

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

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

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

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

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

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

22 (ii) The prescriber prescribes a different drug.

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

25 § 4303-a. Prescription synchronization. (a) Every hospital service
26 corporation and health service corporation providing prescription drug
27 coverage when applicable to permit synchronization shall permit and
28 apply a daily pro-rated cost-sharing rate to prescriptions that are
29 dispensed by a network pharmacy for less than a thirty day supply, when
30 it is agreed among the covered individual, a health care practitioner,
31 and a pharmacist that synchronization of multiple prescriptions for the
32 treatment of a chronic illness is in the best interest of the covered
33 individual for the management or treatment of that chronic illness
34 provided that all of the following apply:

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

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

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

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

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

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

47 (b) No hospital service corporation or health service corporation
48 providing prescription drug coverage shall deny coverage for the
49 dispensing of a medication for partial fill when it is for purposes of
50 synchronizing the patient's medications. When applicable to permit
51 synchronization, every hospital service corporation or health service
52 corporation providing prescription drug coverage must allow a pharmacy
53 to override any denial codes indicating that a prescription is being
54 refilled too soon for the purposes of medication synchronization.

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

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

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

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

12 (ii) The prescriber prescribes a different drug.

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