

1 **HOUSE OF REPRESENTATIVES - FLOOR VERSION**

2 STATE OF OKLAHOMA

3 1st Session of the 59th Legislature (2023)

4 COMMITTEE SUBSTITUTE
5 FOR
6 HOUSE BILL NO. 1713

By: Marti of the House

and

Garvin of the Senate

8
9 COMMITTEE SUBSTITUTE

10 An Act relating to pharmacies; defining terms;
11 creating certain requirements; creating a penalty;
12 providing for codification; and declaring an
13 emergency.

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

15 SECTION 1. NEW LAW A new section of law to be codified
16 in the Oklahoma Statutes as Section 6969 of Title 36, unless there
17 is created a duplication in numbering, reads as follows:

18 A. As used in this section:

19 1. "Health benefit plan" means a health benefit plan as defined
20 pursuant to Section 6060.4 in Title 36 of the Oklahoma Statutes;

21 2. "Pharmacy benefits manager" means a person that performs
22 pharmacy benefits management and any other person acting for such
23 person under a contractual or employment relationship in the
24 performance of pharmacy benefits management for a managed-care

1 company, not-for-profit hospital, medical services organization,
2 insurance company, third-party payor, or a health program
3 administered by a state agency; and

4 3. "White bagged drugs" means the distribution of physician
5 administered medication from a pharmacy, typically a specialty
6 pharmacy, to the physician's office, hospital, or clinic for
7 administration.

8 B. All health benefit plans and pharmacy benefits managers in
9 this state shall not refuse to authorize, approve, or pay a
10 participating provider for providing covered physician-administered
11 drugs to covered persons.

12 C. All white bagged drugs distributed in this state shall meet
13 supply chain security controls set forth by the federal Drug Supply
14 Chain Security Act as amended.

15 D. A health benefit plan or a pharmacy benefits manager of a
16 plan shall not require a covered patient to self-administer an
17 injectable drug against a health care provider's recommendation in
18 accordance with the manufacturer's approved guidelines.

19 E. Health benefit plans shall not require a covered patient to
20 pay additional fees for white bagged drugs beyond cost-sharing
21 obligations as outlined in the individual's plan.

22 F. Providers and health care facilities shall be permitted to
23 dispense and administer a covered physician-administered drug based
24 on a patient's best interest, provided that the health care facility

1 or provider that administers the drug shall agree to the terms and
2 conditions of network participation and accept, as payment in full,
3 reimbursement for the drug at the health insurer's negotiated
4 contracted rate. The health care facility or provider is prohibited
5 from billing or collecting from the patient any amount in excess of
6 or in addition to the patient's cost sharing obligations as outlined
7 in the individual's plan.

8 G. Any payor in violation of this act shall be fined a minimum
9 of Five Thousand Dollars (\$5,000.00) per violation, but not more
10 than Ten Thousand Dollars (\$10,000.00) per violation. Fines related
11 to this section shall not be used when calculating payors, plans, or
12 members loss ratios and losses incurred pursuant to this subsection
13 shall not be passed on to the consumer in future rate increases.

14 SECTION 2. It being immediately necessary for the preservation
15 of the public peace, health or safety, an emergency is hereby
16 declared to exist, by reason whereof this act shall take effect and
17 be in full force from and after its passage and approval.

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19 COMMITTEE REPORT BY: COMMITTEE ON INSURANCE, dated 03/01/2023 - DO
20 PASS, As Amended and Coauthored.

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