A BILL FOR AN ACT

RELATING TO MEDICATION SYNCHRONIZATION.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

- 1 SECTION 1. The legislature finds that more than twenty-
- 2 three per cent of Americans currently use three or more
- 3 prescription medications, while eleven per cent of Americans
- 4 take five or more medications. According to the most recent
- 5 data from the federal Centers for Disease Control and
- 6 Prevention, the costs of treating patients with chronic diseases
- 7 account for eighty-six per cent of all health care costs in the
- $oldsymbol{8}$ United States. However, only fifty per cent of those on
- 9 maintenance medications for chronic diseases adhere to their
- 10 prescription therapies.
- 11 The legislature recognizes that studies have shown that
- 12 medication adherence is critical to long-term positive patient
- 13 outcomes, and that prescription medications are important tools
- 14 that can assist in the management of chronic diseases. However,
- 15 patients often delay or miss their medication refills due to
- 16 confusion over when refills are needed for prescriptions.
- 17 The legislature further finds that more than fifteen states
- have passed legislation that enables pharmacies and patients to



- 1 work together with their practitioners to synchronize the
- 2 dispensing of medications. Medication synchronization
- 3 facilitates the coordination of medication refills so that
- 4 patients who take two or more maintenance medications for
- 5 chronic conditions can refill their medications on the same
- 6 schedule. Medication synchronization improves patient health by
- 7 improving medication adherence rates, minimizing disruptions in
- 8 treatment, simplifying patient and caregiver routines,
- 9 streamlining trips to the pharmacy, reducing costs to insurers,
- 10 promoting efficient workflow in pharmacies, and synchronizing
- 11 all of a patient's medications for one pickup day every month.
- 12 Accordingly, the purpose of this Act is to allow the
- 13 synchronization of plan participants' medications by requiring
- 14 health plans, policies, contracts, or agreements that are
- 15 offered by health insurers, mutual benefit societies, and health
- 16 maintenance organizations and provide prescription drug benefits
- 17 to apply prorated daily cost-sharing rates for prescriptions
- 18 dispensed by network pharmacies for less than a thirty-day
- 19 supply.

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1	SECTION 2. Chapter 431, Hawaii Revised Statutes, is
2	amended by adding a new section to part VI of article 10A to be
3	appropriately designated and to read as follows:
4	" <u>\$431:10A-</u> <u>Medication synchronization; proration;</u>
5	dispensing fees. (a) Each individual or group policy of
6	accident and health or sickness insurance that provides
7	prescription drug coverage in the State shall apply a prorated
8	daily cost-sharing rate to prescriptions that are dispensed by a
9	network pharmacy for less than a thirty-day supply for the
10	purpose of medication synchronization; provided that the insured
11	patient requests or agrees to less than a thirty-day supply.
12	(b) For the purposes of medication synchronization under
13	this section, the insurer that provides prescription drug
14	<pre>coverage shall:</pre>
15	(1) Not deny coverage for the dispensing of a maintenance
16	medication that is dispensed by a network pharmacy on
17	the basis that the dispensed amount is a partial
18	supply and the insured patient requests or agrees to a
19	partial supply; and

1	(2) Authorize a network pharmacy to override any denial
2	codes indicating that a prescription is being refilled
3	too soon.
4	(c) No policy providing prescription drug coverage shall
5	use payment structures incorporating prorated dispensing fees.
6	Dispensing fees for partially filled or refilled prescriptions
7	shall be paid in full for each prescription dispensed,
8	regardless of any prorated copayment for the beneficiary or fee
9	paid for medication synchronization services.
10	(d) A network pharmacy shall identify an anchor
11	prescription to which all other prescriptions may be subject to
12	medication synchronization; provided that any medication
13	dispensed in an unbreakable package shall not be considered the
14	anchor prescription for purposes of this section.
15	(e) No schedule II narcotic controlled substance listed in
16	section 329-16 shall be eligible for medication synchronization
17	under this section.
18	(f) For purposes of this section:
19	"Medication synchronization" means the coordination of
20	medication refills that are being dispensed by a single
20	medication retring that are being arbbeinged by a bingre

contracted pharmacy to an insured patient taking two or more

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- 1 medications for one or more chronic conditions so that the
- 2 patient's medications are refilled on the same schedule for a
- 3 given time period.
- 4 "Unbreakable package" means a medication form or package
- 5 that is to be dispensed in its original container. The term
- 6 "unbreakable package" includes but is not limited to eye drops,
- 7 inhalers, creams, and ointments."
- 8 SECTION 3. Chapter 432, Hawaii Revised Statutes, is
- 9 amended by adding a new section to part VI of article 1 to be
- 10 appropriately designated and to read as follows:
- 11 "§432:1- Medication synchronization; proration;
- 12 dispensing fees. (a) Each hospital or medical service plan
- 13 contract that provides prescription drug coverage in the State
- 14 shall apply a prorated daily cost-sharing rate to prescriptions
- 15 that are dispensed by a network pharmacy for less than a thirty-
- 16 day supply for the purpose of medication synchronization;
- 17 provided that the member patient requests or agrees to less than
- 18 a thirty-day supply.
- 19 (b) For the purposes of medication synchronization under
- 20 this section, the mutual benefit society that provides
- 21 prescription drug coverage shall:

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1	(1)	Not deny coverage for the dispensing of a maintenance
2		medication that is dispensed by a network pharmacy on
3		the basis that the dispensed amount is a partial
4		supply and the member patient requests or agrees to a
5		partial supply; and
6	(2)	Authorize a network pharmacy to override any denial
7		codes indicating that a prescription is being refilled
8		too soon.
9	<u>(c)</u>	No plan contract providing prescription drug coverage
10	shall use	payment structures incorporating prorated dispensing
11	fees. Dis	pensing fees for partially filled or refilled
12	prescript	ions shall be paid in full for each prescription
13	dispensed	, regardless of any prorated copayment for the
14	beneficia	ry or fee paid for medication synchronization services.
15	(d)	A network pharmacy shall identify an anchor
16	prescript	ion to which all other prescriptions may be subject to
17	medicatio	on synchronization; provided that any medication
18	dispensed	l in an unbreakable package shall not be considered the
19	anchor pr	escription for purposes of this section.
20	<u>(e)</u>	No schedule II narcotic controlled substance listed in
21	section 3	329-16 shall be eligible for medication synchronization.

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1	(1) For purposes or this section.
2	"Medication synchronization" means the coordination of
3	medication refills that are being dispensed by a single
4	contracted pharmacy to a member patient taking two or more
5	medications for one or more chronic conditions so that the
6	patient's medications are refilled on the same schedule for a
7	given time period.
8	"Unbreakable package" means a medication form or package
9	that is to be dispensed in its original container. The term
10	"unbreakable package" includes but is not limited to eye drops,
11	inhalers, creams, and ointments."
12	SECTION 4. Chapter 432D, Hawaii Revised Statutes, is
13	amended by adding a new section to be appropriately designated
14	and to read as follows:
15	"§432D- Medication synchronization; proration;
16	dispensing fees. (a) Each health maintenance organization
17	policy, contract, plan, or agreement that provides prescription
18	drug coverage in the State shall apply a prorated daily cost-
19	sharing rate to prescriptions that are dispensed by a network
20	pharmacy for less than a thirty-day supply for the purpose of

Ţ	medication	n synchronization; provided that the enrollee patient
2	requests	or agrees to less than a thirty-day supply.
3	(b)	For the purposes of medication synchronization under
4	this sect	ion, the health maintenance organization that provides
5	prescript	ion drug coverage shall:
6	(1)	Not deny coverage for the dispensing of a maintenance
7		medication that is dispensed by a network pharmacy on
8		the basis that the dispensed amount is a partial
9		supply and the enrollee patient requests or agrees to
10		a partial supply; and
11	(2)	Authorize a network pharmacy to override any denial
12		codes indicating that a prescription is being refilled
13		too soon.
14	(C)	No policy, contract, plan, or agreement providing
15	prescript	ion drug coverage shall use payment structures
16	incorpora	ting prorated dispensing fees. Dispensing fees for
17	partially	filled or refilled prescriptions shall be paid in full
18	for each	prescription dispensed, regardless of any prorated
19	copayment	for the beneficiary or fee paid for medication
20	synchroni	zation services.

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1	(d)	Α	network	pharmacy	shall	identify	an anchor

- 2 prescription to which all other prescriptions may be subject to
- 3 medication synchronization; provided that any medication
- 4 dispensed in an unbreakable package shall not be considered the
- 5 anchor prescription for purposes of this section.
- 6 (e) No schedule II narcotic controlled substance listed in
- 7 section 329-16 shall be eligible for medication synchronization.
- **8** (f) For purposes of this section:
- 9 "Medication synchronization" means the coordination of
- 10 medication refills that are being dispensed by a single
- 11 contracted pharmacy to an enrollee patient taking two or more
- 12 medications for one or more chronic conditions so that the
- 13 patient's medications are refilled on the same schedule for a
- 14 given time period.
- "Unbreakable package" means a medication form or package
- 16 that is to be dispensed in its original container. The term
- 17 "unbreakable package" includes but is not limited to eye drops,
- 18 inhalers, creams, and ointments."
- 19 SECTION 5. Section 461-1, Hawaii Revised Statutes, is
- 20 amended by amending the definition of "practice of pharmacy" to
- 21 read as follows:

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1 ""Practice	of	pharmacy"	means:
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2	(1)	The interpretation and evaluation of prescription
3		orders; the compounding, dispensing, and labeling of
4 .		drugs and devices (except labeling by a manufacturer,
5		packer, or distributor of nonprescription drugs and
6		commercially legend drugs and devices); the
7		participation in drug selection and drug utilization
8		reviews; the proper and safe storage of drugs and
9		devices and the maintenance of proper records
10		therefor; the responsibility for advising when
11		necessary or where regulated, of therapeutic values,
12		content, hazards, and use of drugs and devices; and
13		the interpretation and evaluation of prescription
14		orders to adjust the supply dispensed for purposes of
15		medication synchronization pursuant to section
16		431:10A- , 432:1- , or 432D- ;

(2) Performing the following procedures or functions as part of the care provided by and in concurrence with a "health care facility" and "health care service" as defined in section 323D-2, or a "pharmacy" or a licensed physician or a licensed advanced practice

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1	registered nurse with prescriptive authority, or a			
2	"managed care plan" as defined in section 432E-1, in			
3	accordance with policies, procedures, or protocols			
4	developed collaboratively by health professionals,			
5	including physicians and surgeons, pharmacists, and			
6	registered nurses, and for which a pharmacist has			
7	received appropriate training required by these			
8	policies, procedures, or protocols:			
9	(A) Ordering or performing routine drug therapy			
10	related patient assessment procedures;			
11	(B) Ordering drug therapy related laboratory tests;			
12	(C) Initiating emergency contraception oral drug			
13	therapy in accordance with a written			
14	collaborative agreement approved by the board,			
15	between a licensed physician or advanced practice			
16	registered nurse with prescriptive authority and			
17	a pharmacist who has received appropriate			
18	training that includes programs approved by the			
19	American Council of Pharmaceutical Education			
20	(ACPE), curriculum-based programs from an ACPE-			
21	accredited college of pharmacy, state or local			

	health department programs, or programs
	recognized by the board of pharmacy;
(D)	Administering drugs orally, topically, by
	intranasal delivery, or by injection, pursuant to
	the order of the patient's licensed physician or
	advanced practice registered nurse with
	prescriptive authority, by a pharmacist having
	appropriate training that includes programs
	approved by the ACPE, curriculum-based programs
	from an ACPE-accredited college of pharmacy,
	state or local health department programs, or
	programs recognized by the board of pharmacy;
(E)	Administering:
	(i) Immunizations orally, by injection, or by
	intranasal delivery, to persons eighteen
	years of age or older by a pharmacist having
	appropriate training that includes programs
	approved by the ACPE, curriculum-based
	programs from an ACPE-accredited college of
	pharmacy, state or local health department

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1	р	rograms, or programs recognized by the
2	b	oard of pharmacy;
3	(ii) V	accines to persons between fourteen and
4	s	eventeen years of age pursuant to section
5	4	61-11.4; and
6	(iii) H	uman papillomavirus, Tdap (tetanus,
7	d	iphtheria, pertussis), meningococcal, and
8	i	nfluenza vaccines to persons between eleven
9	a	nd seventeen years of age pursuant to
10	s	ection 461-11.4;
11	(F) As aut	horized by the written instructions of a
12	licens	ed physician or advanced practice
13	regist	ered nurse with prescriptive authority,
14	initia	ting or adjusting the drug regimen of a
15	patien	t pursuant to an order or authorization
16	made b	y the patient's licensed physician or
17	advanc	ed practice registered nurse with
18	prescr	iptive authority and related to the
19	condit	ion for which the patient has been seen by
20	the li	censed physician or advanced practice
21	regist	ered nurse with prescriptive authority;

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1		provided that the pharmacist shall issue written
2		notification to the patient's licensed physician
3		or advanced practice registered nurse with
4		prescriptive authority or enter the appropriate
5		information in an electronic patient record
6		system shared by the licensed physician or
7		advanced practice registered nurse with
8		prescriptive authority, within twenty-four hours;
9	(G)	Transmitting a valid prescription to another
10		pharmacist for the purpose of filling or
11		dispensing;
12	(H)	Providing consultation, information, or education
13		to patients and health care professionals based
14		on the pharmacist's training and for which no
15		other licensure is required; or
16	(I)	Dispensing an opioid antagonist in accordance
17		with a written collaborative agreement approved
18		by the board, between a licensed physician and a
19		pharmacist who has received appropriate training
20		that includes programs approved by the ACPE,
21		curriculum-based programs from an ACPE-accredited

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1	college of pharmacy, state or local health
2	department programs, or programs recognized by
3	the board;
4	(3) The offering or performing of those acts, services,
5	operations, or transactions necessary in the conduct
6	operation, management, and control of pharmacy; and
7	(4) Prescribing and dispensing contraceptive supplies
8	pursuant to section 461-11.6."
9	SECTION 6. New statutory material is underscored.
10	SECTION 7. This Act shall take effect on July 1, 2018.

Report Title:

Health Insurance; Medication Synchronization; Prescription Drug Coverage; Patients; Network Pharmacies

Description:

Allows the synchronization of plan participants' medications. Requires plans, policies, contracts, or agreements that are offered by health insurers, mutual benefit societies, and health maintenance organizations and provide prescription drug benefits, to apply prorated daily cost-sharing rates for prescriptions dispensed by network pharmacies for less than a thirty-day supply. (HB2145 CD1)

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