1 ENGROSSED HOUSE BILL NO. 1713 By: Marti of the House 2 and 3 Garvin of the Senate 4 5 An Act relating to pharmacies; defining terms; creating certain requirements; creating a penalty; providing for 6 codification; and declaring an emergency. 7 8 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA: 9 SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6969 of Title 36, unless there 10 11 is created a duplication in numbering, reads as follows: 12 As used in this section: 1.3 "Health benefit plan" means a health benefit plan as defined 14 pursuant to Section 6060.4 in Title 36 of the Oklahoma Statutes; 15 "Pharmacy benefits manager" means a person that performs 16 pharmacy benefits management and any other person acting for such 17 person under a contractual or employment relationship in the 18 performance of pharmacy benefits management for a managed-care 19 company, not-for-profit hospital, medical services organization, 20 insurance company, third-party payor, or a health program 21 administered by a state agency; and 22 "White bagged drugs" means the distribution of physician 23 administered medication from a pharmacy, typically a specialty

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- pharmacy, to the physician's office, hospital, or clinic for administration.
 - B. All health benefit plans and pharmacy benefits managers in this state shall not refuse to authorize, approve, or pay a participating provider for providing covered physician-administered drugs to covered persons.
 - C. All white bagged drugs distributed in this state shall meet supply chain security controls set forth by the federal Drug Supply Chain Security Act as amended.
 - D. A health benefit plan or a pharmacy benefits manager of a plan shall not require a covered patient to self-administer an injectable drug against a health care provider's recommendation in accordance with the manufacturer's approved guidelines.
 - E. Health benefit plans shall not require a covered patient to pay additional fees for white bagged drugs beyond cost-sharing obligations as outlined in the individual's plan.
 - F. Providers and health care facilities shall be permitted to dispense and administer a covered physician-administered drug based on a patient's best interest, provided that the health care facility or provider that administers the drug shall agree to the terms and conditions of network participation and accept, as payment in full, reimbursement for the drug at the health insurer's negotiated contracted rate. The health care facility or provider is prohibited from billing or collecting from the patient any amount in excess of

1	or in addition to the patient's cost sharing obligations as outlined
2	in the individual's plan.
3	G. Any payor in violation of this act shall be fined a minimum
4	of Five Thousand Dollars (\$5,000.00) per violation, but not more
5	than Ten Thousand Dollars (\$10,000.00) per violation. Fines related
6	to this section shall not be used when calculating payors, plans, or
7	members loss ratios and losses incurred pursuant to this subsection
8	shall not be passed on to the consumer in future rate increases.
9	SECTION 2. It being immediately necessary for the preservation
10	of the public peace, health or safety, an emergency is hereby
11	declared to exist, by reason whereof this act shall take effect and
12	be in full force from and after its passage and approval.
13	Passed the House of Representatives the 21st day of March, 2023.
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15	Presiding Officer of the House
16	of Representatives
17	Dagged the Consta the day of 2022
18	Passed the Senate the day of, 2023.
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20	Presiding Officer of the Senate
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