

SHORT TITLE: Insurance; providing for freedom of choice of pharmacies and pharmacists for certain beneficiaries; effective date.

STATE OF OKLAHOMA

1st Session of the 45th Legislature (1995)

SENATE BILL NO. 30

By: Herbert

AS INTRODUCED

An Act relating to insurance; amending Section 3, Chapter 141, O.S.L. 1994 (36 O.S. Supp. 1994, Section 3634.3), which relates to health insurance plans or policies or health maintenance organizations for prescription drugs; prohibiting certain prohibitions or limitations of selections of pharmacies or pharmacists and denying certain participation by providers; providing for professional misconduct for certain actions; requiring certain fee or payment equality; and providing an effective date.

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

SECTION 1. AMENDATORY Section 3, Chapter 141, O.S.L. 1994 (36 O.S. Supp. 1994, Section 3634.3), is amended to read as follows:

Section 3634.3 A. A health insurance plan or policy or health maintenance organization ~~providing prescription drugs as a covered benefit shall provide a pharmacy or group of pharmacies with the right to bid on a periodic basis, but not less than every three (3) years, on any pharmacy contract to provide pharmacy services, including, but not limited to, prescription drugs~~ shall not:

1. Prohibit or limit in the State of Oklahoma any person who is a participant or beneficiary of the policy or plan from selecting a

pharmacy or pharmacist of that person's choice who has agreed to participate in the plan according to the terms offered by the insurer; or

2. Deny a pharmacy or pharmacist the right to participate as a contract provider under the policy or plan if the pharmacy or pharmacist agrees to provide pharmacy services, including but not limited to prescription drugs, that meet the terms and requirements set forth by the insurer under the policy or plan and agrees to the terms of reimbursement set forth by the insurer.

~~B. Nothing in this act shall be interpreted to preclude a health insurance plan or policy or health maintenance organization from establishing an open pharmacy network for the provision of pharmacy services, including, but not limited to, prescription drugs~~
Since a copayment is implemented by an insurer to discourage over-utilization of a covered service by the insured, it constitutes unprofessional conduct for a pharmacy or pharmacist to waive, discount, rebate or in any way distort the designated copayment of any insurer plan or patient's co-insurance portion of a prescription medication coverage plan.

~~C. The provisions of this section shall not apply to a health insurance plan or policy or health maintenance organization that maintains an open pharmacy network~~
No insurer may impose upon a beneficiary any copayment, fee or condition that is not equally imposed upon all beneficiaries in the plan.

SECTION 2. This act shall become effective November 1, 1995.

45-1-0809

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