

STAFF MEASURE SUMMARY

Senate Committee On Health Care

**Fiscal:** Fiscal impact issued

**Revenue:** No Revenue Impact

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**Action Date:** 04/20/15

**Action:** Do Pass With Amendments. (Printed A-Eng.)

**Meeting Dates:** 04/08, 04/20

**Vote:**

Yeas: 5 - Knopp, Kruse, Monnes Anderson, Shields, Steiner Hayward

**Prepared By:** Zena Rockowitz, Committee Administrator

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**WHAT THE MEASURE DOES:**

Requires health plans to reimburse cost of prescription drugs in accordance with plan's synchronization policy. Requires plan to prorate copayment or adjust copayment by method approved by Department of Consumer and Business Services, when drug is dispensed in less than 30-day supply. Requires health plans to reimburse for partially filled or refilled prescriptions. Exempts prescriptions when unit-of-use packaging cannot be synchronized, drugs are controlled substances or drugs have high risk of diversion. Specifies coverage is limited to formulary restrictions. Exempts prepaid group practice health plan with at least 200,000 enrollees. Requires Oregon Health Authority to implement synchronization policy for those not enrolled in coordinated care organization. Effective date of January 1, 2017.

**ISSUES DISCUSSED:**

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

**EFFECT OF COMMITTEE AMENDMENT:**

Requires prorating copayment or adjustment of copayment using method approved by Department of Consumer and Business Services for drugs with less than 30-day supply. Exempts prepaid group practice health plans with at least 200,000 members. Requires coverage to be limited by formulary restrictions applied to a prescription drug by health plan. Extends implementation date to January 1, 2017.

**BACKGROUND:**

The World Health Organization estimates that by 2020, the number of people in the United States affected by chronic conditions requiring medication will grow to 157 million. Non-adherence of medication by patients increases likelihood of hospitalizations and mortality, as well as increases health care costs. Medication synchronization policies allow certain medications to be refilled on the same date each month or cycle to help patients manage their refills. This prevents multiple trips to the pharmacy and boosts medication adherence by enhancing engagement for the practitioner, pharmacist and patient. In 2014, the Legislative Assembly passed Senate Bill 1579, which requires health benefit plans, self-insured health plans and coordinated care organizations to adopt policies for a synchronization program by January 2015.