

**PRELIMINARY STAFF MEASURE SUMMARY**

**CARRIER:**

**Senate Committee on Senate Health Care**

**REVENUE: No revenue impact (introduced)**

**FISCAL: May have fiscal impact, statement not yet issued**

**Action:**

**Vote:**

**Yeas:**

**Nays:**

**Exc.:**

**Prepared By:** Zena Rockowitz, Administrator

**Meeting Dates:** 2/25, 3/25, 4/15

**WHAT THE MEASURE DOES:** Requires a prescription drug benefit program, or a prescription drug benefit offered under a health plan to provide reimbursement for up to a 60-day supply of a prescription dispensed by a pharmacy, if the prescription drug is covered by the program or plan and the drug is prescribed for a chronic condition. Requires Board of Pharmacy to adopt list of chronic conditions for which the 60-day supply must be reimbursed.

**ISSUES DISCUSSED:**

- Creates resilience plan, particularly for coastal area
- Costs to the health plan
- Unused medications
- Board of Pharmacy ability to make formulary decisions
- Saves physicians time

**EFFECT OF COMMITTEE AMENDMENT: -10 Amendment:** Requires reimbursement for up to 90-day supply of prescription drug if drug is covered by plan, drug has been previously dispensed with same dosage instruction for not less than 90 days, quantity of drug does not exceed total remaining quantity authorized to be dispensed through refills, and drug is generic. Specifies coverage is limited to terms in contract, program, or plan related to reimbursement and is limited to formulary restrictions. Restricts Schedule II drugs.

**BACKGROUND:** Pharmacy benefit programs typically allow for up to a 30 day supply for acute care medications and a 90 day supply for chronic condition medications. If there was a natural disaster such an earthquake, Oregonians could experience difficulty getting medication. One study looked at 70 research articles to determine the extent of medication loss, and the burden of prescription refills on medical relief teams following extreme weather and natural disasters. The researchers found that medication refills were a common need, a considerable number of patients lost medication during evacuation, and it was difficult to fill prescriptions due to a lack of information from evacuees. Overall, people with chronic conditions were most at-risk without access to medication.