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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2017

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A N A C T

RELATING TO INSURANCE - ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Representatives Maldonado, Diaz, Messier, O`Grady, and Casey

Date Introduced: March 09, 2017

Referred To: House Corporations

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 27-18-50.1 of the General Laws in Chapter 27-18 entitled
2 "Accident and Sickness Insurance Policies" is hereby amended to read as follows:

3 **27-18-50.1. Medication synchronization.**

4 ~~(a) An individual or group health insurance plan or policy delivered, issued for delivery,~~
5 ~~or renewed in this state on or after January 1, 2017, providing prescription drug coverage in the~~
6 ~~state, must permit and apply a prorated, daily cost-sharing rate to covered prescriptions for a~~
7 ~~chronic condition that are dispensed by an in-network pharmacy for less than a thirty (30) days'~~
8 ~~supply if the prescriber and pharmacist determine the fill or refill to be in the best interest of the~~
9 ~~patient for the management or treatment of a chronic, long-term care condition and the patient~~
10 ~~requests or agrees to less than a thirty (30) days' supply for the purpose of synchronizing the~~
11 ~~patient's medications and the insured's or enrollee's maintenance prescription drug(s) to be~~
12 ~~synchronized meets all of the following requirements:~~

13 ~~(1) Is covered by the policy, certificate, or contract described in this chapter;~~

14 ~~(2) Is used for the management and treatment of a chronic, long-term care condition and~~
15 ~~have authorized refills that remain available to the insured or enrollee;~~

16 ~~(3) Except as otherwise provided in this subparagraph, is not a controlled substance~~
17 ~~included in schedules II to V;~~

18 ~~(4) Meets all utilization management requirements specific to the maintenance~~
19 ~~prescription drugs at the time of the request to synchronize the insured's or enrollee's multiple,~~

1 ~~maintenance prescription drugs;~~

2 ~~(5) Is of a formulation that can be effectively split over required short fill periods to~~
3 ~~achieve synchronization; and~~

4 ~~(6) Does not have quantity limits or dose optimization criteria or requirements that will~~
5 ~~be violated when synchronizing the insured's or enrollee's multiple, maintenance prescription~~
6 ~~drugs.~~

7 ~~(b) The plan or policy described in subsection (a) shall apply a prorated, daily cost-~~
8 ~~sharing rate for maintenance prescription drugs that are dispensed by an in-network pharmacy for~~
9 ~~the purpose of synchronizing the insured's or enrollee's multiple, maintenance prescription drugs.~~

10 ~~(c) The plan or policy described in subsection (a) shall not reimburse or pay any~~
11 ~~dispensing fee that is prorated. The insurer shall only pay or reimburse a dispensing fee that is~~
12 ~~based on each maintenance prescription drug dispensed.~~

13 ~~(d) A synchronization shall only occur once per year per maintenance prescription drug.~~

14 (a) An individual or group health insurance plan or policy delivered, issued for delivery,
15 or renewed in this state on or after January 1, 2018, providing prescription drug coverage must
16 permit and apply a prorated daily cost-sharing rate to prescriptions that are dispensed by a
17 network pharmacy for a partial supply if the prescriber or pharmacist determines the fill or refill
18 to be in the best interest of the patient and the patient requests or agrees to a partial supply for the
19 purpose of synchronizing the patient's medications.

20 (b) No individual or group health insurance policy providing prescription drug coverage
21 shall deny coverage for the dispensing of a medication that is dispensed by a network pharmacy
22 on the basis that the dispensing is for a partial supply if the prescriber or pharmacist determines
23 the fill or refill to be in the best interest of the patient and the patient requests or agrees to a
24 partial supply for the purpose of synchronizing the patient's medications. The individual or group
25 health plan must allow a pharmacy to override any denial codes indicating that a prescription is
26 being refilled too soon for the purposes of medication synchronization.

27 (c) No individual or group health insurance policy providing prescription drug coverage
28 shall use payment structures incorporating prorated dispensing fees. Dispensing fees for partially
29 filled or refilled prescriptions shall be paid in full for each prescription dispensed, regardless of
30 any prorated copay for the beneficiary or fee paid for alignment services.

31 SECTION 2. Section 27-19-26.1 of the General Laws in Chapter 27-19 entitled
32 "Nonprofit Hospital Service Corporations" is hereby amended to read as follows:

33 **27-19-26.1. Medication synchronization.**

34 ~~(a) An individual or group health insurance plan or policy delivered, issued for delivery,~~

1 ~~or renewed in this state on or after January 1, 2017, providing prescription drug coverage in the~~
2 ~~state, must permit and apply a prorated, daily cost-sharing rate to covered prescriptions for a~~
3 ~~chronic condition that are dispensed by an in-network pharmacy for less than a thirty (30) days'~~
4 ~~supply if the prescriber and pharmacist determine the fill or refill to be in the best interest of the~~
5 ~~patient for the management or treatment of a chronic, long-term care condition and the patient~~
6 ~~requests or agrees to less than a thirty (30) days' supply for the purpose of synchronizing the~~
7 ~~patient's medications and the insured's or enrollee's maintenance prescription drug(s) to be~~
8 ~~synchronized meets all of the following requirements:~~

- 9 ~~(1) Is covered by the policy, certificate, or contract described in this chapter;~~
- 10 ~~(2) Is used for the management and treatment of a chronic, long-term care condition and~~
11 ~~have authorized refills that remain available to the insured or enrollee;~~
- 12 ~~(3) Except as otherwise provided in this subparagraph, is not a controlled substance~~
13 ~~included in schedules II to V;~~
- 14 ~~(4) Meets all utilization management requirements specific to the maintenance-~~
15 ~~prescription drugs at the time of the request to synchronize the insured's or enrollee's multiple,~~
16 ~~maintenance prescription drugs;~~
- 17 ~~(5) Is of a formulation that can be effectively split over required short fill periods to~~
18 ~~achieve synchronization; and~~
- 19 ~~(6) Does not have quantity limits or dose optimization criteria or requirements that will~~
20 ~~be violated when synchronizing the insured's or enrollee's multiple maintenance prescription~~
21 ~~drugs.~~

22 ~~(b) The plan or policy described in subsection (a) shall apply a prorated, daily cost-~~
23 ~~sharing rate for maintenance prescription drugs that are dispensed by an in-network pharmacy for~~
24 ~~the purpose of synchronizing the insured's or enrollee's multiple, maintenance prescription drugs.~~

25 ~~(c) The plan or policy described in subsection (a) shall not reimburse or pay any~~
26 ~~dispensing fee that is prorated. The insurer shall only pay or reimburse a dispensing fee that is~~
27 ~~based on each maintenance prescription drug dispensed.~~

28 ~~(d) A synchronization shall only occur once per year per maintenance prescription drug.~~

29 (a) An individual or group health insurance plan or policy delivered, issued for delivery,
30 or renewed in this state on or after January 1, 2018, providing prescription drug coverage must
31 permit and apply a prorated daily cost-sharing rate to prescriptions that are dispensed by a
32 network pharmacy for a partial supply if the prescriber or pharmacist determines the fill or refill
33 to be in the best interest of the patient and the patient requests or agrees to a partial supply for the
34 purpose of synchronizing the patient's medications.

1 (b) No individual or group health insurance policy providing prescription drug coverage
2 shall deny coverage for the dispensing of a medication that is dispensed by a network pharmacy
3 on the basis that the dispensing is for a partial supply if the prescriber or pharmacist determines
4 the fill or refill to be in the best interest of the patient and the patient requests or agrees to a
5 partial supply for the purpose of synchronizing the patient's medications. The individual or group
6 health plan must allow a pharmacy to override any denial codes indicating that a prescription is
7 being refilled too soon for the purposes of medication synchronization.

8 (c) No individual or group health insurance policy providing prescription drug coverage
9 shall use payment structures incorporating prorated dispensing fees. Dispensing fees for partially
10 filled or refilled prescriptions shall be paid in full for each prescription dispensed, regardless of
11 any prorated copay for the beneficiary or fee paid for alignment services.

12 SECTION 3. Section 27-20-23.1 of the General Laws in Chapter 27-20 entitled
13 "Nonprofit Medical Service Corporations" is hereby amended to read as follows:

14 **27-20-23.1. Medication synchronization.**

15 ~~(a) An individual or group health insurance plan or policy delivered, issued for delivery,~~
16 ~~or renewed in this state on or after January 1, 2017, providing prescription drug coverage in the~~
17 ~~state, must permit and apply a prorated, daily cost sharing rate to covered prescriptions for a~~
18 ~~chronic condition that are dispensed by an in-network pharmacy for less than a thirty (30) days'~~
19 ~~supply if the prescriber and pharmacist determine the fill or refill to be in the best interest of the~~
20 ~~patient for the management or treatment of a chronic, long term care condition and the patient~~
21 ~~requests or agrees to less than a thirty (30) days' supply for the purpose of synchronizing the~~
22 ~~patient's medications and the insured's or enrollee's maintenance prescription drug(s) to be~~
23 ~~synchronized meets all of the following requirements:~~

24 ~~(1) Is covered by the policy, certificate, or contract described in this chapter;~~

25 ~~(2) Is used for the management and treatment of a chronic, long term care condition and~~
26 ~~have authorized refills that remain available to the insured or enrollee;~~

27 ~~(3) Except as otherwise provided in this subparagraph, is not a controlled substance~~
28 ~~included in schedules II to V;~~

29 ~~(4) Meets all utilization management requirements specific to the maintenance~~
30 ~~prescription drugs at the time of the request to synchronize the insured's or enrollee's multiple,~~
31 ~~maintenance prescription drugs;~~

32 ~~(5) Is of a formulation that can be effectively split over required short fill periods to~~
33 ~~achieve synchronization; and~~

34 ~~(6) Does not have quantity limits or dose optimization criteria or requirements that will~~

1 ~~be violated when synchronizing the insured's or enrollee's multiple, maintenance prescription~~
2 ~~drugs.~~

3 ~~(b) The plan or policy described in subsection (a) shall apply a prorated, daily cost-~~
4 ~~sharing rate for maintenance prescription drugs that are dispensed by an in-network pharmacy for~~
5 ~~the purpose of synchronizing the insured's or enrollee's multiple, maintenance prescription drugs.~~

6 ~~(c) The plan or policy described in subsection (a) shall not reimburse or pay any~~
7 ~~dispensing fee that is prorated. The insurer shall only pay or reimburse a dispensing fee that is~~
8 ~~based on each maintenance prescription drug dispensed.~~

9 ~~(d) A synchronization shall only occur once per year per maintenance prescription drug.~~

10 (a) An individual or group health insurance plan or policy delivered, issued for delivery,
11 or renewed in this state on or after January 1, 2018, providing prescription drug coverage must
12 permit and apply a prorated daily cost-sharing rate to prescriptions that are dispensed by a
13 network pharmacy for a partial supply if the prescriber or pharmacist determines the fill or refill
14 to be in the best interest of the patient and the patient requests or agrees to a partial supply for the
15 purpose of synchronizing the patient's medications.

16 (b) No individual or group health insurance policy providing prescription drug coverage
17 shall deny coverage for the dispensing of a medication that is dispensed by a network pharmacy
18 on the basis that the dispensing is for a partial supply if the prescriber or pharmacist determines
19 the fill or refill to be in the best interest of the patient and the patient requests or agrees to a
20 partial supply for the purpose of synchronizing the patient's medications. The individual or group
21 health plan must allow a pharmacy to override any denial codes indicating that a prescription is
22 being refilled too soon for the purposes of medication synchronization.

23 (c) No individual or group health insurance policy providing prescription drug coverage
24 shall use payment structures incorporating prorated dispensing fees. Dispensing fees for partially
25 filled or refilled prescriptions shall be paid in full for each prescription dispensed, regardless of
26 any prorated copay for the beneficiary or fee paid for alignment services.

27 SECTION 4. Section 27-41-38.1 of the General Laws in Chapter 27-41 entitled "Health
28 Maintenance Organizations" is hereby amended to read as follows:

29 **27-41-38.1. Medication synchronization.**

30 ~~(a) An individual or group health insurance plan or policy delivered, issued for delivery,~~
31 ~~or renewed in this state on or after January 1, 2017, providing prescription drug coverage in the~~
32 ~~state, must permit and apply a prorated daily cost-sharing rate to covered prescriptions for a~~
33 ~~chronic condition that are dispensed by an in-network pharmacy for less than a thirty (30) days'~~
34 ~~supply if the prescriber and pharmacist determine the fill or refill to be in the best interest of the~~

1 ~~patient for the management or treatment of a chronic, long-term care condition and the patient~~
2 ~~requests or agrees to less than a thirty (30) days' supply for the purpose of synchronizing the~~
3 ~~patient's medications and the insured's or enrollee's maintenance prescription drug(s) to be~~
4 ~~synchronized meets all of the following requirements:~~

5 ~~(1) Is covered by the policy, certificate, or contract described in this chapter;~~

6 ~~(2) Is used for the management and treatment of a chronic, long-term care condition and~~
7 ~~have authorized refills that remain available to the insured or enrollee;~~

8 ~~(3) Except as otherwise provided in this subparagraph, is not a controlled substance~~
9 ~~included in schedules II to V;~~

10 ~~(4) Meets all utilization management requirements specific to the maintenance~~
11 ~~prescription drugs at the time of the request to synchronize the insured's or enrollee's multiple,~~
12 ~~maintenance prescription drugs;~~

13 ~~(5) Is of a formulation that can be effectively split over required short-fill periods to~~
14 ~~achieve synchronization; and~~

15 ~~(6) Does not have quantity limits or dose optimization criteria or requirements that will~~
16 ~~be violated when synchronizing the insured's or enrollee's multiple, maintenance prescription~~
17 ~~drugs.~~

18 ~~(b) The plan or policy described in subsection (a) shall apply a prorated, daily cost-~~
19 ~~sharing rate for maintenance prescription drugs that are dispensed by an in-network pharmacy for~~
20 ~~the purpose of synchronizing the insured's or enrollee's multiple, maintenance prescription drugs.~~

21 ~~(c) The plan or policy described in subsection (a) shall not reimburse or pay any~~
22 ~~dispensing fee that is prorated. The insurer shall only pay or reimburse a dispensing fee that is~~
23 ~~based on each maintenance prescription drug dispensed.~~

24 ~~(d) A synchronization shall only occur once per year per maintenance prescription drug.~~

25 (a) An individual or group health insurance plan or policy delivered, issued for delivery,
26 or renewed in this state on or after January 1, 2018, providing prescription drug coverage must
27 permit and apply a prorated daily cost-sharing rate to prescriptions that are dispensed by a
28 network pharmacy for a partial supply if the prescriber or pharmacist determines the fill or refill
29 to be in the best interest of the patient and the patient requests or agrees to a partial supply for the
30 purpose of synchronizing the patient's medications.

31 (b) No individual or group health insurance policy providing prescription drug coverage
32 shall deny coverage for the dispensing of a medication that is dispensed by a network pharmacy
33 on the basis that the dispensing is for a partial supply if the prescriber or pharmacist determines
34 the fill or refill to be in the best interest of the patient and the patient requests or agrees to a

1 partial supply for the purpose of synchronizing the patient's medications. The individual or group
2 health plan must allow a pharmacy to override any denial codes indicating that a prescription is
3 being refilled too soon for the purposes of medication synchronization.

4 (c) No individual or group health insurance policy providing prescription drug coverage
5 shall use payment structures incorporating prorated dispensing fees. Dispensing fees for partially
6 filled or refilled prescriptions shall be paid in full for each prescription dispensed, regardless of
7 any prorated copay for the beneficiary or fee paid for alignment services.

8 SECTION 5. This act shall take effect on January 1, 2018.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO INSURANCE - ACCIDENT AND SICKNESS INSURANCE POLICIES

1 This act would require that an individual or group health plan or policy delivered, issued
2 for delivery, or renewed on or after January 1, 2018 allow for a partial supply of prescriptions for
3 the purpose of synchronizing a patient's medication.

4 This act would take effect on January 1, 2018.

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