

1 ENGROSSED SENATE
BILL NO. 1128

By: Yen of the Senate

and

Derby of the House

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7 [Uniform Controlled Dangerous Substances Act -
8 electronic prescribing system - codification -
effective date]
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11 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

12 SECTION 1. NEW LAW A new section of law to be codified
13 in the Oklahoma Statutes as Section 2-316 of Title 63, unless there
14 is created a duplication in numbering, reads as follows:

15 For the purposes of this act:

16 A. "Backward compatible" means that the newer version of a data
17 transmission standard would retain, at a minimum, the full
18 functionality of the versions previously adopted, and would permit
19 the successful completion of the applicable transactions with
20 entities that continue to use the older versions.

21 B. "Dispense" or "dispensing" has the meaning given in Section
22 353.1 of Title 59 of the Oklahoma Statutes. For the purposes of
23 this act, dispensing does not include the direct administering of a
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1 controlled substance to a patient by a licensed health care
2 professional.

3 C. "Dispenser" has the meaning given in Section 353.1 of Title
4 59 of the Oklahoma Statutes.

5 D. "E-prescribing" means the transmission using electronic
6 media of prescription or prescription-related information between a
7 prescriber, dispenser, pharmacy benefit manager, or group purchaser,
8 either directly or through an intermediary, including an e-
9 prescribing network. E-prescribing includes, but is not limited to,
10 two-way transmissions between the point of care and the dispenser
11 and two-way transmissions related to eligibility, formulary, and
12 medication history information.

13 E. "Electronic prescription drug program" means a program that
14 provides for e-prescribing.

15 F. "Group purchaser" means a person or organization that
16 purchases health care services on behalf of an identified group of
17 persons, regardless of whether the cost of coverage or services is
18 paid for by the purchaser or by the persons receiving coverage or
19 services. "Group purchaser" includes, but is not limited to,
20 community integrated service networks, health insurance companies,
21 health maintenance organizations, nonprofit health service plan
22 corporations and other health plan companies, employee health plans
23 offered by self-insured employers, trusts established in a
24 collective bargaining agreement under the federal Labor-Management

1 Relations Act of 1947, United States Code, Title 29, Section 141, et
2 seq., group health coverage offered by fraternal organizations,
3 professional associations or other organizations, state and federal
4 health care programs, state and local public employee health plans,
5 workers' compensation plans and the medical component of automobile
6 insurance coverage.

7 G. "HL7 messages" means a standard approved by the standards
8 development organization known as Health Level Seven.

9 H. "National Provider Identifier" or "NPI" means the identifier
10 described under Code of Federal Regulations, Title 45, Part 162.406.

11 I. "NCPDP" means the National Council for Prescription Drug
12 Programs, Inc.

13 J. "NCPDP Formulary and Benefits Standard" means the National
14 Council for Prescription Drug Programs Formulary and Benefits
15 Standard, Implementation Guide, Version 1, Release 0, October 2005.

16 K. "NCPDP SCRIPT Standard" means the National Council for
17 Prescription Drug Programs Prescriber/Pharmacist Interface SCRIPT
18 Standard, Implementation Guide Version 8, Release 1 (Version 8.1),
19 October 2005, or the most recent standard adopted by the Centers for
20 Medicare and Medicaid Services for e-prescribing under Medicare Part
21 D as required by Section 1860D-4(e)(4)(D) of the Social Security Act
22 (2016), and regulations adopted under it. The standards shall be
23 implemented according to the Centers for Medicare and Medicaid
24 Services schedule for compliance. Subsequently released versions of

1 the NCPDP SCRIPT Standard may be used, provided that the new version
2 of the standard is backward compatible to the current version
3 adopted by the Centers for Medicare and Medicaid Services.

4 L. "Pharmacy" has the meaning given in Section 353.1 of Title
5 59 of the Oklahoma Statutes.

6 M. "Prescriber" has the meaning given in in Section 353.1 of
7 Title 59 of the Oklahoma Statutes.

8 N. "Prescription-related information" means information
9 regarding eligibility for drug benefits, medication history, or
10 related health or drug information.

11 O. "Provider" or "health care provider" means a licensed health
12 care provider as defined in Section 1-1708 of Title 63 of the
13 Oklahoma Statutes.

14 SECTION 2. NEW LAW A new section of law to be codified
15 in the Oklahoma Statutes as Section 2-316.1 of Title 63, unless
16 there is created a duplication in numbering, reads as follows:

17 A. Effective January 1, 2021, all providers, group purchasers,
18 prescribers, and dispensers shall establish, maintain, and use an
19 electronic prescription drug program. This program shall comply
20 with the applicable standards in this act for transmitting, directly
21 or through an intermediary, prescriptions and prescription-related
22 information using electronic media.

23 B. If transactions described in this act are conducted, they
24 shall be done electronically using the standards described in this

1 act. Nothing in this act requires providers, group purchasers,
2 prescribers, or dispensers to electronically conduct transactions
3 that are expressly prohibited by other sections or federal law.

4 C. Providers, group purchasers, prescribers, and dispensers
5 shall use either HL7 messages or the NCPDP SCRIPT Standard to
6 transmit prescriptions or prescription-related information
7 internally when the sender and the recipient are part of the same
8 legal entity. If an entity sends prescriptions outside the entity,
9 it shall use the NCPDP SCRIPT Standard or other applicable standards
10 required by this act. Any pharmacy within an entity shall be able
11 to receive electronic prescription transmittals from outside the
12 entity using the adopted NCPDP SCRIPT Standard. This exemption does
13 not supersede any Health Insurance Portability and Accountability
14 Act (HIPAA) requirement that may require the use of a HIPAA
15 transaction standard within an organization.

16 SECTION 3. NEW LAW A new section of law to be codified
17 in the Oklahoma Statutes as Section 2-316.2 of Title 63, unless
18 there is created a duplication in numbering, reads as follows:

19 A. Prescribers and dispensers shall use the NCPDP SCRIPT
20 Standard for the communication of a prescription or prescription-
21 related information. The NCPDP SCRIPT Standard shall be used to
22 conduct the following transactions:

- 23 1. Get message transaction;
- 24 2. Status response transaction;

- 1 3. Error response transaction;
- 2 4. New prescription transaction;
- 3 5. Prescription change request transaction;
- 4 6. Prescription change response transaction;
- 5 7. Refill prescription request transaction;
- 6 8. Refill prescription response transaction;
- 7 9. Verification transaction;
- 8 10. Password change transaction;
- 9 11. Cancel prescription request transaction; and
- 10 12. Cancel prescription response transaction.

11 B. Providers, group purchasers, prescribers, and dispensers
12 shall use the NCPDP SCRIPT Standard for communicating and
13 transmitting medication history information.

14 C. Providers, group purchasers, prescribers, and dispensers
15 shall use the NCPDP Formulary and Benefits Standard for
16 communicating and transmitting formulary and benefit information.

17 D. Providers, group purchasers, prescribers, and dispensers
18 shall use the national provider identifier to identify a health care
19 provider in e-prescribing or prescription-related transactions when
20 a health care provider's identifier is required.

21 E. Providers, group purchasers, prescribers, and dispensers
22 shall communicate eligibility information and conduct health care
23 eligibility benefit inquiry and response transactions according to
24 the requirements of this act.

1 SECTION 4. NEW LAW A new section of law to be codified
2 in the Oklahoma Statutes as Section 2-316.3 of Title 63, unless
3 there is created a duplication in numbering, reads as follows:

4 A pharmacist who receives a written, oral or facsimile
5 prescription shall not be required to verify that the prescription
6 falls under one of the exceptions provided in this act. A
7 pharmacist may continue to dispense medications from otherwise valid
8 written, oral or facsimile prescriptions that are consistent with
9 current laws and regulations.

10 SECTION 5. NEW LAW A new section of law to be codified
11 in the Oklahoma Statutes as Section 2-316.4 of Title 63, unless
12 there is created a duplication in numbering, reads as follows:

13 A. The Commissioner of Health, in consultation with the State
14 Board of Pharmacy, shall develop no later than July 1, 2020, a
15 uniform formulary exception form that allows health care providers
16 to request exceptions from group purchaser formularies using a
17 uniform form. Upon development of the form, all health care
18 providers shall submit requests for formulary exceptions using the
19 uniform form, and all group purchasers shall accept this form from
20 health care providers.

21 B. No later than January 1, 2020, the uniform formulary
22 exception form shall be accessible and submitted by health care
23 providers, and accepted and processed by group purchasers, through
24 secure electronic transmissions.

1 SECTION 6. NEW LAW A new section of law to be codified
2 in the Oklahoma Statutes as Section 2-316.5 of Title 63, unless
3 there is created a duplication in numbering, reads as follows:

4 A. The Commissioner of Health, in consultation with the State
5 Board of Pharmacy, shall, no later than February 15, 2019, identify
6 an outline on how best to standardize drug prior authorization
7 request transactions between providers and group purchasers with the
8 goal of maximizing administrative simplification and efficiency in
9 preparation for electronic transmissions.

10 B. No later than January 1, 2020, the State Board of Pharmacy
11 shall develop the standard companion guide by which providers and
12 group purchasers will exchange standard drug authorization requests
13 using electronic data interchange standards, if available, with the
14 goal of alignment with standards that are or will potentially be
15 used nationally.

16 C. No later than January 1, 2021, drug prior authorization
17 requests shall be accessible and submitted by health care providers,
18 and accepted by group purchasers, electronically through secure
19 electronic transmissions. Facsimile shall not be considered
20 electronic transmission.

21 SECTION 7. This act shall become effective November 1, 2018.
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