
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 195 Session of
2019

INTRODUCED BY NELSON, PICKETT, STURLA, LONGIETTI, DIAMOND,
McNEILL, OTTEN, DELOZIER, RYAN, WARREN, BARRAR, READSHAW,
CALTAGIRONE, JAMES, HILL-EVANS, RADER, GROVE, DeLUCA, KORTZ,
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HENNESSEY, BIZZARRO, SIMMONS, B. MILLER, BOYLE, DRISCOLL,
STRUZZI, KLUNK, RIGBY, BERNSTINE, MARSHALL, SAYLOR, FRITZ,
NESBIT, REESE, BOBACK AND THOMAS, JANUARY 28, 2019

REFERRED TO COMMITTEE ON INSURANCE, JANUARY 28, 2019

AN ACT

1 Amending Title 40 (Insurance) of the Pennsylvania Consolidated
2 Statutes, in regulation of insurers and related persons
3 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 MEDICATION SYNCHRONIZATION

10 Sec.

11 3901. Definitions.

12 3902. Prorated daily cost-sharing rate.

13 3903. Denial of coverage.

14 3904. Certain payment structures prohibited.

15 3905. Application of chapter.

16 § 3901. Definitions.

1 The following words and phrases when used in this chapter
2 shall have the meanings given to them in this section unless the
3 context clearly indicates otherwise:

4 "Health insurance policy." An individual or group policy,
5 subscriber contract, certificate or plan issued by an insurer
6 that provides medical or health care coverage. The term does not
7 include any of the following:

8 (1) An accident only policy.

9 (2) A credit only policy.

10 (3) A long-term care or disability income policy.

11 (4) A specified disease policy.

12 (5) A Medicare supplement policy.

13 (6) A TRICARE policy, including a Civilian Health and
14 Medical Program of the Uniformed Services (CHAMPUS)
15 supplement policy.

16 (7) A fixed indemnity policy.

17 (8) A dental only policy.

18 (9) A vision only policy.

19 (10) A workers' compensation policy.

20 (11) An automobile medical payment policy.

21 (12) Another similar policy providing for limited
22 benefits.

23 "Insurer." An entity licensed by the department with
24 accident and health authority to issue a health insurance policy
25 that is offered or governed under any of the following:

26 (1) The act of May 17, 1921 (P.L.682, No.284), known as
27 The Insurance Company Law of 1921, including section 630 and
28 Article XXIV of that act.

29 (2) The act of December 29, 1972 (P.L.1701, No.364),
30 known as the Health Maintenance Organization Act.

1 (3) Chapter 61 (relating to hospital plan corporations)
2 or 63 (relating to professional health services plan
3 corporations).

4 "Maintenance medication." A medication prescribed for a
5 chronic, long-term condition and taken on a regular, recurring
6 basis.

7 "Medication synchronization." The coordination of
8 prescription drug filling or refilling by a pharmacy or
9 dispensing physician for a health insurance enrollee taking two
10 or more maintenance medications for the purpose of improving
11 medication adherence.

12 "Pharmacy." As defined in section 2 of the act of September
13 27, 1961 (P.L.1700, No.699), known as the Pharmacy Act.
14 § 3902. Prorated daily cost-sharing rate.

15 A health insurance policy shall permit and apply a prorated
16 daily cost-sharing rate to maintenance medications that are
17 dispensed by a pharmacy as a partial supply if the pharmacist or
18 prescriber determines the fill or refill to be in the best
19 interest of the patient and the patient requests or agrees to a
20 partial supply for the purpose of medication synchronization.
21 The fill or refill under this section shall be limited to three
22 times per year for each maintenance medication for a covered
23 individual. For each clinically necessary synchronization
24 thereafter, approval may be required at the discretion of the
25 health insurance policy.

26 § 3903. Denial of coverage.

27 (a) Partial supply.--A health insurance policy providing
28 prescription drug coverage may not deny coverage for the
29 dispensing of a maintenance medication that is dispensed by a
30 network pharmacy on the basis that the dispensing is for a

1 partial supply if the prescriber or pharmacist determines the
2 fill or refill to be in the best interest of the patient and the
3 patient requests or agrees to a partial supply for the purpose
4 of medication synchronization.

5 (b) Denial codes.--The health insurance policy shall accept
6 early refill and partial supply requests for maintenance
7 medications dispensed for the purpose of medication
8 synchronization using the submission clarification and message
9 codes as adopted by the National Council for Prescription Drug
10 Programs or alternative codes provided by the health insurance
11 policy.

12 (c) Compliance.--Nothing in this chapter may prohibit a
13 health insurance policy from using other methods to comply with
14 this chapter.

15 § 3904. Certain payment structures prohibited.

16 (a) Prorated dispensing fees.--A health insurance plan
17 providing prescription drug coverage may not use payment
18 structures incorporating prorated dispensing fees.

19 (b) Full payment.--Dispensing fees for a partial supply or
20 refilled prescriptions shall be paid in full for each
21 maintenance medication dispensed, regardless of any prorated
22 copay for the beneficiary or fee paid for alignment services.

23 § 3905. Application of chapter.

24 (a) Prescription drugs.--This chapter does not apply to
25 prescription drugs that are:

26 (1) unit-of-use packaging for which medication
27 synchronization is not possible; or

28 (2) controlled substances classified in Schedule II
29 under section 4(2) of the act of April 14, 1972 (P.L.233,
30 No.64), known as The Controlled Substance, Drug, Device and

1 Cosmetic Act.

2 (b) Health insurance policies.--This chapter shall apply to
3 health insurance policies as follows:

4 (1) For a health insurance policy for which either rates
5 or forms are required to be filed with the Federal Government
6 or the Insurance Department, this chapter shall apply to a
7 health insurance policy for which a form or rate is first
8 permitted to be used on or after the effective date of this
9 section.

10 (2) For a health insurance policy for which neither
11 rates nor forms are required to be filed with the Federal
12 Government or the Insurance Department, this chapter shall
13 apply to a health insurance policy issued or renewed on or
14 after the effective date of this section.

15 Section 2. This act shall take effect in 365 days.