

# 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:

1 Section 1. Paragraph (i) of subdivision 9 of section 367-a of the  
2 social services law, as added by a chapter of the laws of 2022 amending  
3 the social services law relating to synchronization of multiple  
4 prescriptions, as proposed in legislative bills numbers S. 431-A and A.  
5 187, is amended to read as follows:

6 (i)(i) The department of health shall establish a program for synchro-  
7 nization of medications. Under the synchronization program, a health  
8 care practitioner may prescribe a refill of one or more of the patient's  
9 medications for a shorter period than would ordinarily be provided, for  
10 the purpose of synchronizing refill dates of one or more of the  
11 patient's medications subject to the synchronization when it is agreed  
12 among the recipient, [~~a provider~~] the health care practitioner and a  
13 pharmacist that synchronization of multiple prescriptions for the treat-  
14 ment of a chronic illness is in the best interest of the patient for the  
15 management or treatment of a chronic illness provided that the following  
16 apply to such medications:

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

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

20 (C) are not a schedule II controlled substance, nor a schedule III  
21 controlled substance that contains hydrocodone or other opioid medica-  
22 tion 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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1 health law, or a controlled substance under the federal Controlled  
2 Substances Act;

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

5 (E) are of a formulation that can be effectively [~~split~~] and lawfully  
6 aligned over required short fill periods to achieve synchronization; and

7 (F) do not have quantity limits or dose optimization criteria or state  
8 or federal requirements that would be violated in fulfilling synchroni-  
9 zation.

10 (ii) The department of health shall not deny coverage for the dispens-  
11 ing of a medication by a pharmacy for a partial supply when it is for  
12 the purpose of synchronizing the patient's medications. When applicable  
13 to permit synchronization, the department of health shall allow a phar-  
14 macy to override any denial codes indicating that a prescription is  
15 being refilled too soon for the purposes of medication synchronization.

16 [~~To permit synchronization, the department of health shall apply~~  
17 ~~a prorated daily cost-sharing rate to any medication dispensed by a~~  
18 ~~pharmacy pursuant to this section.~~

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

23 (v)] The dispensing fee paid to the pharmacy contracted to provide  
24 services pursuant to this section for a partial supply associated with  
25 medication synchronization shall be paid in accordance with the Medicaid  
26 state plan as approved by the Centers for Medicare and Medicaid  
27 Services.

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

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

33 (II) the prescriber prescribes a different drug.

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

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

43 § 2. Paragraph (w) of subdivision 4 of section 364-j of the social  
44 services law, as added by a chapter of the laws of 2022 amending the  
45 social services law relating to synchronization of multiple  
46 prescriptions, as proposed in legislative bills numbers S. 431-A and  
47 A.187, is amended to read as follows:

48 (w)(i) The department of health or a managed care organization  
49 contracted to provide services pursuant to this section shall establish  
50 a program for synchronization of medications. Under the synchronization  
51 program, a health care practitioner may prescribe a refill of one or  
52 more of the patient's medications for a shorter period than would ordi-  
53 narily be provided, for the purpose of synchronizing refill dates of one  
54 or more of the patient's medications subject to the synchronization,  
55 when it is agreed among the recipient, [~~a provider~~] the health care  
56 practitioner and a pharmacist that synchronization of multiple

1 prescriptions for the treatment of a chronic illness is in the best  
2 interest of the patient for the management or treatment of a chronic  
3 illness provided that the following apply to such medications:

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

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

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

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

15 (E) are of a formulation that can be effectively [~~split~~] and lawfully  
16 aligned over required short fill periods to achieve synchronization; and

17 (F) do not have quantity limits or dose optimization criteria or state  
18 or federal requirements that would be violated in fulfilling synchroni-  
19 zation.

20 (ii) The department of health or a managed care organization  
21 contracted to provide services under this section shall not deny cover-  
22 age for the dispensing of a medication by a pharmacy for a partial  
23 supply when it is for the purpose of synchronizing the patient's medica-  
24 tions. When applicable to permit synchronization, the department of  
25 health or a managed care organization contracted to provide services  
26 under this title shall allow a pharmacy to override any denial codes  
27 indicating that a prescription is being refilled too soon for the  
28 purposes of medication synchronization.

29 [~~To permit synchronization, the department of health or a~~  
30 ~~managed care organization contracted to provide services pursuant to~~  
31 ~~this title shall apply a prorated daily cost sharing rate to any medica-~~  
32 ~~tion dispensed by a pharmacy pursuant to this section.~~

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

37 (v)] The dispensing fee paid to the pharmacy contracted to provide  
38 services pursuant to this section for a partial supply associated with  
39 medication synchronization shall be paid in accordance with the Medicaid  
40 state plan as approved by the Centers for Medicare and Medicaid  
41 Services.

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

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

47 (B) the prescriber prescribes a different drug.

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

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

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

5 § 3. This act shall take effect [~~on the one hundred twentieth day~~  
6 ~~after it shall have become a law~~] January 1, 2024. The amendments to  
7 subdivision 9 of section 367-a of the social services law, made by  
8 section one of this act, shall not affect the expiration of that subdivi-  
9 sion, and shall expire therewith.

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

15 § 4. This act shall take effect immediately; provided, however, that  
16 sections one and two of this act shall take effect on the same date and  
17 in the same manner as a chapter of the laws of 2022 amending the social  
18 services law relating to synchronization of multiple prescriptions, as  
19 proposed in legislative bills numbers S. 431-A and A. 187, takes effect.  
20 The amendments to subdivision 9 of section 367-a of the social services  
21 law, made by section one of this act, shall not affect the expiration of  
22 that subdivision, and shall expire therewith.

23 The amendments to section 364-j of the social services law, made by  
24 section two of this act, shall not affect the repeal of that section,  
25 and shall be deemed repealed therewith. Effective immediately, the  
26 commissioner of health shall make regulations and take other actions,  
27 including applying for federal waivers and submitting state Medicaid  
28 plan amendments, reasonably necessary to implement this act on that  
29 date.