

Open Government Impact Statement

80th Oregon Legislative Assembly 2019 Regular Session

Measure: SB 872-A Only impacts on Original or Engrossed Versions are Considered Official

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SUMMARY

Requires pharmaceutical manufacturers to report to Department of Consumer and Business Services total amount of money spent on patient assistance programs, information on financial assistance provided to pharmacies, government agencies and advocacy organizations and total amount of financial incentives paid to each pharmacy benefit manager. Exempts from public disclosure information reported to department until department posts to website all information reported by manufacturer.

Requires state-sponsored programs that use pharmacy benefit managers to use fee-only pharmacy benefit managers.

Requires insurers to post specified information regarding formulary, tiers and costs for small employer and individual health benefit plans to insurer's website. Requires 60-day advance notice to department and to enrollees adversely affected by change in formulary.

Requires insurer and allows pharmacy to notify insured that if retail price for drug is less than insured's out-of-pocket cost for drug using pharmacy benefit, insured may pay retail price and if requested by enrollee, insurer must count cost toward deductible or out-of-pocket maximum. Requires State Board of Pharmacy to prescribe by rule notice of enrollee's rights for distribution to pharmacy customers and to translate notice into multiple languages.

Requires hospitals and other medical providers to report to Oregon Health Authority information regarding 50 most prescribed drugs and 50 most expensive drugs prescribed by provider.

Requires specified state agencies to report to Legislative Assembly on high-cost drugs. Requires Oregon Health Authority to refer to Pharmacy and Therapeutics Committee any drug exceeding specified cost.

Requires patient advocacy organization with annual gross receipts exceeding \$50,000 that has registered lobbyist in this state to report to Oregon Government Ethics Commission specified information regarding funding received from participants in pharmaceutical supply chain.

Requires pharmacy benefit managers to report to Department of Consumer and Business Services and plan sponsors specified information regarding rebates, reimbursements, fees and incentives paid for drugs by manufacturers, insurers and pharmacies. Requires insurers to include with rate filing certified statement regarding insurers' use of rebates.

Modifies responsibilities of Task Force on Fair Pricing of Prescription Drugs and requires report of findings, by September 15, 2020, to interim committees of Legislative Assembly related to health.

Modifies reporting to department by insurers about costly drugs reimbursed by health benefit plans.



Requires pharmaceutical manufacturers that register with State Board of Pharmacy to also register with department. Requires department to adopt registration fee based on reasonable cost to department to administer specified provisions.

OPEN GOVERNMENT IMPACT

Legislative Counsel has not adopted standards for drafting measures that establish exemptions from disclosure of public records.

This measure exempts from public disclosure information reported to the Department of Consumer and Business Services, by pharmaceutical manufacturers, related to spending on patient assistance programs, until the department posts the information required to be posted to its website. This measure also exempts from public disclosure personally identifiable information about consumers that provide consumer notifications of increases in prices of prescription drugs. Finally, this measure exempts from public disclosure personally identifiable information contained in health care data provided to the department by the Oregon Health Authority.

If those public records that could be subject to public disclosure were instead subject to mandatory disclosure under public records law, the public could receive personally identifiable information about consumers reporting increases in prices of prescription drugs and personally identifiable information contained in health care data reported to the authority for health care planning purposes.