77th OREGON LEGISLATIVE ASSEMBLY--2014 Regular Session

A-Engrossed House Bill 4013

Ordered by the Senate February 25 Including Senate Amendments dated February 25

Sponsored by Representatives GREENLICK, THOMPSON, Senators MONNES ANDERSON, KRUSE; Senator STEINER HAYWARD (Presession 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.

Authorizes practitioners to electronically transmit prescriptions for Schedule II controlled substances in nonemergency situations.

Requires specified entities that reimburse cost of prescription drugs to make easily accessible to prescribing practitioners information about step therapy protocols required by entities for prescription drug coverage.

Declares emergency, effective on passage.

A BILL FOR AN ACT 1 Relating to prescriptions; creating new provisions; amending ORS 475.185 and 475.188; and declaring $\mathbf{2}$ 3 an emergency. Be It Enacted by the People of the State of Oregon: 4 5 **ELECTRONIC TRANSMISSION OF SCHEDULE II** 6 DRUG PRESCRIPTIONS 7 8 SECTION 1. ORS 475.185 is amended to read: 9 10 475.185. (1)(a) Except when dispensed directly by a practitioner to an ultimate user, a controlled substance in Schedule II may not be dispensed without [the] a written or electronically transmit-11 12 ted prescription of a practitioner. [(2)] (b) In emergency situations, as defined by rule of the State Board of Pharmacy, Schedule 13 II drugs may be dispensed [upon oral or electronically transmitted] with an oral prescription of a 14 practitioner, reduced promptly to writing and filed by the pharmacy. Such prescriptions shall be 15 retained in conformity with the requirements of ORS 475.165. 16 17 (c) A prescription for a Schedule II substance may not be refilled. [(3)] (2) Except when dispensed directly by a practitioner to an ultimate user, a controlled sub-18 stance included in Schedule III or IV may not be dispensed without a written, oral or electronically 19 transmitted prescription of a practitioner. The prescription may not be filled or refilled more than 20six months after the date on which it was issued and a prescription authorized to be refilled may 21 22not be refilled more than five times. Additional quantities of the controlled substances listed in 23 Schedule III or IV may [only] be authorized by a practitioner only through issuance of a new prescription. 24 [(4)] (3) Except when dispensed directly by a practitioner to an ultimate user, a controlled sub-25

A-Eng. HB 4013

stance included in Schedule V that is a prescription drug may not be dispensed without a written,

2 oral or electronically transmitted prescription of a practitioner. The prescription may not be filled

3 or refilled more than six months after the date on which it was issued and a prescription authorized

4 to be refilled may not be refilled more than five times. Additional quantities of the controlled sub-

stances listed in Schedule V may [only] be authorized by a practitioner only through issuance of a
new prescription.

7 [(5)] (4) A controlled substance may not be delivered or dispensed other than for a medical 8 purpose.

9 [(6)] (5) Except in good faith and in the course of professional practice only, a practitioner or 10 a pharmacist may not dispense controlled substances.

11 [(7)] (6) Any oral or electronically transmitted prescription authorized by statute or rule must 12 be stored by electronic means or reduced promptly to writing and filed by the pharmacy.

[(8)] (7) Issuance, preparation, labeling, dispensing, recordkeeping and filing of prescriptions or
 medication orders must be in conformance with the requirements of the federal law and rules of the
 board.

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SECTION 2. ORS 475.188 is amended to read:

475.188. (1) Prescription drug orders may be transmitted by electronic means from a practitioner
 authorized to prescribe drugs directly to the dispensing pharmacist.

19 (2) All prescription drug orders communicated by way of electronic transmission shall:

20 (a) Be transmitted only by an authorized practitioner;

(b) Be transmitted directly to a pharmacist in a pharmacy of the patient's choice with no in tervening person having access to the prescription drug order;

(c) Specify the prescribing practitioner's telephone number for verbal confirmation, the time and
date of transmission, the identity of the pharmacy intended to receive the transmission and all other
information required for a prescription by federal or state law; and

(d) Be traceable to the prescribing practitioner by an electronic signature or other securemethod of validation.

(3) An electronic transmission of a prescription drug order shall be stored by electronic means
 or reduced promptly to writing, filed by the pharmacy and retained in conformity with the requirements of ORS 475.165.

(4) The dispensing pharmacist shall exercise professional judgment regarding the accuracy, va lidity and authenticity of an electronically transmitted prescription drug order.

(5) All equipment for transmission, storage or receipt of electronically transmitted prescription
 drug orders shall be maintained to protect against unauthorized access.

(6) A pharmacist, pharmacy or pharmacy department shall not enter into an agreement with a practitioner or health care facility concerning the provision of any electronic transmission equipment or apparatus that would adversely affect a patient's freedom to select the pharmacy or pharmacy department of the patient's choice.

(7) A pharmacist, pharmacy or pharmacy department shall not provide any electronic equipment
or apparatus to a practitioner or health care facility for the purpose of providing an incentive to
the practitioner or health care facility to refer patients to a particular pharmacy or pharmacy department.

(8) There shall be no additional charge to the patient because the prescription drug order was
 electronically transmitted.

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(9) Nothing in this section shall be construed as authorizing the electronic transmission of a

A-Eng. HB 4013

1	prescription drug order when a written prescription is required under ORS 127.815, 137.473,
2	169.750[,] or 453.025 [or 475.185 (1)].
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4	STEP THERAPY
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6	SECTION 3. Section 4 of this 2014 Act is added to and made a part of the Insurance Code.
7	SECTION 4. (1) As used in this section:
8	 (a) "Health care coverage plan" includes: (A) A health heacfit plan as defined in ODS 742 720;
9	(A) A health benefit plan, as defined in ORS 743.730; (B) An incompany relieve on contificate conversion the cost of meconintian drame hearital
10	(B) An insurance policy or certificate covering the cost of prescription drugs, hospital
11	expenses, health care services and medical expenses, equipment and supplies;
12	(C) A medical services contract, as defined in ORS 743.801; (D) A multiple complement melfons around former to defined in ORS 750.201
13	(D) A multiple employer welfare arrangement, as defined in ORS 750.301;
14	(E) A contract or agreement with a health care service contractor, as defined in ORS
15	750.005, or a preferred provider organization;
16	(F) A pharmacy benefit manager, as defined in ORS 735.530, or other third party admin-
17	istrator that pays prescription drug claims; and
18	(G) An accident insurance policy or any other insurance contract providing reimburse-
19	ment for the cost of prescription drugs, hospital expenses, health care services and medical
20	expenses, equipment and supplies.
21	(b) "Step therapy" means a drug protocol in which a health care coverage plan will re-
22	imburse the cost of a prescribed drug only if the patient has first tried a specified drug or
23	series of drugs.
24	(2) A health care coverage plan that requires step therapy shall make easily accessible
25	to prescribing practitioners, clear explanations of:
26	 (a) The clinical criteria for each step therapy protocol; (b) The sum of the sum
27	(b) The procedure by which a practitioner may submit to the plan the practitioner's
28	medical rationale for determining that a particular step therapy protocol is not appropriate
29	for a particular patient based on the patient's medical condition and history; and
30	(c) The documentation, if any, that a practitioner must submit to the plan for the plan to determine the enumeration of star theorem for a specific rationt
31	to determine the appropriateness of step therapy for a specific patient. SECTION 5. Section 6 of this 2014 Act is added to and made a part of ORS chapter 414.
32	SECTION 5. Section 6 of this 2014 Act is added to and made a part of OKS chapter 414. SECTION 6. (1) As used in this section, "step therapy" means a drug protocol in which
33	the cost of a prescribed drug is reimbursed only if the patient has first tried a specified drug
34 25	or series of drugs.
35 26	(2) A coordinated care organization that requires step therapy shall make easily acces-
36 97	sible to any provider who is reimbursed by the organization, directly or through a risk-
37 20	bearing entity, to provide health services to members of the organization, clear explanations
38 20	of:
39 40	(a) The clinical criteria for each step therapy protocol;
	(a) The chine criteria for each step therapy protocol, (b) The procedure by which a provider may submit to the organization or risk-bearing
41 42	entity, the provider's medical rationale for determining that a particular step therapy pro-
42 43	tocol is not appropriate for a particular patient based on the patient's medical condition and
45 44	history; and
45	(c) The documentation, if any, that a provider must submit to the organization or risk-
10	(c) and accumentation, is any, that a provider must submit to the organization of fisk-

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A-Eng. HB 4013

1	bearing entity for the organization or entity to determine the appropriateness of step ther-
2	apy for a specific patient.
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4	UNIT CAPTIONS
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6	SECTION 7. The unit captions used in this 2014 Act are provided only for the convenience
7	of the reader and do not become part of the statutory law of this state or express any leg-
8	islative intent in the enactment of this 2014 Act.
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10	OPERATIVE DATE
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12	SECTION 8. Sections 4 and 6 of this 2014 Act become operative January 1, 2015.
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14	EMERGENCY CLAUSE
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16	SECTION 9. This 2014 Act being necessary for the immediate preservation of the public
17	peace, health and safety, an emergency is declared to exist, and this 2014 Act takes effect
18	on its passage.
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