

STATE OF NEW YORK

416

2019-2020 Regular Sessions

IN SENATE

(Prefiled)

January 9, 2019

Introduced by Sen. LANZA -- read twice and ordered printed, and when printed to be committed 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:

1 Section 1. The insurance law is amended by adding a new section 3224-d
2 to read as follows:

3 § 3224-d. Prescription synchronization. (a) Every individual or group
4 health insurance policy providing prescription drug coverage when appli-
5 cable to permit synchronization 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 provided that all of the
12 following apply:

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

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

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

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

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

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

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

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

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

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

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

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

19 (ii) The prescriber prescribes a different drug.

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

22 § 4303-a. Prescription synchronization. (a) Every hospital service
23 corporation and health service corporation providing prescription drug
24 coverage when applicable to permit synchronization shall permit and
25 apply a daily pro-rated cost-sharing rate to prescriptions that are
26 dispensed by a network pharmacy for less than a thirty day supply, when
27 it is agreed among the covered individual, a health care practitioner,
28 and a pharmacist that synchronization of multiple prescriptions for the
29 treatment of a chronic illness is in the best interest of the covered
30 individual for the management or treatment of that chronic illness
31 provided that all of the following apply:

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

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

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

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

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

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

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

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

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

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

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

9 (ii) The prescriber prescribes a different drug.

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