1	STATE OF OKLAHOMA								
2	1st Session of the 57th Legislature (2019)								
3	HOUSE BILL 2137 By: Perryman								
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6	AS INTRODUCED								
7	An Act relating to pharmacy; creating the Oklahoma Pharmacy Benefits Manager Licensure Act; declaring purpose; defining terms; requiring a pharmacy benefits manager to obtain a license; authorizing the Insurance Commissioner to establish licensure fees; requiring a pharmacy benefits manager to provide a network for patient access to pharmacies; authorizing a compensation program; prohibiting certain acts; providing for disclosure of information; directing the Insurance Commissioner to enforce the Oklahoma Pharmacy Benefits Manager Licensure Act; authorizing the Insurance Commissioner to promulgate rules; providing for applicability; 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 360.1 of Title 59, unless there								
20	is created a duplication in numbering, reads as follows:								
21	This act shall be known and may be cited as the "Oklahoma								
22	Pharmacy Benefits Manager Licensure Act".								
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- SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 360.2 of Title 59, unless there is created a duplication in numbering, reads as follows:
 - A. The Oklahoma Pharmacy Benefits Manager Licensure Act establishes the standards and criteria for the regulation and licensure of pharmacy benefits managers providing claims processing services or other prescription drug or device services for health benefit plans.
 - B. The purpose of this act is to:

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- 1. Promote, preserve and protect the public health, safety and welfare through effective regulation and licensure of pharmacy benefits managers;
- 2. Provide for powers and duties of the Insurance Commissioner, the Oklahoma Insurance Department and other state agencies and officers; and
- 3. Prescribe penalties and fines for violations of this act.

 SECTION 3. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 360.3 of Title 59, unless there is created a duplication in numbering, reads as follows:

As used in the Oklahoma Pharmacy Benefits Manager Licensure Act:

- 1. "Claims processing services" means the administrative services performed in connection with the processing and adjudicating of claims relating to pharmacist services that include:
 - a. receiving payments for pharmacist services, or

b. making payments to pharmacists or pharmacies forpharmacist services;

- 2. "Health benefit plan" means any individual, blanket or group plan, policy or contract for healthcare services issued or delivered by a healthcare insurer in this state. "Health benefit plan" does not include:
 - a. accidental-only plans,

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- b. specified disease plans,
- c. disability income plans,
- d. plans that provide only for indemnity for hospital confinement,
- e. long-term care only plans that do not include pharmacy benefits,
- f. other limited-benefit health insurance policies or plans, or
- g. health benefit plans provided under the Workers' Compensation Laws of the State of Oklahoma as contained in either Title 85 or Title 85A of the Oklahoma Statutes:
- 3. "Healthcare insurer" means an insurance company, a health maintenance organization or a hospital and medical service corporation;
- 4. "Other prescription drug or device services" means services other than claims processing services, provided directly or

indirectly, whether in connection with or separate from claims processing services, including without limitation:

- a. negotiating rebates, discounts or other financial incentives and arrangements with drug companies,
- b. disbursing or distributing rebates,
- c. managing or participating in incentive programs or arrangements for pharmacist services,
- d. negotiating or entering into contractual arrangements with pharmacists or pharmacies, or both,
- e. developing formularies,

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- f. designing prescription benefit programs, or
- g. advertising or promoting services;
- 5. "Pharmacist" means an individual licensed as a pharmacist by the Oklahoma State Board of Pharmacy;
- 6. "Pharmacist services" means products, goods and services, or any combination of products, goods and services, provided as a part of the practice of pharmacy as defined in Section 353.1 of Title 59 of the Oklahoma Statutes;
- 7. "Pharmacy" means the same as defined in Section 353.1 of Title 59 of the Oklahoma Statutes;
- 8. "Pharmacy benefits manager" means a person, business or entity, including a wholly or partially owned or controlled subsidiary of a pharmacy benefits manager, that provides claims processing services or other prescription drug or device services,

or both, for health benefit plans. "Pharmacy benefits manager" does not include any:

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- a. health care facility licensed in Oklahoma,
- b. health care professional licensed in Oklahoma,
- c. consultant who only provides advice as to the selection or performance of a pharmacy benefits manager, or
- d. entity that provides claims processing services or other prescription drug or device services for the fee-for-service Oklahoma Medicaid Program only in that capacity;
- 9. "Pharmacy benefits manager affiliate" means a pharmacy or pharmacist that directly or indirectly, through one or more intermediaries, owns or controls, is owned or controlled by, or is under common ownership or control with a pharmacy benefits manager;
- 10. "Pharmacy benefits manager network" means a network of pharmacists or pharmacies that are offered by an agreement or insurance contract to provide pharmacist services for health benefit plans;
- 11. "Pharmacy benefits plan or program" means a plan or program that pays for, reimburses, covers the cost of, or otherwise provides for pharmacist services under a health benefit plan;
- 12. "Pharmacy services administrative organization" means an organization that helps community pharmacies and pharmacy benefits

managers or third-party payors achieve administrative efficiencies, including contracting and payment efficiencies;

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- 13. "Rebate" means a discount or other price concession based on utilization of a prescription drug that is paid by a manufacturer or third party, directly or indirectly, to a pharmacy benefits manager, pharmacy services administrative organization or pharmacy after a claim has been processed and paid at a pharmacy. "Rebate" includes without limitation incentives, disbursements and reasonable estimates of a volume-based discount; and
- 14. "Third party" means a person, business or entity other than a pharmacy benefits manager that is not an enrollee or insured in a health benefit plan.
- SECTION 4. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 360.4 of Title 59, unless there is created a duplication in numbering, reads as follows:
- A. A person or organization shall not establish or operate as a pharmacy benefits manager in Oklahoma for health benefit plans without obtaining a license from the Insurance Commissioner under the Oklahoma Pharmacy Benefits Manager Licensure Act.
- B. The Insurance Commissioner shall prescribe the application for a license to operate in Oklahoma as a pharmacy benefits manager and may charge application fees and renewal fees as established by rule.

C. The Insurance Commissioner shall issue rules establishing the licensing, fees, application, financial standards and reporting requirements of pharmacy benefits managers under the Oklahoma Pharmacy Benefits Manager Licensure Act.

SECTION 5. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 360.5 of Title 59, unless there is created a duplication in numbering, reads as follows:

A pharmacy benefits manager shall provide:

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- 1. a. A reasonably adequate and accessible pharmacy benefits manager network for the provision of prescription drugs for a health benefit plan that shall provide for convenient patient access to pharmacies within a reasonable distance from a patient's residence.
 - b. A mail-order pharmacy shall not be included in the calculations determining pharmacy benefits manager network adequacy; and
- 2. A pharmacy benefits manager network adequacy report describing the pharmacy benefits manager network and the pharmacy benefits manager network's accessibility in this state in the time and manner required by rule issued by the Oklahoma Insurance Department.

SECTION 6. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 360.6 of Title 59, unless there is created a duplication in numbering, reads as follows:

A. 1. The Insurance Commissioner may review and approve the compensation program of a pharmacy benefits manager with a health benefit plan to ensure that the reimbursement for pharmacist services paid to a pharmacist or pharmacy is fair and reasonable to provide an adequate pharmacy benefits manager network for a health benefit plan under the standards issued by rule of the Oklahoma Insurance Department.

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- 2. All information and data acquired during the review under paragraph 1 of this subsection is:
 - a. considered proprietary and confidential, and
 - b. not subject to the Oklahoma Open Records Act.
- B. A pharmacy benefits manager or representative of a pharmacy benefits manager shall not:
- Cause or knowingly permit the use of any advertisement,
 promotion, solicitation, representation, proposal or offer that is
 untrue, deceptive or misleading;
- 2. Unless reviewed and approved by the Insurance Commissioner, charge a pharmacist or pharmacy a fee related to the adjudication of a claim, including without limitation a fee for:
 - a. the receipt and processing of a pharmacy claim,
 - b. the development or management of claims processing services in a pharmacy benefits manager network, or
 - c. participation in a pharmacy benefits manager network;

3. Unless reviewed and approved by the Insurance Commissioner in coordination with the Oklahoma State Board of Pharmacy, require pharmacy accreditation standards or certification requirements inconsistent with, more stringent than, or in addition to requirements of the Board; and

- 4. Reimburse a pharmacy or pharmacist in the state an amount less than the amount that the pharmacy benefits manager reimburses a pharmacy benefits manager affiliate for providing the same pharmacist services. The amount shall be calculated on a per-unit basis using the same generic product identifier or generic code number.
- C. A claim for pharmacist services shall not be retroactively denied or reduced after adjudication of the claim, unless:
 - 1. The original claim was submitted fraudulently;
- 2. The original claim payment was incorrect because the pharmacy or pharmacist had already been paid for the pharmacist services; or
- 3. The pharmacist services were not properly rendered by the pharmacy or pharmacist.
- D. Termination of a pharmacy or pharmacist from a pharmacy benefits manager network shall not release the pharmacy benefits manager from the obligation to make any payment due to the pharmacy or pharmacist for pharmacist services properly rendered.

- E. The Insurance Commissioner may promulgate rules establishing prohibited practices of pharmacy benefits managers providing claims processing services or other prescription drug or device services for health benefit plans.
- SECTION 7. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 360.7 of Title 59, unless there is created a duplication in numbering, reads as follows:
- A. A pharmacy or pharmacist may provide to an insured information regarding the insured's total cost for pharmacist services for a prescription drug.
- B. A pharmacy or pharmacist shall not be proscribed by a pharmacy benefits manager from discussing information regarding the total cost for pharmacist services for a prescription drug or from selling a more affordable alternative to the insured if a more affordable alternative is available.
- C. A pharmacy benefits manager contract with a participating pharmacist or pharmacy shall not prohibit, restrict or limit disclosure of information to the Insurance Commissioner, law enforcement or state and federal governmental officials investigating or examining a complaint or conducting a review of a pharmacy benefits manager's compliance with the requirements under the Oklahoma Pharmacy Benefits Managers Licensure Act.

- SECTION 8. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 360.8 of Title 59, unless there is created a duplication in numbering, reads as follows:
 - A. The Insurance Commissioner shall enforce the Oklahoma Pharmacy Benefits Manager Licensure Act.
 - B. 1. The Insurance Commissioner may examine or audit the books and records of a pharmacy benefits manager providing claims processing services or other prescription drug or device services for a health benefit plan to determine if the pharmacy benefits manager is in compliance with this act.
 - 2. The information or data acquired during an examination under paragraph 1 of this subsection is:
 - a. considered proprietary and confidential, and
 - b. not subject to the Oklahoma Open Records Act.
 - SECTION 9. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 360.9 of Title 59, unless there is created a duplication in numbering, reads as follows:
 - A. 1. The Insurance Commissioner may adopt rules regulating pharmacy benefits managers that are not inconsistent with the Oklahoma Pharmacy Benefits Manager Licensure Act.
 - 2. Rules that the Insurance Commissioner may adopt under this act include, without limitation, rules relating to:
 - a. licensing,

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b. application fees,

- 1 c. financial solvency requirements,
 - d. pharmacy benefits manager network adequacy,
 - e. prohibited market conduct practices,
 - f. data reporting requirements,
 - g. compliance and enforcement requirements concerning

 Maximum Allowable Cost Lists,
 - h. rebates,

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- i. compensation, or
- j. lists of health benefit plans administered by a pharmacy benefits manager in this state.
- B. Rules adopted under this act shall set penalties or fines, including without limitation monetary fines, suspension of licensure and revocation of licensure for violations of this act and rules adopted under this act.
- SECTION 10. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 360.10 of Title 59, unless there is created a duplication in numbering, reads as follows:
- A. The Oklahoma Pharmacy Benefits Manager Licensure Act is applicable to a contract or health benefit plan issued, renewed, recredentialed, amended or extended on and after November 1, 2019.
- B. A contract existing on the date of licensure of the pharmacy benefits manager under this act shall comply with the requirements of this act as a condition of licensure for the pharmacy benefits manager.

1	SECTION 11.	This act	shall b	pecome	effective	November	1,	2019.	
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