1026--A

Cal. No. 555

2021-2022 Regular Sessions

IN SENATE

(Prefiled)

January 6, 2021

- Introduced by Sen. RAMOS -- read twice and ordered printed, and when printed to be committed to the Committee on Labor -- recommitted to the Committee on Labor in accordance with Senate Rule 6, sec. 8 -reported favorably from said committee, ordered to first and second report, ordered to a third reading, passed by Senate and delivered to the Assembly, recalled, vote reconsidered, restored to third reading, amended and ordered reprinted, retaining its place in the order of third reading
- AN ACT to amend the workers' compensation law, in relation to contracted network pharmacy use

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Paragraph 5 of subdivision (i) of section 13 of the workers' compensation law, as added by chapter 6 of the laws of 2007, is amended to read as follows:

(5) (i) Notwithstanding any other provision of this chapter, if an 4 5 employer or carrier has contracted with a pharmacy to provide prescribed 6 medicine to claimants, then such employer or carrier may [require] 7 encourage claimants to obtain all prescribed medicines from the pharmacy with which it has contracted[- except if a medical emergency occurs and 8 it would not be reasonably possible to obtain immediately required prescribed medicine from the pharmacy with which the employer or carrier 9 10 11 has a contract]. An employer or carrier that [requires] encourages 12 claimants to obtain prescribed medicines from a pharmacy with which it 13 has a contract must notify claimants of the pharmacy or pharmacies with 14 which it has a contract, the locations and addresses of the pharmacy or 15 pharmacies, if applicable, how to initially fill and refill 16 prescriptions through the mail, internet, telephone or other means, and any other required information that must be supplied to the pharmacy or 17 18 pharmacies. [If the pharmacy or pharmacies with which the employer or

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

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52 on or before such effective date.

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1	carrier contracts does not offer mail order service and does not have a
2	physical location within a reasonable distance from the claimant, as
3	defined by regulation of the board, the claimant may obtain prescribed
4	medicines at the pharmacy or pharmacies of his or her choice and the
5	employer or carrier will be liable for such charges in accordance with
6	the fee schedule prescribed in section thirteen o of this chapter] When
7	an employer or insurance carrier fails to provide required access for
8	medication to a claimant as per the board guidelines and pharmacy formu-
9	lary, claimants may then obtain prescribed medicines from any resident,
10	in-state pharmacy licensed and registered to practice in New York state
11	pursuant to all requirements outlined in section 63.6 of title 8 NYCRR
12	part 63 under the following circumstances:
13	(A) the network pharmacy or insurance carrier has refused to pay for
14	the claimant's medication and the claimant is unable to access medica-
15	tion through a network pharmacy due to the failure to authorize within
16	seventy-two hours of such request; or
17	(B) the claimant's medication needs to be on a schedule, and is so
18	authorized, but has not been authorized within seventy-two hours of such
19	request because:
20	(I) the insurance carrier or network pharmacy failed to respond to the
21	reauthorization request;
22	(II) medical reports were not yet filed for reauthorization, or a
23	filed medical report contains a defect;
24	(III) the medication has been authorized in the past; however the
25	carrier denies authorization claiming that the medical treatment guide-
26	lines do not support reauthorization;
27	(IV) an independent medical examiner disagrees with reauthorization;
27 28	(IV) an independent medical examiner disagrees with reauthorization; (V) reauthorization has been denied because maximum medical improve-
27 28 29	(IV) an independent medical examiner disagrees with reauthorization; (V) reauthorization has been denied because maximum medical improve- ment has been reached; or
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