

**FISCAL IMPACT OF PROPOSED LEGISLATION**

**Measure: SB 9 - A**

80th Oregon Legislative Assembly – 2019 Regular Session  
Legislative Fiscal Office

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

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**Measure Description:**

Allows pharmacists to prescribe and dispense emergency refills of insulin and associated insulin-related devices and supplies.

**Government Unit(s) Affected:**

Oregon Board of Pharmacy, Oregon Health Authority

**Summary of Fiscal Impact:**

Costs related to the measure are indeterminate at this time - See explanatory analysis.

**Analysis:**

SB 9-A would permit pharmacists to prescribe and dispense emergency “bridge” refills of insulin and insulin-related devices and supplies to patients with legal prescriptions. Participating pharmacists would be required to complete a training program, to fill out an assessment for each patient, to document each patient visit, and to make reasonable efforts to contact the patient’s primary care physician and health care provider.

The measure would require the Oregon Board of Pharmacy (OBOP) to adopt administrative rules relating to prescribing and dispensing of emergency “bridge” refills. It would also require health benefit plans to pay for or reimburse the costs of “bridge” refills and services provided by pharmacists. The Oregon Health Authority (OHA) would be required to assign billing codes for reimbursement in medical assistance programs for “bridge” refills and services provided by pharmacists.

The measure would become effective on passage and operative on January 1, 2020. OBOP and OHA would be permitted to prepare for the measure’s implementation prior to its operative date. Participating pharmacists would be required to receive training after January 1, 2020, but the training requirement would sunset on January 1, 2023.

**Oregon Health Authority**

The measure would require OHA to add new codes to the Medicaid Management Information System for pharmacists to be able to bill Medicaid for insulin supplies. The addition of these new codes would not increase OHA workload and would not require any additional staffing and would have a minimal fiscal impact to OHA. However, all claims from pharmacies for reimbursement of insulin-related devices would not be covered by Medicaid because durable medical equipment must be prescribed by a physician to be eligible for reimbursement. Claims for reimbursement of durable medical equipment thus would not be eligible for matching Federal Funds and would be paid out of the General Fund. OHA expects a slight increase in reimbursement costs for durable medical equipment, which it expects would be offset by reduced visits to the Emergency Room and Urgent Care. OHA does not anticipate an increased demand for insulin or insulin-related supplies. Because patients would be able to obtain “bridge” refills at pharmacies, OHA expects that the measure would reduce visits to the Emergency Room and Urgent Care. However, since the number of patients that would obtain refills from pharmacies is unclear, the fiscal impact of the measure is indeterminate to OHA.

### **Oregon Board of Pharmacy**

The measure would require OBOP to oversee and approve of training for participating pharmacists. OBOP anticipates that it would outsource the training to a third-party. OBOP would need to adopt administrative rules relating to “bridge” refills. OBOP anticipates that it would be able to adopt these rules within existing agency resources. OBOP would also need to engage in outreach for participating pharmacists, educate participating pharmacists on how to conduct an assessment, answer frequently asked questions about the measure, update its website, and update its regular inspection criteria of pharmacies to include bridge refills. However, because the measure is not expected to dramatically increase OBOP’s workload and staffing needs, the measure would have a minimal fiscal impact on OBOP.