#### **Rule Summary and Fiscal Analysis (Part A)**

**Bureau of Workers' Compensation** 

Agency Name

Division

Aniko Nagy Contact

30 W. Spring St. Columbus OH 43215-0000 Agency Mailing Address (Plus Zip)

<u>614-466-3293</u> Phone

Fax

<u>aniko.n.1@bwc.state.oh.us</u> Email

# 4123-6-21.1

## **AMENDMENT**

Rule Number

TYPE of rule filing

Rule Title/Tag Line

Payment for outpatient medication by self-insuring employer.

## <u>RULE SUMMARY</u>

1. Is the rule being filed for five year review (FYR)? Yes

2. Are you proposing this rule as a result of recent legislation? No

3. Statute prescribing the procedure in accordance with the agency is required to adopt the rule: **119.03** 

4. Statute(s) authorizing agency to adopt the rule: 4121.12, 4121.121, 4121.30, 4121.31, 4121.44, 4121.441, 4123.05, 4123.35, 4123.66

5. Statute(s) the rule, as filed, amplifies or implements: 4121.12, 4121.121, 4121.44, 4121.441, 4121.35, 4123.66

6. State the reason(s) for proposing (i.e., why are you filing,) this rule:

Pursuant to R.C. 119.032, state agencies are required to review all agency rules every five years to determine whether to amend the rules, rescind the rules, or continue the rules without change.

7. If the rule is an AMENDMENT, then summarize the changes and the content

of the proposed rule; If the rule type is RESCISSION, NEW or NO CHANGE, then summarize the content of the rule:

This rule governs payment for outpatient medication by self-insuring employer. the proposed changes modify the criteria under which dispensing fees and prescription refill requests will be paid.

8. If the rule incorporates a text or other material by reference and the agency claims the incorporation by reference is exempt from compliance with sections 121.71 to 121.74 of the Revised Code because the text or other material is **generally available** to persons who reasonably can be expected to be affected by the rule, provide an explanation of how the text or other material is generally available to those persons:

FDA publication "Approved Drug Products with Therapeutic Evidence Evaluations, in effect of the billed date of service.

9. If the rule incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material electronically, provide an explanation of why filing the text or other material electronically was infeasible:

The FDA publication is readily available on-line.

10. If the rule is being **rescinded** and incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material, provide an explanation of why filing the text or other material was infeasible:

Not Applicable.

11. If **revising** or **refiling** this rule, identify changes made from the previously filed version of this rule; if none, please state so. If applicable, indicate each specific paragraph of the rule that has been modified:

Not Applicable.

#### 12. Five Year Review (FYR) Date: 8/26/2015

(If the rule is not exempt and you answered NO to question No. 1, provide the scheduled review date. If you answered YES to No. 1, the review date for this rule is the filing date.)

NOTE: If the rule is not exempt at the time of final filing, two dates are required:

the current review date plus a date not to exceed 5 years from the effective date for Amended rules or a date not to exceed 5 years from the review date for No Change rules.

## FISCAL ANALYSIS

13. Estimate the total amount by which *this proposed rule* would **increase / decrease** either **revenues / expenditures** for the agency during the current biennium (in dollars): Explain the net impact of the proposed changes to the budget of your agency/department.

This will have no impact on revenues or expenditures.

0.00

n/a

14. Identify the appropriation (by line item etc.) that authorizes each expenditure necessitated by the proposed rule:

n/a

15. Provide a summary of the estimated cost of compliance with the rule to all directly affected persons. When appropriate, please include the source for your information/estimated costs, e.g. industry, CFR, internal/agency:

All medical and pharmacy services providers and self-insured employers are directly affected by this rule and the estimated cost of compliance is the time for reviewing or receiving educations on the minimum changes, as well as applying any modifications to relevant systems; it is estimated that the adjustment of minimum changes would be, at most, 15 hours.

16. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations? No

17. Does this rule deal with environmental protection or contain a component dealing with environmental protection as defined in R. C. 121.39? **No** 

## S.B. 2 (129th General Assembly) Questions

18. Has this rule been filed with the Common Sense Initiative Office pursuant to R.C. 121.82? Yes

#### Page 4

19. Specific to this rule, answer the following:

A.) Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? Yes

Medication may only prescribed by a treating provider that is authorized by law to prescribe medication.

B.) Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No

C.) Does this rule require specific expenditures or the report of information as a condition of compliance? Yes

The pharmacy provider must include prescriber information within bills submitted electronically for payment, including the prescriber's NPI and DEA number. The pharmacy provider must submit for billing the national drug code of the stock bottle from which the dispensed medication is obtained.