

House Bill 4116

Sponsored by Representative DOHERTY, Senator MONNES ANDERSON, Representative SCHOUTEN; Representatives ALONSO LEON, BARKER, HELT, HERNANDEZ, KENY-GUYER, LEWIS, LIVELY, MCLAIN, MEEK, MITCHELL, NERON, NOBLE, NOSSE, PILUSO, POWER, PRUSAK, RAYFIELD, SALINAS, SANCHEZ, SMITH DB, SMITH WARNER, SOLLMAN, WILLIAMS, ZIKA, Senators FREDERICK, GELSER, ROBLAN, TAYLOR, WAGNER (Pre-session filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Requires health insurance policies that have prescription drug benefit to cover cost of drugs prescribed for urgent medical conditions and cost of drugs prescribed and dispensed by pharmacists within their scope of practice, including cost of pharmacists' consultation fees associated with prescribing and dispensing drugs.

Prohibits specified entities that reimburse cost of prescription drugs from requiring step therapy or prior authorization for antiretroviral drugs.

A BILL FOR AN ACT

1
2 Relating to prescription drug coverage; creating new provisions; and amending ORS 743A.064,
3 743B.425 and 743B.602.

4 **Be It Enacted by the People of the State of Oregon:**

5 **SECTION 1.** ORS 743A.064 is amended to read:

6 743A.064. (1) **As used in this section, "urgent medical condition" means a medical condi-**
7 **tion that arises suddenly, is not life-threatening and requires prompt treatment to avoid the**
8 **development of more serious medical problems.**

9 [(1)] (2) All health insurance policies that provide a prescription drug benefit, except those pol-
10 icies in which coverage is limited to expenses from accidents or specific diseases that are unrelated
11 to the coverage required by this subsection, must include coverage for prescription drugs:

12 (a) Dispensed by a licensed practitioner at a rural health clinic for an urgent medical condition
13 if there is not a pharmacy within 15 miles of the clinic or if the prescription is dispensed for a pa-
14 tient outside of the normal business hours of any pharmacy within 15 miles of the clinic; **and**

15 (b) **Prescribed and dispensed by a licensed pharmacist if the State Board of Pharmacy**
16 **or any state law authorizes the drug to be prescribed and dispensed by pharmacists licensed**
17 **in this state.**

18 (3) **The coverage described in subsection (2)(b) of this section must include reimburse-**
19 **ment of a pharmacist's reasonable fees for consulting with a patient.**

20 [(2)] (4) The coverage required by subsection [(1)] (2) of this section is subject to the terms and
21 conditions of the prescription drug benefit provided under the policy.

22 [(3) *As used in this section, "urgent medical condition" means a medical condition that arises*
23 *suddenly, is not life-threatening and requires prompt treatment to avoid the development of more serious*
24 *medical problems.*]

25 (5) **This section is exempt from ORS 743A.001.**

26 **SECTION 2.** ORS 743B.425 is amended to read:

27 743B.425. (1) *[In reimbursing the cost of medication prescribed for the purpose of treating opioid*

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 *or opiate withdrawal,]* An insurer offering a health benefit plan as defined in ORS 743B.005 may
 2 not:

3 (a) Require prior authorization [*of payment*]:

4 (A) During the first 30 days of treatment, **including medication therapy, prescribed for**
 5 **opioid or opiate withdrawal; or**

6 (B) **For antiretroviral drugs, including preexposure and post-exposure prophylaxes; or**

7 (b) **Restrict the reimbursement for medication therapies or drugs described in this sub-**
 8 **section, to in-network pharmacists or pharmacies.**

9 (2) This section is not subject to ORS 743A.001.

10 (3) [*Nothing in this section shall be interpreted to*] **This section does not** prohibit prior author-
 11 ization for [*reimbursement for payment for prescribing*] opioids or opiates **prescribed** for purposes
 12 other than [*medical management*] **medication therapy for** or treatment of opioid or opiate abuse
 13 or addiction.

14 **SECTION 3.** ORS 743B.602 is amended to read:

15 743B.602. (1) As used in this section:

16 (a) “Health care coverage [*plan*]” includes **any of the following that reimburse the cost of**
 17 **prescription drugs:**

18 (A) A health benefit plan, as defined in ORS 743B.005;

19 (B) An insurance policy or certificate [*covering the cost of prescription drugs, hospital expenses,*
 20 *health care services and medical expenses, equipment and supplies*];

21 (C) A medical services contract, as defined in ORS 743B.001;

22 (D) A multiple employer welfare arrangement, as defined in ORS 750.301;

23 (E) A contract or agreement with a health care service contractor, as defined in ORS 750.005,
 24 or a preferred provider organization;

25 (F) **Payment of claims by** a pharmacy benefit manager, as defined in ORS 735.530, or other
 26 third party administrator [*that pays prescription drug claims*]; and

27 (G) An accident insurance policy or any other insurance contract [*providing reimbursement for*
 28 *the cost of prescription drugs, hospital expenses, health care services and medical expenses, equipment*
 29 *and supplies*].

30 (b) “Step therapy” means a drug protocol in which [*a*] **an entity that provides** health care
 31 coverage [*plan*] will reimburse the cost of a prescribed drug only if the patient has first tried a
 32 specified drug or series of drugs.

33 (2) [*A*] **An entity that provides** health care coverage [*plan*] that requires step therapy shall
 34 make easily accessible to prescribing practitioners, clear explanations of:

35 (a) The clinical criteria for each step therapy protocol;

36 (b) The procedure by which a practitioner may submit to the [*plan*] **entity** the practitioner’s
 37 medical rationale for determining that a particular step therapy protocol is not appropriate for a
 38 particular patient based on the patient’s medical condition and history; and

39 (c) The documentation, if any, that a practitioner must submit to the [*plan*] **entity** for the
 40 [*plan*] **entity** to determine the appropriateness of step therapy for a specific patient.

41 (3) **An entity that provides health care coverage may not require step therapy for**
 42 **antiretroviral drugs, including pre-exposure or post-exposure prophylaxes.**

43 **SECTION 4.** The amendments to ORS 743A.064, 743B.425 and 743B.602 by sections 1 to 3
 44 of this 2020 Act apply to health insurance policies, health benefit plans and health care cov-
 45 erage issued, renewed or extended on or after the effective date of this 2020 Act.

