STATE OF NEW YORK

4015

2023-2024 Regular Sessions

IN ASSEMBLY

February 8, 2023

Introduced by M. of A. ARDILA -- read once and referred to the Committee on Health

AN ACT to amend the social services law, in relation to synchronization of multiple prescriptions; and to amend a chapter of the laws of 2022 amending the social services law relating to synchronization of multiple prescriptions, as proposed in legislative bills numbers S. 431-A and A. 187, in relation to the effectiveness thereof

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

Section 1. Paragraph (i) of subdivision 9 of section 367-a of the social services law, as added by a chapter of the laws of 2022 amending the social services law relating to synchronization of multiple prescriptions, as proposed in legislative bills numbers S. 431-A and A. 187, is amended to read as follows:

(i)(i) The department of health shall establish a program for synchronization of medications**. Under the synchronization program, a health care practitioner may prescribe a refill of one or more of the patient's medications for a shorter period than would ordinarily be provided, for the purpose of synchronizing refill dates of one or more of the patient's medications subject to the synchronization** when it is agreed among the recipient, [~~a provider~~] **the 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 patient for the management or treatment of a chronic illness provided that the **following apply to such** medications:

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

(B) are used for treatment and management of **a** chronic [~~conditions~~] **illness** that are subject to refills;

(C) are not a schedule II controlled substance, nor a schedule III controlled substance that contains hydrocodone **or other opioid medication as scheduled in section thirty-three hundred six of the public**

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

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health law, or a controlled substance under the federal Controlled Substances Act;

(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~~] and lawfully aligned over required short fill periods to achieve synchronization; and

(F) do not have quantity limits or dose optimization criteria or state or federal 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 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 dispensing fee paid to the pharmacy contracted to provide services pursuant to this section for a partial supply associated with medication synchronization shall be paid in accordance with the Medicaid state plan as approved by the Centers for Medicare and Medicaid Services.

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

(vi) The provisions of this paragraph are subject to compliance with all applicable federal and state laws and regulations, including the Centers for Medicare and Medicaid Services approved Medicaid state plan. The commissioner shall apply for waivers and submit state Medicaid plan amendments as are necessary to implement the program for synchronization of medications.

§ 2. Paragraph (w) of subdivision 4 of section 364-j of the social services law, as added by a chapter of the laws of 2022 amending the social services law relating to synchronization of multiple prescriptions, as proposed in legislative bills numbers S. 431-A and A.187, is amended 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. Under the synchronization program, a health care practitioner may prescribe a refill of one or more of the patient's medications for a shorter period than would ordinarily be provided, for the purpose of synchronizing refill dates of one or more of the patient's medications subject to the synchronization, when it is agreed among the recipient, [~~a provider~~] the 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 patient for the management or treatment of a chronic illness provided that the **following apply to such** 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 **a** chronic [~~conditions~~] **illness** that are subject to refills;

(C) are not a schedule II controlled substance, nor a schedule III controlled substance that contains hydrocodone **or other opioid medication as scheduled in section thirty-three hundred six of the public health law, or a controlled substance under the federal Controlled Substances Act**;

(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~~] **and lawfully aligned** over required short fill periods to achieve synchronization; and

(F) do not have quantity limits or dose optimization criteria or **state or federal** 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 dispensing fee paid to the pharmacy contracted to provide services pursuant to this section for a partial supply associated with medication synchronization shall be paid in accordance with the Medicaid state plan as approved by the Centers for Medicare and Medicaid Services.**

(iv) 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)~~] **(v)** 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.

(vi) The provisions of this paragraph are subject to compliance with all applicable federal and state laws and regulations, including the Centers for Medicare and Medicaid Services approved Medicaid state plan. The commissioner shall apply for waivers and submit state Medicaid plan amendments as are necessary to implement the program for synchronization of medications.

§ 3. Section 3 of a chapter of the laws of 2022 amending the social services law relating to synchronization of multiple prescriptions, as proposed in legislative bills numbers S. 431-A and A. 187, is amended to read as follows:

§ 3. This act shall take effect [~~on the one hundred twentieth day after it shall have become a law~~] January 1, 2024. 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.

§ 4. This act shall take effect immediately; provided, however, that sections one and two of this act shall take effect on the same date and in the same manner as a chapter of the laws of 2022 amending the social services law relating to synchronization of multiple prescriptions, as proposed in legislative bills numbers S. 431-A and A. 187, takes effect. 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, including applying for federal waivers and submitting state Medicaid plan amendments, reasonably necessary to implement this act on that date.