1	HOUSE OF REPRESENTATIVES - FLOOR VERSION
2	STATE OF OKLAHOMA
3	1st Session of the 56th Legislature (2017)
4	HOUSE BILL 1824 By: Kannady of the House
5	and
6	Griffin of the Senate
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9	AS INTRODUCED
10	An Act relating to insurance; requiring health
11	benefit plans to prorate cost-sharing charges for prescription drugs under certain circumstances;
12	specifying the proration shall be based on the number of days drug is dispensed; prohibiting proration of
13	dispensing fees; providing circumstances in which denial of coverage for a medication shall be
14	overridden; defining terms; providing for codification; and providing an effective date.
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17	BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:
18	SECTION 1. NEW LAW A new section of law to be codified
19	in the Oklahoma Statutes as Section 3634.5 of Title 36, unless there
20	is created a duplication in numbering, reads as follows:
21	A. A health benefit plan that provides benefits for
22	prescription drugs shall permit and apply a prorated cost-sharing
23	amount charged for a partial supply of a prescription drug if:
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- 1. The quantity dispensed is to synchronize the dates that the pharmacy dispenses the covered person's prescription drugs;
- 2. The prescriber or pharmacist determines the synchronization of the dates is in the best interest of the covered person; and
  - 3. The covered person agrees to the synchronization.
- B. The proration described by subsection A of this section shall be based on the number of days' supply of the drug actually dispensed.
- C. A health benefit plan that prorates a cost-sharing amount as required by subsection A of this section shall not prorate the dispensing fee paid to the pharmacy for dispensing the drug for which the cost-sharing amount was prorated.
- D. A health benefit plan shall allow a pharmacist or pharmacy to override the health benefit plan's denial of coverage and the health benefit plan shall provide coverage for the medication if:
- 1. The prescription for the medication is being dispensed in a partial supply for the purpose of synchronizing the patient's medications; and
- 2. The reason for the denial is that the prescription is being refilled before the date established by the plan's general prescription refill guidelines.
  - E. For the purposes of this section:
- 1. "Cost-sharing amount" includes an amount charged for a deductible, coinsurance or copayment;

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1	2. "Health benefit plan" means a health benefit plan that
2	provides benefits for prescription drugs and is delivered, issued
3	for delivery or renewed on or after January 1, 2018; and
4	3. "Prescriber" means an individual licensed with the authority
5	to prescribe prescription medications in this state or in another
6	state of the United States.
7	SECTION 2. This act shall become effective November 1, 2017.
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9	COMMITTEE REPORT BY: COMMITTEE ON HEALTH SERVICES AND LONG-TERM CARE, dated 02/15/2017 - DO PASS, As Coauthored.
10	CARE, dated 02/13/2017 DO FASS, AS COAdtholed.
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