STATE OF NEW YORK

3009

2019-2020 Regular Sessions

IN ASSEMBLY

January 28, 2019

Introduced by M. of A. QUART, BRAUNSTEIN, RYAN, FAHY, LAVINE, HEVESI, STECK, AUBRY, PRETLOW, SEAWRIGHT, WEPRIN, RIVERA, COOK, BARCLAY, CRESPO, CYMBROWITZ, ABINANTI, PHEFFER AMATO, GARBARINO, SOLAGES, RAIA, GALEF, PEOPLES-STOKES, STIRPE, OTIS, CUSICK -- Multi-Sponsored by -- M. of A. DILAN, PERRY -- read once and referred to the Committee on Insurance

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.

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

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

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

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(vi) The medications do not have quantity limits or dose optimization criteria or requirements that would be violated in fulfilling synchronization.

(b) No individual or group health insurance policy providing prescription drug coverage shall deny coverage for the dispensing of a medication for partial fill when it is for purposes of synchronizing the patient's medications. When applicable to permit synchronization, 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) 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.

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

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

(ii) The prescriber prescribes a different drug.

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

§ 4303-a. Prescription synchronization. (a) Every hospital service corporation and health service corporation 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.

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

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

(vi) The medications do not have quantity limits or dose optimization criteria or requirements that would be violated in fulfilling synchronization.

(b) No hospital service corporation or health service corporation providing prescription drug coverage shall deny coverage for the dispensing of a medication for partial fill when it is for purposes of synchronizing the patient's medications. When applicable to permit synchronization, 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) 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.

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

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

(ii) The prescriber prescribes a different drug.

§ 3. This act shall take effect on the first of January, 2020, and shall apply to all policies and contracts issued, renewed, modified, altered or amended on or after such date.