

---

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 AND KLUNK, APRIL 2, 2018

---

REFERRED TO COMMITTEE ON INSURANCE, APRIL 2, 2018

---

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 plan." A policy, subscriber contract,  
5 certificate or plan issued by an insurer that provides medical  
6 or health care coverage. The term does not include any of the  
7 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 policy, subscriber  
25 contract, certificate or plan that provides medical or health  
26 care coverage that is offered or governed under any of the  
27 following:

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

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

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

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

9           "Medication synchronization." The coordination of  
10           prescription drug filling or refilling by a pharmacy or  
11           dispensing physician for a program participant taking two or  
12           more maintenance medications for the purpose of improving  
13           medication adherence.

14           "Pharmacy." Every place properly issued a permit by the  
15           State Board of Pharmacy where drugs, devices and diagnostic  
16           agents for human or animal consumption are stored, dispensed or  
17           compounded, excluding offices or facilities of veterinarians  
18           licensed by the State Board of Veterinary Medical Examiners. The  
19           following shall apply:

20           (1) The term shall not include the operations of a  
21           manufacturer or distributor as defined in the act of April  
22           14, 1972 (P.L.233, No.64), known as The Controlled Substance,  
23           Drug, Device and Cosmetic Act.

24           (2) In an institution, the term shall refer to the  
25           organized pharmacy service in the institution under the  
26           direct supervision of a licensed pharmacist.

27           § 3902. Prorated daily cost-sharing rate.

28           A health insurance plan shall permit and apply a prorated  
29           daily cost-sharing rate to prescription drugs that are dispensed  
30           by a pharmacy as a partial supply if the pharmacist or

1 prescriber determines the fill or refill to be in the best  
2 interest of the patient and the patient requests or agrees to a  
3 partial supply for the purpose of medication synchronization.  
4 The fill or refill under this section shall be limited to three  
5 times per year for each maintenance medication for a covered  
6 individual. For each clinically necessary synchronization  
7 thereafter, approval may be required at the discretion of the  
8 health insurance plan.

9 § 3903. Denial of coverage.

10 (a) Partial supply.--No individual or group health insurance  
11 plan providing prescription drug coverage shall deny coverage  
12 for the dispensing of a medication that is dispensed by a  
13 network pharmacy on the basis that the dispensing is for a  
14 partial supply if the prescriber or pharmacist determines the  
15 fill or refill to be in the best interest of the patient and the  
16 patient requests or agrees to a partial supply for the purpose  
17 of medication synchronization.

18 (b) Denial codes.--The individual or group health insurance  
19 plan shall accept early refill and short fill requests for  
20 medications dispensed for the purpose of medication  
21 synchronization using the submission clarification and message  
22 codes as adopted by the National Council for Prescription Drug  
23 Programs or alternative codes provided by the individual or  
24 group health insurance plan.

25 (c) Compliance.--Nothing in this chapter shall prohibit the  
26 individual or group health insurance plan from using other  
27 methods to comply with this chapter.

28 § 3904. Certain payment structures prohibited.

29 (a) Prorated dispensing fees.--No individual or group health  
30 insurance plan providing prescription drug coverage shall use

1 payment structures incorporating prorated dispensing fees.

2 (b) Full payment.--Dispensing fees for partially filled or  
3 refilled prescriptions shall be paid in full for each  
4 maintenance medication dispensed, regardless of any prorated  
5 copay for the beneficiary or fee paid for alignment services.

6 § 3905. Application of chapter.

7 This chapter does not apply to prescription drugs that are:

8 (1) in-unit of use packaging for which medication  
9 synchronization is not possible; or

10 (2) controlled substances classified in Schedule II  
11 under section 4(2) of the act of April 14, 1972 (P.L.233,  
12 No.64), known as The Controlled Substance, Drug, Device and  
13 Cosmetic Act.

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