

1 STATE OF OKLAHOMA

2 1st Session of the 56th Legislature (2017)

3 HOUSE BILL 1711

By: Ritze

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6 AS INTRODUCED

7 An Act relating to insurance; defining terms;
8 requiring health benefit plans to prorate cost-
9 sharing charges for prescription drugs under certain
10 circumstances; specifying the proration shall be
11 based on the number of days drug is dispensed;
12 prohibiting proration of certain fees; directing
13 health benefit plan to establish a process to approve
14 a medication synchronization plan; requiring coverage
15 for medication dispensed in accordance with the
16 medication synchronization plan; requiring a process
17 to override a denial of coverage for a medication;
18 providing circumstances in which denial of coverage
19 for a medication shall be overridden; providing for
20 codification; and providing an effective date.

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

22 SECTION 1. NEW LAW A new section of law to be codified
23 in the Oklahoma Statutes as Section 3634.5 of Title 36, unless there
24 is created a duplication in numbering, reads as follows:

A. For the purposes of this section only:

1. "Chronic illness" means an illness or physical condition
that may be:

1 a. reasonably expected to continue for an uninterrupted
2 period of at least three (3) months, and

3 b. controlled but not cured by medical treatment;

4 2. "Medication synchronization plan" means a plan established
5 for the purpose of synchronizing the filling or refilling of
6 multiple prescriptions;

7 3. "Cost-sharing amount" includes an amount charged for a
8 deductible, coinsurance or copayment;

9 4. "Health care provider" means a person who provides health
10 care services under a license, certificate, registration or other
11 similar evidence of regulation issued by this or another state of
12 the United States;

13 5. "Physician" means an individual licensed to practice
14 medicine in this or another state of the United States; and

15 6. "Health benefit plan" means a health benefit plan that is
16 delivered that provides benefits for prescription drugs, issued for
17 delivery or renewed on or after January 1, 2017.

18 B. A health benefit plan that provides benefits for
19 prescription drugs shall prorate any cost-sharing amount charged for
20 a prescription drug dispensed in a quantity that is less than a
21 thirty-day supply if:

22 1. The pharmacy or the covered person's prescribing physician
23 or health care provider notifies the health benefit plan that:
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1 a. the quantity dispensed is to synchronize the dates
2 that the pharmacy dispenses the covered person's
3 prescription drugs, and

4 b. the synchronization of the dates is in the best
5 interest of the covered person; and

6 2. The covered person agrees to the synchronization.

7 C. The proration described by subsection B of this section
8 shall be based on the number of days' supply of the drug actually
9 dispensed.

10 D. A health benefit plan that prorates a cost-sharing amount
11 as required by subsection B of this section shall not prorate the
12 fee paid to the pharmacy for dispensing the drug for which the cost-
13 sharing amount was prorated.

14 E. A health benefit plan shall establish a process through
15 which the following parties may jointly approve a medication
16 synchronization plan for medication to treat a covered person's
17 chronic illness:

18 1. The health benefit plan;

19 2. The covered person;

20 3. The prescribing physician or health care provider; and

21 4. The pharmacist.

22 F. A health benefit plan shall provide coverage for a
23 medication dispensed in accordance with the dates established in the
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1 medication synchronization plan described by subsection E of this
2 section.

3 G. A health benefit plan shall establish a process that allows
4 a pharmacist or pharmacy to override the health benefit plan's
5 denial of coverage for a medication described by subsection E of
6 this section.

7 H. A health benefit plan shall allow a pharmacist or pharmacy
8 to override the health benefit plan's denial of coverage through the
9 process described by subsection E of this section, and the health
10 benefit plan shall provide coverage for the medication if:

11 1. The prescription for the medication is being refilled in
12 accordance with the medication synchronization plan described by
13 subsection E of this section; and

14 2. The reason for the denial is that the prescription is being
15 refilled before the date established by the plan's general
16 prescription refill guidelines.

17 SECTION 2. This act shall become effective November 1, 2017.

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