S T A T E O F N E W Y O R K

S. 6763 A. 8975

S E N A T E - A S S E M B L Y

March 6, 2014

IN SENATE -- Introduced by Sen. LANZA -- read twice and ordered printed, and when printed to be committed to the Committee on Insurance

IN ASSEMBLY -- Introduced by M. of A. QUART -- read once and referred to the Committee on Insurance

AN ACT to amend the insurance law, in relation to synchronization of multiple prescriptions and dispensing fee standardization

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. The insurance law is amended by adding a new section 3224-d to read as follows:

S 3224-D. PRESCRIPTION SYNCHRONIZATION AND DISPENSING FEE STANDARDIZATION. (A) EVERY INDIVIDUAL OR GROUP HEALTH INSURANCE POLICY PROVIDING PRESCRIPTION DRUG COVERAGE SHALL PERMIT AND APPLY A PRO-RATED COST-SHARING RATE TO PRESCRIPTIONS THAT ARE DISPENSED BY A NETWORK PHARMACY FOR LESS THAN A THIRTY DAY SUPPLY, IF THE PRESCRIBER OR PHARMACIST INDICATES THAT THE FILL OR REFILL COULD BE IN THE BEST INTEREST OF THE COVERED INDIVIDUAL OR IS FOR THE PURPOSE OF SYNCHRONIZING THE COVERED INDIVIDUAL'S CHRONIC MEDICATIONS.

(B) NO INDIVIDUAL OR GROUP HEALTH INSURANCE POLICY PROVIDING PRESCRIPTION DRUG COVERAGE SHALL DENY COVERAGE FOR THE DISPENSING OF ANY DRUG PRESCRIBED FOR THE TREATMENT OF A CHRONIC ILLNESS THAT IS MADE IN ACCORDANCE WITH A PLAN ESTABLISHED AMONG THE COVERED INDIVIDUAL, A HEALTH CARE PRACTITIONER AND A PHARMACIST TO SYNCHRONIZE THE REFILLING OF MULTIPLE PRESCRIPTIONS FOR THE COVERED INDIVIDUAL.

(C) NO INDIVIDUAL OR GROUP HEALTH INSURANCE POLICY PROVIDING PRESCRIPTION DRUG COVERAGE SHALL USE PAYMENT STRUCTURES INCORPORATING PRO-RATED DISPENSING FEES DETERMINED BY CALCULATION OF THE DAYS' SUPPLY OF MEDICATION DISPENSED. DISPENSING FEES SHALL BE DETERMINED SOLELY ON THE TOTAL NUMBER OF PRESCRIPTIONS DISPENSED.

(D) NOTHING IN THIS SECTION SHALL BE DEEMED TO REQUIRE HEALTH CARE PRACTITIONERS AND PHARMACISTS TO SYNCHRONIZE THE REFILLING OF MULTIPLE PRESCRIPTIONS FOR A COVERED INDIVIDUAL.

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets [ ] is old law to be omitted.

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S 2. The insurance law is amended by adding a new section 4303-a to read as follows:

S 4303-A. PRESCRIPTION SYNCHRONIZATION AND DISPENSING FEE STANDARDIZATION. (A) EVERY HOSPITAL SERVICE CORPORATION AND HEALTH SERVICE CORPORATION PROVIDING PRESCRIPTION DRUG COVERAGE SHALL PERMIT AND APPLY A PRO-RATED COST-SHARING RATE TO PRESCRIPTIONS THAT ARE DISPERSED BY A NETWORK PHARMACY FOR LESS THAN A THIRTY DAY SUPPLY, IF THE PRESCRIBER OR PHARMACIST INDICATES THAT THE FILL OR REFILL COULD BE IN THE BEST INTEREST OF THE COVERED INDIVIDUAL OR IS FOR THE PURPOSE OF SYNCHRONIZING THE COVERED INDIVIDUAL'S CHRONIC MEDICATIONS.

(B) NO HOSPITAL SERVICE CORPORATION OR HEALTH SERVICE CORPORATION PROVIDING PRESCRIPTION DRUG COVERAGE SHALL DENY COVERAGE FOR THE DISPENSING OF ANY DRUG PRESCRIBED FOR THE TREATMENT OF A CHRONIC ILLNESS THAT IS MADE IN ACCORDANCE WITH A PLAN ESTABLISHED AMONG THE COVERED INDIVIDUAL, A HEALTH CARE PRACTITIONER AND A PHARMACIST TO SYNCHRONIZE THE REFILLING OF MULTIPLE PRESCRIPTIONS FOR THE COVERED INDIVIDUAL.

(C) NO HOSPITAL SERVICE CORPORATION OR HEALTH SERVICE CORPORATION PROVIDING PRESCRIPTION DRUG COVERAGE SHALL USE PAYMENT STRUCTURES INCORPORATING PRO-RATED DISPENSING FEES DETERMINED BY CALCULATION OF THE DAYS' SUPPLY OF MEDICATION DISPENSED. DISPENSING FEES SHALL BE DETERMINED SOLELY ON THE TOTAL NUMBER OF PRESCRIPTIONS DISPENSED.

(D) NOTHING IN THIS SECTION SHALL BE DEEMED TO REQUIRE HEALTH CARE PRACTITIONERS AND PHARMACISTS TO SYNCHRONIZE THE REFILLING OF MULTIPLE PRESCRIPTIONS FOR A COVERED INDIVIDUAL.

S 3. This act shall take effect on the one hundred twentieth day after it shall have become a law.