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

S. 2809--A A. 4036--A

2015-2016 Regular Sessions

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

January 29, 2015

IN SENATE -- Introduced by Sens. LANZA, BRESLIN, CARLUCCI, CROCI, DILAN, FUNKE, GOLDEN, LARKIN, MARTINS, RIVERA, SAMPSON -- read twice and ordered printed, and when printed to be committed to the Committee on Insurance -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

IN ASSEMBLY -- Introduced by M. of A. QUART, McDONALD, FAHY, LAVINE, HEVESI, GOLDFEDER, BRAUNSTEIN, SIMANOWITZ, RYAN, BRINDISI, STECK, SKOUFIS, AUBRY, PRETLOW, SEAWRIGHT, WEPRIN, SCHIMEL, RIVERA, COOK, BARCLAY, MOYA -- Multi-Sponsored by -- M. of A. CRESPO, DILAN, ROBINSON -- read once and referred to the Committee on Insurance -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

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 DAILY PRO-RATED COST-SHARING RATE TO PRESCRIPTIONS THAT ARE DISPENSED BY A NETWORK PHARMACY FOR LESS THAN A THIRTY DAY SUPPLY, WHEN IT IS AGREED AMONG THE COVERED INDIVIDUAL, A HEALTH CARE PRACTITIONER, AND A PHARMACIST THAT SYNCHRONIZATION OF MULTIPLE PRESCRIPTIONS FOR THE TREATMENT OF A CHRONIC ILLNESS IS IN THE BEST INTEREST OF THE COVERED INDIVIDUAL FOR THE MANAGEMENT OR TREATMENT OF THAT CHRONIC ILLNESS.

(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

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

LBD02009-03-5

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. EVERY INDIVIDUAL OR GROUP HEALTH INSURANCE POLICY MUST ALLOW A PHARMACY TO OVERRIDE ANY DENIAL CODES INDICATING THAT A PRESCRIPTION IS BEING REFILLED TOO SOON FOR THE PURPOSES OF MEDICATION SYNCHRONIZATION.

(C) NO INDIVIDUAL OR GROUP HEALTH INSURANCE POLICY PROVIDING PRESCRIPTION DRUG COVERAGE SHALL USE PAYMENT STRUCTURES INCORPORATING PRO-RATED DISPENSING FEES. DISPENSING FEES FOR PARTIALLY FILLED OR REFILLED PRESCRIPTIONS SHALL BE PAID IN FULL FOR EACH PRESCRIPTION DISPENSED, REGARDLESS OF ANY PRO-RATED COPAY FOR THE BENEFICIARY OR FEE PAID FOR ALIGNMENT SERVICES.

(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 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 DAILY PRO-RATED COST-SHARING RATE TO PRESCRIPTIONS THAT ARE DISPENSED BY A NETWORK PHARMACY FOR LESS THAN A THIRTY DAY SUPPLY, WHEN IT IS AGREED AMONG THE COVERED INDIVIDUAL, A HEALTH CARE PRACTITIONER, AND A PHARMACIST THAT SYNCHRONIZATION OF MULTIPLE PRESCRIPTIONS FOR THE TREATMENT OF A CHRONIC ILLNESS IS IN THE BEST INTEREST OF THE COVERED INDIVIDUAL FOR THE MANAGEMENT OR TREATMENT OF THAT CHRONIC ILLNESS.

(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. EVERY HOSPITAL SERVICE CORPORATION OR HEALTH SERVICE CORPORATION PROVIDING PRESCRIPTION DRUG COVERAGE MUST ALLOW A PHARMACY TO OVERRIDE ANY DENIAL CODES INDICATING THAT A PRESCRIPTION IS BEING REFILLED TOO SOON FOR THE PURPOSES OF MEDICATION SYNCHRONIZATION.

(C) NO HOSPITAL SERVICE CORPORATION OR HEALTH SERVICE CORPORATION PROVIDING PRESCRIPTION DRUG COVERAGE SHALL USE PAYMENT STRUCTURES INCORPORATING PRO-RATED DISPENSING FEES. DISPENSING FEES FOR PARTIALLY FILLED OR REFILLED PRESCRIPTIONS SHALL BE PAID IN FULL FOR EACH PRESCRIPTION DISPENSED, REGARDLESS OF ANY PRO-RATED COPAY FOR THE BENEFICIARY OR FEE PAID FOR ALIGNMENT SERVICES.

(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, and shall apply to all policies and contracts issued, renewed, modified, altered or amended on or after such date.