

IN THE SUPREME COURT OF OHIO

The Ohio Manufacturers' Association, et al.,	:	
	:	
Relators,	:	Case No. _____
	:	
v.	:	Original Action Under Article II,
	:	Section 1g of the Ohio Constitution
Ohioans for Drug Price Relief Act, et al.,	:	
	:	
Respondents.	:	

**APPENDIX 13
TO
CHALLENGE TO INITIATIVE PETITION
UNDER ARTICLE II, SECTION 1g OF THE OHIO CONSTITUTION**

Kurtis A. Tunnell (0038569)
Counsel of Record
Anne Marie Sferra (0030855)
Nelson M. Reid (0068434)
James P. Schuck (0072356)
BRICKER & ECKLER LLP
100 South Third Street
Columbus, Ohio 43215
(614) 227-2300 (Telephone)
(614) 227-2390 (Facsimile)
ktunnell@bricker.com
asferra@bricker.com
nreid@bricker.com
jschuck@bricker.com

Counsel for Relators

Respectfully submitted,

/s/ Anne Marie Sferra
Kurtis A. Tunnell (0038569)
Counsel of Record
Anne Marie Sferra (0030855)
Nelson M. Reid (0068434)
James P. Schuck (0072356)
BRICKER & ECKLER LLP
100 South Third Street
Columbus, Ohio 43215
(614) 227-2300 (Telephone)
(614) 227-2390 (Facsimile)
ktunnell@bricker.com
asferra@bricker.com
nreid@bricker.com
jschuck@bricker.com

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing document was served via personal service on

February 29, 2016 upon:

Hon. Jon Husted
Ohio Secretary of State
180 East Broad Street, 16th Floor
Columbus, Ohio 43215

Hon. Mike DeWine, Esq.
Ohio Attorney General
30 E. Broad Street, 14th Floor
Columbus, Ohio 43215

William S. Booth
1243 Wilson Drive
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main Street
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Drive
Bedford Heights, Ohio 44146

LaTonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

Donald J. McTigue, Esq.
McTigue & Colombo LLC
545 East Town Street
Columbus, Ohio 43215

/s/ Anne Marie Sferra
Anne Marie Sferra (0030855)

EXHIBIT M-1

(Part 1 of the Part-Petitions from the Lucas County Board of Elections)

Number: 000002

County: Lucas

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

VALID: 0
 INVALID: 1
 TOTAL: 1

TITLE

Ohio Drug Price Relief Act

SUMMARY

064596

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged.
- Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

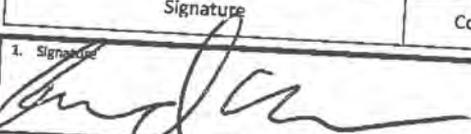
Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE
 Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS
(Sign with ink. Your name, residence, and date of signing must be given.)

NRA

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year	
(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.) (Voters who reside in municipal corporations should fill in the information called for by headings printed below.)					
Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
1. Signature 					
Address on file with the Board of Election 2016 124th St		Print First Name Richard		Initial	
City/Village/Township Toledo		Print Last Name Milbr			
Ward/Precinct		Zip Code 43611	County Lucas		Date of Signing 10-27-2015
2. Signature		Print First Name		Initial	
Address on file with the Board of Election		Print Last Name			
City/Village/Township		Ward/Precinct	Zip Code	County	Date of Signing
3. Signature		Print First Name		Initial	
Address on file with the Board of Election		Print Last Name			
City/Village/Township		Ward/Precinct	Zip Code	County	Date of Signing
4. Signature		Print First Name		Initial	
Address on file with the Board of Election		Print Last Name			
City/Village/Township		Ward/Precinct	Zip Code	County	Date of Signing
5. Signature		Print First Name		Initial	
Address on file with the Board of Election		Print Last Name			
City/Village/Township		Ward/Precinct	Zip Code	County	Date of Signing
6. Signature		Print First Name		Initial	
Address on file with the Board of Election		Print Last Name			
City/Village/Township		Ward/Precinct	Zip Code	County	Date of Signing
7. Signature		Print First Name		Initial	
Address on file with the Board of Election		Print Last Name			
City/Village/Township		Ward/Precinct	Zip Code	County	Date of Signing

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post Office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
 (Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

8. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

9. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

10. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

11. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

12. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

13. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

14. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE
 Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
 (Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

15. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	

16. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	

17. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	

18. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	

19. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	

20. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	

21. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
 (Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

22. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

23. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

24. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

25. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

26. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

27. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

28. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
 - (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
 - (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
 - (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
 - (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
 - (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
 - (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
 - (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.
- ##### **(C) Purposes and Intent.**

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act ("the Proponents") have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

STATEMENT OF CIRCULATOR

I, Ramela Demski, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of 281 electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DRW Campaigns, Inc.
3549 Dort Hwy
Flint Mi. 48507

(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

Ramela Demski ✓
(Signed)

1801 Nebraska Ave ✓
(Address of circulator's permanent residence)
Number and Street, Road or Rural Route

Flint
City, Village or Township

MI 48506
State Zip Code

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY
OF A FELONY OF THE FIFTH DEGREE.**

Number: 000008

County: Lucas

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

VALID:	<u>1</u>	TITLE
INVALID:	<u>0</u>	Ohio Drug Price Relief Act
TOTAL:	<u>1</u>	

064602

DJ SUMMARY

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged.
- Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

1. Signature		Print First Name		Initial	
		T Lewis		TL	
		Print Last Name			
Butcher					
Address on file with the Board of Election					
2630 106th St					
City/Village/Township		Ward/Precinct	Zip Code	County	Date of Signing
Tolabo			4364	Lucas	11/3/15
2. Signature		Print First Name		Initial	
		Print Last Name			
		Address on file with the Board of Election			
City/Village/Township					
Ward/Precinct					
Zip Code					
County					
Date of Signing					
3. Signature		Print First Name		Initial	
		Print Last Name			
		Address on file with the Board of Election			
City/Village/Township					
Ward/Precinct					
Zip Code					
County					
Date of Signing					
4. Signature		Print First Name		Initial	
		Print Last Name			
		Address on file with the Board of Election			
City/Village/Township					
Ward/Precinct					
Zip Code					
County					
Date of Signing					
5. Signature		Print First Name		Initial	
		Print Last Name			
		Address on file with the Board of Election			
City/Village/Township					
Ward/Precinct					
Zip Code					
County					
Date of Signing					
6. Signature		Print First Name		Initial	
		Print Last Name			
		Address on file with the Board of Election			
City/Village/Township					
Ward/Precinct					
Zip Code					
County					
Date of Signing					
7. Signature		Print First Name		Initial	
		Print Last Name			
		Address on file with the Board of Election			
City/Village/Township					
Ward/Precinct					
Zip Code					
County					
Date of Signing					

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
 (Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

8. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

9. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

10. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

11. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

12. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

13. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

14. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
------------------	---------------	-----------------	---	---------------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
------------------	---------------	------------------------	--------------------------	----------------------	---------------------------

15. Signature		Print First Name		Initial	
		Print Last Name			
Address on file with the Board of Election					
City/Village/Township		Ward/Precinct	Zip Code	County	Date of Signing
16. Signature		Print First Name		Initial	
		Print Last Name			
Address on file with the Board of Election					
City/Village/Township		Ward/Precinct	Zip Code	County	Date of Signing
17. Signature		Print First Name		Initial	
		Print Last Name			
Address on file with the Board of Election					
City/Village/Township		Ward/Precinct	Zip Code	County	Date of Signing
18. Signature		Print First Name		Initial	
		Print Last Name			
Address on file with the Board of Election					
City/Village/Township		Ward/Precinct	Zip Code	County	Date of Signing
19. Signature		Print First Name		Initial	
		Print Last Name			
Address on file with the Board of Election					
City/Village/Township		Ward/Precinct	Zip Code	County	Date of Signing
20. Signature		Print First Name		Initial	
		Print Last Name			
Address on file with the Board of Election					
City/Village/Township		Ward/Precinct	Zip Code	County	Date of Signing
21. Signature		Print First Name		Initial	
		Print Last Name			
Address on file with the Board of Election					
City/Village/Township		Ward/Precinct	Zip Code	County	Date of Signing

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

22. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

23. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

24. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

25. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

26. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

27. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

28. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
- (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
- (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
- (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
- (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
- (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
- (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
- (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.

(C) Purposes and Intent.

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act ("the Proponents") have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

STATEMENT OF CIRCULATOR

I, Haley Stroman, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of (28) electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DRW Campaigns Inc
3549 Dort Hwy Flint MI 48507
(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

[Signature]
(Signed)
9795 W.C.F. 28
(Address of circulator's permanent residence)
Number and Street, Road or Rural Route
Festering
City, Village or Township
MI 44838
State Zip Code

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Number: 000009

County: Lucas

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

VALID: 1

INVALID: 0

TOTAL: 1

TITLE

Ohio Drug Price Relief Act

064603

SUMMARY

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged. Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

1. Signature <i>Tori Carney</i>	Print First Name	<i>TORI</i>	Initial	<i>TC</i>
	Print Last Name	<i>CARNEY</i>		

Address on file with the Board of Election
660 Dussel Drive

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
<i>Maumee</i>		<i>43537</i>	<i>Lucas</i>	<i>11/04/15</i>

2. Signature	Print First Name		Initial	
	Print Last Name			

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

3. Signature	Print First Name		Initial	
	Print Last Name			

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

4. Signature	Print First Name		Initial	
	Print Last Name			

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

5. Signature	Print First Name		Initial	
	Print Last Name			

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

6. Signature	Print First Name		Initial	
	Print Last Name			

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

7. Signature	Print First Name		Initial	
	Print Last Name			

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
 (Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

8. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

9. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

10. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

11. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

12. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

13. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

14. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
------------------	---------------	-----------------	---	---------------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
------------------	---------------	------------------------	--------------------------	----------------------	---------------------------

15. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

16. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

17. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

18. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

19. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

20. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

21. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

22. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

23. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

24. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

25. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

26. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

27. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

28. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
- (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
- (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
- (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
- (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
- (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
- (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
- (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.

(C) Purposes and Intent.

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act ("the Proponents") have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

STATEMENT OF CIRCULATOR

I, Oscar Heteleff, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of 1 electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DRW Campaigns, Inc.
3549 Dort Hwy
Flint Mi. 48507

(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.



(Signed)

501 Minola Ave.

(Address of circulator's permanent residence)
Number and Street, Road or Rural Route

Akron

City, Village or Township

OH

State

4320

Zip Code

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY
OF A FELONY OF THE FIFTH DEGREE.**

Number: _____

County: Lucas

1c

000012

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

TITLE

Ohio Drug Price Relief Act

064606

VALID: _____
INVALID: _____
TOTAL: _____

SUMMARY

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged. Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

1

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

<p>1. Signature</p> <p style="font-size: 2em; font-family: cursive;">Whita bridge</p>	<p>Print First Name</p> <p style="font-size: 1.2em; font-family: cursive;">Whita</p>	<p>Print Last Name</p> <p style="font-size: 1.2em; font-family: cursive;">Bridges</p>	<p>Initial</p> <p style="font-size: 1.2em; font-family: cursive;">A</p>
<p>Address on file with the Board of Election</p> <p style="font-size: 1.5em; font-family: cursive;">1291 Applegate Street</p>			
City/Village/Township	Ward/Precinct	Zip Code	County
Waterville	071	43566	Lucas
			Date of Signing
			9-26-15

City/Village/Township	Ward/Precinct	Zip Code	County
			Date of Signing

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

8. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

9. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

10. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

11. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

12. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

13. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

14. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with Ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

15. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

16. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

17. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

18. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

19. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

20. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

21. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
------------------	---------------	-----------------	---	---------------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
------------------	---------------	------------------------	--------------------------	----------------------	---------------------------

22. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

23. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

24. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

25. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

26. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

27. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

28. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
- (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
- (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
- (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
- (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
- (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
- (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
- (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.

(C) Purposes and Intent.

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act ("the Proponents") have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

STATEMENT OF CIRCULATOR

I, Timothy C. McFadden, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of 1 electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DRW Campaigns, Inc.
3549 Dort Hwy
Flint Mi. 48507

(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.


(Signed)

8119 Confrontation Ave
(Address of circulator's permanent residence)
Number and Street, Road or Rural Route

W A M E R
City, Village or Township

MI 48507
State Zip Code

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY
OF A FELONY OF THE FIFTH DEGREE.**

Number: 000015

County: Lucas

1/15/15

1

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

VALID: 1
INVALID: 0
TOTAL: 1 ✓

TITLE

Ohio Drug Price Relief Act

064609

SUMMARY

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged. Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS
(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

1. Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
[Redacted Signature and Address]					Initial NC

2. Signature <i>Clanissa Brighty</i>	Print First Name Clanissa	Print Last Name Brighty	Initial	Date of Signing 4-25-15
Address on file with the Board of Election 4248 Boynton Dr				
City/Village/Township Sylvania	Ward/Precinct	Zip Code 43560	County Lucas	Date of Signing 9/25/15

3. Signature	Print First Name	Print Last Name	Initial	Date of Signing
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

4. Signature	Print First Name	Print Last Name	Initial	Date of Signing
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

5. Signature	Print First Name	Print Last Name	Initial	Date of Signing
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

6. Signature	Print First Name	Print Last Name	Initial	Date of Signing
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

7. Signature	Print First Name	Print Last Name	Initial	Date of Signing
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
 (Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

8. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
9. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
10. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
11. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
12. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
13. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
14. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS
(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

15. Signature		Print First Name		Initial	
		Print Last Name			
Address on file with the Board of Election					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	
16. Signature		Print First Name		Initial	
		Print Last Name			
Address on file with the Board of Election					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	
17. Signature		Print First Name		Initial	
		Print Last Name			
Address on file with the Board of Election					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	
18. Signature		Print First Name		Initial	
		Print Last Name			
Address on file with the Board of Election					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	
19. Signature		Print First Name		Initial	
		Print Last Name			
Address on file with the Board of Election					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	
20. Signature		Print First Name		Initial	
		Print Last Name			
Address on file with the Board of Election					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	
21. Signature		Print First Name		Initial	
		Print Last Name			
Address on file with the Board of Election					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
 (Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

22. Signature	Print First Name			Initial
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
23. Signature	Print First Name			Initial
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
24. Signature	Print First Name			Initial
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
25. Signature	Print First Name			Initial
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
26. Signature	Print First Name			Initial
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
27. Signature	Print First Name			Initial
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
28. Signature	Print First Name			Initial
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
- (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
- (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
- (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
- (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
- (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
- (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
- (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.

(C) Purposes and Intent.

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act ("the Proponents") have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

STATEMENT OF CIRCULATOR

I, Russell Barry, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of 2 electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DRW Campaigns, Inc.
3549 Dort Hwy
Flint Mi. 48507

(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

Russell Barry
(Signed)
416 N Merritt Dr
(Address of circulator's permanent residence)
Number and Street, Road or Rural Route
Midland
City, Village or Township
Mi 48640
State Zip Code

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY
OF A FELONY OF THE FIFTH DEGREE.**

Number: 000026

County: JUCAS

2 ✓
1/1
UE

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

VALID: 2
INVALID: 0
TOTAL: 2 ✓

TITLE

Ohio Drug Price Relief Act

064620

SUMMARY

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged. Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

1. Signature <i>Jeannette Morgan-Benwett</i>	Print First Name JEANNETTE MORGAN-BENWETT	Initial —
Print Last Name MORGAN-BENWETT		

Address on file with the Board of Election
618 CHEKLY APT. #716

City/Village/Township TOLEDO	Ward/Precinct	Zip Code 43604	County LUCAS	Date of Signing 8-27-15
--	---------------	--------------------------	------------------------	-----------------------------------

2. Signature <i>Mitchell Paul Johnson</i>	Print First Name Mitchell	Initial A
Print Last Name Johnson		

Address on file with the Board of Election
702 NORTH ERIE STR APT 504

City/Village/Township Toledo	Ward/Precinct	Zip Code 43604	County LUCAS	Date of Signing 8/27/15
--	---------------	--------------------------	------------------------	-----------------------------------

3. Signature		Print First Name	Initial
Address on file with the Board of Election		Print Last Name	
City/Village/Township	Ward/Precinct	Zip Code	County
4. Signature		Print First Name	Initial
Address on file with the Board of Election		Print Last Name	
City/Village/Township	Ward/Precinct	Zip Code	County
5. Signature		Print First Name	Initial
Address on file with the Board of Election		Print Last Name	
City/Village/Township	Ward/Precinct	Zip Code	County
6. Signature		Print First Name	Initial
Address on file with the Board of Election		Print Last Name	
City/Village/Township	Ward/Precinct	Zip Code	County
7. Signature		Print First Name	Initial
Address on file with the Board of Election		Print Last Name	
City/Village/Township	Ward/Precinct	Zip Code	County
8. Signature		Print First Name	Initial
Address on file with the Board of Election		Print Last Name	
City/Village/Township	Ward/Precinct	Zip Code	County
9. Signature		Print First Name	Initial
Address on file with the Board of Election		Print Last Name	
City/Village/Township	Ward/Precinct	Zip Code	County

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

8. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

9. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

10. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

11. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

12. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

13. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

14. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

15. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

16. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

17. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

18. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

19. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

20. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

21. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

22. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

23. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

24. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

25. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

26. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

27. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

28. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
- (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
- (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
- (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
- (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
- (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
- (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
- (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.

(C) Purposes and Intent.

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act ("the Proponents") have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

STATEMENT OF CIRCULATOR

I, Michelle Smith, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of 2 electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DRW Campaigns, Inc. 3549 Dort Hwy
Flint Mi 48507

(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

Michelle Smith
(Signed)

702 North Erie St 513
(Address of circulator's permanent residence)
Number and Street, Road or Rural Route

Toledo
City, Village or Township

Ohio 43604
State Zip Code

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Number: 000032

County: Lucas

3

INITIATIVE PETITION

1/1

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

VALID: 3
INVALID: 0
TOTAL: 3 *gjs*

TITLE

Ohio Drug Price Relief Act

064626

SUMMARY

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged. Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

3

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

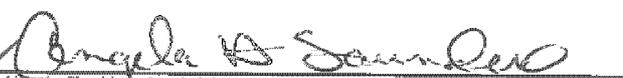
(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

G

1. Signature 	Print First Name Thomas Saunders	Initial
Print Last Name Saunders		

Address on file with the Board of Election 2189 Rogers Ln					
City/Village/Township Oregon	Ward/Precinct Ohio	Zip Code 43111	County Lucas	Date of Signing 10/10/15	

2. Signature 	Print First Name Angela	Initial
Print Last Name Saunders		

Address on file with the Board of Election 2189 Rogers Ln					
City/Village/Township Oregon	Ward/Precinct Ohio	Zip Code 43060	County Lucas	Date of Signing 10/10/15	

3. Signature 	Print First Name LAWRENCE	Initial
Print Last Name Fox		

Address on file with the Board of Election 5920 Walnut Circle					
City/Village/Township Toledo	Ward/Precinct	Zip Code OH	County LUCAS	Date of Signing 10/11/2015	

4. Signature	Print First Name	Initial
Print Last Name		

Address on file with the Board of Election					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	

5. Signature	Print First Name	Initial
Print Last Name		

Address on file with the Board of Election					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	

6. Signature	Print First Name	Initial
Print Last Name		

Address on file with the Board of Election					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	

7. Signature	Print First Name	Initial
Print Last Name		

Address on file with the Board of Election					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	---	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

8. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

9. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

10. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

11. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

12. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

13. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

14. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

15. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

16. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

17. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

18. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

19. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

20. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

21. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

22. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

23. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

24. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

25. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

26. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

27. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

28. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
- (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
- (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
- (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
- (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
- (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
- (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
- (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.

(C) Purposes and Intent.

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act (“the Proponents”) have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

STATEMENT OF CIRCULATOR

I, Halley Stroman, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of 28 electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DRW Campaigns, Inc.
3549 Dort Hwy
Flint Mi. 48507

(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

[Signature]
(Signed)
9795 W. Cr. 28
(Address of circulator's permanent residence)
Number and Street, Road or Rural Route
Fosteria
City, Village or Township
OH 44830
State Zip Code

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY
OF A FELONY OF THE FIFTH DEGREE.**

Number: 000033

County: Lucas

3

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

VALID: 3
INVALID: 0
TOTAL: 3 *ej* ✓

TITLE

Ohio Drug Price Relief Act

064627

SUMMARY

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged. Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

1/1

3

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

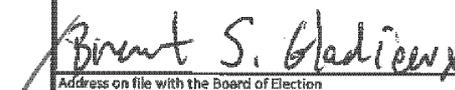
Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

1. Signature 		Print First Name Claire		Initial R
		Print Last Name Langenderfer		
Address on file with the Board of Election 7416 Country Meadows Ct.				
City/Village/Township Sylvania	Ward/Precinct	Zip Code 43560	County Lucas	Date of Signing 10-8-15

2. Signature 		Print First Name Brent		Initial BG
		Print Last Name Gladieux		
Address on file with the Board of Election 2015 N McCord Rd				
City/Village/Township Toledo	Ward/Precinct	Zip Code 43206	County Lucas	Date of Signing 10/29/15

3. Signature 		Print First Name Josh		Initial J
		Print Last Name Davies		
Address on file with the Board of Election 3218 Lantern Dr				
City/Village/Township Oregon	Ward/Precinct	Zip Code 43616	County Lucas	Date of Signing 11/1/15

4. Signature		Print First Name		Initial
		Print Last Name		
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

5. Signature		Print First Name		Initial
		Print Last Name		
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

6. Signature		Print First Name		Initial
		Print Last Name		
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

7. Signature		Print First Name		Initial
		Print Last Name		
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	---	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

8. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

9. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

10. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

11. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

12. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

13. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

14. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

15. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

16. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

17. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

18. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

19. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

20. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

21. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	---	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

22. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

23. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

24. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

25. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

26. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

27. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

28. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
- (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
- (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
- (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
- (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
- (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
- (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
- (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.

(C) Purposes and Intent.

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act ("the Proponents") have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

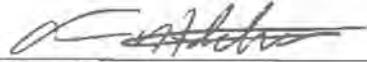
STATEMENT OF CIRCULATOR

I, Oscar Hatchett, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of 33 electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DRW Campaigns, Inc.
3549 Dort Hwy
Flint Mi. 48507

(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.


(Signed)
501 mineola ave
(Address of circulator's permanent residence)
Number and Street, Road or Rural Route
Akron
City, Village or Township
Ohio
State Zip Code

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY
OF A FELONY OF THE FIFTH DEGREE.**

Number: 000035

County: LUCAS

3

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

VALID: 3
INVALID: 0
TOTAL: 3 *gjs*

TITLE

Ohio Drug Price Relief Act

064629

SUMMARY

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged. Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

3

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

1. Signature 	Print First Name Daniel	Print Last Name Hoffman	Initial DH	
Address on file with the Board of Election 6041 WINDY RIDGE LAKE				
City/Village/Township SYLVANIA	Ward/Precinct E	Zip Code 43560	County LUCAS	Date of Signing 10/21/15
2. Signature 	Print First Name David	Print Last Name Siemkiewicz	Initial JS	
Address on file with the Board of Election 5761 Waterville Swanton Rd.				
City/Village/Township Swanton	Ward/Precinct	Zip Code 43558	County Lucas	Date of Signing 10/21/2015
3. Signature 	Print First Name DAVID	Print Last Name CHAMBERLAIN	Initial DC	
Address on file with the Board of Election 10956 OLSEB ST				
City/Village/Township WHITEHOUSE	Ward/Precinct	Zip Code 43571	County LUCAS	Date of Signing 10/22/15
4. Signature _____	Print First Name _____	Print Last Name _____	Initial _____	
Address on file with the Board of Election _____				
City/Village/Township _____	Ward/Precinct _____	Zip Code _____	County _____	Date of Signing _____
5. Signature _____	Print First Name _____	Print Last Name _____	Initial _____	
Address on file with the Board of Election _____				
City/Village/Township _____	Ward/Precinct _____	Zip Code _____	County _____	Date of Signing _____
6. Signature _____	Print First Name _____	Print Last Name _____	Initial _____	
Address on file with the Board of Election _____				
City/Village/Township _____	Ward/Precinct _____	Zip Code _____	County _____	Date of Signing _____
7. Signature _____	Print First Name _____	Print Last Name _____	Initial _____	
Address on file with the Board of Election _____				
City/Village/Township _____	Ward/Precinct _____	Zip Code _____	County _____	Date of Signing _____

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

8. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

9. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

10. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

11. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

12. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

13. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

14. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

15. Signature		Print First Name		Initial	
		Print Last Name			
Address on file with the Board of Election					
City/Village/Township		Ward/Precinct	Zip Code	County	Date of Signing
16. Signature		Print First Name		Initial	
		Print Last Name			
Address on file with the Board of Election					
City/Village/Township		Ward/Precinct	Zip Code	County	Date of Signing
17. Signature		Print First Name		Initial	
		Print Last Name			
Address on file with the Board of Election					
City/Village/Township		Ward/Precinct	Zip Code	County	Date of Signing
18. Signature		Print First Name		Initial	
		Print Last Name			
Address on file with the Board of Election					
City/Village/Township		Ward/Precinct	Zip Code	County	Date of Signing
19. Signature		Print First Name		Initial	
		Print Last Name			
Address on file with the Board of Election					
City/Village/Township		Ward/Precinct	Zip Code	County	Date of Signing
20. Signature		Print First Name		Initial	
		Print Last Name			
Address on file with the Board of Election					
City/Village/Township		Ward/Precinct	Zip Code	County	Date of Signing
21. Signature		Print First Name		Initial	
		Print Last Name			
Address on file with the Board of Election					
City/Village/Township		Ward/Precinct	Zip Code	County	Date of Signing

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

22. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

23. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

24. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

25. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

26. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

27. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

28. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
- (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
- (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
- (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
- (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
- (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
- (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
- (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.

(C) Purposes and Intent.

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act ("the Proponents") have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

STATEMENT OF CIRCULATOR

TIMOTHY AMULIKU declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of 3 electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DRW Campaigns, Inc.
3549 Dort Hwy
Flint Mi. 48507

(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

[Signature]
(Signed)
995 N West Medg e
(Address of circulator's permanent residence)
Number and Street, Road or Rural Route
K919M4280
City, Village or Township
Mi 49007
State Zip Code

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Number: 000037

County: Lucas

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

VALID: 1
INVALID: 2
TOTAL: 3

TITLE

Ohio Drug Price Relief Act

064631

SUMMARY

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged. Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

3✓

1/2 3

3

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

AREA

1. Signature <i>Kandace Walker</i>	Print First Name Kandace	Initial S
Address on file with the Board of Election 1926 Loust St		
City/Village/Township Toledo Ohio	Ward/Precinct	Zip Code 43604
County Lucas	Date of Signing 8-22-2015	

AREA

2. Signature <i>Jerome M D'Aggs</i>	Print First Name Jerome	Initial M
Address on file with the Board of Election 1705 Milburn Av		
City/Village/Township Toledo Ohio	Ward/Precinct	Zip Code 43606
County Lucas	Date of Signing 8-22-2015	

AREA

3. Signature <i>Matt Brace</i>	Print First Name MATT	Initial
Address on file with the Board of Election 101917 Jefferson		
City/Village/Township TOLEDO Ohio	Ward/Precinct	Zip Code 43604
County Lucas	Date of Signing 8-22-15	

4. Signature	Print First Name	Initial
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
County	Date of Signing	

5. Signature	Print First Name	Initial
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
County	Date of Signing	

6. Signature	Print First Name	Initial
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
County	Date of Signing	

7. Signature	Print First Name	Initial
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
County	Date of Signing	

8. Signature	Print First Name	Initial
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
County	Date of Signing	

9. Signature	Print First Name	Initial
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
County	Date of Signing	

10. Signature	Print First Name	Initial
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
County	Date of Signing	

11. Signature	Print First Name	Initial
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
County	Date of Signing	

12. Signature	Print First Name	Initial
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
County	Date of Signing	

13. Signature	Print First Name	Initial
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
County	Date of Signing	

14. Signature	Print First Name	Initial
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
County	Date of Signing	

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

8. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

9. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

10. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

11. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

12. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

13. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

14. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

15. Signature	Print First Name			Initial	
	Print Last Name				
Address on file with the Board of Election					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	
16. Signature	Print First Name			Initial	
	Print Last Name				
Address on file with the Board of Election					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	
17. Signature	Print First Name			Initial	
	Print Last Name				
Address on file with the Board of Election					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	
18. Signature	Print First Name			Initial	
	Print Last Name				
Address on file with the Board of Election					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	
19. Signature	Print First Name			Initial	
	Print Last Name				
Address on file with the Board of Election					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	
20. Signature	Print First Name			Initial	
	Print Last Name				
Address on file with the Board of Election					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	
21. Signature	Print First Name			Initial	
	Print Last Name				
Address on file with the Board of Election					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

22. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

23. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

24. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

25. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

26. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

27. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

28. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
- (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
- (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
- (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
- (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
- (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
- (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
- (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.

(C) Purposes and Intent.

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act ("the Proponents") have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

STATEMENT OF CIRCULATOR

I, Michelle Smith, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of 3 electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DRW Campaigns, Inc. 3549 Dort Hwy
Flint, Mi 48507

(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

Michelle Smith
(Signed)

702 North Erie St
(Address of circulator's permanent residence)
Number and Street, Road or Rural Route

Toledo Ohio
City, Village or Township

Ohio 43604
State Zip Code

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Number: 000038

County: LUCAS

3✓

1/1

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

VALID: 1
INVALID: 2
TOTAL: 3

TITLE

Ohio Drug Price Relief Act

SUMMARY

064632

D)

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged. Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

3

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS
(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

1. Signature <i>Desera Rose</i>	Print First Name <i>Desera</i>			Initial <i>DR</i>
	Print Last Name <i>Rose</i>			
Address on file with the Board of Election <i>7519 DORA ST Lot 137</i>				
City/Village/Township <i>Toledo, Springfield</i>	Ward/Precinct <i>Turkey</i>	Zip Code <i>43605</i>	County <i>Lucas</i>	Date of Signing <i>9/20/2015</i>
2. Signature <i>Janice McElroy</i>	Print First Name <i>Janice</i>			Initial
	Print Last Name <i>McElroy</i>			
Address on file with the Board of Election <i>819 Euclid Ave</i>				
City/Village/Township <i>Toledo Ohio</i>	Ward/Precinct	Zip Code <i>43605</i>	County <i>Lucas</i>	Date of Signing <i>9-20-2015</i>
3. Signature <i>Maria Goerke</i>	Print First Name <i>Maria Goerke</i>			Initial <i>MG</i>
	Print Last Name			
Address on file with the Board of Election <i>1120 W Sheep #2</i>				
City/Village/Township <i>Toledo</i>	Ward/Precinct	Zip Code <i>43605</i>	County <i>Lucas</i>	Date of Signing <i>9-20-15</i>
4. Signature	Print First Name			Initial
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
5. Signature	Print First Name			Initial
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
6. Signature	Print First Name			Initial
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
7. Signature	Print First Name			Initial
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

8. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
9. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
10. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
11. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
12. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
13. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
14. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

15. Signature	Print First Name		Initial	
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
16. Signature	Print First Name		Initial	
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
17. Signature	Print First Name		Initial	
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
18. Signature	Print First Name		Initial	
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
19. Signature	Print First Name		Initial	
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
20. Signature	Print First Name		Initial	
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
21. Signature	Print First Name		Initial	
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

22. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
23. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
24. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
25. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
26. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
27. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
28. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
- (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
- (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
- (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
- (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
- (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
- (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
- (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.

(C) Purposes and Intent.

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act ("the Proponents") have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

STATEMENT OF CIRCULATOR

I, Russell Barry, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of 3 electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DRW Campaigns, Inc.

3549 Dort Hwy

Flint Mi. 48507

(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

Russell Barry

(Signed)

416 N Merritt Dr

(Address of circulator's permanent residence)
Number and Street, Road or Rural Route

Midland

City, Village or Township

MI

State

48640

Zip Code

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY
OF A FELONY OF THE FIFTH DEGREE.**

Number: 000039

County: Locas

4
1/1

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

VALID: 2
INVALID: 2
TOTAL: 4

TITLE

Ohio Drug Price Relief Act

064633

SUMMARY

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged. Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

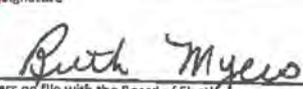
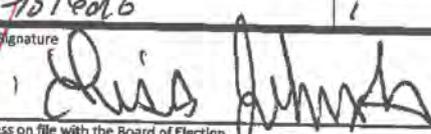
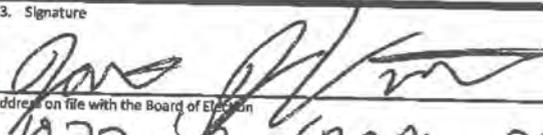
(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

1. Signature  Address on file with the Board of Election 214 Utah St. City/Village/Township Toledo Ward/Precinct 1 Zip Code 43605 County Lucas Date of Signing 10-11-15	Print First Name Ruth Print Last Name Myers Initial Date of Signing 10-11-15
2. Signature  Address on file with the Board of Election 3435 NEBRASKA #159 City/Village/Township Toledo Ward/Precinct Zip Code 43007 County Lucas Date of Signing 10-11-15	Print First Name Lisa Print Last Name Johnston Initial B. Date of Signing 10-11-15
3. Signature  Address on file with the Board of Election 1022 W Greenwood City/Village/Township Toledo Ward/Precinct Zip Code 43605 County Lucas Date of Signing 10-11-15	Print First Name Jonathan Print Last Name Vandersteit Initial JVV Date of Signing 10-11-15
4. Signature  Address on file with the Board of Election 308 W. Oakland Toledo Ohio City/Village/Township Toledo Ward/Precinct 24 Zip Code 43608 County Lucas Date of Signing 10-11-15	Print First Name Dennis Print Last Name Robinson Initial Date of Signing 10-11-15
5. Signature Address on file with the Board of Election City/Village/Township Ward/Precinct Zip Code County Date of Signing	Print First Name Print Last Name Initial Date of Signing
6. Signature Address on file with the Board of Election City/Village/Township Ward/Precinct Zip Code County Date of Signing	Print First Name Print Last Name Initial Date of Signing
7. Signature Address on file with the Board of Election City/Village/Township Ward/Precinct Zip Code County Date of Signing	Print First Name Print Last Name Initial Date of Signing

NRA
NRA

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

6. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

9. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

10. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

11. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

12. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

13. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

14. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	---	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

15. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

16. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

17. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

18. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

19. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

20. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

21. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with Ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

22. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

23. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

24. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

25. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

26. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

27. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

28. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
- (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
- (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
- (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
- (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
- (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
- (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
- (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.

(C) Purposes and Intent.

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act ("the Proponents") have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

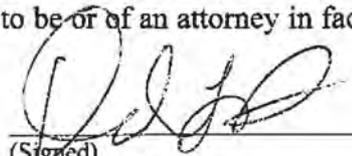
STATEMENT OF CIRCULATOR

I, Dale L. Irwin, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of 4 electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DRW Campaigns, Inc.
3549 Dort Hwy
Flint Mi. 48507

(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.


(Signed)

605 N Saginaw St #2A
(Address of circulator's permanent residence)
Number and Street, Road or Rural Route

Flint
City, Village or Township

MI 48502
State Zip Code

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY
OF A FELONY OF THE FIFTH DEGREE.**

Number: 000040

County: LUCAS

4

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

11

VALID: 4
 INVALID: 0
 TOTAL: 4

TITLE

Ohio Drug Price Relief Act

064634

SUMMARY

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged. Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

4

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
 (Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

1. Signature *Donald G. Phee*

Print First Name **DONALD** Initial **J**
 Print Last Name **GOKLEK**

Address on file with the Board of Election
9562 ST CHRISTINE CT

City/Village/Township **SYLVANIA** Ward/Precinct _____ Zip Code **43560** County **LUCAS** Date of Signing **10/9/15**

2. Signature *Patricia L Cousino*

Print First Name **PATRICIA L** Initial **PC**
 Print Last Name **COUSINO**

Address on file with the Board of Election
362 BURGER

City/Village/Township **TOLEDO** Ward/Precinct _____ Zip Code **43605** County **LUCAS** Date of Signing **10-11-2015**

3. Signature *James L Cousino*

Print First Name **JAMES** Initial **L**
 Print Last Name **COUSINO**

Address on file with the Board of Election
362 BURGER ST

City/Village/Township **TOLEDO** Ward/Precinct _____ Zip Code **43605** County **LUCAS** Date of Signing **10-11-2015**

4. Signature *Myron E. Caris*

Print First Name **MYRON** Initial **E.**
 Print Last Name **CARIS**

Address on file with the Board of Election
1572 Sunshine St.

City/Village/Township **OREGON** Ward/Precinct _____ Zip Code **43614** County **LUCAS** Date of Signing **10-11-2015**

5. Signature _____

Print First Name _____ Initial _____
 Print Last Name _____

Address on file with the Board of Election _____

City/Village/Township _____ Ward/Precinct _____ Zip Code _____ County _____ Date of Signing _____

6. Signature _____

Print First Name _____ Initial _____
 Print Last Name _____

Address on file with the Board of Election _____

City/Village/Township _____ Ward/Precinct _____ Zip Code _____ County _____ Date of Signing _____

7. Signature _____

Print First Name _____ Initial _____
 Print Last Name _____

Address on file with the Board of Election _____

City/Village/Township _____ Ward/Precinct _____ Zip Code _____ County _____ Date of Signing _____

LLW

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural: Route or other Post office Address	Month / Day / Year
-----------	--------	----------	---	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

8. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

9. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

10. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

11. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

12. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

13. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

14. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	---	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

15. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

16. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

17. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

18. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

19. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

20. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

21. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

22. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

23. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

24. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

25. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

26. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

27. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

28. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
- (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
- (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
- (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
- (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
- (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
- (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
- (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.

(C) Purposes and Intent.

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act ("the Proponents") have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

STATEMENT OF CIRCULATOR

I, Haley Stromer, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of 4 electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DRW Campaigns, Inc.
3549 Dort Hwy
Flint Mi. 48507

(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

(Signed) [Signature]

9795 W. Cr. 28
(Address of circulator's permanent residence)
Number and Street, Road or Rural Route

EASTONIA
City, Village or Township

OH
State

44830
Zip Code

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY
OF A FELONY OF THE FIFTH DEGREE.**

Number: 000041

County: Lucas

4

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

VALID: 4
 INVALID: 0
 TOTAL: 4

TITLE

Ohio Drug Price Relief Act

064635

2/2

SUMMARY

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged. Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

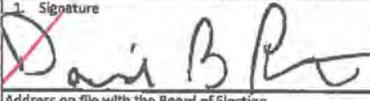
(Sign with ink. Your name, residence, and date of signing must be given.)

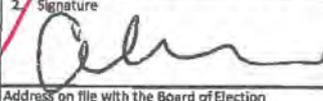
Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

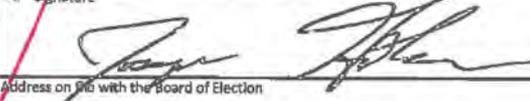
(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

1. Signature 	Print First Name	DAVID PITZEN		Initial	B
	Print Last Name	PITZEN			
Address on file with the Board of Election 1926 GLENDALE					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	
Toledo			LUCAS	10-29-15	

2. Signature 	Print First Name	Celina		Initial	M
	Print Last Name	Autman			
Address on file with the Board of Election 4234 asbury Drive					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	
Toledo		43012	Lucas	10-29-15	

3. Signature 	Print First Name	MARY		Initial	A
	Print Last Name	RODGERS			
Address on file with the Board of Election 512 S. Block Rd					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	
Waterville		43566	Jacks	10/29/15	

4. Signature 	Print First Name	Joseph		Initial	
	Print Last Name	Hollinger			
Address on file with the Board of Election 3511 Albion rd.					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	
Monclova		43537	Lucas	10/29/15	

5. Signature	Print First Name			Initial	
	Print Last Name				
Address on file with the Board of Election					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	

6. Signature	Print First Name			Initial	
	Print Last Name				
Address on file with the Board of Election					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	

7. Signature	Print First Name			Initial	
	Print Last Name				
Address on file with the Board of Election					
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	---	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

8. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

9. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

10. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

11. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

12. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

13. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

14. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	---	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

15. Signature	Print First Name			Initial
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
16. Signature	Print First Name			Initial
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
17. Signature	Print First Name			Initial
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
18. Signature	Print First Name			Initial
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
19. Signature	Print First Name			Initial
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
20. Signature	Print First Name			Initial
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
21. Signature	Print First Name			Initial
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

22. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

23. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

24. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

25. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

26. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

27. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

28. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
- (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
- (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
- (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
- (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
- (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
- (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
- (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.

(C) Purposes and Intent.

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act ("the Proponents") have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

STATEMENT OF CIRCULATOR

I, Walecy Strosman, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of 2814 electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DRW Campaigns Inc

3549 Dor+ Hwy Flint MI 48507
(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

[Signature]
(Signed)

9795 W.C.R. 28
(Address of circulator's permanent residence)
Number and Street, Road or Rural Route

Fostonia
City, Village or Township

MI 44830
State Zip Code

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Number: 000044

County: LUCAS

4

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

TITLE

Ohio Drug Price Relief Act

064638

VALID: 3
INVALID: 1
TOTAL: 4

SUMMARY

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged. Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

G N/A

1. Signature <i>Christina Higgins</i>	Print First Name <i>Christina</i>	Initial <i>C</i>
	Print Last Name <i>Higgins</i>	

Address on file with the Board of Election
459 Southgate Cir.

City/Village/Township <i>Toledo</i>	Ward/Precinct	Zip Code <i>43615</i>	County <i>LUCAS</i>	Date of Signing <i>10-11-15</i>
--	---------------	--------------------------	------------------------	------------------------------------

2. Signature <i>Tommy L. Jones</i>	Print First Name <i>Tommy</i>	Initial <i>L.</i>
	Print Last Name <i>Jones</i>	

Address on file with the Board of Election
2022 Crosswell Place

City/Village/Township <i>Toledo</i>	Ward/Precinct	Zip Code <i>43607</i>	County <i>LUCAS</i>	Date of Signing <i>10-13-15</i>
--	---------------	--------------------------	------------------------	------------------------------------

3. Signature <i>Jenine Belcher</i>	Print First Name <i>Jenine</i>	Initial <i>J.</i>
	Print Last Name <i>Belcher</i>	

Address on file with the Board of Election
[Redacted]

City/Village/Township <i>[Redacted]</i>	Ward/Precinct	Zip Code <i>[Redacted]</i>	County <i>[Redacted]</i>	Date of Signing <i>[Redacted]</i>
--	---------------	-------------------------------	-----------------------------	--------------------------------------

4. Signature <i>Wade Greenleaf</i>	Print First Name <i>WADE</i>	Initial
	Print Last Name <i>GREENLEAF</i>	

Address on file with the Board of Election
2017 Crosswell Place

City/Village/Township <i>TOLEDO</i>	Ward/Precinct <i>[Redacted]</i>	Zip Code <i>43607</i>	County <i>LUCAS</i>	Date of Signing <i>10-13-15</i>
--	---	--------------------------	------------------------	------------------------------------

5. Signature <i>LaToya Curtis</i>	Print First Name <i>LaToya</i>	Initial <i>LC</i>
	Print Last Name <i>CURTIS</i>	

Address on file with the Board of Election
511 Conradave

City/Village/Township <i>Toledo</i>	Ward/Precinct	Zip Code <i>43607</i>	County <i>LUCAS</i>	Date of Signing <i>10/13/15</i>
--	---------------	--------------------------	------------------------	------------------------------------

6. Signature <i>[Redacted]</i>	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election
[Redacted]

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

7. Signature <i>[Redacted]</i>	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election
[Redacted]

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

8. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

9. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

10. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

11. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

12. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

13. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

14. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	---	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

15. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

16. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

17. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

18. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

19. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

20. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

21. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

22. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

23. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

24. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

25. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

26. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

27. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

28. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
- (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
- (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
- (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
- (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
- (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
- (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
- (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.

(C) Purposes and Intent.

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act ("the Proponents") have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

STATEMENT OF CIRCULATOR

I, Matthew Henry, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of 24 4 electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DRW Campaigns, Inc.
3549 Dort Hwy
Flint Mi. 48507

(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

Matthew Henry
(Signed)

3802 Hazelhurst
(Address of circulator's permanent residence)
Number and Street, Road or Rural Route

Tol Township
City, Village or Township

OH 430617
State Zip Code

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY
OF A FELONY OF THE FIFTH DEGREE.**

4V
Number: 000045

County: Lucas 4

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

VALID: 3
INVALID: 1
TOTAL: 4
BFV

TITLE

Ohio Drug Price Relief Act

064639

SUMMARY

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged. Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS
(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

1. Signature <i>Anna M. Branch</i>	Print First Name <i>ANNA M. BRANCH</i>	Initial <i>M</i>
Address on file with the Board of Election <i>1064 W. Woodruff</i>		
City/Village/Township <i>Toledo</i>	Ward/Precinct	Zip Code <i>43606</i>
County <i>LUCAS</i>	Date of Signing <i>9/17/15</i>	

2. Signature <i>Francesca Burgess</i>	Print First Name <i>FRANCESCA BURGESS</i>	Initial <i>FB</i>
Address on file with the Board of Election <i>m. 094 County RD 7</i>		
City/Village/Township <i>Gretton</i>	Ward/Precinct	Zip Code <i>43523</i>
County <i>Henry</i>	Date of Signing <i>9-17-15</i>	

3. Signature <i>Nathaniel Kelly</i>	Print First Name <i>NATHANIEL</i>	Initial <i>N</i>
Address on file with the Board of Election <i>885 Hampton St</i>		
City/Village/Township <i>Toledo</i>	Ward/Precinct	Zip Code <i>43608</i>
County <i>LUCAS</i>	Date of Signing <i>9-17-15</i>	

4. Signature <i>Andre Barbon</i>	Print First Name <i>Andre</i>	Initial <i>K</i>
Address on file with the Board of Election <i>663 Belmont Ave</i>		
City/Village/Township <i>Toledo</i>	Ward/Precinct	Zip Code <i>43604</i>
County <i>Lucas</i>	Date of Signing <i>9/17/15</i>	

5. Signature	Print First Name	Initial
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
County	Date of Signing	

6. Signature	Print First Name	Initial
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
County	Date of Signing	

7. Signature	Print First Name	Initial
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
County	Date of Signing	

8. Signature	Print First Name	Initial
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
County	Date of Signing	

9. Signature	Print First Name	Initial
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
County	Date of Signing	

10. Signature	Print First Name	Initial
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
County	Date of Signing	

11. Signature	Print First Name	Initial
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
County	Date of Signing	

12. Signature	Print First Name	Initial
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
County	Date of Signing	

13. Signature	Print First Name	Initial
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
County	Date of Signing	

14. Signature	Print First Name	Initial
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
County	Date of Signing	

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

8. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

9. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

10. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

11. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

12. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

13. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

14. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
------------------	---------------	-----------------	---	---------------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
------------------	---------------	------------------------	--------------------------	----------------------	---------------------------

15. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
16. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
17. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
18. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
19. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
20. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
21. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

22. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
23. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
24. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
25. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
26. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
27. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
28. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
- (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
- (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
- (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
- (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
- (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
- (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
- (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.

(C) Purposes and Intent.

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act ("the Proponents") have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

STATEMENT OF CIRCULATOR

I, Michelle Smith, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of 4 electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DRW Campaigns, Inc.

3549 Dort Hwy

Flint Mi. 48507

(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

Michelle Smith

(Signed)

702 North Erie Apt 513
(Address of circulator's permanent residence)
Number and Street, Road or Rural Route

Deleco
City, Village or Township

Ohio
State

43004
Zip Code

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

41
Number: 000046

County: LUCAS 4

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly. 1/3

VALID: 2
INVALID: 2
TOTAL: 4

TITLE

Ohio Drug Price Relief Act

064640

SUMMARY

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
 - Sets forth Findings and Declarations and Purposes and Intent of the Act.
 - Sets forth factors in determining "net cost."
 - Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
 - Provide that the Act shall liberally construed to effectuate its purpose.
 - Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
 - Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
 - Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged. Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
 - Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
 - Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.
- 5

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

1. Signature <i>Cookiee John Jones</i>	Print First Name <i>Cookiee</i>	Initial <i>J</i>
	Print Last Name <i>Jones</i>	

Address on file with the Board of Election
702 N. Erie #104

City/Village/Township <i>Toledo</i>	Ward/Precinct	Zip Code <i>43604</i>	County <i>Lucas</i>	Date of Signing <i>9-17-15</i>
--	---------------	--------------------------	------------------------	-----------------------------------

2. Signature <i>Titus Jeffries</i>	Print First Name <i>Titus</i>	Initial <i>D</i>
	Print Last Name <i>Jeffries</i>	

Address on file with the Board of Election
702 N. Erie #708

City/Village/Township <i>Toledo Ohio</i>	Ward/Precinct	Zip Code <i>43604</i>	County <i>Lucas</i>	Date of Signing <i>9-17-15</i>
---	---------------	--------------------------	------------------------	-----------------------------------

[Redacted Signature and Information]

4. Signature <i>Willie L. Russell</i>	Print First Name <i>Willie</i>	Initial <i>W</i>
	Print Last Name <i>Russell</i>	

Address on file with the Board of Election
702 N. Erie

City/Village/Township <i>Toledo</i>	Ward/Precinct	Zip Code <i>43604</i>	County <i>Lucas</i>	Date of Signing <i>9/17/15</i>
--	---------------	--------------------------	------------------------	-----------------------------------

[Redacted Signature and Information]

6. Signature <i>Gayle Ann</i>	Print First Name <i>Taylor</i>	Initial <i>T.A</i>
	Print Last Name <i>Adkins</i>	

Address on file with the Board of Election
702 N. Erie St #809

City/Village/Township <i>Toledo</i>	Ward/Precinct	Zip Code <i>43604</i>	County <i>Lucas</i>	Date of Signing <i>09/17/15</i>
--	---------------	--------------------------	------------------------	------------------------------------

[Redacted Signature and Information]

URR B

G

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	---	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

8. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

9. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

10. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

11. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

12. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

13. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

14. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

15. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

16. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

17. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

18. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

19. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

20. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

21. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

22. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

23. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

24. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

25. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

26. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

27. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

28. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
- (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
- (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
- (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
- (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
- (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
- (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
- (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.

(C) Purposes and Intent.

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act (“the Proponents”) have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

STATEMENT OF CIRCULATOR

I, Patricia Williams, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of (7) 4 electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DRW Campaigns, Inc.
3549 Dort Hwy
Flint Mi. 48507

(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

Patricia Williams
(Signed)

382 Dennis Ct

(Address of circulator's permanent residence)
Number and Street, Road or Rural Route

Toledo

City, Village or Township

OHIO
State

43604
Zip Code

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY
OF A FELONY OF THE FIFTH DEGREE.**

Number: [REDACTED]

County: Lucas

5

000047

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

TITLE

VALID: 4
INVALID: 1
TOTAL: 5

Ohio Drug Price Relief Act

064641

SUMMARY

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged. Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

5

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE

• Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

1. Signature: 

Print First Name	Gerald	Initial	AB
Print Last Name	Bottle		

Address on file with the Board of Election
754 Vance ST

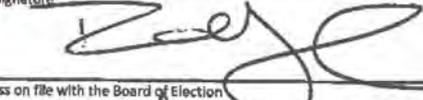
City/Village/Township	TOLEDO	Ward/Precinct		Zip Code	43604	County	LUCAS	Date of Signing	11/3/15
-----------------------	--------	---------------	--	----------	-------	--------	-------	-----------------	---------

2. Signature: 

Print First Name	ANTHONY	Initial	
Print Last Name	MARSHALL		

Address on file with the Board of Election
752 NEBRASKA

City/Village/Township	TOL	Ward/Precinct		Zip Code	43604	County	LUCAS	Date of Signing	11-3-15
-----------------------	-----	---------------	--	----------	-------	--------	-------	-----------------	---------

3. Signature: 

Print First Name	RAYMOND	Initial	M
Print Last Name	GRAY		

Address on file with the Board of Election
745 WASHINGTON ST. #603

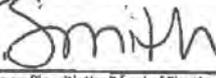
City/Village/Township	TOLEDO	Ward/Precinct		Zip Code	43604	County	LUCAS	Date of Signing	03/Nov/2015
-----------------------	--------	---------------	--	----------	-------	--------	-------	-----------------	-------------

4. Signature: 

Print First Name	Christina	Initial	CM
Print Last Name	MACK		

Address on file with the Board of Election
448 HIRSH HURF

City/Village/Township	TOLEDO	Ward/Precinct		Zip Code	43615	County	Lucas	Date of Signing	11/3/2015
-----------------------	--------	---------------	--	----------	-------	--------	-------	-----------------	-----------

5. Signature: 

Print First Name	T.rai	Initial	T
Print Last Name	smith		

Address on file with the Board of Election
1636 1/2 Cleaver

City/Village/Township	toledo	Ward/Precinct	6	Zip Code	43612	County	Lucas	Date of Signing	11/3/15
-----------------------	--------	---------------	---	----------	-------	--------	-------	-----------------	---------

6. Signature: _____

Print First Name		Initial	
Print Last Name			

Address on file with the Board of Election

City/Village/Township		Ward/Precinct		Zip Code		County		Date of Signing	
-----------------------	--	---------------	--	----------	--	--------	--	-----------------	--

7. Signature: _____

Print First Name		Initial	
Print Last Name			

Address on file with the Board of Election

City/Village/Township		Ward/Precinct		Zip Code		County		Date of Signing	
-----------------------	--	---------------	--	----------	--	--------	--	-----------------	--

11/6

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
------------------	---------------	-----------------	---	---------------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
------------------	---------------	------------------------	--------------------------	----------------------	---------------------------

8. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
------------------------------	----------------------	-----------------	---------------	------------------------

9. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
------------------------------	----------------------	-----------------	---------------	------------------------

10. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
------------------------------	----------------------	-----------------	---------------	------------------------

11. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
------------------------------	----------------------	-----------------	---------------	------------------------

12. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
------------------------------	----------------------	-----------------	---------------	------------------------

13. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
------------------------------	----------------------	-----------------	---------------	------------------------

14. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
------------------------------	----------------------	-----------------	---------------	------------------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

15. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

16. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

17. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

18. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

19. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

20. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

21. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	---	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

22. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

23. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

24. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

25. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

26. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

27. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

28. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
- (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
- (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
- (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
- (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
- (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
- (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
- (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.

(C) Purposes and Intent.

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act ("the Proponents") have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

STATEMENT OF CIRCULATOR

I, Evelle Glover declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of 28 electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DRW Campaigns, Inc.
3549 Dort Hwy
Flint Mi. 48507

(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

Evelle Glover
(Signed)
541 Elm Dale Court
(Address of circulator's permanent residence)
Number and Street, Road or Rural Route
Toledo
City, Village or Township
ohio 43609
State Zip Code

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY
OF A FELONY OF THE FIFTH DEGREE.**

Number: 000048

County: LUCAS

5

52

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

VALID: 5
 INVALID: 0
 TOTAL: 5

TITLE

Ohio Drug Price Relief Act

3/3

064642

SUMMARY

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged. Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

1. Signature <i>[Signature]</i>	Print First Name Richard	Initial J	Print Last Name Lewandowski		
Address on file with the Board of Election 5023 St Auburn Dr					
City/Village/Township Toledo	Ward/Precinct	Zip Code 43615	County Lucas	Date of Signing 10-8-15	
2. Signature <i>[Signature]</i>	Print First Name Dianne	Initial L	Print Last Name Lott		
Address on file with the Board of Election 2372 Maplewood					
City/Village/Township Toledo	Ward/Precinct	Zip Code 43620	County Lucas	Date of Signing 10-8-15	
3. Signature <i>[Signature]</i>	Print First Name Tiffany	Initial	Print Last Name Bennett		
Address on file with the Board of Election 5250 Glen Craig Way					
City/Village/Township Toledo	Ward/Precinct 0	Zip Code 43615	County Lucas	Date of Signing 10-8-15	
4. Signature <i>[Signature]</i>	Print First Name [Redacted]	Initial	Print Last Name [Redacted]		
Address on file with the Board of Election [Redacted]					
City/Village/Township Perrysburg	Ward/Precinct	Zip Code 43551	County Wood	Date of Signing 10-8-15	
5. Signature <i>[Signature]</i>	Print First Name [Redacted]	Initial GWS	Print Last Name [Redacted]		
Address on file with the Board of Election [Redacted]					
City/Village/Township Toledo	Ward/Precinct	Zip Code 43613	County Lucas	Date of Signing 10-8-15	
6. Signature <i>[Signature]</i>	Print First Name Damian	Initial	Print Last Name Johnson		
Address on file with the Board of Election 2120 Horton					
City/Village/Township Toledo	Ward/Precinct	Zip Code 43620	County Lucas	Date of Signing 10-8-15	
7. Signature <i>[Signature]</i>	Print First Name Italy	Initial S	Print Last Name Liggins		
Address on file with the Board of Election 5118 Norwien Rd Apt 3A					
City/Village/Township Toledo	Ward/Precinct	Zip Code 43615	County Lucas	Date of Signing 10-8-15	

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	---	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

8. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

9. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

10. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

11. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

12. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

13. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

14. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	---	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

15. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

16. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

17. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

18. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

19. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

20. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

21. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
------------------	---------------	-----------------	---	---------------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
------------------	---------------	------------------------	--------------------------	----------------------	---------------------------

22. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

23. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

24. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

25. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

26. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

27. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

28. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
- (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
- (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
- (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
- (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
- (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
- (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
- (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.

(C) Purposes and Intent.

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act ("the Proponents") have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

STATEMENT OF CIRCULATOR

I, Matthew Hamilton, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of 22 electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DRW Campaigns, Inc.

3549 Dort Hwy

Flint Mi. 48507

(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

Matthew Hamilton
(Signed)

3802 Hazelhurst
(Address of circulator's permanent residence)
Number and Street, Road or Rural Route

Tol Township
City, Village or Township

MI 48612
State Zip Code

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY
OF A FELONY OF THE FIFTH DEGREE.**

Number: 000049

County: LUCAS

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

VALID: 4
INVALID: 2
TOTAL: lev
02

TITLE

Ohio Drug Price Relief Act

1/1
064643

SUMMARY

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged. Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
 (Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

1. Signature G <i>Nelly Chen</i>	Print First Name <i>Nelly</i>	Initial <i>L</i>
	Print Last Name <i>Clark</i>	
Address on file with the Board of Election <i>3002 Airport #1</i>		
City/Village/Township <i>Toledo OH</i>	Ward/Precinct	Zip Code <i>43609</i>
County <i>LUCAS</i>	Date of Signing <i>10-5-15</i>	
2. Signature <i>[Redacted]</i>	Print First Name <i>Debra Jean Lepiarz</i>	Initial
	Print Last Name <i>Lepiarz</i>	
Address <i>[Redacted]</i>		
City/Village/Township <i>Toledo</i>	Ward/Precinct	Zip Code <i>43603</i>
County <i>LUCAS</i>	Date of Signing <i>10/6/15</i>	
3. Signature <i>[Redacted]</i>	Print First Name <i>Frank</i>	Initial <i>S</i>
	Print Last Name <i>Presnell</i>	
Address on file with the Board of Election <i>633 Kirkberg Rd</i>		
City/Village/Township <i>Toledo</i>	Ward/Precinct	Zip Code <i>43607</i>
County <i>LUCAS</i>	Date of Signing <i>10/6/15</i>	
4. Signature <i>[Redacted]</i>	Print First Name <i>Dennis</i>	Initial <i>D</i>
	Print Last Name <i>Forker</i>	
Address on file with the Board of Election <i>2211 Turbourn Rd #22</i>		
City/Village/Township <i>Toledo</i>	Ward/Precinct	Zip Code <i>43614</i>
County <i>LUCAS</i>	Date of Signing <i>10/6/15</i>	
5. Signature <i>Maureen Conroy</i>	Print First Name <i>MAUREEN</i>	Initial
	Print Last Name <i>CONROY</i>	
Address on file with the Board of Election <i>2012 CASS RD.</i>		
City/Village/Township <i>MAUMEE</i>	Ward/Precinct	Zip Code <i>43537</i>
County <i>LUCAS</i>	Date of Signing <i>10/6/15</i>	
6. Signature <i>Linda Toe</i>	Print First Name <i>LINDA</i>	Initial <i>[Handwritten]</i>
	Print Last Name <i>POE</i>	
Address on file with the Board of Election <i>717 Redwood Ave.</i>		
City/Village/Township <i>Toledo</i>	Ward/Precinct	Zip Code <i>43609</i>
County <i>LUCAS</i>	Date of Signing <i>10/6/15</i>	
7. Signature <i>[Redacted]</i>	Print First Name <i>Candae</i>	Initial
	Print Last Name <i>Speight</i>	
Address on file with the Board of Election <i>2015 Forest Ave</i>		
City/Village/Township <i>Toledo</i>	Ward/Precinct	Zip Code <i>43606</i>
County <i>LUCAS</i>	Date of Signing <i>10/7/15</i>	

NRA

NRA

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with Ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
------------------	---------------	-----------------	---	---------------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
------------------	---------------	------------------------	--------------------------	----------------------	---------------------------

8. Signature	<small>Print First Name</small>	<small>Initial</small>
	<small>Print Last Name</small>	

Address on file with the Board of Election

<small>City/Village/Township</small>	<small>Ward/Precinct</small>	<small>Zip Code</small>	<small>County</small>	<small>Date of Signing</small>
--------------------------------------	------------------------------	-------------------------	-----------------------	--------------------------------

9. Signature	<small>Print First Name</small>	<small>Initial</small>
	<small>Print Last Name</small>	

Address on file with the Board of Election

<small>City/Village/Township</small>	<small>Ward/Precinct</small>	<small>Zip Code</small>	<small>County</small>	<small>Date of Signing</small>
--------------------------------------	------------------------------	-------------------------	-----------------------	--------------------------------

10. Signature	<small>Print First Name</small>	<small>Initial</small>
	<small>Print Last Name</small>	

Address on file with the Board of Election

<small>City/Village/Township</small>	<small>Ward/Precinct</small>	<small>Zip Code</small>	<small>County</small>	<small>Date of Signing</small>
--------------------------------------	------------------------------	-------------------------	-----------------------	--------------------------------

11. Signature	<small>Print First Name</small>	<small>Initial</small>
	<small>Print Last Name</small>	

Address on file with the Board of Election

<small>City/Village/Township</small>	<small>Ward/Precinct</small>	<small>Zip Code</small>	<small>County</small>	<small>Date of Signing</small>
--------------------------------------	------------------------------	-------------------------	-----------------------	--------------------------------

12. Signature	<small>Print First Name</small>	<small>Initial</small>
	<small>Print Last Name</small>	

Address on file with the Board of Election

<small>City/Village/Township</small>	<small>Ward/Precinct</small>	<small>Zip Code</small>	<small>County</small>	<small>Date of Signing</small>
--------------------------------------	------------------------------	-------------------------	-----------------------	--------------------------------

13. Signature	<small>Print First Name</small>	<small>Initial</small>
	<small>Print Last Name</small>	

Address on file with the Board of Election

<small>City/Village/Township</small>	<small>Ward/Precinct</small>	<small>Zip Code</small>	<small>County</small>	<small>Date of Signing</small>
--------------------------------------	------------------------------	-------------------------	-----------------------	--------------------------------

14. Signature	<small>Print First Name</small>	<small>Initial</small>
	<small>Print Last Name</small>	

Address on file with the Board of Election

<small>City/Village/Township</small>	<small>Ward/Precinct</small>	<small>Zip Code</small>	<small>County</small>	<small>Date of Signing</small>
--------------------------------------	------------------------------	-------------------------	-----------------------	--------------------------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	---	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

15. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

16. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

17. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

18. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

19. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

20. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

21. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

22. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

23. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

24. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

25. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

26. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

27. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

28. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
- (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
- (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
- (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
- (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
- (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
- (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
- (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.

(C) Purposes and Intent.

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act ("the Proponents") have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

STATEMENT OF CIRCULATOR

I, Margery Lane Jones, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of 7 6 electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DRW Campaigns, Inc.
3549 Dort Hwy
Flint Mi. 48507

(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

Margery Lane Jones
(Signed)

3950 Airport Hwy #145
(Address of circulator's permanent residence)
Number and Street, Road or Rural Route

Toledo, Ohio 43615
City, Village or Township

Ohio
State

43618
Zip Code

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY
OF A FELONY OF THE FIFTH DEGREE.**

Number: 000050

County: Lucas

11
1/1
6

60

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

VALID: 3
INVALID: 3
TOTAL: 6

TITLE

Ohio Drug Price Relief Act

064644

SUMMARY

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged. Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

6

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

25/10

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
 (Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

1. [Redacted Signature] [Redacted County] [Redacted City or Village] [Redacted Street and Number] [Redacted Ward/Precinct] [Redacted Month / Day / Year]

2. [Redacted Signature] [Redacted County] [Redacted City or Village] [Redacted Street and Number] [Redacted Ward/Precinct] [Redacted Month / Day / Year]

3. [Redacted Signature] [Redacted County] [Redacted City or Village] [Redacted Street and Number] [Redacted Ward/Precinct] [Redacted Month / Day / Year]

4. [Redacted Signature] [Redacted County] [Redacted City or Village] [Redacted Street and Number] [Redacted Ward/Precinct] [Redacted Month / Day / Year]

5. [Redacted Signature] [Redacted County] [Redacted City or Village] [Redacted Street and Number] [Redacted Ward/Precinct] [Redacted Month / Day / Year]

5. *Tashauna Woodcox*
 Address on file with the Board of Election: *729 Walnut St Apt A2 Toledo, OH 43604 Lucas*
 Date of Signing: *8-27-15*

6. *Rainey Mason*
 Address on file with the Board of Election: *918 Michigan Toledo, OH 43604 Lucas*
 Date of Signing: *8-27-15*

7. *Karen Williams*
 Address on file with the Board of Election: *1200 Waverly Toledo, OH 43607 Lucas*
 Date of Signing: *8-27-15*

7. *Karen Williams*
 Address on file with the Board of Election: *1200 Waverly Toledo, OH 43607 Lucas*
 Date of Signing: *8-27-15*

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

9. Signature *[Handwritten Signature]* Print First Name *DeAndre* Initial *✓*
Print Last Name *Allen*
Address on file with the Board of Election *828 woodland upper*
City/Village/Township *Toledo* Ward/Precinct *upper* Zip Code *43620* County *Lucas* Date of Signing *8/27/15*

8. Signature *[Handwritten Signature]* Print First Name *Reanna* Initial
Print Last Name *Russell*
Address on file with the Board of Election *128 Page St*
City/Village/Township *Toledo* Ward/Precinct Zip Code *43620* County *Lucas* Date of Signing *8/27/15*

10. Signature *[Handwritten Signature]* Print First Name *Siloye* Initial
Print Last Name *Starks*
Address on file with the Board of Election *3123 Enright St*
City/Village/Township *Toledo* Ward/Precinct Zip Code *43608* County *Lucas* Date of Signing *8-27-15*



12. Signature *[Redacted]* Print First Name *[Redacted]* Initial *[Redacted]*
Print Last Name *[Redacted]*
Address on file with the Board of Election *[Redacted]*
City/Village/Township *[Redacted]* Ward/Precinct *[Redacted]* Zip Code *[Redacted]* County *[Redacted]* Date of Signing *[Redacted]*

13. Signature *[Redacted]* Print First Name *[Redacted]* Initial *[Redacted]*
Print Last Name *[Redacted]*
Address on file with the Board of Election *[Redacted]*
City/Village/Township *[Redacted]* Ward/Precinct *[Redacted]* Zip Code *[Redacted]* County *[Redacted]* Date of Signing *[Redacted]*

14. Signature *[Redacted]* Print First Name *[Redacted]* Initial *[Redacted]*
Print Last Name *[Redacted]*
Address on file with the Board of Election *[Redacted]*
City/Village/Township *[Redacted]* Ward/Precinct *[Redacted]* Zip Code *[Redacted]* County *[Redacted]* Date of Signing *[Redacted]*

NOTICE
 Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS
(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
 (Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

15. Signature	Print First Name			Initial
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

16. Signature	Print First Name			Initial
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

17. Signature	Print First Name			Initial
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

18. Signature	Print First Name			Initial
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

19. Signature	Print First Name			Initial
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

20. Signature	Print First Name			Initial
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

21. Signature	Print First Name			Initial
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

22. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election					Date of Signing
City/Village/Township	Ward/Precinct	Zip Code	County		

23. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election					Date of Signing
City/Village/Township	Ward/Precinct	Zip Code	County		

24. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election					Date of Signing
City/Village/Township	Ward/Precinct	Zip Code	County		

25. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election					Date of Signing
City/Village/Township	Ward/Precinct	Zip Code	County		

26. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election					Date of Signing
City/Village/Township	Ward/Precinct	Zip Code	County		

27. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election					Date of Signing
City/Village/Township	Ward/Precinct	Zip Code	County		

28. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election					Date of Signing
City/Village/Township	Ward/Precinct	Zip Code	County		

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
 - (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
 - (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
 - (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
 - (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
 - (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
 - (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
 - (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.
- (C) Purposes and Intent.**

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act ("the Proponents") have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

STATEMENT OF CIRCULATOR

I, Michelle Smith, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of (10) ^{MS} 6 electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DKW Campaigns, Inc 3549 Dort Hwy

Flint, Mi 48507

(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

Michelle Smith
(Signed)

702 North Elm Apt 513
(Address of circulator's permanent residence)
Number and Street, Road or Rural Route

Flint Ohio
City, Village or Township

Ohio
State

43001
Zip Code

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Number: 000051

County: LUCAS

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

VALID: 3
 INVALID: 3
 TOTAL: 6

TITLE

Ohio Drug Price Relief Act

064545

SUMMARY

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged. Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

7

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE
 Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS
 (Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
 (Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

1. Signature: Taylor Olivera
 Print First Name: Taylor
 Print Last Name: Olivera
 Initial: [blank]
 Address on file with the Board of Election: 1956 Northgate
 City/Village/Township: Toledo
 Ward/Precinct: [blank]
 Zip Code: 43611
 County: Lucas
 Date of Signing: 9-18-15

2. Signature: Nick Demirek
 Print First Name: Nick
 Print Last Name: Demirek
 Initial: D.
 Address on file with the Board of Election: 1744 Canal
 City/Village/Township: Toledo
 Ward/Precinct: [blank]
 Zip Code: 43608
 County: Lucas
 Date of Signing: 9-18-15

3. Signature: [Redacted]
 Print First Name: [Redacted]
 Print Last Name: [Redacted]
 Initial: [Redacted]
 Address on file with the Board of Election: [Redacted]
 City/Village/Township: Toledo
 Ward/Precinct: [Redacted]
 Zip Code: 43606
 County: Lucas
 Date of Signing: 4-18-15

4. Signature: Audrey Hickman
 Print First Name: Audrey
 Print Last Name: Hickman
 Initial: A H
 Address on file with the Board of Election: Toledo 421 Humboldt
 City/Village/Township: Toledo
 Ward/Precinct: Humboldt
 Zip Code: 43604
 County: Lucas
 Date of Signing: 9/19/15

5. Signature: Mamie Ward
 Print First Name: Mamie
 Print Last Name: Ward
 Initial: [blank]
 Address on file with the Board of Election: 1163 Licon
 City/Village/Township: Toledo
 Ward/Precinct: [blank]
 Zip Code: 43607
 County: Lucas
 Date of Signing: 9/23/15

6. Signature: Don Spiegel
 Print First Name: Don
 Print Last Name: SPIEGEL
 Initial: [blank]
 Address on file with the Board of Election: 414 CUMBERLAND PL.
 City/Village/Township: Toledo
 Ward/Precinct: [blank]
 Zip Code: 43608
 County: Lucas
 Date of Signing: 9-23-15

7. Signature: Charles Harris
 Print First Name: CHARLES
 Print Last Name: HARRIS
 Initial: [blank]
 Address on file with the Board of Election: 706 AUNDIALE
 City/Village/Township: Toledo
 Ward/Precinct: [blank]
 Zip Code: 43604
 County: Lucas
 Date of Signing: 9/23/15

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

8. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election					Date of Signing
City/Village/Township	Ward/Precinct	Zip Code	County		

9. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election					Date of Signing
City/Village/Township	Ward/Precinct	Zip Code	County		

10. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election					Date of Signing
City/Village/Township	Ward/Precinct	Zip Code	County		

11. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election					Date of Signing
City/Village/Township	Ward/Precinct	Zip Code	County		

12. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election					Date of Signing
City/Village/Township	Ward/Precinct	Zip Code	County		

13. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election					Date of Signing
City/Village/Township	Ward/Precinct	Zip Code	County		

14. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election					Date of Signing
City/Village/Township	Ward/Precinct	Zip Code	County		

NOTICE
 Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS
(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
 (Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

15. Signature	Print First Name		Print Last Name		Initial
	Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County		Date of Signing

16. Signature	Print First Name		Print Last Name		Initial
	Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County		Date of Signing

17. Signature	Print First Name		Print Last Name		Initial
	Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County		Date of Signing

18. Signature	Print First Name		Print Last Name		Initial
	Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County		Date of Signing

19. Signature	Print First Name		Print Last Name		Initial
	Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County		Date of Signing

20. Signature	Print First Name		Print Last Name		Initial
	Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County		Date of Signing

21. Signature	Print First Name		Print Last Name		Initial
	Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County		Date of Signing

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
 (Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

22. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

23. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

24. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

25. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

26. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

27. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

28. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
- (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
- (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
- (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
- (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
- (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
- (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
- (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.

(C) Purposes and Intent.

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act ("the Proponents") have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

STATEMENT OF CIRCULATOR

I, Nicholaus Wolkowicz, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of 1 10 electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DRW Campaigns, Inc.
3549 Dort Hwy
Flint Mi. 48507

(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

Nicholaus Wolkowicz
(Signed)

382 Dennis Ct.
(Address of circulator's permanent residence)
Number and Street, Road or Rural Route

Toledo
City, Village or Township

Ohio 43604
State Zip Code

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY
OF A FELONY OF THE FIFTH DEGREE.**

Number: 000052

County: ~~Springfield~~
Lucas

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

VALID: 4
INVALID: 2
TOTAL: 6

TITLE
PT
Ohio Drug Price Relief Act

064546

SUMMARY

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged. Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

2/4

7

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE
 Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS
(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)				
(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)				
Signature	County	City or Village	Street and Number	Ward/Precinct
Signature	County	City or Village	Street and Number	Ward/Precinct

1. Signature
 [Redacted Signature]
 [Redacted Address]
 [Redacted City/Village/Township]
 [Redacted Ward/Precinct]
 [Redacted Zip Code]
 [Redacted County]
 [Redacted Date of Signing]

2. Signature
 [Redacted Signature]
 [Redacted Address]
 [Redacted City/Village/Township]
 [Redacted Ward/Precinct]
 [Redacted Zip Code]
 [Redacted County]
 [Redacted Date of Signing]

3. Signature
 Brandy Davis
 Address on file with the Board of Election
 1308 Fondota
 City/Village/Township: Toledo
 Ward/Precinct:
 Zip Code: 43607
 County: Lucas
 Date of Signing: 8-7-15
 Print First Name: Brandy
 Print Last Name: Davis
 Initial: BD

4. Signature
 Amanda Grambo
 Address on file with the Board of Election
 743 Forsythe St.
 City/Village/Township: Toledo
 Ward/Precinct:
 Zip Code: 43605
 County: Lucas
 Date of Signing: 9-18-15
 Print First Name: Amanda
 Print Last Name: Grambo
 Initial:

5. Signature
 Donna M. Gilmer
 Address on file with the Board of Election
 815 N. Ontario
 City/Village/Township: Toledo
 Ward/Precinct:
 Zip Code: 43604
 County: Lucas
 Date of Signing: 9-18-15
 Print First Name: Donna M Gilmer
 Print Last Name:
 Initial: DME

6. Signature
 Avery Clemons
 Address on file with the Board of Election
 1474 Norwood
 City/Village/Township: Toledo
 Ward/Precinct:
 Zip Code: 43607
 County: Lucas
 Date of Signing: 9-18-15
 Print First Name: Avery
 Print Last Name: Clemons
 Initial:

7. Signature
 Joshua Whitiker
 Address on file with the Board of Election
 815 N. Ontario
 City/Village/Township: Toledo
 Ward/Precinct:
 Zip Code: 43604
 County: Lucas
 Date of Signing: 9-18-15
 Print First Name: Joshua
 Print Last Name: Whitiker
 Initial: J

8. Signature
 [Redacted Signature]
 [Redacted Address]
 [Redacted City/Village/Township]
 [Redacted Ward/Precinct]
 [Redacted Zip Code]
 [Redacted County]
 [Redacted Date of Signing]

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

8. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

9. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

10. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

11. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

12. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

13. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

14. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

NOTICE

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS
(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)			(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)	
Signature	County	City or Village	Street and Number	Ward/Precinct
				Month / Day / Year

15. Signature	Print First Name	Initial
Address on file with the Board of Election		Print Last Name

City/Village/Township	Ward/Precinct	Zip Code	County
-----------------------	---------------	----------	--------

16. Signature	Date of Signing
Address on file with the Board of Election	
Print First Name	Initial
Print Last Name	

City/Village/Township	Ward/Precinct	Zip Code	County
-----------------------	---------------	----------	--------

17. Signature	Date of Signing
Address on file with the Board of Election	
Print First Name	Initial
Print Last Name	

City/Village/Township	Ward/Precinct	Zip Code	County
-----------------------	---------------	----------	--------

18. Signature	Date of Signing
Address on file with the Board of Election	
Print First Name	Initial
Print Last Name	

City/Village/Township	Ward/Precinct	Zip Code	County
-----------------------	---------------	----------	--------

19. Signature	Date of Signing
Address on file with the Board of Election	
Print First Name	Initial
Print Last Name	

City/Village/Township	Ward/Precinct	Zip Code	County
-----------------------	---------------	----------	--------

20. Signature	Date of Signing
Address on file with the Board of Election	
Print First Name	Initial
Print Last Name	

City/Village/Township	Ward/Precinct	Zip Code	County
-----------------------	---------------	----------	--------

21. Signature	Date of Signing
Address on file with the Board of Election	
Print First Name	Initial
Print Last Name	

City/Village/Township	Ward/Precinct	Zip Code	County
-----------------------	---------------	----------	--------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS
(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year	
(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)					
(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)					
Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
22. Signature <i>Christina Yeakle</i>					Initial: <i>M</i>
Address on file with the Board of Election		Print First Name	Print Last Name		
<i>834 Toronto Ave</i>		<i>Christina</i>	<i>Yeakle</i>		
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	Initial
<i>Toledo</i>		<i>43609</i>	<i>Lucas</i>	<i>9/15/15</i>	
23. Signature		Print First Name	Print Last Name		
Address on file with the Board of Election		Print First Name	Print Last Name		
24. Signature		Print First Name	Print Last Name		
Address on file with the Board of Election		Print First Name	Print Last Name		
25. Signature		Print First Name	Print Last Name		
Address on file with the Board of Election		Print First Name	Print Last Name		
26. Signature		Print First Name	Print Last Name		
Address on file with the Board of Election		Print First Name	Print Last Name		
27. Signature		Print First Name	Print Last Name		
Address on file with the Board of Election		Print First Name	Print Last Name		
28. Signature		Print First Name	Print Last Name		
Address on file with the Board of Election		Print First Name	Print Last Name		
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	Initial

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
 - (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
 - (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
 - (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
 - (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
 - (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
 - (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
 - (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.
- ##### (C) Purposes and Intent.

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act ("the Proponents") have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

STATEMENT OF CIRCULATOR

I, Wayne Rodgers, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of 7 electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DRW Campaigns, Inc.
3549 Dort Hwy
Flint Mi. 48507

(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

Wayne Rodgers
(Signed)

2727 Brown Moxw
(Address of circulator's permanent residence)
Number and Street, Road or Rural Route

Toledo
City, Village or Township

Ohio 43606
State Zip Code

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY
OF A FELONY OF THE FIFTH DEGREE.**

Number: 000053

County: Lucas

211

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

1/2

62

VALID: 1
 INVALID: 2
 TOTAL: 3

TITLE

Ohio Drug Price Relief Act

064547

SUMMARY

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged.
- Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

6

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS
(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
 (Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

1. Signature	Print First Name	Initial
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
		Date of Signing
2. Signature	Print First Name	Initial
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
		Date of Signing
3. Signature	Print First Name	Initial
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
		Date of Signing
4. Signature	Print First Name	Initial
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
		Date of Signing
5. Signature	Print First Name	Initial
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
		Date of Signing
6. Signature	Print First Name	Initial
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
		Date of Signing
7. Signature	Print First Name	Initial
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
		Date of Signing

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
 (Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

8. Signature: *William Young*

Print First Name: *William* Initial: *W*
 Print Last Name: *MAY*

Address on file with the Board of Election: *Toledo*

City/Village/Township: *Toledo* Ward/Precinct: *Lucas* Zip Code: *43604* County: *Lucas* Date of Signing: *7-15-15*

9. Signature: *Phil A...*

Print First Name: *PHILIP* Initial: *P*
 Print Last Name: *CONNER*

Address on file with the Board of Election: *525 E. WOODRUFF*

City/Village/Township: *TOLEDO* Ward/Precinct: *Lucas* Zip Code: *43604* County: *Lucas* Date of Signing: *9-15-15*

10. Signature: *Ronnie Dunklin*

Print First Name: *Ronnie* Initial: *R*
 Print Last Name: *DUNKLIN*

Address on file with the Board of Election: *4336 VAL BON CT*

City/Village/Township: *Toledo* Ward/Precinct: *Lucas* Zip Code: *43615* County: *Lucas* Date of Signing: *9-15-15*

11. Signature: *Keli Boone*

Print First Name: *KELI* Initial: *B*
 Print Last Name: *BOONE*

Address on file with the Board of Election: *705 WALKER ST Apt C2*

City/Village/Township: *Toledo* Ward/Precinct: *Lucas* Zip Code: *43604* County: *Lucas* Date of Signing: *9-15-15*

12. Signature: *Ray Morrell*

Print First Name: *RAYMOND* Initial: *R*
 Print Last Name: *MORRELL*

Address on file with the Board of Election: *313 Pasadena BLVD*

City/Village/Township: *TOLEDO* Ward/Precinct: *Lucas* Zip Code: *43612* County: *Lucas* Date of Signing: *9-15-15*

13. Signature: *Dea Williams*

Print First Name: *DEA* Initial: *D*
 Print Last Name: *WILLIAMS*

Address on file with the Board of Election: *1515 Belmont*

City/Village/Township: *TOL* Ward/Precinct: *Lucas* Zip Code: *43607* County: *Lucas* Date of Signing: *9-17-15*

14. Signature: [Redacted]

Address on file with the Board of Election: [Redacted]

City/Village/Township: [Redacted] Ward/Precinct: [Redacted] Zip Code: [Redacted] County: [Redacted] Date of Signing: [Redacted]

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

15. Signature	Print First Name		Initial	
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

16. Signature	Print First Name		Initial	
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

17. Signature	Print First Name		Initial	
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

18. Signature	Print First Name		Initial	
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

19. Signature	Print First Name		Initial	
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

20. Signature	Print First Name		Initial	
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

21. Signature	Print First Name		Initial	
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
------------------	---------------	-----------------	---	---------------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
------------------	---------------	------------------------	--------------------------	----------------------	---------------------------

22. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
------------------------------	----------------------	-----------------	---------------	------------------------

23. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
------------------------------	----------------------	-----------------	---------------	------------------------

24. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
------------------------------	----------------------	-----------------	---------------	------------------------

25. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
------------------------------	----------------------	-----------------	---------------	------------------------

26. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
------------------------------	----------------------	-----------------	---------------	------------------------

27. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
------------------------------	----------------------	-----------------	---------------	------------------------

28. Signature	Print First Name	Initial
	Print Last Name	

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
 - (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
 - (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
 - (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
 - (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
 - (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
 - (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
 - (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.
- ##### **(C) Purposes and Intent.**

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act ("the Proponents") have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

STATEMENT OF CIRCULATOR

I, Wayne Rodgers, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of 28 electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DRW Campaigns, Inc.
3549 Dort Hwy
Flint Mi. 48507

(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

Wayne Rodgers
(Signed)

2727 Bow Mar
(Address of circulator's permanent residence)
Number and Street, Road or Rural Route

Toledo
City, Village or Township

Ohio 43604
State Zip Code

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

62

Number: 000054

County: Lucas

1/2

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

VALID: 3
INVALID: 3
TOTAL: 6

TITLE

Ohio Drug Price Relief Act

064548

SUMMARY

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged.
- Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
 (Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

8. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

9. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

10. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

11. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

12. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

13. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

14. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS
(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
 (Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

15. Signature	Print First Name		Initial	
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
16. Signature	Print First Name		Initial	
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
17. Signature	Print First Name		Initial	
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
18. Signature	Print First Name		Initial	
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
19. Signature	Print First Name		Initial	
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
20. Signature	Print First Name		Initial	
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
21. Signature	Print First Name		Initial	
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

22. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

23. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

24. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

25. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

26. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

27. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

28. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
 - (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
 - (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
 - (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
 - (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
 - (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
 - (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
 - (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.
- ##### **(C) Purposes and Intent.**

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act ("the Proponents") have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

STATEMENT OF CIRCULATOR

I, Mechelle Smith, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of 6 electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DRW Campaigns, Inc.
3549 Dort Hwy
Flint Mi. 48507

(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

Mechelle Smith
(Signed)
702 North Erie Court #513
(Address of circulator's permanent residence)
Number and Street, Road or Rural Route
Deleto
City, Village or Township
Ohio 48061
State Zip Code

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

000055

County: Lucas SM

7

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

VALID: 1
INVALID: 0
TOTAL: 1

TITLE

Ohio Drug Price Relief Act

064549

SUMMARY

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged. Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

1. Signature <i>Thomas S. Kennedy</i>		Print First Name <i>Thomas</i>	Initial <i>S</i>
Address on file with the Board of Election <i>4294 Monroe # 3</i>		Print Last Name <i>Kennedy</i>	
City/Village/Township <i>Toledo</i>	Ward/Precinct <i>12A</i>	Zip Code <i>43606</i>	County <i>LUCAS</i>
		Date of Signing <i>10-17-15</i>	
2. Signature <i>Randy Powell</i>		Print First Name <i>RANDY</i>	Initial <i>S</i>
Address on file with the Board of Election <i>601 CHICAGO ST</i>		Print Last Name <i>POWELL</i>	
City/Village/Township <i>Toledo</i>	Ward/Precinct	Zip Code <i>43611</i>	County <i>LUCAS</i>
		Date of Signing <i>10/17/15</i>	
3. Signature <i>Alice A. Conrad</i>		Print First Name <i>Alice A. Conrad</i>	Initial
Address on file with the Board of Election <i>3601 Hill Ave Lot 1</i>		Print Last Name	
City/Village/Township <i>Toledo</i>	Ward/Precinct	Zip Code <i>43607</i>	County <i>LUCAS</i>
		Date of Signing <i>10/15/15</i>	
4. Signature <i>George Coker</i>		Print First Name <i>George Coker</i>	Initial <i>GC</i>
Address on file with the Board of Election <i>709 Teachout</i>		Print Last Name <i>Coker</i>	
City/Village/Township <i>Curtice</i>	Ward/Precinct	Zip Code <i>43412</i>	County <i>Lucas</i>
		Date of Signing <i>10-18-15</i>	
5. Signature <i>Jacquelyn Coker</i>		Print First Name <i>JACQUELYN</i>	Initial <i>I</i>
Address on file with the Board of Election <i>709 S. Teachout Rd</i>		Print Last Name <i>COKER</i>	
City/Village/Township <i>Curtice</i>	Ward/Precinct	Zip Code <i>43412</i>	County <i>Lucas</i>
		Date of Signing <i>10-18-15</i>	
6. Signature <i>Ann L. Rosenberg</i>		Print First Name <i>Ann</i>	Initial <i>AR</i>
Address on file with the Board of Election <i>5528 303rd</i>		Print Last Name <i>Rosenberg</i>	
City/Village/Township <i>Toledo</i>	Ward/Precinct <i>04</i>	Zip Code <i>43611</i>	County <i>Lucas</i>
		Date of Signing <i>10/18/2015</i>	
7. Signature <i>Louis Rosenberg</i>		Print First Name <i>Louis</i>	Initial <i>A</i>
Address on file with the Board of Election <i>5528 303RD</i>		Print Last Name <i>Rosenberg</i>	
City/Village/Township <i>Toledo</i>	Ward/Precinct <i>04</i>	Zip Code <i>43611</i>	County <i>LUCAS</i>
		Date of Signing <i>10-18-15</i>	

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	---	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

8. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

9. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

10. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

11. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

12. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

13. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

14. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

15. Signature	Print First Name		Initial	
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

16. Signature	Print First Name		Initial	
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

17. Signature	Print First Name		Initial	
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

18. Signature	Print First Name		Initial	
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

19. Signature	Print First Name		Initial	
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

20. Signature	Print First Name		Initial	
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

21. Signature	Print First Name		Initial	
	Print Last Name			
Address on file with the Board of Election				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	---	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

22. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

23. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

24. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

25. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

26. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

27. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

28. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
- (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
- (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
- (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
- (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
- (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
- (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
- (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.

(C) Purposes and Intent.

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act ("the Proponents") have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

STATEMENT OF CIRCULATOR

I, Halvy Stroma, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of 287 electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DRW Campaigns, Inc.
3549 Dort Hwy
Flint Mi. 48507

(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

(Signed) [Signature]

9795 W. C. 25
(Address of circulator's permanent residence)
Number and Street, Road or Rural Route

Fostoria
City, Village or Township

OH
State

44834
Zip Code

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY
OF A FELONY OF THE FIFTH DEGREE.**

000056

Number: _____

County: Lucas

7

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

VALID: 5
 INVALID: 2
 TOTAL: 7 *Cjs*

TITLE

Ohio Drug Price Relief Act

064550

3/4

SUMMARY

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged. Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

7

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS
 (Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
 (Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

1. Signature <i>[Signature]</i>	County Lucas	City or Village Toledo	Street and Number 2010 Kensington Rd.	Ward/Precinct	Month / Day / Year 10/22/15
Print First Name Jonhiko	Print Last Name Williams	Initial			
Address on file with the Board of Election					
City/Village/Township Toledo	Ward/Precinct	Zip Code 43607	County Lucas	Date of Signing 10/22/15	
2. Signature <i>[Signature]</i>	County Lucas	City or Village Toledo	Street and Number 1319 Blum St.	Ward/Precinct	Month / Day / Year 10/26/15
Print First Name Alexis	Print Last Name Smith	Initial AS			
Address on file with the Board of Election					
City/Village/Township Toledo	Ward/Precinct	Zip Code 43607	County LUCAS	Date of Signing 10/26/15	
3. Signature <i>[Signature]</i>	County Lucas	City or Village Toledo	Street and Number 521 W Harrison	Ward/Precinct	Month / Day / Year 10/26/15
Print First Name Matthew	Print Last Name Purdie	Initial MKP			
Address on file with the Board of Election					
City/Village/Township Maumee	Ward/Precinct	Zip Code 43537	County Lucas	Date of Signing 10/26/15	
4. Signature <i>[Signature]</i>	County Lucas	City or Village Toledo	Street and Number 3123 Kimball	Ward/Precinct	Month / Day / Year 10-26-2015
Print First Name Paulette	Print Last Name Rice	Initial PCR			
Address on file with the Board of Election					
City/Village/Township Toledo	Ward/Precinct	Zip Code 43610	County Lucas	Date of Signing 10-26-2015	
5. Signature <i>[Signature]</i>	County Lucas	City or Village Toledo	Street and Number 4901 Merry Lane	Ward/Precinct	Month / Day / Year 10-26-15
Print First Name Julian	Print Last Name Vaughn	Initial			
Address on file with the Board of Election					
City/Village/Township Toledo	Ward/Precinct	Zip Code 43615	County Lucas	Date of Signing 10-26-15	
6. Signature <i>[Signature]</i>	County Lucas	City or Village Toledo	Street and Number 1308 Brookview Apts 8	Ward/Precinct	Month / Day / Year 10-26-15
Print First Name Tyrri	Print Last Name Spencer	Initial TS			
Address on file with the Board of Election					
City/Village/Township Toledo	Ward/Precinct	Zip Code 43615	County Lucas	Date of Signing 10-26-15	
7. Signature <i>[Signature]</i>	County Lucas	City or Village Sylvania	Street and Number 5853 Marshwood Dr.	Ward/Precinct	Month / Day / Year 10/26/15
Print First Name seth	Print Last Name Liarus	Initial J			
Address on file with the Board of Election					
City/Village/Township Sylvania	Ward/Precinct	Zip Code 43500	County Lucas	Date of Signing 10/26/15	

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

8. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

9. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

10. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

11. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

12. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

13. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

14. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

15. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

16. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

17. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

18. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

19. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

20. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

21. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)
(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

22. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

23. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

24. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

25. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

26. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

27. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

28. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
- (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
- (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
- (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
- (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
- (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
- (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
- (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.

(C) Purposes and Intent.

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act ("the Proponents") have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

STATEMENT OF CIRCULATOR

I, Kaley Stroma, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of 287 electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DRW Campaigns, Inc

3549 Dort Hwy Flint MI 48507

(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

[Signature]
(Signed)

9795 W. CR. 28
(Address of circulator's permanent residence)
Number and Street, Road or Rural Route

FOSTON
City, Village or Township

MI 44830
State Zip Code

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Number: 000057

County: Lucas

7c
1/2

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

VALID: 6

INVALID: 1

TOTAL: 7 *Ag* ✓

TITLE

Ohio Drug Price Relief Act

SUMMARY

064551

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged. Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

9

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

1. Signature: *Shelia Marie Mader*
 Print First Name: *Shelia* Initial: *A*
 Print Last Name: *Mader*
 Address on file with the Board of Election: *21022 Whiteaway*
 City/Village/Township: *Toledo* Ward/Precinct: *101* Zip Code: *43604* County: *Lucas* Date of Signing: *9-27-15*

2. Signature: *Lorraine Massey*
 Print First Name: *LORRINE* Initial: *A*
 Print Last Name: *Massey*
 Address on file with the Board of Election: *2741 Bryn Mawr*
 City/Village/Township: *Toledo* Ward/Precinct: *43400* County: *Lucas* Date of Signing: *9/27/15*

3. Signature: *Kevin C. Thomas*
 Print First Name: *KEVIN* Initial: *C*
 Print Last Name: *THOMAS*
 Address on file with the Board of Election: *3532 Willowbrook Lane*
 City/Village/Township: *Toledo* Ward/Precinct: *43611* County: *Lucas* Date of Signing: *9-27-15*

4. Signature: [Redacted]
 Print First Name: [Redacted] Initial: [Redacted]
 Print Last Name: [Redacted]
 Address on file with the Board of Election: [Redacted]
 City/Village/Township: [Redacted] Ward/Precinct: [Redacted] Zip Code: [Redacted] County: [Redacted] Date of Signing: [Redacted]

5. Signature: [Redacted]
 Print First Name: [Redacted] Initial: [Redacted]
 Print Last Name: [Redacted]
 Address on file with the Board of Election: [Redacted]
 City/Village/Township: [Redacted] Ward/Precinct: [Redacted] Zip Code: [Redacted] County: *Lucas* Date of Signing: *9/27/15*

6. Signature: *Chad Gensler*
 Print First Name: *Chad* Initial: *G*
 Print Last Name: *Gensler*
 Address on file with the Board of Election: *2315 Castlewood Dr*
 City/Village/Township: *Toledo* Ward/Precinct: *43613* County: *Lucas* Date of Signing: *9/27/15*

7. Signature: *Jeff Stegeman*
 Print First Name: *Jeff* Initial: *JS*
 Print Last Name: *Stegeman*
 Address on file with the Board of Election: *513 Adams St #516*
 City/Village/Township: *Toledo* Ward/Precinct: *43604* County: *Lucas* Date of Signing: *9/27/15*

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501:382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

8. Signature	[Redacted]				Initial
Address on file with the Board of Election	[Redacted]				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	

9. Signature	[Redacted]				Initial
Address on file with the Board of Election	[Redacted]				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	

6

10. Signature	[Redacted]				Initial
Address on file with the Board of Election	[Redacted]				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	

7

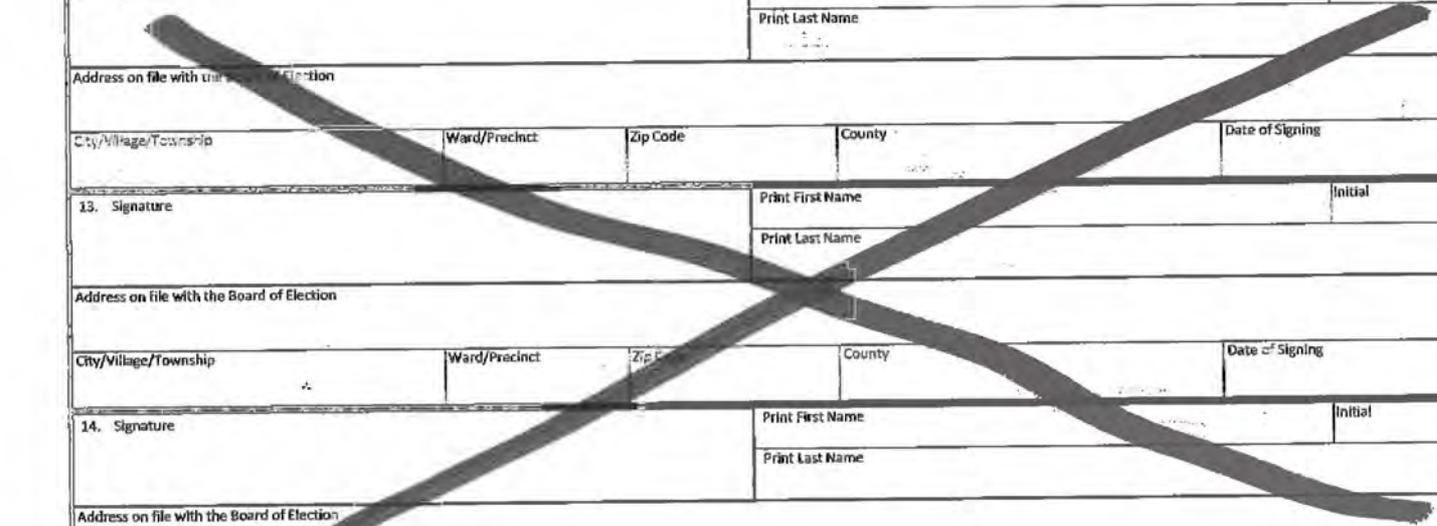
11. Signature	[Redacted]				Initial
Address on file with the Board of Election	[Redacted]				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	

8

12. Signature	[Redacted]				Initial
Address on file with the Board of Election	[Redacted]				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	

13. Signature	[Redacted]				Initial
Address on file with the Board of Election	[Redacted]				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	

14. Signature	[Redacted]				Initial
Address on file with the Board of Election	[Redacted]				
City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing	



NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

15. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

16. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

17. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

18. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

19. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

20. Signature	Print First Name	Initial
	Print Last Name	

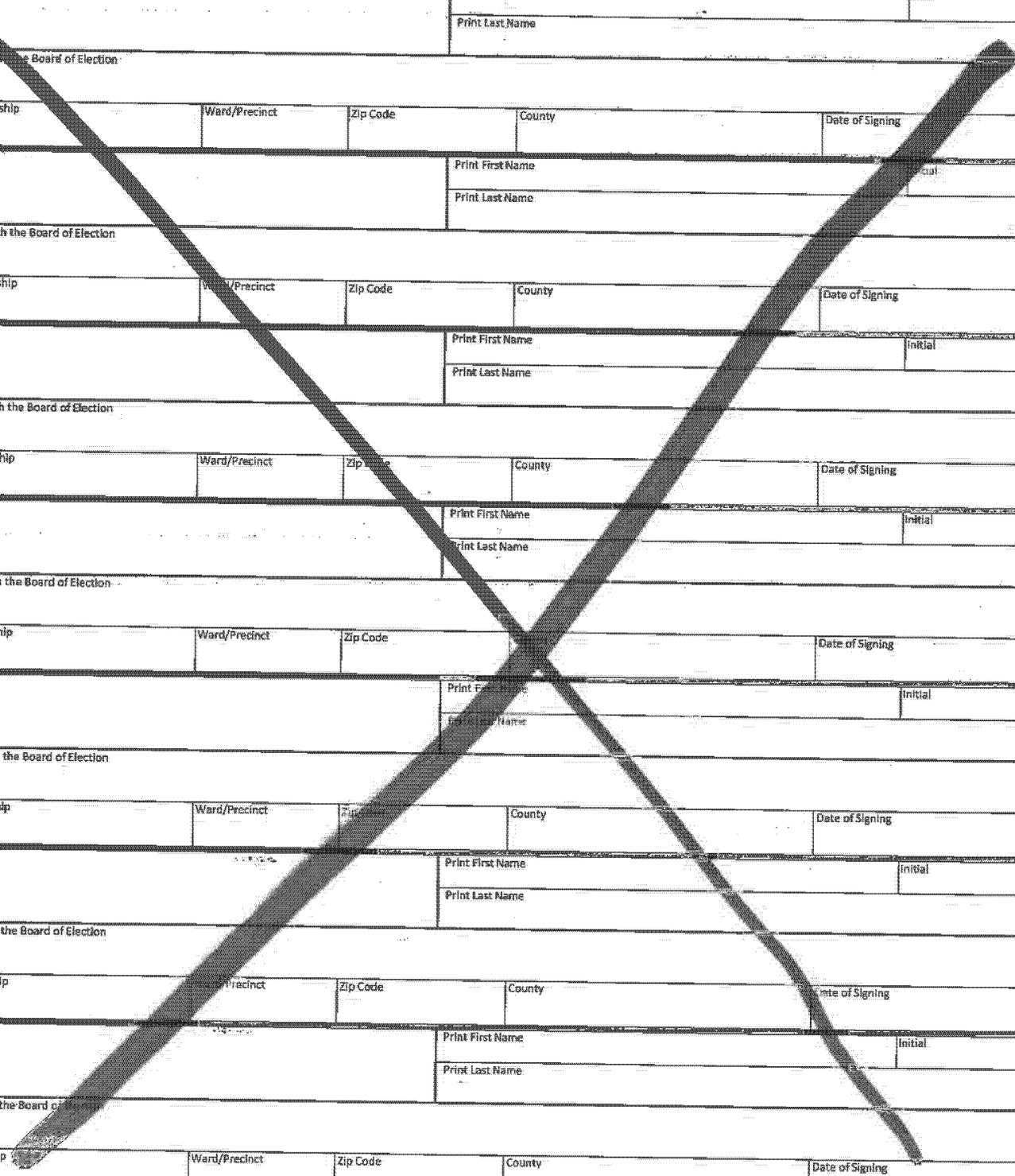
Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

21. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------



NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501:382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

22. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
23. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
24. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
25. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
26. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
27. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing
28. Signature	Print First Name	Initial
	Print Last Name	
Address on file with the Board of Election		
City/Village/Township	Ward/Precinct	Zip Code
	County	Date of Signing

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
- (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
- (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
- (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
- (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
- (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
- (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
- (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.

(C) Purposes and Intent.

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act ("the Proponents") have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

STATEMENT OF CIRCULATOR

I, Michelle Smith, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of 107 electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DRW Campaigns, Inc.
3549 Dort Hwy
Flint Mi. 48507

(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

Michelle Smith
(Signed)

Toledo 702 North Erie
(Address of circulator's permanent residence)
Number and Street, Road or Rural Route

Toledo
City, Village or Township

Ohio 43604
State Zip Code

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY
OF A FELONY OF THE FIFTH DEGREE.**

Number: 000058

County: Lucas

7V

7

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

VALID: 4
 INVALID: 3
 TOTAL: 7 *Cje*

TITLE

Ohio Drug Price Relief Act

064552

SUMMARY

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged. Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

7

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

NRA
MR

1. Signature <i>Kathy Duval</i>	Print First Name	KATHY	Initial	M
	Print Last Name	DUVAL		

Address on file with the Board of Election
527 W. HARBORVIEW

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
HARBORVIEW		43614	LUCAS	10-4-15

2. Signature <i>Kinder Miller</i>	Print First Name	Kinder	Initial	E
	Print Last Name	Miller		

Address on file with the Board of Election
1031 N COUSINS Rd

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
OREGON	0	43616	LUCAS	10-5-15

3. Signature <i>E. Oshodin</i>	Print First Name	Esosa	Initial	E.
	Print Last Name	Oshodin		

Address on file with the Board of Election
2012 Glencove Dr.

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
Toledo		43609	LUCAS	10/5/15

4. Signature <i>Benjamin Forester</i>	Print First Name	BENJAMIN	Initial	J
	Print Last Name	FORESTER		

Address on file with the Board of Election
7034 Cobblestone Dr

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
Toledo		43045	LUCAS	10/5/15

NRA

5. Signature <i>Samantha Almeister</i>	Print First Name	SAMANTHA	Initial	SA
	Print Last Name	ALMESTER		

Address on file with the Board of Election
3330 QUARRY RD.

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
MAUMEE		43537	LUCAS	10/5/15

6. Signature <i>Tiffany Mendart</i>	Print First Name	Tiffany	Initial	TM
	Print Last Name	Mendart		

Address on file with the Board of Election
2658 Brookford Dr

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
Toledo		43614	LUCAS	10/5/15

7. Signature <i>Alicia Badette</i>	Print First Name	Alicia	Initial	
	Print Last Name	Badette		

Address on file with the Board of Election
2868 Nash

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
Toledo		43413	LUCAS	10-5-15

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.362 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

8. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

9. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

10. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

11. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

12. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

13. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

14. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

15. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

16. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

17. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

18. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

19. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

20. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

21. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year
-----------	--------	----------	--	--------------------

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
-----------	--------	-----------------	-------------------	---------------	--------------------

22. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

23. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

24. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

25. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

26. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

27. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

28. Signature	Print First Name	Initial
	Print Last Name	

Address on file with the Board of Election

City/Village/Township	Ward/Precinct	Zip Code	County	Date of Signing
-----------------------	---------------	----------	--------	-----------------

FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
- (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
- (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
- (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
- (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
- (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
- (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
- (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.

(C) Purposes and Intent.

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act ("the Proponents") have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

STATEMENT OF CIRCULATOR

I, David J Carter, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of 7 electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

DRW Campaigns, Inc.
3549 Dort Hwy
Flint Mi. 48507

(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

[Signature]
(Signed)

11407 W. Lake Dr
(Address of circulator's permanent residence)
Number and Street, Road or Rural Route

Fellow
City, Village or Township

MI 48430
State Zip Code

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY
OF A FELONY OF THE FIFTH DEGREE.**