

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:

1 Section 1. The insurance law is amended by adding a new section 3224-d
2 to read as follows:
3 S 3224-D. PRESCRIPTION SYNCHRONIZATION AND DISPENSING FEE STANDARDI-
4 ZATION. (A) EVERY INDIVIDUAL OR GROUP HEALTH INSURANCE POLICY PROVIDING
5 PRESCRIPTION DRUG COVERAGE SHALL PERMIT AND APPLY A DAILY PRO-RATED
6 COST-SHARING RATE TO PRESCRIPTIONS THAT ARE DISPENSED BY A NETWORK PHAR-
7 MACY FOR LESS THAN A THIRTY DAY SUPPLY, WHEN IT IS AGREED AMONG THE
8 COVERED INDIVIDUAL, A HEALTH CARE PRACTITIONER, AND A PHARMACIST THAT
9 SYNCHRONIZATION OF MULTIPLE PRESCRIPTIONS FOR THE TREATMENT OF A CHRONIC
10 ILLNESS IS IN THE BEST INTEREST OF THE COVERED INDIVIDUAL FOR THE
11 MANAGEMENT OR TREATMENT OF THAT CHRONIC ILLNESS.
12 (B) NO INDIVIDUAL OR GROUP HEALTH INSURANCE POLICY PROVIDING
13 PRESCRIPTION DRUG COVERAGE SHALL DENY COVERAGE FOR THE DISPENSING OF ANY
14 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.

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1 ACCORDANCE WITH A PLAN ESTABLISHED AMONG THE COVERED INDIVIDUAL, A
2 HEALTH CARE PRACTITIONER AND A PHARMACIST TO SYNCHRONIZE THE REFILLING
3 OF MULTIPLE PRESCRIPTIONS FOR THE COVERED INDIVIDUAL. EVERY INDIVIDUAL
4 OR GROUP HEALTH INSURANCE POLICY MUST ALLOW A PHARMACY TO OVERRIDE ANY
5 DENIAL CODES INDICATING THAT A PRESCRIPTION IS BEING REFILLED TOO SOON
6 FOR THE PURPOSES OF MEDICATION SYNCHRONIZATION.

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

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

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

18 S 4303-A. PRESCRIPTION SYNCHRONIZATION AND DISPENSING FEE STANDARDI-
19 ZATION. (A) EVERY HOSPITAL SERVICE CORPORATION AND HEALTH SERVICE
20 CORPORATION PROVIDING PRESCRIPTION DRUG COVERAGE SHALL PERMIT AND APPLY
21 A DAILY PRO-RATED COST-SHARING RATE TO PRESCRIPTIONS THAT ARE DISPENSED
22 BY A NETWORK PHARMACY FOR LESS THAN A THIRTY DAY SUPPLY, WHEN IT IS
23 AGREED AMONG THE COVERED INDIVIDUAL, A HEALTH CARE PRACTITIONER, AND A
24 PHARMACIST THAT SYNCHRONIZATION OF MULTIPLE PRESCRIPTIONS FOR THE TREAT-
25 MENT OF A CHRONIC ILLNESS IS IN THE BEST INTEREST OF THE COVERED INDI-
26 VIDUAL FOR THE MANAGEMENT OR TREATMENT OF THAT CHRONIC ILLNESS.

27 (B) NO HOSPITAL SERVICE CORPORATION OR HEALTH SERVICE CORPORATION
28 PROVIDING PRESCRIPTION DRUG COVERAGE SHALL DENY COVERAGE FOR THE
29 DISPENSING OF ANY DRUG PRESCRIBED FOR THE TREATMENT OF A CHRONIC ILLNESS
30 THAT IS MADE IN ACCORDANCE WITH A PLAN ESTABLISHED AMONG THE COVERED
31 INDIVIDUAL, A HEALTH CARE PRACTITIONER AND A PHARMACIST TO SYNCHRONIZE
32 THE REFILLING OF MULTIPLE PRESCRIPTIONS FOR THE COVERED INDIVIDUAL.
33 EVERY HOSPITAL SERVICE CORPORATION OR HEALTH SERVICE CORPORATION PROVID-
34 ING PRESCRIPTION DRUG COVERAGE MUST ALLOW A PHARMACY TO OVERRIDE ANY
35 DENIAL CODES INDICATING THAT A PRESCRIPTION IS BEING REFILLED TOO SOON
36 FOR THE PURPOSES OF MEDICATION SYNCHRONIZATION.

37 (C) NO HOSPITAL SERVICE CORPORATION OR HEALTH SERVICE CORPORATION
38 PROVIDING PRESCRIPTION DRUG COVERAGE SHALL USE PAYMENT STRUCTURES INCOR-
39 PORATING PRO-RATED DISPENSING FEES. DISPENSING FEES FOR PARTIALLY
40 FILLED OR REFILLED PRESCRIPTIONS SHALL BE PAID IN FULL FOR EACH
41 PRESCRIPTION DISPENSED, REGARDLESS OF ANY PRO-RATED COPAY FOR THE BENE-
42 FICIARY OR FEE PAID FOR ALIGNMENT SERVICES.

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

46 S 3. This act shall take effect on the one hundred twentieth day after
47 it shall have become a law, and shall apply to all policies and
48 contracts issued, renewed, modified, altered or amended on or after such
49 date.