

1 STATE OF OKLAHOMA

2 2nd Session of the 55th Legislature (2016)

3 CONFERENCE COMMITTEE
4 SUBSTITUTE
5 FOR ENGROSSED
6 HOUSE BILL NO. 2773

By: Derby of the House

and

David of the Senate

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10 CONFERENCE COMMITTEE SUBSTITUTE

11 An Act relating to pharmacies; amending Section 6,
12 Chapter 154, O.S.L. 2014 (63 O.S. Supp. 2015, Section
13 2-312.2), which relates to the sale or dispensation
14 of naloxone; providing that no dispensing protocol
15 shall be required; amending Section 1, Chapter 263,
16 O.S.L. 2014 (59 O.S. Supp. 2015, Section 357), which
17 relates to pharmacy benefit plans; defining terms;
18 authorizing pharmacists to exercise professional
19 judgment in dispensing refill medications in certain
20 circumstances; excluding certain medications;
21 providing quantity limitations; providing for
22 codification; and providing an effective date.

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

24 SECTION 1. AMENDATORY Section 6, Chapter 154, O.S.L.
2014 (63 O.S. Supp. 2015, Section 2-312.2), is amended to read as
follows:

1 Section 2-312.2 Naloxone, also known as Narcan, or any of its
2 generic equivalents may be dispensed or sold by a pharmacy without a
3 prescription; provided, however, it shall be dispensed or sold only
4 by, or under the supervision of, a licensed pharmacist. Naloxone
5 may be prescribed and dispensed by a licensed pharmacist; provided,
6 however, it shall be dispensed only by, or under the supervision of,
7 a licensed pharmacist. No dispensing protocol shall be required.

8 SECTION 2. AMENDATORY Section 1, Chapter 263, O.S.L.
9 2014 (59 O.S. Supp. 2015, Section 357), is amended to read as
10 follows:

11 Section 357. As used in this act:

12 1. "Covered entity" means a nonprofit hospital or medical
13 service organization, insurer, health coverage plan or health
14 maintenance organization; a health program administered by the state
15 in the capacity of provider of health coverage; or an employer,
16 labor union, or other entity organized in the state that provides
17 health coverage to covered individuals who are employed or reside in
18 the state. This term does not include a health plan that provides
19 coverage only for accidental injury, specified disease, hospital
20 indemnity, disability income, or other limited benefit health
21 insurance policies and contracts that do not include prescription
22 drug coverage;

23 2. "Covered individual" means a member, participant, enrollee,
24 contract holder or policy holder or beneficiary of a covered entity

1 who is provided health coverage by the covered entity. A covered
2 individual includes any dependent or other person provided health
3 coverage through a policy, contract or plan for a covered
4 individual;

5 3. "Department" means the Oklahoma Insurance Department;

6 4. "Maximum allowable cost" or "MAC" means the list of drug
7 products delineating the maximum per-unit reimbursement for
8 ~~multiple-source~~ multisource prescription drugs, medical product or
9 device;

10 5. "Multisource drug product reimbursement" or "reimbursement"
11 means the total amount paid to a pharmacy for multisource drug
12 products inclusive of any reduction in payment to the pharmacy,
13 excluding prescription dispense fees;

14 6. "Pharmacy benefits management" means a service provided to
15 covered entities to facilitate the provision of prescription drug
16 benefits to covered individuals within the state, including
17 negotiating pricing and other terms with drug manufacturers and
18 providers. Pharmacy benefits management may include any or all of
19 the following services:

- 20 a. claims processing, retail network management and
21 payment of claims to pharmacies for prescription drugs
22 dispensed to covered individuals,
23 b. clinical formulary development and management
24 services,

- c. rebate contracting and administration,
- d. certain patient compliance, therapeutic intervention and generic substitution programs, or
- e. disease management programs;

~~6.~~ 7. "Pharmacy benefits manager" or "PBM" means a person, business or other entity that performs pharmacy benefits management. The term includes a person or entity acting for a PBM in a contractual or employment relationship in the performance of pharmacy benefits management for a managed care company, nonprofit hospital, medical service organization, insurance company, third-party payor, or a health program administered by an agency of this state;

~~7.~~ 8. "Plan sponsor" means the employers, insurance companies, unions and health maintenance organizations or any other entity responsible for establishing, maintaining, or administering a health benefit plan on behalf of covered individuals; and

~~8.~~ 9. "Provider" means a pharmacy licensed by the State Board of Pharmacy, or an agent or representative of a pharmacy, including, but not limited to, the pharmacy's contracting agent, which dispenses prescription drugs or devices to covered individuals.

SECTION 3. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 353.20.2 of Title 59, unless there is created a duplication in numbering, reads as follows:

1 A. Unless the prescriber has specified on the prescription that
2 dispensing a prescription for a maintenance medication in an initial
3 amount followed by periodic refills is medically necessary, a
4 pharmacist may exercise his or her professional judgment to dispense
5 varying quantities of medication per fill up to the total number of
6 dosage units as authorized by the prescriber on the original
7 prescription including any refills.

8 B. Subsection A of this section shall not apply to scheduled
9 medications or any medications for which a report is required under
10 the controlled substance database. Dispensing of medication based
11 on refills authorized by the physician on the prescription shall be
12 limited to no more than a ninety-day supply of the medication.

13 SECTION 4. This act shall become effective November 1, 2016.

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