STATE OF OKLAHOMA

1st Session of the 56th Legislature (2017)

HOUSE BILL 1824 By: Kannady

AS INTRODUCED

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

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 3634.5 of Title 36, unless there is created a duplication in numbering, reads as follows:

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

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

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

3. The covered person agrees to the synchronization.

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

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

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

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

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

E. For the purposes of this section:

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

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

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

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

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