

SB2074

What does the Bill do?

SB2074 would increase per claim dispensing fees for medications to **\$11.41**.

Current Dispensing Fees

Current dispensing fees for the OPEH&W Health Plan are:

- **\$0.60** per claim for a 30-day supply
- **\$0.40** per claim for a 90-day supply

Minimum Potential Annualized Impact

Using a comparison of claims which had a dispensing fee for the most recent 12-month period (4/1/2025 through 3/31/2026), and assuming a dispensing fee of \$11.41, minus the dispensing fee already paid, would result in a minimum potential annualized impact to the OPEH&W Health Plan of **\$408,923.46**. If we then normalize this to account for the membership growth experienced during the same timeframe (+13%), then the potential minimum impact is:

\$ 462,083.51

Maximum Potential Annualized Impact

The maximum potential annualized impact, if the dispensing fee was applied to all claims during the same date range, would be **\$907,781.07**. If we then also normalize this to account for the membership growth experienced during the same timeframe (+13%), then the maximum potential annualized impact is:

\$1,025,792.61

HealthChoice Potential Annualized Impact

According to HealthChoice fiscal analysis, the dispensing fee change alone would have a **\$22.7M** impact. If they also switch to a NADAC pricing model, the estimate their annualized impact would be reduced to **\$11.6M**.

How do we mitigate against the impact of this bill?

If SB2074 becomes law, then the actuarial assumptions for the upcoming plan year would be understated by approximately **\$1M**. This would require an estimated \$84,000 in monthly premium to offset. Which equates to a premium shortfall of approximately **2.35%**.