

**FISCAL IMPACT OF PROPOSED LEGISLATION**

**Measure: SB 560**

81st Oregon Legislative Assembly – 2021 Regular Session  
Legislative Fiscal Office

*Only Impacts on Original or Engrossed  
Versions are Considered Official*

---

Prepared by: Haylee Morse-Miller  
Reviewed by: Tom MacDonald, Ben Ruef  
Date: March 9, 2021

---

**Measure Description:**

Requires insurer and health care service contractor to count payments made on behalf of enrollee for costs of care toward enrollee's out-of-pocket maximum or cost-sharing.

**Government Unit(s) Affected:**

Oregon Health Authority (OHA), Department of Consumer and Business Services (DCBS)

**Summary of Fiscal Impact:**

Costs related to the measure are anticipated to be minimal - See explanatory analysis.

**Analysis:**

SB 560 requires that an insurer include all amounts paid by an enrollee, or on behalf of an enrollee, including payments from a patient assistance program, when calculating the contribution of an enrollee to an out-of-pocket maximum, coinsurance, copayment, or deductible. "Patient assistance program" is defined as a program run by a prescription drug manufacturer that allows a consumer to reduce their out-of-pocket costs for prescription drugs by using discounts, receiving copayment assistance, or by other means.

The measure is expected to have a minimal impact on the Oregon Health Authority (OHA). According to the Public Employees' Benefit Board (PEBB), if a copayment assistance program must apply towards a member's deductible or out-of-pocket maximum, this would artificially increase the amount the member has paid. PEBB does not have an estimate of how many members are using a copay assistance program, but does not anticipate costs to be materially impacted.

There is no fiscal impact on the Department of Consumer and Business Services.