

STATE OF NEW YORK

1331

2023-2024 Regular Sessions

IN SENATE

January 11, 2023

Introduced by Sen. HOYLMAN-SIGAL -- read twice and ordered printed, and when printed to be committed to the Committee on Rules

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 (iii) [~~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 ~~(iii) [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 subdi-
9 vision, 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.