

STATE OF OKLAHOMA

1st Session of the 48th Legislature (2001)

HOUSE BILL HB1069

By: Mitchell

AS INTRODUCED

An Act relating to insurance; providing legislative intent; providing for application; requiring certain health benefit plans to issue certain cards or other technology containing uniform prescription drug information; providing for certain approval; providing for content; providing for issuance; defining term; providing exceptions; providing for applicability; requiring promulgation of rules; providing for enforcement; prohibiting certain health benefit plans to conduct business in Oklahoma; providing for codification; and declaring an emergency.

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

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, but not limited to, third-party administrators for self-insured plans and state-administered plans, shall issue to persons covered

by such plan a card or other technology containing uniform prescription drug information.

2. The uniform prescription drug information card or technology shall be in the format approved by the National Council for Prescription Drug Programs (NCPDP) and shall include all of the required and conditional or situational fields and conform to the most recent pharmacy identification card or technology implementation guide produced by the National Council for Prescription Drug Programs or conform to a national format acceptable to the State Insurance Commissioner.

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

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

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

1. Accident;
2. Credit;

3. Disability income;
4. Long-term or nursing home care;
5. Specified disease;
6. Dental or vision;
7. Coverage issued as a supplement to liability insurance;
8. Medical payments under automobile or homeowners;
9. Insurance under which benefits are payable with or without regard to fault and this is statutorily required to be contained in any liability policy or equivalent self-insurance; and
10. Hospital income or indemnity.

E. 1. This section applies to health benefit plans that are delivered, issued for delivery, or renewed on and after November 1, 2001.

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

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

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

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

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

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