

An Act

ENROLLED HOUSE
BILL NO. 1713

By: Marti of the House

and

Garvin and Hicks of the
Senate

An Act relating to pharmacies; defining terms; creating certain requirements; creating a penalty; providing for codification; and declaring an emergency.

SUBJECT: Pharmacies

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6969 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. As used in this section:

1. "Health benefit plan" means a health benefit plan as defined pursuant to Section 6060.4 in Title 36 of the Oklahoma Statutes;

2. "Pharmacy benefits manager" means a person that performs pharmacy benefits management and any other person acting for such person under a contractual or employment relationship in the performance of pharmacy benefits management for a managed-care company, not-for-profit hospital, medical services organization, insurance company, third-party payor, or a health program administered by a state agency; and

3. "White bagged drugs" means the distribution of physician administered medication from a pharmacy, typically a specialty pharmacy, to the physician's office, hospital, or clinic for administration.

B. All health benefit plans and pharmacy benefits managers in this state shall not refuse to authorize, approve, or pay a participating provider for providing covered physician-administered drugs to covered persons.

C. All white bagged drugs distributed in this state shall meet supply chain security controls set forth by the federal Drug Supply Chain Security Act as amended.

D. A health benefit plan or a pharmacy benefits manager of a plan shall not require a covered patient to self-administer an injectable drug against a health care provider's recommendation in accordance with the manufacturer's approved guidelines.

E. Health benefit plans shall not require a covered patient to pay additional fees for white bagged drugs beyond cost-sharing obligations as outlined in the individual's plan.

F. Providers and health care facilities shall be permitted to dispense and administer a covered physician-administered drug based on a patient's best interest, provided that the health care facility or provider that administers the drug shall agree to the terms and conditions of network participation and accept, as payment in full, reimbursement for the drug at the health insurer's negotiated contracted rate. The health care facility or provider is prohibited from billing or collecting from the patient any amount in excess of or in addition to the patient's cost sharing obligations as outlined in the individual's plan.

G. Any payor in violation of this act shall be fined a minimum of Five Thousand Dollars (\$5,000.00) per violation, but not more than Ten Thousand Dollars (\$10,000.00) per violation. Fines related to this section shall not be used when calculating payors, plans, or members loss ratios and losses incurred pursuant to this subsection shall not be passed on to the consumer in future rate increases.

SECTION 2. It being immediately necessary for the preservation of the public peace, health or safety, an emergency is hereby declared to exist, by reason whereof this act shall take effect and be in full force from and after its passage and approval.

Passed the House of Representatives the 21st day of March, 2023.

Presiding Officer of the House
of Representatives

Passed the Senate the 24th day of April, 2023.

Presiding Officer of the Senate

OFFICE OF THE GOVERNOR

Received by the Office of the Governor this _____

day of _____, 20_____, at _____ o'clock _____ M.

By: _____

Approved by the Governor of the State of Oklahoma this _____

day of _____, 20_____, at _____ o'clock _____ M.

Governor of the State of Oklahoma

OFFICE OF THE SECRETARY OF STATE

Received by the Office of the Secretary of State this _____

day of _____, 20_____, at _____ o'clock _____ M.

By: _____