THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1800 Session of 2018

INTRODUCED BY NELSON, PICKETT, LONGIETTI, WARREN, V. BROWN, DRISCOLL, MARSHALL, DIAMOND, BIZZARRO, BAKER, HENNESSEY, MASSER, BOBACK, SAYLOR, KAUFFMAN, MARSICO, PHILLIPS-HILL, CORBIN, NESBIT, ZIMMERMAN, WARD, WATSON, MILNE, FARRY, FRITZ, WALSH, ROE, DUNBAR, EVANKOVICH, MURT, BERNSTINE, CHARLTON, COMITTA, REESE, DALEY, KAUFER, GROVE, B. MILLER, DIGIROLAMO, ROTHMAN, COOK, DELOZIER, GABLER, KLUNK, DeLUCA, BOYLE, SIMMONS, HELM AND J. MCNEILL, APRIL 2, 2018

SENATOR WHITE, BANKING AND INSURANCE, IN SENATE, AS AMENDED, JUNE 13, 2018

AN ACT

- 1 Amending Title 40 (Insurance) of the Pennsylvania Consolidated
- Statutes, in regulation of insurers and related persons
- generally, providing for medication synchronization.
- 4 The General Assembly of the Commonwealth of Pennsylvania
- 5 hereby enacts as follows:
- 6 Section 1. Part II of Title 40 of the Pennsylvania
- 7 Consolidated Statutes is amended by adding a chapter to read:
- 8 CHAPTER 39
- 9 <u>MEDICATION SYNCHRONIZATION</u>
- 10 Sec.
- 11 3901. Definitions.
- 12 <u>3902</u>. <u>Prorated daily cost-sharing rate</u>.
- 13 <u>3903</u>. Denial of coverage.
- 14 3904. Certain payment structures prohibited.

- 1 3905. Application of chapter.
- 2 § 3901. Definitions.
- 3 The following words and phrases when used in this chapter
- 4 shall have the meanings given to them in this section unless the
- 5 <u>context clearly indicates otherwise:</u>
- 6 <u>"Health insurance plan POLICY." A AN INDIVIDUAL OR GROUP</u> <--
- 7 policy, subscriber contract, certificate or plan issued by an
- 8 <u>insurer that provides medical or health care coverage. The term</u>
- 9 does not include any of the following:
- 10 (1) An accident only policy.
- 11 (2) A credit only policy.
- 12 (3) A long-term care or disability income policy.
- 13 <u>(4) A specified disease policy.</u>
- 14 (5) A Medicare supplement policy.
- 15 (6) A TRICARE policy, including a Civilian Health and
- 16 Medical Program of the Uniformed Services (CHAMPUS)
- 17 supplement policy.
- 18 (7) A fixed indemnity policy.
- 19 <u>(8) A dental only policy.</u>
- 20 (9) A vision only policy.
- 21 (10) A workers' compensation policy.
- 22 (11) An automobile medical payment policy.
- 23 (12) Another similar policy providing for limited
- benefits.
- 25 "Insurer." An entity licensed by the department with
- 26 accident and health authority to issue a policy, subscriber <--
- 27 <u>contract, certificate or plan that provides medical or health</u>
- 28 care coverage HEALTH INSURANCE POLICY that is offered or <--
- 29 governed under any of the following:
- 30 (1) The act of May 17, 1921 (P.L.682, No.284), known as

- The Insurance Company Law of 1921, including section 630 and

 Article XXIV of that act.
- 3 (2) The act of December 29, 1972 (P.L.1701, No.364),
- 4 <u>known as the Health Maintenance Organization Act.</u>
- 5 (3) Chapter 61 (relating to hospital plan corporations)
- 6 <u>or 63 (relating to professional health services plan</u>
- 7 <u>corporations</u>).
- 8 "Maintenance medication." A medication prescribed for a
- 9 <u>chronic</u>, <u>long-term condition and taken on a regular</u>, <u>recurring</u>
- 10 basis.
- 11 "Medication synchronization." The coordination of
- 12 prescription drug filling or refilling by a pharmacy or
- 13 <u>dispensing physician for a program participant HEALTH INSURANCE</u> <--
- 14 ENROLLEE taking two or more maintenance medications for the
- 15 purpose of improving medication adherence.
- 16 "Pharmacy." Every place properly issued a permit by the <--
- 17 State Board of Pharmacy where drugs, devices and diagnostic
- 18 agents for human or animal consumption are stored, dispensed or
- 19 compounded, excluding offices or facilities of veterinarians
- 20 licensed by the State Board of Veterinary Medical Examiners. The
- 21 following shall apply:
- 22 (1) The term shall not include the operations of a
- 23 manufacturer or distributor as defined in the act of April
- 24 14, 1972 (P.L.233, No.64), known as The Controlled Substance,
- 25 Drug, Device and Cosmetic Act.
- 26 (2) In an institution, the term shall refer to the
- 27 organized pharmacy service in the institution under the
- 28 <u>direct supervision of a licensed pharmacist.</u> AS DEFINED IN_
- 29 SECTION 2 OF THE ACT OF SEPTEMBER 27, 1961 (P.L.1700,
- NO.699), KNOWN AS THE PHARMACY ACT.

- 1 § 3902. Prorated daily cost-sharing rate.
- 2 <u>A health insurance plan POLICY shall permit and apply a</u>
- 3 prorated daily cost-sharing rate to prescription drugs
- 4 MAINTENANCE MEDICATIONS that are dispensed by a pharmacy as a <--

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- 5 partial supply if the pharmacist or prescriber determines the
- 6 fill or refill to be in the best interest of the patient and the
- 7 patient requests or agrees to a partial supply for the purpose
- 8 of medication synchronization. The fill or refill under this
- 9 <u>section shall be limited to three times per year for each</u>
- 10 maintenance medication for a covered individual. For each
- 11 clinically necessary synchronization thereafter, approval may be
- 12 required at the discretion of the health insurance plan POLICY. <--
- 13 § 3903. Denial of coverage.
- 14 (a) Partial supply. -- No individual or group health insurance <--
- 15 plan A HEALTH INSURANCE POLICY providing prescription drug <--
- 16 <u>coverage shall MAY NOT deny coverage for the dispensing of a</u> <--
- 17 MAINTENANCE medication that is dispensed by a network pharmacy <--
- 18 on the basis that the dispensing is for a partial supply if the
- 19 prescriber or pharmacist determines the fill or refill to be in
- 20 the best interest of the patient and the patient requests or
- 21 agrees to a partial supply for the purpose of medication
- 22 synchronization.
- 23 (b) Denial codes.--The individual or group health insurance <--
- 24 plan HEALTH INSURANCE POLICY shall accept early refill and short <--
- 25 fill PARTIAL SUPPLY requests for MAINTENANCE medications
- 26 dispensed for the purpose of medication synchronization using
- 27 the submission clarification and message codes as adopted by the
- 28 National Council for Prescription Drug Programs or alternative
- 29 codes provided by the individual or group health insurance plan <--
- 30 HEALTH INSURANCE POLICY.

- 1 (c) Compliance. -- Nothing in this chapter shall prohibit the
- 2 <u>individual or group health insurance plan MAY PROHIBIT A HEALTH</u> <--
- 3 INSURANCE POLICY from using other methods to comply with this
- 4 chapter.
- 5 § 3904. Certain payment structures prohibited.
- 6 (a) Prorated dispensing fees. -- No individual or group health-<--
- 7 <u>insurance plan A HEALTH INSURANCE PLAN providing prescription</u> <--
- 8 drug coverage shall MAY NOT use payment structures incorporating <--
- 9 prorated dispensing fees.
- 10 (b) Full payment.--Dispensing fees for partially filled A <--
- 11 PARTIAL SUPPLY or refilled prescriptions shall be paid in full
- 12 for each maintenance medication dispensed, regardless of any
- 13 prorated copay for the beneficiary or fee paid for alignment
- 14 <u>services.</u>
- 15 § 3905. Application of chapter.
- 16 (A) PRESCRIPTION DRUGS. -- This chapter does not apply to <--
- 17 prescription drugs that are:
- 18 <u>(1) in unit of use UNIT-OF-USE packaging for which</u> <--
- 19 medication synchronization is not possible; or
- 20 (2) controlled substances classified in Schedule II
- 21 <u>under section 4(2) of the act of April 14, 1972 (P.L.233,</u>
- No.64), known as The Controlled Substance, Drug, Device and
- 23 Cosmetic Act.
- 24 (B) HEALTH INSURANCE POLICIES. -- THIS CHAPTER SHALL APPLY TO <--
- 25 HEALTH INSURANCE POLICIES AS FOLLOWS:
- 26 (1) FOR A HEALTH INSURANCE POLICY FOR WHICH EITHER RATES
- OR FORMS ARE REQUIRED TO BE FILED WITH THE FEDERAL GOVERNMENT
- OR THE INSURANCE DEPARTMENT, THIS CHAPTER SHALL APPLY TO A
- 29 <u>HEALTH INSURANCE POLICY FOR WHICH A FORM OR RATE IS FIRST</u>
- 30 PERMITTED TO BE USED ON OR AFTER THE EFFECTIVE DATE OF THIS

- 1 <u>SECTION</u>.
- 2 (2) FOR A HEALTH INSURANCE POLICY FOR WHICH NEITHER
- RATES NOR FORMS ARE REQUIRED TO BE FILED WITH THE FEDERAL
- 4 GOVERNMENT OR THE INSURANCE DEPARTMENT, THIS CHAPTER SHALL
- 5 APPLY TO A HEALTH INSURANCE POLICY ISSUED OR RENEWED ON OR
- 6 AFTER THE EFFECTIVE DATE OF THIS SECTION.
- 7 Section 2. This act shall take effect in 365 days.