJFS to report the methodology underlying the determination of the rebate administration percentage to the Ohio's Best Rx Program Council.

Prices and savings

Ohio's Best Rx Program price

(R.C. 5110.14, 5110.27, and 5110.28)

- Provides that the Ohio's Best Rx Program price for a drug included in the Program depends on whether the drug is or is not a drug subject to a rebate agreement and is or is not a drug covered by one or more state health benefit plans or state retirement system health benefit plans.²
- Requires ODJFS to compute *per unit* prices as follows:

	Drug Subject to a Rebate Agreement	Drug <u>Not</u> Subject to a Rebate Agreement
Drug Covered by One or More Plans	<p>The price is computed as follows:</p> <p>(weighted average of the per unit prices under the plans)</p> <p>- {(the greater of the weighted average of the per unit rebates under the plans <i>or</i> the per unit rebate reported by the manufacturer) - [(rebate administration percentage) x (the greater of the weighted average of the per unit rebates under the plans <i>or</i> the per unit rebate reported by the manufacturer)]}</p>	<p>The price is the weighted average of the per unit prices under the plans.</p>
Drug Not Covered by One or More Plans	<p>The price is computed as follows:</p> <p>(weighted average of the per unit prices of drugs not covered by one or more plans computed using the formula information reported for comparable drugs covered by one or more plans)</p>	<p>The price is the weighted average of the per unit prices of comparable drugs covered by one or more plans.</p>

² The Ohio's Best Rx Program price does not include the administrative or professional fees that may be charged.

	Drug Subject to a Rebate Agreement	Drug <u>Not</u> Subject to a Rebate Agreement
	<ul style="list-style-type: none"> - {(the per unit rebate reported by the manufacturer) - [(rebate administration percentage) x (the per unit rebate reported by the manufacturer)]} 	

- Requires ODJFS to use the number of individuals eligible for benefits under a state health benefit plan or state retirement system health benefit plan in computing the weighted average of the per unit prices and the weighted average of the per unit rebates for each drug.
- Requires ODJFS to compute the weighted average of the per unit prices on receipt of each submission of formula or per unit price information from ODAS and the state retirement systems using the information available to ODJFS from those submissions.
- Requires ODJFS to compute the weighted average of the per unit rebates once a year.
- If a drug is covered by a rebate agreement, requires ODJFS, on receipt of each submission of formula or per unit price information, or, at ODJFS' discretion, more frequent intervals, to subtract the applicable per unit rebate or per unit rebate adjusted by the product of the per unit rebate and the rebate administration percentage from the per unit price.

Savings reported to participant

(R.C. 5110.15)

- Requires a participating terminal distributor, pursuant to an agreement with ODJFS, to disclose to each Program participant the amount the participant saves under the Program.
- Provides that the amount a Program participant saves under the Program is computed by subtracting from the usual and customary price the sum of the following: the Ohio's Best Rx Program price, the administrative fee (if any), and the professional fee (if any).

Claims made by terminal distributors

(R.C. 2921.13, 5110.16, and 5110.18)

- Requires a participating terminal distributor or the Ohio's Best Rx Program administrator to submit a claim to ODJFS for each drug dispensed to a Program participant not later than 30 days after the drug is dispensed.
- Requires a claim to be submitted via the electronic method established by ODJFS through rulemaking and to contain the following information: the prescription number of the participant's prescription; the name of, and the national drug code number for, the drug dispensed to the participant; the number of units of the drug dispensed to the participant; the amount the terminal distributor or administrator charged the participant for the drug; the date that the terminal distributor or administrator dispensed the drug; and additional information specified by ODJFS through rulemaking.
- Prohibits ODJFS and the Program administrator from charging a participating terminal distributor for the submission or processing of a claim.
- Specifies that a false statement knowingly made with the purpose of obtaining payment from ODJFS constitutes the offense of falsification, a misdemeanor of the first degree.

Payments for claims

(R.C. 5110.17 and 5110.19)

- Requires ODJFS, in accordance with rules, to pay a participating terminal distributor for valid claims the terminal distributor makes to ODJFS for drugs covered by a rebate agreement within two weeks after ODJFS receives the claim.
- Provides that the amount ODJFS must pay to the terminal distributor for a valid claim is the difference that results from the following computation:

[(The applicable rebate amount (which is the greater of (i) the weighted average of the per unit rebates for the drug or (ii) the per

unit rebate reported to ODJFS by the manufacturer for the drug)) x
(Number of units dispensed)]

minus {[(The applicable rebate amount) x (Rebate administration
percentage)] x [Number of units dispensed]}

minus Administrative fee, if any

- Permits ODJFS to combine claims from a participating terminal distributor or the Program administrator to make aggregate payments to the distributor or administrator.
- Specifies that if ODJFS has overpaid a terminal distributor or the Program administrator for claims submitted, ODJFS must reduce future payments to the terminal distributor or administrator or collect an amount from the distributor or administrator to reimburse ODJFS for the overpayment.
- Provides that ODJFS must not make a payment for a claim submitted by a terminal distributor or the Program administrator if a person or government entity has already paid the terminal distributor or administrator for dispensing the drug through any other prescription drug coverage program or prescription drug discount program, unless the payment is reimbursement for redeeming a coupon or is an amount directly paid by a drug manufacturer to the terminal distributor for dispensing drugs to residents of a long-term care facility.

Increasing the professional fee

(R.C. 5110.352)

- Requires ODJFS, in adopting a rule increasing the maximum amount of the professional fee, to (1) review the amount of the professional fee once a year or, at the department's discretion, at more frequent intervals, and (2) not increase the professional fee to an amount exceeding the Medicaid dispensing fee.
- Provides that ODJFS may not adopt a rule increasing the maximum professional fee for a drug when the professional fee already exceeds the Medicaid dispensing fee until such time that the Medicaid dispensing fee for that drug exceeds the existing professional fee amount.

Ohio's Best Rx Program Fund

(R.C. 5110.32)

- Creates the Ohio's Best Rx Program Fund, a fund that is not part of the state treasury but which is in the custody of the Treasurer of State.
- Provides that the Ohio's Best Rx Program Fund consists of the following: rebate payments made by participating manufacturers, administrative fees, and fund investment earnings.
- Requires ODJFS to use money in the Ohio's Best Rx Program Fund to make payments to participating terminal distributors and the Ohio's Best Rx Program administrator.

Ohio's Best Rx Administration Fund

(R.C. 5110.33)

- Creates the Ohio's Best Rx Administration Fund in the state treasury.
- Requires the Treasurer of State to transfer from the Ohio's Best Rx Program Fund to the Ohio's Best Rx Administration Fund, in accordance with a schedule developed by the Treasurer, amounts equal to the following: amounts resulting from the application of the rebate administration percentage, the amount of administrative fees charged Program participants, and the amount of investment earnings credited to the Ohio's Best Rx Program Fund.
- Requires ODJFS to use money in the Ohio's Best Rx Administration Fund to pay the administrative costs of the Program, including, but not limited to, costs associated with contracted services, staff, outreach activities, computers and network services, and the Ohio's Best Rx Program Council.

Coordination with federal programs and state employee health benefit plans

(R.C. 5110.36 and 5110.38)

- Permits ODJFS to adopt rules making adjustments to the Ohio's Best Rx Program as ODJFS considers appropriate to conform the Program to, or coordinate it with, any federally funded prescription drug program created after October 1, 2003.

- Permits ODJFS to coordinate the Program with a state health benefit plan to enhance efficiency, reduce drug costs, and maximize the benefits of the Program and state health benefits plans.

Outreach

(R.C. 5110.37)

- Requires ODJFS to undertake outreach efforts to publicize the Ohio's Best Rx Program and to maximize participation in the Program.

Statistics

(R.C. 5110.39)

- Requires ODJFS to create a list, not later than April 1, 2005, of the 25 drugs most often dispensed under the Program.
- Requires ODJFS to determine, for each drug on the list, the average percentage savings individuals receive under the Program by comparing the amount that terminal distributors charge Program participants on a date selected by ODJFS to the average of the terminal distributors' usual and customary charge on that date.

Ohio's Best Rx Program Council

(R.C. 5110.45 to 5110.51)

- Creates the Ohio's Best Rx Program Council, consisting of legislators and persons appointed by the Governor, and requires the Council to advise ODJFS on the Program.
- Permits the Council, with approval of a majority of its appointed members, to initiate studies to determine whether there are more effective ways to administer the Program and provide ODJFS with suggestions for improvements.
- Provides for the Council to consist of the following 13 members:
 - The President and Minority Leader of the Senate;
 - The Speaker and Minority Leader of the House of Representatives;

- A representative of the Ohio Chapter of the American Federation of Labor-Congress of Industrial Organizations;
- A representative of the American Association of Retired Persons;
- A representative of the Ohio Alliance of Retired Americans;
- A representative of disability advocacy organizations in Ohio nominated by those organizations;
- A representative of the Ohio Chapter of the United Way;
- Three representatives of research-based drug manufacturers nominated by the Pharmaceutical Research and Manufacturers of America;
- A pharmacist nominated by the Ohio Pharmacists Association.

- Requires the Governor to make appointments not later than 30 days after the bill's effective date.
- Provides for members to serve without compensation or reimbursement for expenses.
- Requires the President of the Senate and the Speaker of the House of Representatives to serve as co-chairs.
- Permits the legislative members to appoint other members of the General Assembly to serve as an alternate for any particular meeting.
- Provides that the Council's records are public records, except for any information in the records identified as a trade secret under existing law.
- Specifies that the Council is not subject to automatic termination after four years under the laws governed by the Sunset Review Committee.

Confidentiality of Program records

(R.C. 5110.55 to 5110.57)

- Provides that information transmitted for any purpose related to the Ohio's Best Rx Program is confidential to the extent required by state or federal law.

- Applies the confidentiality provision to information transmitted by or to drug manufacturers, terminal distributors of dangerous drugs, the Ohio's Best Rx Program administrator, ODJFS, the Department of Administrative Services, the state retirement systems, a state health benefit plan or state retirement system health benefit plan, Program participants, and any other person or government entity.
- Specifies that certain types of information related to the Program are trade secrets, are not public records, and cannot be used, released, published, or disclosed in a form that reveals a specific drug or the identity of a drug manufacturer.
- Applies the trade secret provision to the following: (1) amounts terminal distributors are to be paid under the Program, (2) information disclosed in a rebate agreement or in communications related to a rebate agreement, (3) the drug pricing and rebate information submitted to ODJFS with regard to a state health benefit plan or state retirement system health benefit plan, and (4) the drug pricing and rebate information and amounts used in the computations made by ODJFS for the Program.
- Prohibits any person or government entity from using or revealing the trade secret information specified above.
- Specifies the bill's provisions on confidentiality of records and trade secrets do not preclude ODJFS from disclosing information necessary to implement the Program, including the disclosure of the Program's price for a drug to a participating terminal distributor.

Confidentiality of consumer information

(R.C. 5110.58 and 5110.99)

- Prohibits a person of government entity from selling, soliciting, disclosing, receiving, or using or knowingly permitting the use of information that identifies or could be used to identify an applicant for or participant in the Ohio's Best Rx Program.
- Provides that whoever violates the prohibition on use on identifying information is guilty of a first degree misdemeanor.
- Specifies that the prohibition does not prevent ODJFS and the Ohio's Best Rx Program administrator from disclosing or using identifying

information as follows: (1) for a purpose directly related to the Program, (2) to the extent required by federal law, and (3) to the applicant or participant who is the subject of the information and that person's parent, spouse, guardian, or custodian.

- Specifies that the prohibition does not prevent a terminal distributor from using identifying information to the extent required or permitted by an agreement to participate in the Program.
- Specifies the prohibition does not prevent the Ohio's Best Rx Program administrator from using identifying information to the extent required or permitted by the contract entered into with ODJFS to be the administrator.
- Specifies that the prohibition does not prevent a drug manufacturer from using identifying information when permitted by ODJFS to audit a claim submitted by a participating terminal distributor.

Use and preservation of records

(R.C. 5110.59)

- Requires ODJFS and the Ohio's Best Rx Program administrator to use and preserve records regarding the Program in accordance with rules ODJFS is to adopt.

HISTORY

ACTION	DATE	JOURNAL ENTRY
Introduced	10-23-03	p. 1145
Reported, H. Finance & Appropriations	---	---
Passed House	---	---

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