

1 **HOUSE OF REPRESENTATIVES - FLOOR VERSION**

2 STATE OF OKLAHOMA

3 1st Session of the 56th Legislature (2017)

4 HOUSE BILL 1824

 By: Kannady of the House

5 and

6 Griffin of the Senate

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8
9 AS INTRODUCED

10 An Act relating to insurance; requiring health
11 benefit plans to prorate cost-sharing charges for
12 prescription drugs under certain circumstances;
13 specifying the proration shall be based on the number
14 of days drug is dispensed; prohibiting proration of
15 dispensing fees; providing circumstances in which
16 denial of coverage for a medication shall be
17 overridden; defining terms; providing for
18 codification; and providing an effective date.

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

20 SECTION 1. NEW LAW A new section of law to be codified
21 in the Oklahoma Statutes as Section 3634.5 of Title 36, unless there
22 is created a duplication in numbering, reads as follows:

23 A. A health benefit plan that provides benefits for
24 prescription drugs shall permit and apply a prorated cost-sharing
25 amount charged for a partial supply of a prescription drug if:

1 1. The quantity dispensed is to synchronize the dates that the
2 pharmacy dispenses the covered person's prescription drugs;

3 2. The prescriber or pharmacist determines the synchronization
4 of the dates is in the best interest of the covered person; and

5 3. The covered person agrees to the synchronization.

6 B. The proration described by subsection A of this section
7 shall be based on the number of days' supply of the drug actually
8 dispensed.

9 C. A health benefit plan that prorates a cost-sharing amount as
10 required by subsection A of this section shall not prorate the
11 dispensing fee paid to the pharmacy for dispensing the drug for
12 which the cost-sharing amount was prorated.

13 D. A health benefit plan shall allow a pharmacist or pharmacy
14 to override the health benefit plan's denial of coverage and the
15 health benefit plan shall provide coverage for the medication if:

16 1. The prescription for the medication is being dispensed in a
17 partial supply for the purpose of synchronizing the patient's
18 medications; and

19 2. The reason for the denial is that the prescription is being
20 refilled before the date established by the plan's general
21 prescription refill guidelines.

22 E. For the purposes of this section:

23 1. "Cost-sharing amount" includes an amount charged for a
24 deductible, coinsurance or copayment;

1 2. "Health benefit plan" means a health benefit plan that
2 provides benefits for prescription drugs and is delivered, issued
3 for delivery or renewed on or after January 1, 2018; and

4 3. "Prescriber" means an individual licensed with the authority
5 to prescribe prescription medications in this state or in another
6 state of the United States.

7 SECTION 2. This act shall become effective November 1, 2017.

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9 COMMITTEE REPORT BY: COMMITTEE ON HEALTH SERVICES AND LONG-TERM
10 CARE, dated 02/15/2017 - DO PASS, As Coauthored.