STATE OF NEW YORK

431--A

2021-2022 Regular Sessions

IN SENATE

(Prefiled)

January 6, 2021

Introduced by Sen. HOYLMAN -- read twice and ordered printed, and when printed to be committed to the Committee on Health -- recommitted to the Committee on Health in accordance with Senate Rule 6, sec. 8 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the social services 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. Subdivision 9 of section 367-a of the social services law is amended by adding a new paragraph (i) to read as follows:

(i)(i) The department of health shall establish a program for synchronization of medications when it is agreed among the recipient, a provider and a pharmacist that synchronization of multiple prescriptions for the treatment of a chronic illness is in the best interest of the patient for the management or treatment of a chronic illness provided that the medications:

(A) are covered by the department of health pursuant to this title;

(B) are used for treatment and management of chronic conditions that are subject to refills;

(C) are not a schedule II controlled substance, nor a schedule III controlled substance that contains hydrocodone;

(D) meet all prior authorization criteria specific to the medications at the time of the synchronization request;

(E) are of a formulation that can be effectively split over required short fill periods to achieve synchronization; and

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

(ii) The department of health shall not deny coverage for the dispensing of a medication by a pharmacy for a partial supply when it is for

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

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the purpose of synchronizing the patient's medications. When applicable to permit synchronization, the department of health shall allow a pharmacy to override any denial codes indicating that a prescription is being refilled too soon for the purposes of medication synchronization.

(iii) To permit synchronization, the department of health shall apply a prorated daily cost-sharing rate to any medication dispensed by a pharmacy pursuant to this section.

(iv) The dispensing fee paid to a pharmacy contracted to provide services pursuant to this section for a partial supply associated with a medication synchronization shall be paid in full and shall not be prorated.

(v) The requirement of this paragraph applies 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.

(vi) Nothing in this paragraph shall be deemed to require health care practitioners and pharmacists to synchronize the refilling of multiple prescriptions for a recipient.

§ 2. Subdivision 4 of section 364-j of the social services law is amended by adding a new paragraph (w) to read as follows:

(w)(i) The department of health or a managed care organization contracted to provide services pursuant to this section shall establish a program for synchronization of medications when it is agreed among the recipient, a provider and a pharmacist that synchronization of multiple prescriptions for the treatment of a chronic illness is in the best interest of the patient for the management or treatment of a chronic illness provided that the medications:

(A) are covered by Medicaid services or a managed care organization contracted to provide services pursuant to this chapter;

(B) are used for treatment and management of chronic conditions that are subject to refills;

(C) are not a schedule II controlled substance, nor a schedule III controlled substance that contains hydrocodone;

(D) meet all prior authorization criteria specific to the medications at the time of the synchronization request;

(E) are of a formulation that can be effectively split over required short fill periods to achieve synchronization; and

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

(ii) The department of health or a managed care organization contracted to provide services under this section shall not deny coverage for the dispensing of a medication by a pharmacy for a partial supply when it is for the purpose of synchronizing the patient's medications. When applicable to permit synchronization, the department of health or a managed care organization contracted to provide services under this title shall allow a pharmacy to override any denial codes indicating that a prescription is being refilled too soon for the purposes of medication synchronization.

(iii) To permit synchronization, the department of health or a managed care organization contracted to provide services pursuant to this title shall apply a prorated daily cost-sharing rate to any medication dispensed by a pharmacy pursuant to this section.

(iv) The dispensing fee paid to a pharmacy contracted to provide services pursuant to this section for a partial supply associated with a

medication synchronization shall be paid in full and shall not be prorated.

(v) The requirement of this paragraph applies only once for each prescription drug subject to medication synchronization except when either of the following occurs:

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

(B) the prescriber prescribes a different drug.

(vi) Nothing in this paragraph shall be deemed to require health care practitioners and pharmacists to synchronize the refilling of multiple prescriptions for a covered individual.

§ 3. This act shall take effect on the one hundred twentieth day after it shall have become a law. The amendments to subdivision 9 of section 367-a of the social services law, made by section one of this act, shall not affect the expiration of that subdivision, and shall expire therewith.

The amendments to section 364-j of the social services law, made by section two of this act, shall not affect the repeal of that section, and shall be deemed repealed therewith. Effective immediately, the commissioner of health shall make regulations and take other actions reasonably necessary to implement this act on that date.