

# HB 4156 Critical Prescription Coverage Transparency & Continuity of Care Protections

**The Problem:** The process of finding formularies, verifying coverage, and determining cost-sharing is burdensome in Oregon. Even after a patient buys a plan that covers their needed medications, they can't be sure the drug will continue to be covered at a cost they can afford throughout the plan year.

There is no guaranteed way for consumers to verify medication and coverage costs when shopping for a health plan, and commercial insurers are even free to remove a medication from a formulary or move it to a higher cost-sharing tier – making it difficult for many Oregonians to get the medications they need.

**HB 4156** empowers patients by increasing prescription coverage transparency and helps ensure the pharmacy benefits that they choose will be what they receive throughout the plan year.

## What HB 4156 Will Do:

### Increases prescription drug coverage transparency.

HB 4156 requires drug formularies to be electronically searchable by drug name, the disclosure of coverage and cost information for drugs administered in a provider's office and typically covered under the plan's medical benefit and the disclosure of a patient's dollar cost estimate for medications subject to co-insurance.

### Protects consumers from mid-year coverage reductions.

HB 4156 prohibits a commercial insurer from moving a medically stable patient's drug to a higher cost-sharing tier or from removing a medically stable patient's drug from a formulary unless a safety warning has been issued by the FDA.

### Gives patients a co-payment option.

This bill provides patients with the option of purchasing a co-pay only plan by requiring of health insurers that 25% of their plans are co-pay only.

The protections afforded in HB 4156 are in alignment with recommendations for improving transparency of prescription drug coverage issued by the National Association of Insurance Commissioners (NAIC).\*

### Similar protections have been implemented in several other states.

Texas and California have both instituted rules regarding formulary transparency. Nevada and California, in addition to federal Medicare regulations, have protections in place mitigating mid-year formulary changes.



Cascade AIDS Project

