

A-Engrossed
House Bill 2185

Ordered by the House April 12
Including House Amendments dated April 12

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of House Interim Committee on Health Care)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Imposes new requirements on pharmacy benefit managers registered in this state.

A BILL FOR AN ACT

1
2 Relating to pharmacy benefit managers.

3 **Be It Enacted by the People of the State of Oregon:**

4 **SECTION 1. Sections 2 and 3 of this 2019 Act are added to and made a part of ORS 735.530**
5 **to 735.552.**

6 **SECTION 2. (1) A pharmacy benefit manager registered under ORS 735.532 may not pro-**
7 **hibit a network pharmacy, as defined in ORS 735.534, from offering to the pharmacy's cus-**
8 **tomers delivery of prescription drugs by mail or common carrier or by hand delivery by an**
9 **employee or contractor of the pharmacy. The pharmacy benefit manager may impose limits**
10 **on the delivery by mail or common carrier under the terms of the contract between the**
11 **pharmacy and the pharmacy benefit manager.**

12 **(2) A pharmacy may not make a claim for reimbursement of the cost of delivery as de-**
13 **scribed in subsection (1) of this section unless it is agreed to by the pharmacy benefit man-**
14 **ager.**

15 **(3) If a pharmacy charges a customer a fee for delivery as described in subsection (1) of**
16 **this section, the pharmacy must disclose the fee to the customer at the time of purchase**
17 **and must inform the customer that the delivery fee will not be reimbursed by the pharmacy**
18 **benefit manager, if applicable.**

19 **SECTION 3. (1) A pharmacy benefit manager registered under ORS 735.532 may not re-**
20 **strict, directly or indirectly, or penalize a network pharmacy, as defined in ORS 735.534, from**
21 **informing an enrollee of the difference between the out-of-pocket cost to the enrollee to**
22 **purchase a prescription drug and the pharmacy's retail price for the drug.**

23 **(2) As used in this section:**

24 **(a) "Out-of-pocket cost" means the amount paid by an enrollee under a plan administered**
25 **by a pharmacy benefit manager including deductibles, copayments, coinsurance or other ex-**
26 **penditure as prescribed by the Department of Consumer and Business Services by rule.**

27 **(b) "Plan" means a pharmacy benefit offered:**

28 **(A) In a policy or certificate of health insurance, as defined in ORS 731.162.**

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 **(B) Under an employee welfare benefit plan that is exempt from state regulation because**
2 **of the federal Employee Retirement Income Security Act of 1974.**

3 **(C) As part of the coverage offered by a health care service contractor as defined in ORS**
4 **750.005.**

5 **(D) Through a multiple employer welfare arrangement as defined in ORS 750.301.**

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