

STATE OF NEW YORK

4306--B

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IN ASSEMBLY

February 2, 2017

Introduced by M. of A. QUART, McDONALD, SEPULVEDA, ABINANTI, TITONE, PHEFFER AMATO, GARBARINO, SOLAGES, RAIA, GALEF, SKOUFIS -- Multi-Sponsored by -- M. of A. AUBRY, BARCLAY, BRAUNSTEIN, BRINDISI, COOK, CRESPO, CYMBROWITZ, DILAN, FAHY, HEVESI, PRETLOW, RIVERA, RYAN, SEAWRIGHT, STECK, WEPRIN -- read once and referred to the Committee on Insurance -- reported from committee, advanced to a third reading, amended and ordered reprinted, retaining its place on the order of third reading -- ordered to a third reading, amended and ordered reprinted, retaining its place on the order of third reading

AN ACT to amend the insurance law, in relation to synchronization of multiple prescriptions

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:

§ 3224-d. Prescription synchronization. (a) Every individual or group health insurance policy providing prescription drug coverage when applicable to permit synchronization 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 provided that all of the following apply:

(i) The medications are covered by the policy or plan.

(ii) The medications are used for treatment and management of chronic conditions that are subject to refills.

(iii) The medications are not a Schedule II controlled substance or a Schedule III controlled substance containing hydrocodone.

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

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1 (iv) The medications meet all prior authorization criteria specific to
2 medications at the time of the synchronization request.

3 (v) The medications are of a formulation that can be effectively split
4 over required short fill periods to achieve synchronization.

5 (vi) The medications do not have quantity limits or dose optimization
6 criteria or requirements that would be violated in fulfilling synchroni-
7 zation.

8 (b) No individual or group health insurance policy providing
9 prescription drug coverage shall deny coverage for the dispensing of a
10 medication for partial fill when it is for purposes of synchronizing the
11 patient's medications. When applicable to permit synchronization, every
12 individual or group health insurance policy must allow a pharmacy to
13 override any denial codes indicating that a prescription is being
14 refilled too soon for the purposes of medication synchronization.

15 (c) Dispensing fees for partially filled or refilled prescriptions
16 shall be paid in full for each prescription dispensed, regardless of any
17 pro-rated copay for the beneficiary or fee paid for alignment services.

18 (d) Nothing in this section shall be deemed to require health care
19 practitioners and pharmacists to synchronize the refilling of multiple
20 prescriptions for a covered individual.

21 (e) The requirements of this paragraph shall apply only once for each
22 prescription drug subject to medication synchronization except when
23 either of the following occurs:

24 (i) The prescriber changes the dosage or frequency of administration
25 of the prescription drug subject to a medication synchronization; or

26 (ii) The prescriber prescribes a different drug.

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

29 § 4303-a. Prescription synchronization. (a) Every hospital service
30 corporation and health service corporation providing prescription drug
31 coverage when applicable to permit synchronization shall permit and
32 apply a daily pro-rated cost-sharing rate to prescriptions that are
33 dispensed by a network pharmacy for less than a thirty day supply, when
34 it is agreed among the covered individual, a health care practitioner,
35 and a pharmacist that synchronization of multiple prescriptions for the
36 treatment of a chronic illness is in the best interest of the covered
37 individual for the management or treatment of that chronic illness
38 provided that all of the following apply:

39 (i) The medications are covered by the policy or plan.

40 (ii) The medications are used for treatment and management of chronic
41 conditions that are subject to refills.

42 (iii) The medications are not a Schedule II controlled substance or a
43 Schedule III controlled substance containing hydrocodone.

44 (iv) The medications meet all prior authorization criteria specific to
45 medications at the time of the synchronization request.

46 (v) The medications are of a formulation that can be effectively split
47 over required short fill periods to achieve synchronization.

48 (vi) The medications do not have quantity limits or dose optimization
49 criteria or requirements that would be violated in fulfilling synchroni-
50 zation.

51 (b) No hospital service corporation or health service corporation
52 providing prescription drug coverage shall deny coverage for the
53 dispensing of a medication for partial fill when it is for purposes of
54 synchronizing the patient's medications. When applicable to permit
55 synchronization, every hospital service corporation or health service
56 corporation providing prescription drug coverage must allow a pharmacy

1 to override any denial codes indicating that a prescription is being
2 refilled too soon for the purposes of medication synchronization.

3 (c) Dispensing fees for partially filled or refilled prescriptions
4 shall be paid in full for each prescription dispensed, regardless of any
5 pro-rated copay for the beneficiary or fee paid for alignment services.

6 (d) Nothing in this section shall be deemed to require health care
7 practitioners and pharmacists to synchronize the refilling of multiple
8 prescriptions for a covered individual.

9 (e) The requirements of this paragraph shall apply only once for each
10 prescription drug subject to medication synchronization except when
11 either of the following occurs:

12 (i) The prescriber changes the dosage or frequency of administration
13 of the prescription drug subject to a medication synchronization; or

14 (ii) The prescriber prescribes a different drug.

15 § 3. This act shall take effect on the first of January, 2019, and
16 shall apply to all policies and contracts issued, renewed, modified,
17 altered or amended on or after such date.