

SENATE AMENDMENTS TO HOUSE BILL 4013

By COMMITTEE ON HEALTH CARE AND HUMAN SERVICES

February 25

1 On page 1 of the printed bill, line 2, after the first semicolon insert “creating new provisions;”.
2 After line 3, insert:

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4 **“ELECTRONIC TRANSMISSION OF SCHEDULE II
5 DRUG PRESCRIPTIONS”.**
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7 On page 2, after line 37, insert:

8
9 **“STEP THERAPY**

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11 **“SECTION 3. Section 4 of this 2014 Act is added to and made a part of the Insurance
12 Code.**

13 **“SECTION 4. (1) As used in this section:**

14 **“(a) ‘Health care coverage plan’ includes:**

15 **“(A) A health benefit plan, as defined in ORS 743.730;**

16 **“(B) An insurance policy or certificate covering the cost of prescription drugs, hospital
17 expenses, health care services and medical expenses, equipment and supplies;**

18 **“(C) A medical services contract, as defined in ORS 743.801;**

19 **“(D) A multiple employer welfare arrangement, as defined in ORS 750.301;**

20 **“(E) A contract or agreement with a health care service contractor, as defined in ORS
21 750.005, or a preferred provider organization;**

22 **“(F) A pharmacy benefit manager, as defined in ORS 735.530, or other third party ad-
23 ministrators that pays prescription drug claims; and**

24 **“(G) An accident insurance policy or any other insurance contract providing reimburse-
25 ment for the cost of prescription drugs, hospital expenses, health care services and medical
26 expenses, equipment and supplies.**

27 **“(b) ‘Step therapy’ means a drug protocol in which a health care coverage plan will re-
28 imburse the cost of a prescribed drug only if the patient has first tried a specified drug or
29 series of drugs.**

30 **“(2) A health care coverage plan that requires step therapy shall make easily accessible
31 to prescribing practitioners, clear explanations of:**

32 **“(a) The clinical criteria for each step therapy protocol;**

33 **“(b) The procedure by which a practitioner may submit to the plan the practitioner’s
34 medical rationale for determining that a particular step therapy protocol is not appropriate
35 for a particular patient based on the patient’s medical condition and history; and**

1 “(c) The documentation, if any, that a practitioner must submit to the plan for the plan
2 to determine the appropriateness of step therapy for a specific patient.

3 “SECTION 5. Section 6 of this 2014 Act is added to and made a part of ORS chapter 414.

4 “SECTION 6. (1) As used in this section, ‘step therapy’ means a drug protocol in which
5 the cost of a prescribed drug is reimbursed only if the patient has first tried a specified drug
6 or series of drugs.

7 “(2) A coordinated care organization that requires step therapy shall make easily acces-
8 sible to any provider who is reimbursed by the organization, directly or through a risk-
9 bearing entity, to provide health services to members of the organization, clear explanations
10 of:

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

12 “(b) The procedure by which a provider may submit to the organization or risk-bearing
13 entity, the provider’s medical rationale for determining that a particular step therapy pro-
14 tocol is not appropriate for a particular patient based on the patient’s medical condition and
15 history; and

16 “(c) The documentation, if any, that a provider must submit to the organization or
17 risk-bearing entity for the organization or entity to determine the appropriateness of step
18 therapy for a specific patient.

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20 “UNIT CAPTIONS

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22 “SECTION 7. The unit captions used in this 2014 Act are provided only for the conven-
23 ience of the reader and do not become part of the statutory law of this state or express any
24 legislative intent in the enactment of this 2014 Act.

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26 “OPERATIVE DATE

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28 “SECTION 8. Sections 4 and 6 of this 2014 Act become operative January 1, 2015.

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30 “EMERGENCY CLAUSE”.

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32 In line 38, delete “3” and insert “9”.
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