HB 3092-1 (LC 3433) 3/31/25 (EKJ/ps)

Requested by Representative LEVY E

PROPOSED AMENDMENTS TO HOUSE BILL 3092

1 On page 1 of the printed bill, line 2, after "243.877" insert "and section 2 2, chapter 35, Oregon Laws 2024".

3 On page 2, delete lines 10 through 13 and insert:

4 "SECTION 3. Section 2, chapter 35, Oregon Laws 2024, is amended to 5 read:

6 "(1) As used in this section:

"(a)(A) 'Generic equivalent' means a drug that meets applicable standards
of strength, quality and purity according to the United States Pharmacopeia
or other nationally recognized compendium and that, compared to a brand
name drug:

"(i) Has an identical amount of the same active chemical ingredients and
the same dosage form; and

"(ii) If administered in the same amounts, will provide comparabletherapeutic effects.

"(B) 'Generic equivalent' does not include a drug that is listed by the
United States Food and Drug Administration as having unresolved
bioequivalence concerns according to the administration's most recent publication of approved drug products with therapeutic equivalence evaluations.
"(b)(A) 'Health plan' means:

20 "(i) An individual or group health benefit plan, as defined in ORS 21 743B.005;

- 1 "(ii) A plan providing coverage for a specific disease or condition only;
- 2 "(iii) A medical services contract; or

"(iv) Another similar certificate, policy, contract or arrangement or any
endorsement or rider that covers all or a portion of the cost of an
individual's health care and that is subject to regulation by the Department
of Consumer and Business Services.

7 "(B) 'Health plan' does not include coverages provided by:

- 8 "(i) Medicare;
- 9 "(ii) The state medical assistance program;
- 10 "(iii) The federal government to federal employees;

11 "(iv) TRICARE;

- 12 "(v) Workers' compensation;
- 13 "(vi) Limited benefit coverage;
- 14 "(vii) Accident only, credit, disability or long term care insurance; or

15 "(viii) A health benefit plan offered by the Public Employees' Benefit

16 Board [or the Oregon Educators Benefit Board] through a commercial insurer,

17 health care service contractor or a third party administrator.

"(c) 'High deductible health plan' means a health plan described in 26
U.S.C. 223.

- 20 "(d) 'Person' includes:
- 21 "(A) An individual;
- 22 "(B) A trust;
- 23 "(C) An estate;
- 24 "(D) A partnership;
- 25 "(E) A corporation;
- 26 "(F) An association;
- 27 "(G) A joint stock company;
- 28 "(H) An insurance company;
- 29 "(I) A state;
- 30 "(J) A political subdivision, instrumentality or municipal corporation of

HB 3092-1 3/31/25 Proposed Amendments to HB 3092 1 a state; or

2 "(K) A nonprofit organization.

"(e) 'Pharmacy benefit manager' means a pharmacy benefit manager, as
defined in ORS 735.530, that manages pharmacy benefits for a health plan.

5 "(f) 'Preventive services' has the meaning given that term in 42 U.S.C.
6 1395x.

"(2) To the extent permitted by federal law, an insurer offering a health plan that provides pharmacy benefits and a pharmacy benefit manager shall include all amounts paid by an enrollee or paid by another person on behalf of an enrollee toward the cost of a covered prescription drug when calculating the enrollee's contribution to an out-of-pocket maximum, deductible, copayment, coinsurance or other cost-sharing requirement applied to the drug if:

14 "(a) The drug does not have a generic equivalent; or

15 "(b) The drug has a generic equivalent and the enrollee has:

"(A) Obtained prior authorization from the insurer or pharmacy benefitmanager;

18 "(B) Complied with a step therapy protocol; or

"(C) Received approval from the insurer or pharmacy benefit manager through the insurer's or the pharmacy benefit manager's exceptions, appeal or review process.

"(3) For high deductible health plans, the provisions of subsection (2) of
this section apply only to preventive services until the enrollee has satisfied
the minimum deductible under 26 U.S.C. 223(c)(2).

25 "<u>SECTION 4.</u> The amendments to ORS 243.877 and section 2, chapter
26 35, Oregon Laws 2024, by sections 1 to 3 of this 2025 Act apply to benefit
27 plans issued, renewed or extended on or after January 1, 2026.

"<u>SECTION 5.</u> This 2025 Act takes effect on the 91st day after the
 date on which the 2025 regular session of the Eighty-third Legislative
 Assembly adjourns sine die.".

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