

1 STATE OF OKLAHOMA

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

3 SENATE BILL 1243

By: Smalley

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5
6 AS INTRODUCED

7 An act related to health insurance; amending 36 O.S.
8 2011, Section 3634.3, which relates to open pharmacy
9 networks; creating open pharmacy networks; creating
10 certain exceptions; conforming language; prohibiting
11 certain acts; allowing for voidance of contract in
12 certain situations; stating application of provision;
and providing an effective date.

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

14 SECTION 1. AMENDATORY 36 O.S. 2011, Section 3634.3, is
15 amended to read as follows:

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

22 B. ~~Nothing in this act shall be interpreted to preclude a~~ This
23 section shall apply to all health insurance plan plans, or policy
24 policies or and health maintenance organization from establishing an

1 ~~open pharmacy network for the provision of pharmacy services,~~
2 ~~including, but not limited to, prescription drugs organizations~~
3 ~~providing prescription drugs as a covered benefit.~~

4 C. The provisions of this section shall not apply to ~~a~~ any
5 self-insured health insurance plan, or policy or health maintenance
6 organization that maintains an open pharmacy network HMO, pursuant
7 to the Employee Retirement Income Security Act of 1974 (ERISA).

8 D. A health insurance plan, policy or HMO shall not:

9 1. Deny any licensed pharmacy or licensed pharmacist, as
10 defined in Section 3634.2 of this title, the right to participate as
11 a provider for any policy, plan or HMO if the pharmacy or pharmacist
12 agrees to provide prescription drugs according to the terms and
13 requirements set forth by the insurer under the plan, policy or HMO
14 and agrees to the terms of reimbursement set forth by the insurer;

15 2. Prevent or limit any beneficiary of any health insurance
16 plan, policy or HMO from selecting a licensed pharmacy or pharmacist
17 to provide prescription drugs, provided that the pharmacy or
18 pharmacist has agreed to the terms and requirements set forth by the
19 insurer of the plan, policy or HMO;

20 3. Impose upon a beneficiary of any health insurance plan,
21 policy or HMO any copayment, fee or condition that is not equally
22 imposed upon all beneficiaries in the same benefit category, class
23 or copayment level; or

1 4. Impose a monetary advantage or penalty under a health
2 insurance plan, policy or HMO that would affect a beneficiary's
3 choice among those pharmacies or pharmacists who have agreed to
4 participate in the plan according to the terms offered by the
5 insurer. Monetary advantage or penalty includes but is not limited
6 to higher copayment or a reduction in reimbursement for services.

7 E. Any provision in a health insurance plan, policy or HMO
8 which is executed, delivered or renewed or otherwise contracted for
9 in a manner that is contrary to any provision of this section shall,
10 to the extent of the conflict, be void.

11 F. This section shall apply to all policies issued or renewed
12 after November 1, 2016.

13 SECTION 2. This act shall become effective November 1, 2016.

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