

**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:** 4/8, 4/20

**WHAT THE MEASURE DOES:** Requires health benefit plan to reimburse for prescription drugs in accordance with the plan's synchronization policy. Specifies health plan must prorate cost sharing requirements applied to dispensing less than 30-day supply if requested for purpose of synchronization. Requires plan to fully reimburse partially filled or refilled prescriptions. Specifies no application to unit-of-use packaging that cannot be synchronized, controlled substances or high risk of diversion drugs. Requires Oregon Health Authority to implement synchronization policy for those not enrolled in coordinated care organization.

**ISSUES DISCUSSED:**

- Monitoring adherence
- Patient convenience
- Federal Medicare Part D synchronization
- Additional dispensing fees and program costs

**EFFECT OF COMMITTEE AMENDMENT:** -5 Amendment: Exempts prepaid group practice health plans with at least 200,000 members. Defines "prepaid group practice health plan".

**BACKGROUND:** Medication synchronization allows certain medications to be refilled on the same date each month or cycle. This is intended to help patients manage their refills, prevent multiple trips the pharmacy and boost medication adherence by enhancing engagement for the practitioner, pharmacist and patient. In 2014, the Legislature passed Senate Bill 1579 to require health benefit plans and coordinated care organizations to adopt a policy for a synchronization program to patients. The Medicare Part D program offers medication synchronization.