

ACT 197

H.B. NO. 2145

A Bill for an Act Relating to Medication Synchronization.

Be It Enacted by the Legislature of the State of Hawaii:

SECTION 1. The legislature finds that more than twenty-three per cent of Americans currently use three or more prescription medications, while eleven per cent of Americans take five or more medications. According to the most recent data from the federal Centers for Disease Control and Prevention, the costs of treating patients with chronic diseases account for eighty-six per cent of all health care costs in the United States. However, only fifty per cent of those on maintenance medications for chronic diseases adhere to their prescription therapies.

The legislature recognizes that studies have shown that medication adherence is critical to long-term positive patient outcomes, and that prescription medications are important tools that can assist in the management of chronic diseases. However, patients often delay or miss their medication refills due to confusion over when refills are needed for prescriptions.

The legislature further finds that more than fifteen states have passed legislation that enables pharmacies and patients to work together with their practitioners to synchronize the dispensing of medications. Medication synchronization facilitates the coordination of medication refills so that patients who take two or more maintenance medications for chronic conditions can refill their medications on the same schedule. Medication synchronization improves patient health by improving medication adherence rates, minimizing disruptions in treatment, simplifying patient and caregiver routines, streamlining trips to the pharmacy, reducing costs to insurers, promoting efficient workflow in pharmacies, and synchronizing all of a patient's medications for one pickup day every month.

Accordingly, the purpose of this Act is to allow the synchronization of plan participants' medications by requiring health 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.

SECTION 2. Chapter 431, Hawaii Revised Statutes, is amended by adding a new section to part VI of article 10A to be appropriately designated and to read as follows:

“§431:10A- Medication synchronization; proration; dispensing fees.

(a) Each individual or group policy of accident and health or sickness insurance that provides prescription drug coverage in the State shall apply a prorated daily cost-sharing rate to prescriptions that are dispensed by a network pharmacy for less than a thirty-day supply for the purpose of medication synchronization; provided that the insured patient requests or agrees to less than a thirty-day supply.

(b) For the purposes of medication synchronization under this section, the insurer that provides prescription drug coverage shall:

- (1) Not deny coverage for the dispensing of a maintenance medication that is dispensed by a network pharmacy on the basis that the dispensed amount is a partial supply and the insured patient requests or agrees to a partial supply; and
- (2) Authorize a network pharmacy to override any denial codes indicating that a prescription is being refilled too soon.

(c) No policy providing prescription drug coverage shall use payment structures incorporating prorated dispensing fees. Dispensing fees for partially filled or refilled prescriptions shall be paid in full for each prescription dispensed, regardless of any prorated copayment for the beneficiary or fee paid for medication synchronization services.

(d) A network pharmacy shall identify an anchor prescription to which all other prescriptions may be subject to medication synchronization; provided that any medication dispensed in an unbreakable package shall not be considered the anchor prescription for purposes of this section.

(e) No schedule II narcotic controlled substance listed in section 329-16 shall be eligible for medication synchronization under this section.

(f) For purposes of this section:

“Medication synchronization” means the coordination of medication refills that are being dispensed by a single contracted pharmacy to an insured patient taking two or more medications for one or more chronic conditions so that the patient’s medications are refilled on the same schedule for a given time period.

“Unbreakable package” means a medication form or package that is to be dispensed in its original container. The term “unbreakable package” includes but is not limited to eye drops, inhalers, creams, and ointments.”

SECTION 3. Chapter 432, Hawaii Revised Statutes, is amended by adding a new section to part VI of article 1 to be appropriately designated and to read as follows:

“§432:1- Medication synchronization; proration; dispensing fees. (a) Each hospital or medical service plan contract that provides prescription drug coverage in the State shall apply a prorated daily cost-sharing rate to prescriptions that are dispensed by a network pharmacy for less than a thirty-day supply for the purpose of medication synchronization; provided that the member patient requests or agrees to less than a thirty-day supply.

(b) For the purposes of medication synchronization under this section, the mutual benefit society that provides prescription drug coverage shall:

(1) Not deny coverage for the dispensing of a maintenance medication that is dispensed by a network pharmacy on the basis that the dispensed amount is a partial supply and the member patient requests or agrees to a partial supply; and

(2) Authorize a network pharmacy to override any denial codes indicating that a prescription is being refilled too soon.

(c) No plan contract providing prescription drug coverage shall use payment structures incorporating prorated dispensing fees. Dispensing fees for partially filled or refilled prescriptions shall be paid in full for each prescription dispensed, regardless of any prorated copayment for the beneficiary or fee paid for medication synchronization services.

(d) A network pharmacy shall identify an anchor prescription to which all other prescriptions may be subject to medication synchronization; provided that any medication dispensed in an unbreakable package shall not be considered the anchor prescription for purposes of this section.

(e) No schedule II narcotic controlled substance listed in section 329-16 shall be eligible for medication synchronization.

(f) For purposes of this section:

“Medication synchronization” means the coordination of medication refills that are being dispensed by a single contracted pharmacy to a member patient taking two or more medications for one or more chronic conditions so

that the patient's medications are refilled on the same schedule for a given time period.

“Unbreakable package” means a medication form or package that is to be dispensed in its original container. The term “unbreakable package” includes but is not limited to eye drops, inhalers, creams, and ointments.”

SECTION 4. Chapter 432D, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

“§432D- Medication synchronization; proration; dispensing fees. (a) Each health maintenance organization policy, contract, plan, or agreement that provides prescription drug coverage in the State shall apply a prorated daily cost-sharing rate to prescriptions that are dispensed by a network pharmacy for less than a thirty-day supply for the purpose of medication synchronization; provided that the enrollee patient requests or agrees to less than a thirty-day supply.

(b) For the purposes of medication synchronization under this section, the health maintenance organization that provides prescription drug coverage shall:

- (1) Not deny coverage for the dispensing of a maintenance medication that is dispensed by a network pharmacy on the basis that the dispensed amount is a partial supply and the enrollee patient requests or agrees to a partial supply; and
- (2) Authorize a network pharmacy to override any denial codes indicating that a prescription is being refilled too soon.

(c) No policy, contract, plan, or agreement providing prescription drug coverage shall use payment structures incorporating prorated dispensing fees. Dispensing fees for partially filled or refilled prescriptions shall be paid in full for each prescription dispensed, regardless of any prorated copayment for the beneficiary or fee paid for medication synchronization services.

(d) A network pharmacy shall identify an anchor prescription to which all other prescriptions may be subject to medication synchronization; provided that any medication dispensed in an unbreakable package shall not be considered the anchor prescription for purposes of this section.

(e) No schedule II narcotic controlled substance listed in section 329-16 shall be eligible for medication synchronization.

- (f) For purposes of this section:

“Medication synchronization” means the coordination of medication refills that are being dispensed by a single contracted pharmacy to an enrollee patient taking two or more medications for one or more chronic conditions so that the patient's medications are refilled on the same schedule for a given time period.

“Unbreakable package” means a medication form or package that is to be dispensed in its original container. The term “unbreakable package” includes but is not limited to eye drops, inhalers, creams, and ointments.”

SECTION 5. Section 461-1, Hawaii Revised Statutes, is amended by amending the definition of “practice of pharmacy” to read as follows:

““Practice of pharmacy” means:

- (1) The interpretation and evaluation of prescription orders; the compounding, dispensing, and labeling of drugs and devices (except labeling by a manufacturer, packer, or distributor of nonprescription drugs and commercially legend drugs and devices); the participation in drug selection and drug utilization reviews; the proper and safe storage of drugs and devices and the maintenance of proper

records therefor; the responsibility for advising when necessary or where regulated, of therapeutic values, content, hazards, and use of drugs and devices; and the interpretation and evaluation of prescription orders to adjust the supply dispensed for purposes of medication synchronization pursuant to section 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 registered nurse with prescriptive authority, or a “managed care plan” as defined in section 432E-1, in accordance with policies, procedures, or protocols developed collaboratively by health professionals, including physicians and surgeons, pharmacists, and registered nurses, and for which a pharmacist has received appropriate training required by these policies, procedures, or protocols:
- (A) Ordering or performing routine drug therapy related patient assessment procedures;
 - (B) Ordering drug therapy related laboratory tests;
 - (C) Initiating emergency contraception oral drug therapy in accordance with a written collaborative agreement approved by the board, between a licensed physician or advanced practice registered nurse with prescriptive authority and a pharmacist who has received appropriate training that includes programs approved by the American Council of Pharmaceutical Education (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;
 - (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 programs, or programs recognized by the board of pharmacy;
 - (ii) Vaccines to persons between fourteen and seventeen years of age pursuant to section 461-11.4; and
 - (iii) Human papillomavirus, Tdap (tetanus, diphtheria, pertussis), meningococcal, and influenza vaccines to persons between eleven and seventeen years of age pursuant to section 461-11.4;
 - (F) As authorized by the written instructions of a licensed physician or advanced practice registered nurse with prescriptive authority, initiating or adjusting the drug regimen of a patient pursuant to an order or authorization made by the patient’s

- licensed physician or advanced practice registered nurse with prescriptive authority and related to the condition for which the patient has been seen by the licensed physician or advanced practice registered nurse with prescriptive authority; provided that the pharmacist shall issue written notification to the patient's licensed physician or advanced practice registered nurse with prescriptive authority or enter the appropriate information in an electronic patient record system shared by the licensed physician or advanced practice registered nurse with prescriptive authority, within twenty-four hours;
- (G) Transmitting a valid prescription to another pharmacist for the purpose of filling or dispensing;
 - (H) Providing consultation, information, or education to patients and health care professionals based on the pharmacist's training and for which no other licensure is required; or
 - (I) Dispensing an opioid antagonist in accordance with a written collaborative agreement approved by the board, between a licensed physician and a pharmacist who has received 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;
- (3) The offering or performing of those acts, services, operations, or transactions necessary in the conduct, operation, management, and control of pharmacy; and
 - (4) Prescribing and dispensing contraceptive supplies pursuant to section 461-11.6.”

SECTION 6. New statutory material is underscored.¹

SECTION 7. This Act shall take effect on July 1, 2018.

(Approved July 10, 2018.)

Note

- 1. Edited pursuant to HRS §23G-16.5.