

STATE OF OKLAHOMA

1st Session of the 60th Legislature (2025)

SENATE BILL 34

By: Hicks

AS INTRODUCED

An Act relating to prescription drugs; creating the Access to Lifesaving Medicines Act; providing short title; defining terms; prohibiting certain insurers and pharmacy benefits managers from imposing certain costs; requiring certain rebates be offered to certain health benefit plans; establishing terms of prescription drug cost sharing; directing promulgation of rules; providing for noncodification; 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 not to be codified in the Oklahoma Statutes reads as follows:

This act shall be known and may be cited as the "Access to Lifesaving Medicines Act".

SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6970 of Title 36, unless there is created a duplication in numbering, reads as follows:

As used in this section:

1. "Adjusted out-of-pocket amount" means the copayment, coinsurance, or other cost-sharing obligation that a health benefit

1 plan requires an insured to pay at the point of sale for a covered
2 prescription medication otherwise payable, less the pro rata portion
3 of any discounts, rebates, and price concessions in connection with
4 the prescription drug;

5 2. "Claim" means any bill, claim, or proof of loss made by or
6 on behalf of an insured or a provider to a health insurer or its
7 intermediary, administrator, or representative, with which the
8 provider has a provider contract for payment for health care
9 services under any health benefit plan;

10 3. "Excess cost burden" means any copayments, coinsurance, or
11 other cost-sharing an insured is required to pay at the point of
12 sale to receive a prescription drug or device that exceeds the
13 health insurer's or pharmacy benefits manager's net cost after
14 applying a pro rata portion of any discounts, rebates, or
15 concessions received from manufacturers, pharmacies, or other third
16 parties;

17 4. "Health benefit plan" means a health benefit plan as defined
18 pursuant to Section 6060.4 of Title 36 of the Oklahoma Statutes;

19 5. "Health care provider" or "provider" means a health care
20 provider as defined pursuant to Section 3090.2 of Title 63 of the
21 Oklahoma Statutes;

22 6. "Health insurer" means any entity subject to the
23 jurisdiction of the Insurance Department and the insurance laws and
24 regulations of this state that contracts or offers to contract to

1 provide, deliver, arrange for, pay for, or reimburse any of the
2 costs of health care services including, but not limited to, a
3 health maintenance organization, a health benefit plan, or any other
4 entity providing a plan of health insurance, health benefits, or
5 health care services;

6 7. "Maximum allowable claim" means the amount the health
7 insurer or pharmacy benefits manager has agreed to pay a pharmacy;

8 8. "Maximum allowable cost" means the maximum dollar amount
9 that a health insurer or its intermediary will reimburse a pharmacy
10 provider for a group of drugs rated as "A", "AB", "NR", or "NA" in
11 the most recent edition of the Approved Drug Products with
12 Therapeutic Equivalence Evaluations, published by the United States
13 Food and Drug Administration, or similarly rated by a nationally
14 recognized reference;

15 9. "Pharmacy" means a pharmacy as defined pursuant to Section
16 353.1 of Title 59 of the Oklahoma Statutes;

17 10. "Pharmacy benefits manager" means a pharmacy benefits
18 manager as defined pursuant to Section 6960 of Title 36 of the
19 Oklahoma Statutes;

20 11. "Point of sale" means the transaction in which goods or
21 services including, but not limited to, prescription medications,
22 medical devices, and medical supplies are sold to the consumer;

23 12. "Rebate" means:
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- 1 a. negotiated price concessions including, but not
2 limited to, base rebates and reasonable estimates of
3 any price protection rebates and performance-based
4 rebates that may accrue, directly or indirectly, to
5 the health insurer or pharmacy benefits manager as a
6 result of point-of-sale prescription medication claims
7 processing during the coverage year from a
8 manufacturer, dispensing pharmacy, or other party to
9 the transaction, or
- 10 b. reasonable estimates of any fees and other
11 administrative costs that are passed through to the
12 health insurer as a result of point-of-sale
13 prescription medication claims processing and serve to
14 reduce the health insurer's prescription medication
15 liabilities for the coverage year; and

16 13. "Provider contract" means any contract between a health
17 care provider and a health insurer, or an insurer's network,
18 provider panel, intermediary, or representative, relating to the
19 provision of health care services.

20 B. Any health insurer or pharmacy benefits manager that issues,
21 renews, or amends a health benefit plan with prescription drug
22 coverage shall not impose an excess cost burden on an insured.

23 C. When contracting with a health insurer or health benefit
24 plan to administer pharmacy benefits, a pharmacy benefits manager

1 shall offer the health benefit plan the option of extending point-
2 of-sale rebates to enrollees of the plan.

3 D. Prescription drug cost-sharing for an insured shall be the
4 lesser of:

5 1. The applicable copayment for the prescription medication
6 that would be payable in the absence of this section;

7 2. The maximum allowable cost;

8 3. The maximum allowable claim;

9 4. The adjusted out-of-pocket amount as determined pursuant to
10 this section;

11 5. The amount an insured would pay for the prescription
12 medication if the insured purchased it without using his or her
13 health benefit plan or any other source of prescription medication
14 benefits or discounts; or

15 6. The amount the pharmacy will be reimbursed for the
16 prescription medication by the health insurer or pharmacy benefits
17 manager.

18 E. The Insurance Commissioner shall promulgate rules to
19 effectuate the provisions of this section.

20 SECTION 3. This act shall become effective November 1, 2025.

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