

**PROPOSED AMENDMENTS TO
HOUSE BILL 4013**

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

3 After line 3, insert:

4

5 **“ELECTRONIC TRANSMISSION OF SCHEDULE II**
6 **DRUG PRESCRIPTIONS”.**

7

8 On page 2, after line 37, insert:

9

10 **“STEP THERAPY**

11

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

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

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

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

17 **“(B) An insurance policy or certificate covering the cost of pre-**
18 **scription drugs, hospital expenses, health care services and medical**
19 **expenses, equipment and supplies;**

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

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

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

3 **“(F) A pharmacy benefit manager, as defined in ORS 735.530, or**
4 **other third party administrator that pays prescription drug claims;**
5 **and**

6 **“(G) An accident insurance policy or any other insurance contract**
7 **providing reimbursement for the cost of prescription drugs, hospital**
8 **expenses, health care services and medical expenses, equipment and**
9 **supplies.**

10 **“(b) ‘Step therapy’ means a drug protocol in which a health care**
11 **coverage plan will reimburse the cost of a prescribed drug only if the**
12 **patient has first tried a specified drug or series of drugs.**

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

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

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

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

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

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

29 **“(2) A coordinated care organization that requires step therapy**
30 **shall make easily accessible to any provider who is reimbursed by the**

1 organization, directly or through a risk-bearing entity, to provide
2 health services to members of the organization, clear explanations of:

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

4 “(b) The procedure by which a provider may submit to the organ-
5 ization or risk-bearing entity, the provider’s medical rationale for de-
6 termining that a particular step therapy protocol is not appropriate for
7 a particular patient based on the patient’s medical condition and his-
8 tory; and

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

12

13 “UNIT CAPTIONS

14

15 “SECTION 7. The unit captions used in this 2014 Act are provided
16 only for the convenience of the reader and do not become part of the
17 statutory law of this state or express any legislative intent in the
18 enactment of this 2014 Act.

19

20 “OPERATIVE DATE

21

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

24

25 “EMERGENCY CLAUSE”.

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

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