

SENATE AMENDMENTS TO SENATE BILL 844

By COMMITTEE ON HEALTH CARE

April 16

1 On page 4 of the printed bill, line 4, after the period delete the rest of the line and delete lines
2 5 and 6 and insert “The board may compel compliance with a subpoena issued under this section
3 using the procedure set out in ORS 183.440.”.

4 In line 10, delete “23” and insert “26”.

5 In line 34, delete “and”.

6 After line 34, insert:

7 “(I) One representative of drug innovation development companies;

8 “(J) One representative of pharmaceutical distribution companies;

9 “(K) One representative of physician assistants; and”.

10 In line 35, delete “(I)” and insert “(L)”.

11 On page 5, delete lines 39 and 40 and insert:

12 “(a) Accessing publicly available pricing information collected by the Department of Consumer
13 and Business Services under ORS 646A.689;”.

14 On page 6, line 6, delete “a manufacturer’s selection of”.

15 Delete lines 10 and 11.

16 In line 12, delete “(6)(a)” and insert “(5)(a)”.

17 On page 7, delete lines 1 through 31 and insert:

18 “(6) If the board finds that the cost of a prescription drug product reviewed under this section
19 has led or will lead to an affordability challenge for health systems or patients or to health inequi-
20 ties for communities of color, the board may establish an upper payment limit for the drug consid-
21 ering:

22 “(a) The cost of administering the drug;

23 “(b) The cost of delivering the drug to patients; and

24 “(c) Other relevant administrative costs related to the drug.

25 “(7) Except as provided in subsection (8) of this section, an upper payment limit established by
26 the board under subsection (6) of this section applies to all sales of and reimbursements claimed in
27 this state for the prescription drug product distributed in person, by mail or by other means.

28 “(8)(a) An insurer, pharmacy benefit manager or other person that purchases, pays for or reim-
29 burse the cost of prescription drugs in this state may elect to opt out of the upper payment limit
30 for specific drugs. The board shall prescribe a simple process for payers and purchasers to opt out
31 under this paragraph.

32 “(b) A Medicare Advantage plan or a payer that is exempt from the Insurance Code based on
33 the Employee Retirement Income Security Act of 1974 is not subject to the upper payment limit
34 established by the board and may choose to pay or reimburse the cost of drugs at a higher price
35 than the payer is billed.

1 “(9) A health care provider licensed or certified in this state may not bill an amount for a pre-
2 scription drug product that exceeds the upper payment limit established for the drug regardless of
3 whether the drug is dispensed or administered to an individual enrolled in a plan described in sub-
4 section (8) of this section.

5 “(10) This section does not prevent a manufacturer from marketing a prescription drug product
6 approved by the United States Food and Drug Administration while the product is under review by
7 the board.

8 **“SECTION 6. Any person aggrieved by a decision of the Prescription Drug Affordability**
9 **Board under section 5 of this 2021 Act to impose an upper payment limit on a prescription**
10 **drug product sold in this state may request a contested case hearing, in accordance with**
11 **ORS chapter 183, no later than 30 days after the decision is issued.”.**

12 On page 8, line 1, delete “Attorney General” and insert “Director of the Department of Con-
13 sumer and Business Services”.

14 In line 4, delete “Attorney General” and insert “director”.
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