HB 2690-2 (LC 290) 4/9/19 (LHF/ps)

Requested by HOUSE COMMITTEE ON HEALTH CARE (at the request of Representative Andrea Salinas)

## PROPOSED AMENDMENTS TO HOUSE BILL 2690

- On page 1 of the printed bill, delete lines 7 through 29 and delete page 2 and insert:
- 3 "SECTION 2. (1) As used in this section:
- "(a) 'Enrollee' means an individual who is a beneficiary under a health plan.
- 6 "(b) 'Health plan' means a policy or certificate of health insurance 7 offered to an individual, a group or a small employer.
- "(c) 'Out-of-pocket cost' means the cost to an enrollee to acquire
  a prescription drug that is covered by a health plan, including any
  deductible, copayment, coinsurance or other charge specified by the
  Department of Consumer and Business Services by rule.
- "(d) 'Pharmacist' has the meaning given that term in ORS 689.005.
- 13 "(e) 'Pharmacy' has the meaning given that term in ORS 689.005.
- 14 "(2) An insurer offering a health plan in this state:

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- "(a) May not directly or indirectly restrict a pharmacy or pharmacist from informing an enrollee or penalize a pharmacy or pharmacy for informing an enrollee of the difference between the enrollee's out-of-pocket cost to acquire a prescription drug using the enrollee's health plan coverage and the enrollee's cost to purchase the prescription drug without using the health plan coverage; and
  - "(b) Shall ensure that any entity that contracts with the insurer to

manage the pharmacy benefits under a health plan offered by the insurer does not directly or indirectly restrict a pharmacy or pharmacist for informing an enrollee or penalize a pharmacy or pharmacist for informing an enrollee of the difference between the enrollee's out-of-pocket cost to acquire a prescription drug using the enrollee's health plan coverage and the enrollee's cost to purchase the prescription drug without using the health plan coverage."

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