



## Ohio Revised Code

### Section 3902.71 Health plan issuer contracts with 340B program participants.

Effective: April 12, 2021

Legislation: Senate Bill 263 - 133rd General Assembly

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(A) On and after the effective date of this section , a contract entered into between a health plan issuer, including a third-party administrator, and a 340B covered entity shall not contain any of the following provisions:

- (1) A reimbursement rate for a prescription drug that is less than the national average drug acquisition cost rate for that drug as determined by the United States centers for medicare and medicaid services, measured at the time the drug is administered or dispensed, or, if no such rate is available at that time, a reimbursement rate that is less than the wholesale acquisition cost of the drug, as defined in 42 U.S.C. 1395w-3a(c)(6)(B);
- (2) A dispensing fee reimbursement amount that is less than the reimbursement amount provided to a terminal distributor of dangerous drugs under section 5164.753 of the Revised Code;
- (3) A fee that is not imposed on a health care provider that is not a 340B covered entity;
- (4) A fee amount that exceeds the fee amount for a health care provider that is not a 340B covered entity.

(B) No health plan issuer or third-party administrator making payments pursuant to a health benefit plan shall discriminate against a 340B covered entity in a manner that prevents or interferes with an enrollee's choice to receive a prescription drug from a 340B covered entity or its contracted pharmacies.

(C) Any provision of a contract entered into between a health plan issuer and a 340B covered entity that is contrary to division (A) of this section is unenforceable and shall be replaced with the dispensing fee or reimbursement rate that applies for health care providers that are not 340B covered entities.



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