Ohio
CHAPTER

LEGISLATIVE TALKING POINTS

TOPIC	YOUR "ASK"	POINTS TO MAKE
HB 166 (sub-bill) Creates FY 2020-2021 operating budget **Primary Sponsor: Rep. Scott Oelslager (R-48)** **Status: In House Finance Committee**	Increase legal age of sale for tobacco and vaping from 18 to 21. Support strengthening Ohio's law pertaining to the proposed increase for legal age of sale of tobacco and other e-cigarette products within HB 166. Delaying the age when Ohio's young people first begin using tobacco greatly reduces the likelihood that they will become regular tobacco users.	Specifically, we ask that the Committee consider amended language to Ohio Revised Code sections 2151.87 and 2927.02 that will: * clarify the definitions of "tobacco products;" * remove youth penalties; * ensure that enforcement mechanisms are in place; * ensure penalties for underage sale are placed on the retailer; and * empower municipalities to pass stronger laws on this issue if they choose to do so. Twelve other states and more than 440 communities across the country, including 23 in Ohio, have already passed Tobacco 21 laws because they know that this is a critical step to helping keep cigarettes and e-cigarettes out of high schools. You can help make Ohio No. 13.
HB 166 (sub-bill) Creates FY 2020-2021 operating budget **Primary Sponsor: Rep. Scott Oelslager (R-48)** **Status: In House Finance Committee**	Add language supporting Telemedicine Coverage Parity between telemedicine services and in-office services back into sub-bill. This language was in the introduced version of the bill but was removed. Telemedicine, a key innovation in support of health care delivery reform, is being used in initiatives to improve access to care, care coordination and quality, as well as reduce the rate of growth in health care spending.	The state of Ohio is currently behind more than 30 other states which have passed laws providing coverage and/or payment parity for telemedicine services. Telemedicine is a promising avenue to expand service delivery for primary care providers and decrease economic barriers to accessing primary care, particularly for patients who find travel difficult, patients who live in medically underserved areas & institutionalized patients. Language initially included in HB 166 requires: • A health benefit plan to cover telemedicine services on the same basis and to the same extent that the plan covers in-person health services. • Prohibits a health benefit plan from imposing any annual or lifetime benefit for telemedicine services other than a benefit maximum imposed on all benefits offered under then plan. • Prohibit a health benefit plan from excluding coverage for a service solely because it is a telemedicine service.

TOPIC	YOUR "ASK"	POINTS TO MAKE
HB 166 (sub-bill) Creates FY 2020-2021 operating budget **Primary Sponsor: Rep. Scott Oelslager (R-48)** **Status: In House Finance Committee**	Support Chancellor's Task Force on Physician, Nursing, and Allied Health Care Work Force	The budget bill proposes the creation of this task force with a goal of finding ways to train and retain health care workers in key shortage areas. The task force will include representatives from medical schools, the state medical board, hospital administrators, physician and nursing organizations, and other allied health professionals. We believe this effort has great potential for helping Ohio to determine the best ways to meet Ohio's health care needs safely and efficiently. We ask that the task force include a representative from the Ohio Chapter of the American College of Cardiology.
SB 14/HB 63 Pharmacy and disclosure of drug price information **SB14 Primary Spon: Sen. Maharath (D-3) HB 63 Primary Spons: Reps. Lipps (R) & West (D)** **Status: Sen. Insur.& Fin. Institut. Comm. and House Health Comm.**	Support Transparency of Drug Pricing, and require that pharmacy customers be told about and receive the cash price for medicine whenever it's cheaper than an insurance co-payment.	SB 14/HB 63 will ban gag clauses for pharmacy benefit managers (PBMs). It aims at making these entities, which oversee Medicaid-managed care plans, more transparent. Currently, PBMs' drug price formulas can force consumers to spend more on their copays for a generic drug than what they would have spent without insurance. Pharmacists have also been barred from telling customers about cheaper alternatives. SB 14/HB63 would apply to both Medicaid insurance plans and private insurers.

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