

Senate Bill 709

Sponsored by Senator JOHNSON (at the request of Phillip Darrah)

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**.

Imposes restrictions on health benefit plan that provides coverage for pharmacy services or prescription drugs.

A BILL FOR AN ACT

Relating to pharmacy services covered by a health benefit plan.

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

SECTION 1. Section 2 of this 2011 Act is added to and made a part of the Insurance Code.

SECTION 2. (1) As used in this section:

(a) **"Covered pharmacy or pharmacist" means a pharmacy or pharmacist that has agreed to provide pharmacy services to enrollees of a health benefit plan according to the terms offered by the plan.**

(b) **"Enrollee" has the meaning given that term in ORS 743.730.**

(c) **"Health benefit plan" has the meaning given that term in ORS 743.730.**

(2) **A health benefit plan that provides coverage for pharmacy services or prescription drugs may not:**

(a) **Prohibit or limit an enrollee from selecting a covered pharmacy or pharmacist of the person's choice;**

(b) **Deny a pharmacy or pharmacist the right to participate as a covered pharmacy or pharmacist if the pharmacy or pharmacist agrees to provide pharmacy services, including but not limited to prescription drugs, that meet the terms and requirements set forth by the plan and agrees to the terms of reimbursement set forth by the plan;**

(c) **Impose upon an enrollee receiving pharmacy services any copayment, fee or condition that is not equally imposed upon all members in the same benefit category, class or copayment level when receiving pharmacy services from a covered pharmacy or pharmacist;**

(d) **Impose a monetary advantage or penalty that would affect an enrollee's choice among covered pharmacies or pharmacists;**

(e) **Reduce allowable reimbursement for pharmacy services because an enrollee selects a covered pharmacy or pharmacist of the enrollee's choice;**

(f) **Require an enrollee, as a condition of payment or reimbursement, to purchase pharmacy services, including prescription drugs, through a mail-order pharmacy; or**

(g) **Impose upon an enrollee any copayment, limited amount of reimbursement, number of days of a drug supply for which reimbursement will be allowed or any other payment or condition relating to pharmacy services or prescription drugs that is more costly or more restrictive than that which would be imposed upon the enrollee if the pharmacy services or**

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 **prescription drugs were purchased from a mail-order pharmacy or other covered pharmacy**
2 **or pharmacist.**

3 **SECTION 3. Section 2 of this 2011 Act applies to health benefit plans issued or renewed**
4 **on or after the effective date of this 2011 Act.**

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