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### House Bill 2044: Drug price transparency

The Prescription Drug Price Transparency Act (2018) directs the Department of Consumer and Business Services to establish a transparency program to accept reports and disclose certain information from prescription drug manufacturers, health insurance carriers, and consumers on drug prices.

The goal of the Prescription Drug Price Transparency Program is to provide accountability for prescription drug pricing through the notice and disclosure of specific drug costs and price information from pharmaceutical manufacturers, health insurers, and consumers. Active implementation of the first year is still ongoing since reporting began in 2019.

## House Bill 2044 provides technical changes to help improve implementation of the program to meet the legislative intent of providing transparency for drug prices.

These technical changes will build upon the progress the program has made and improve the program with the following:

### 1. Enabling the program to access data from the All Payer, All Claims (APAC) database

The All Payer All Claims database has been useful for the program to access in its analyses and recommendations to the legislature. This language would provide a more efficient process for the department to access APAC.

# 2. Protect personally identifiable consumer information reported to the program Consumer information reported about drug prices may contain personally identifiable information. The department would like to protect sensitive personally identifiable information while maintaining transparency about the drugs reported by consumers.

### 3. Require new drug reporting to include any existing or planned patient assistance programs

Currently, patient assistance programs are only reported for annual price increase reports. They are not reported for new drug reports. Many new drugs that come to market include patient assistance programs for consumers. The suggested changes include reporting any existing or planned patient assistance programs for new drugs that are required to be reported.

### 4. Expand health insurer reporting and requiring reports from other insurance markets

Under the Prescription Drug Transparency Act (2018), health insurance carriers are required to submit specified information about prescription drug spending and utilization, including the top 25 most costly drugs and the top 25 most prescribed drugs, as part of the annual rate filing process. Since carriers are required to submit rate filings only if they offer individual or small group health benefit plans, some health insurers are not required to submit these reports, which may result in an incomplete picture of health plan spending on drugs in Oregon.

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