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2nd Session of the 58th Legislature (2022)

ENGROSSED SENATE  
BILL NO. 1860

By: McCortney, Taylor, Bullard,  
Burns, Garvin, Stanley,  
Pemberton, Standridge,  
Stephens, Rader, Coleman,  
Pederson, Simpson, Kidd,  
Murdock, Jech, Leewright,  
and Rogers of the Senate

and

McEntire, Olsen, Hasenbeck,  
Pae, and **Grego** of the House

An Act relating to the Patient's Right to Pharmacy Choice Act; amending 36 O.S. 2021, Sections 6960, 6961, 6962, and 6963, which relate to definitions, retail pharmacy network access standards, compliance review, and health insurer monitoring; defining terms; modifying definition; expanding retail pharmacy network access standards; prohibiting pharmacy benefits managers from requiring patient use affiliated pharmacy; providing for expansion of pharmacy network participation; prohibiting provider contracts from limiting the ability of a pharmacy to disclose certain health care and cost information; providing health insurers performing pharmacy benefits management activities be responsible for certain conduct; modifying patient choices of in-network pharmacy; providing that pharmacy benefits managers not require or incentivize individuals through certain means; construing provision; repealing 36 O.S. 2021, Section 6964, which relates to Pharmacy and Therapeutics Committees; updating statutory reference; and providing an effective date.

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

SECTION 1. AMENDATORY 36 O.S. 2021, Section 6960, is amended to read as follows:

Section 6960. For purposes of the Patient's Right to Pharmacy Choice Act:

1. "Health insurer" means any corporation, association, benefit society, exchange, partnership or individual licensed by the Oklahoma Insurance Code;

2. "Mail-order pharmacy" means a pharmacy licensed by this state that primarily dispenses and delivers covered drugs via common carrier;

3. "Pharmacy benefits management" means any or all of the following activities:

a. provider contract negotiation and/or provider network administration including decisions related to provider network participation status,

b. drug rebate contract negotiation or drug rebate administration, and

c. claims processing which may include claim billing and payment services;

4. "Pharmacy benefits manager" or "PBM" means a person or entity that performs pharmacy benefits management activities and any other person or entity acting for ~~such~~ a person or entity performing pharmacy benefits management activities. ~~under 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 a department of this state~~

Notwithstanding any other provision within the Patient's Right to Pharmacy Choice Act, a self-funded plan administered by an employer or organized labor union who negotiates and executes all provider contracts directly with a pharmacy or the pharmacy's contracted pharmacy services administrative organization, and a pharmacy provider who does not use a pharmacy services administrative organization shall not be deemed a pharmacy benefits manager of its own group health plan and shall not be restricted in its ability to design and manage its own group health plan;

~~4. "Pharmacy and therapeutics committee" or "P&T committee" means a committee at a hospital or a health insurance plan that decides which drugs will appear on that entity's drug formulary;~~

5. "Retail pharmacy" or "provider" means a pharmacy, as defined in Section 353.1 of Title 59 of the Oklahoma Statutes, licensed by the State Board of Pharmacy or an agent or representative of a pharmacy;

~~5.~~ 6. "Retail pharmacy network" means retail pharmacy providers contracted with a PBM in which the pharmacy primarily fills and sells prescriptions via a retail, storefront location;

1       ~~6.~~ 7. "Rural service area" means a five-digit ZIP code in which  
2 the population density is less than one thousand (1,000) individuals  
3 per square mile;

4       8. "Specialty drug" means prescription medication that requires  
5 special handling, administration, or monitoring and is used for the  
6 treatment of patients with serious health conditions requiring  
7 complex therapies. Specialty drugs shall also include drugs that  
8 are limited in distribution by the manufacturer and may be purchased  
9 only at specialty pharmacies;

10       ~~7.~~ 9. "Suburban service area" means a five-digit ZIP code in  
11 which the population density is between one thousand (1,000) and  
12 three thousand (3,000) individuals per square mile; and

13       ~~8.~~ 10. "Urban service area" means a five-digit ZIP code in  
14 which the population density is greater than three thousand (3,000)  
15 individuals per square mile.

16       SECTION 2.       AMENDATORY       36 O.S. 2021, Section 6961, is  
17 amended to read as follows:

18       Section 6961. A. Pharmacy benefits managers (PBMs) shall  
19 comply with the following retail pharmacy network access standards:

20       1. At least ninety percent (90%) of covered individuals  
21 residing in ~~an~~ each urban service area live within two (2) miles of  
22 a retail pharmacy participating in the PBM's retail pharmacy  
23 network;

1        2. At least ninety percent (90%) of covered individuals  
2 residing in ~~a~~ each urban service area live within five (5) miles of  
3 a retail pharmacy designated as a preferred participating pharmacy  
4 in the PBM's retail pharmacy network;

5        3. At least ninety percent (90%) of covered individuals  
6 residing in ~~a~~ each suburban service area live within five (5) miles  
7 of a retail pharmacy participating in the PBM's retail pharmacy  
8 network;

9        4. At least ninety percent (90%) of covered individuals  
10 residing in ~~a~~ each suburban service area live within seven (7) miles  
11 of a retail pharmacy designated as a preferred participating  
12 pharmacy in the PBM's retail pharmacy network;

13        5. At least seventy percent (70%) of covered individuals  
14 residing in ~~a~~ each rural service area live within fifteen (15) miles  
15 of a retail pharmacy participating in the PBM's retail pharmacy  
16 network; and

17        6. At least seventy percent (70%) of covered individuals  
18 residing in ~~a~~ each rural service area live within eighteen (18)  
19 miles of a retail pharmacy designated as a preferred participating  
20 pharmacy in the PBM's retail pharmacy network.

21        B. Mail-order pharmacies shall not be used to meet access  
22 standards for retail pharmacy networks.

23        C. Pharmacy benefits managers shall not require patients to use  
24 pharmacies that are directly or indirectly owned by ~~the~~ or

1 affiliated with a pharmacy benefits manager, including all regular  
2 prescriptions, refills or specialty drugs regardless of day supply.

3 D. Pharmacy benefits managers shall not in any manner on any  
4 material, including but not limited to mail and ID cards, include  
5 the name of any pharmacy, hospital or other providers unless it  
6 specifically lists all pharmacies, hospitals and providers  
7 participating in the preferred and nonpreferred pharmacy and health  
8 networks.

9 SECTION 3. AMENDATORY 36 O.S. 2021, Section 6962, is  
10 amended to read as follows:

11 Section 6962. A. The ~~Oklahoma~~ Insurance Department shall  
12 review and approve retail pharmacy network access for all pharmacy  
13 benefits managers (PBMs) to ensure compliance with Section ~~4 of this~~  
14 ~~act~~ 6961 of this title.

15 B. A PBM, or an agent of a PBM, shall not:

16 1. Cause or knowingly permit the use of advertisement,  
17 promotion, solicitation, representation, proposal or offer that is  
18 untrue, deceptive or misleading;

19 2. Charge a pharmacist or pharmacy a fee related to the  
20 adjudication of a claim, including without limitation a fee for:

21 a. the submission of a claim,

22 b. enrollment or participation in a retail pharmacy  
23 network, or  
24

1           c.    the development or management of claims processing  
2                   services or claims payment services related to  
3                   participation in a retail pharmacy network;

4           3.   Reimburse a pharmacy or pharmacist in the state an amount  
5   less than the amount that the PBM reimburses a pharmacy owned by or  
6   under common ownership with a PBM for providing the same covered  
7   services. The reimbursement amount paid to the pharmacy shall be  
8   equal to the reimbursement amount calculated on a per-unit basis  
9   using the same generic product identifier or generic code number  
10  paid to the PBM-owned or PBM-affiliated pharmacy;

11          4.   Deny a pharmacy the opportunity to participate in any form  
12 of pharmacy network at preferred participation status, whether in-  
13 network, preferred, or otherwise, if the pharmacy is willing to  
14 accept the terms and conditions that the PBM has established for  
15 other pharmacies as a condition ~~of preferred network~~ for  
16 participation status in the network or networks of the pharmacy's  
17 choice;

18          5.   Deny, limit or terminate a pharmacy's contract based on  
19 employment status of any employee who has an active license to  
20 dispense, despite probation status, with the State Board of  
21 Pharmacy;

22          6.   Retroactively deny or reduce reimbursement for a covered  
23 service claim after returning a paid claim response as part of the  
24 adjudication of the claim, unless:

- a. the original claim was submitted fraudulently, or
  - b. to correct errors identified in an audit, so long as the audit was conducted in compliance with Sections 356.2 and 356.3 of Title 59 of the Oklahoma Statutes;
- or

7. Fail to make any payment due to a pharmacy or pharmacist for covered services properly rendered in the event a PBM terminates a pharmacy or pharmacist from a pharmacy benefits manager network.

C. The prohibitions under this section shall apply to contracts between pharmacy benefits managers and ~~pharmacists or pharmacies~~ providers for participation in retail pharmacy networks.

1. A ~~PBM~~ provider contract shall not prohibit, restrict, or penalize a pharmacy or pharmacist in any way for disclosing to an individual any health care information that the pharmacy or pharmacist deems appropriate regarding:

- a. ~~not restrict, directly or indirectly, any pharmacy that dispenses a prescription drug from informing, or penalize such pharmacy for informing, an individual of any differential between the individual's out-of-pocket cost or coverage with respect to acquisition of the drug and the amount an individual would pay to purchase the drug directly~~ the nature of treatment, risks, or alternatives to the prescription drug being dispensed, and



- b. ~~ensure that any entity that provides pharmacy benefits management services under a contract with any such health plan or health insurance coverage does not, with respect to such plan or coverage, restrict, directly or indirectly, a pharmacy that dispenses a prescription drug from informing, or penalize such pharmacy for informing, a covered individual of any differential between the individual's out-of-pocket cost under the plan or coverage with respect to acquisition of the drug and the amount an individual would pay for acquisition of the drug without using any health plan or health insurance coverage the availability of alternate therapies, consultations, or tests,~~
- c. the decision of utilization reviewers or similar persons to authorize or deny services, and
- d. the process that is used to authorize or deny healthcare services and structures used by the health insurer.

2. Provider contracts shall not prohibit a pharmacy or pharmacist from discussing information regarding the total cost of pharmacist services for a prescription drug or from selling a more affordable alternative to the covered person if such alternative is available.

1 ~~A pharmacy benefits manager's contract with a participating~~  
2 ~~pharmacist or pharmacy~~ 3. Provider contracts shall not prohibit,  
3 restrict or limit disclosure of information to the Insurance  
4 Commissioner, law enforcement or state and federal governmental  
5 officials investigating or examining a complaint or conducting a  
6 review of a pharmacy benefits manager's compliance with the  
7 requirements under the Patient's Right to Pharmacy Choice Act.

8 ~~3.~~ 4. A pharmacy benefits manager shall establish and maintain  
9 an electronic claim inquiry processing system using the National  
10 Council for Prescription Drug Programs' current standards to  
11 communicate information to pharmacies submitting claim inquiries.

12 SECTION 4. AMENDATORY 36 O.S. 2021, Section 6963, is  
13 amended to read as follows:

14 Section 6963. A. A health insurer shall be responsible for  
15 monitoring all activities carried out by, or on behalf of, the  
16 health insurer under the Patient's Right to Pharmacy Choice Act, and  
17 for ensuring that all requirements of ~~this act~~ Section 6958 et seq.  
18 of this title are met.

19 B. Whenever a health insurer performs pharmacy benefits  
20 management on its own behalf or contracts with another person or  
21 entity to perform ~~activities required under this act~~ pharmacy  
22 benefits management, the health insurer shall be responsible for  
23 monitoring the activities and conduct of that person or entity with  
24

1 whom the health insurer contracts and for ensuring that the  
2 requirements of ~~this act~~ Section 6958 et seq. of this title are met.

3 C. An individual may be notified at the point of sale when the  
4 cash price for the purchase of a prescription drug is less than the  
5 individual's copayment or coinsurance price for the purchase of the  
6 same prescription drug.

7 D. A health insurer or pharmacy benefits manager (PBM) shall  
8 not restrict an individual's choice of in-network provider for  
9 prescription drugs.

10 E. 1. An individual's A patient's choice of in-network  
11 provider may include ~~a retail~~ an in-network pharmacy ~~or a~~, whether  
12 that pharmacy is in a preferred or nonpreferred network, a retailer  
13 pharmacy, mail-order pharmacy, or any other pharmacy. A health  
14 insurer or PBM shall not restrict ~~such~~ a patient's choice of in-  
15 network pharmacy providers. ~~Such~~ A health insurer or PBM shall not  
16 require or incentivize ~~using~~ individuals by:

17 a. using any ~~discounts in cost-sharing or a~~ reduction in  
18 copay, ~~or~~ the number of copays, or any other patient-  
19 copay equivalent to individuals to receive  
20 prescription drugs from an individual's choice of in-  
21 network pharmacy, or

22 b. using financial incentives to differentiate between  
23 in-network pharmacies, whether that pharmacy is in a  
24

1                   preferred or nonpreferred network, a retail pharmacy,  
2                   mail order pharmacy, or any other type of pharmacy.

3           2. Nothing in this subsection shall be construed to prohibit a  
4 person or entity participating in pharmacy benefits management  
5 activities from directing a patient to use a specific pharmacy for  
6 the purchase of a specialty drug as defined in paragraph 8 of  
7 Section 1 of this act in the event the patient's chosen in-network  
8 pharmacy is unable to purchase and dispense the specialty drug.

9           F. A health insurer, pharmacy or PBM shall adhere to all  
10 Oklahoma laws, statutes and rules when mailing, shipping and/or  
11 causing to be mailed or shipped prescription drugs into ~~the State of~~  
12 ~~Oklahoma~~ this state.

13           SECTION 5.       REPEALER       36 O.S. 2021, Section 6964, is  
14 hereby repealed.

15           SECTION 6. This act shall become effective November 1, 2022.

16  
17 COMMITTEE REPORT BY: COMMITTEE ON PUBLIC HEALTH, dated 04/06/2022 -  
18 DO PASS, As Coauthored.