

EHB 1069

THE STATE SENATE
Tuesday, April 9, 2002

ENGROSSED

House Bill No. 1069

As Amended

ENGROSSED HOUSE BILL NO. 1069 - By: MITCHELL, HEFNER and COX of the House and LEFTWICH of the Senate.

[insurance - health benefit plans - uniform prescription drug information - codification - emergency]

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 3634.4 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. 1. It is the intent of the Legislature to:

- a. lessen waiting times of patients,
- b. decrease administrative burdens for pharmacies, and
- c. improve care to patients

by minimizing confusion, eliminating unnecessary paperwork and streamlining dispensing of prescription products paid for by third-party payors.

2. This section shall be broadly applied and interpreted to effectuate this purpose.

B. 1. Each health benefit plan that provides coverage for prescription drugs or devices, or administers such a plan including,

1 but not limited to, third-party administrators for self-insured
2 plans and state-administered plans, shall issue to its insured
3 covered by such plan a card or other technology containing uniform
4 prescription drug information.

5 2. The uniform prescription drug information card or technology
6 shall be in the format approved by the National Council for
7 Prescription Drug Programs (NCPDP) and shall include all of the
8 required fields and conform to the most recent pharmacy
9 identification card or technology implementation guide produced by
10 the National Council for Prescription Drug Programs or conform to a
11 national format acceptable to the State Insurance Commissioner. If
12 a health benefit plan includes a conditional or situational field,
13 it shall conform to the most recent pharmacy information card or
14 technology implementation guide produced by the National Council for
15 Prescription Drug Programs or conform to a national format
16 acceptable to the State Insurance Commissioner.

17 C. 1. The new uniform prescription drug information card or
18 technology, as required by subsection B of this section, shall be
19 issued by a health benefit plan upon enrollment and reissued upon
20 any change in the coverage of the insured person that impacts data
21 contained on the card or upon any change in the National Council for
22 Prescription Drug Programs implementation guide.

1 2. Newly issued cards or technology shall be updated with the
2 latest coverage information and shall conform to the National
3 Council for Prescription Drug Programs standards then in effect and
4 to the implementation guide then in use.

5 D. As used in this section, "health benefit plan" means an
6 accident and health insurance policy or certificate, a nonprofit
7 hospital or medical service corporation contract, a health
8 maintenance organization subscriber contract, a plan provided by a
9 multiple employer welfare arrangement, or a plan provided by another
10 benefit arrangement, to the extent permitted by the Employee
11 Retirement Income Security Act of 1974, as amended, or by any waiver
12 of or other exception to that act provided under federal law or
13 regulation. The term "health benefit plan" shall not include the
14 following types of insurance:

- 15 1. Accident;
- 16 2. Credit;
- 17 3. Disability income;
- 18 4. Long-term or nursing home care;
- 19 5. Specified disease;
- 20 6. Dental or vision;
- 21 7. Coverage issued as a supplement to liability insurance;
- 22 8. Medical payments under automobile or homeowners;

1 9. Insurance under which benefits are payable with or without
2 regard to fault and this is statutorily required to be contained in
3 any liability policy or equivalent self-insurance;

4 10. Health benefit plans that participate or contract with the
5 Oklahoma Health Care Authority as the Medicaid agency; and

6 11. Hospital income or indemnity.

7 E. 1. This section applies to health benefit plans that are
8 delivered, issued for delivery, or renewed on and after January 1,
9 2002.

10 2. For purposes of this section, renewal of a health benefit
11 policy, contract, or plan is presumed to occur on each anniversary
12 of the date on which coverage was first effective on the person
13 covered by the health benefit plan.

14 F. 1. The provisions of this section shall be the
15 responsibility of the State Insurance Commissioner.

16 2. The Insurance Commissioner shall promulgate rules necessary
17 to effectuate this section.

18 3. No health benefit plan shall be authorized to conduct
19 business in this state if it is in violation of this section.

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

1 COMMITTEE REPORT BY: COMMITTEE ON HUMAN RESOURCES, dated 4-4-02 - DO
2 PASS, As Amended and Coauthored.