## B-Engrossed Senate Bill 93

Ordered by the House June 8 Including Senate Amendments dated April 27 and House Amendments dated June 8

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with presession filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Senate Interim Committee on Veterans and Emergency Preparedness)

## **SUMMARY**

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Requires reimbursement for up to 90-day supply of [generic] prescription drug that is prescribed under certain conditions.

A BILL FOR AN ACT

Relating to the dispensing of prescription drugs.

a controlled substance in Schedule II.

(5) This section is exempt from ORS 743A.001.

Be It Enacted by the People of the State of Oregon:
SECTION 1. Section 2 of this 2015 Act is added to and made a part of the Insurance Code.
SECTION 2. (1) A prescription drug benefit program, or a prescription drug benefit of-
fered under a health benefit plan as defined in ORS 743.730, must provide for reimbursement
for up to a 90-day supply of a prescription drug dispensed by a pharmacy, as defined in ORS
689.005, if:
(a) The prescription drug is covered by the program or plan;
(b) An initial 30-day supply of the prescription drug has been previously dispensed to the
program or plan member; and
(c) The quantity of the prescription drug dispensed does not exceed the total remaining
quantity of the prescription drug that the prescribing practitioner authorized to be dispensed
through refills.
(2) The coverage required by subsection (1) of this section may be limited by the same
terms and conditions of a pharmacy network contract, or a prescription drug benefit pro-
gram or health benefit plan, with regard to the reimbursement rate of the prescription drug.
(3) The coverage required by subsection (1) of this section may be limited by formulary
restrictions that are related to the prescription drug.

(4) This section does not apply to the reimbursement of prescription drugs classified as

1

2

20 21

22

23