

JAN 19 2018

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 according to recent
2 data from the federal Centers for Disease Control and
3 Prevention, more than twenty-three per cent of Americans use
4 three or more prescription medications, while eleven per cent of
5 Americans take five or more medications. Data from the Centers
6 for Disease Control and Prevention also indicates that, although
7 the treatment of patients with chronic diseases accounts for
8 eighty-six per cent of the total health care spending in
9 America, only fifty per cent of those on maintenance medications
10 for chronic diseases adhere to their prescription therapies.

11 The legislature further finds that medication
12 synchronization involves the coordination of a patient's
13 medication refills, so that a patient who takes two or more
14 maintenance medications for chronic conditions can refill the
15 medications on the same schedule. Studies have shown that
16 medication adherence is critical to long-term positive patient
17 outcomes and that prescription medications are an important tool



1 that can help manage chronic diseases. Medication
2 synchronization improves patient health by: improving
3 medication adherence rates; minimizing disruptions in treatment
4 due to delayed or missed refills because of confusion regarding
5 when a prescription is due; simplifying patient and caregiver
6 routines by streamlining trips to the pharmacy; reducing costs
7 to insurers; and promoting efficient workflow in pharmacies by
8 allowing pharmacists and patients to work together to
9 synchronize a patient's medications for pick-up on the same day
10 each month.

11 The legislature additionally finds that more than twenty
12 states have passed legislation that enables pharmacies and
13 patients to work together with health care practitioners to
14 synchronize medications.

15 Accordingly, the purpose of this Act is to allow the
16 synchronization of plan participants' medications by requiring
17 health plans, policies, contracts, or agreements, which are
18 offered by health insurers, mutual benefit societies, and health
19 maintenance organizations and provide prescription drug
20 benefits, to apply prorated daily cost-sharing rates for



1 prescriptions dispensed by pharmacies for less than a thirty-day
2 supply.

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

6 "§431:10A- Medication synchronization; proration;
7 dispensing fees. (a) Each individual or group accident and
8 health or sickness insurance policy that provides prescription
9 drug coverage in the State shall permit and apply a prorated
10 daily cost-sharing rate to prescriptions that are dispensed by a
11 network pharmacy for less than a thirty days' supply, if the
12 prescriber or pharmacist determines the fill or refill to be in
13 the best interest of the insured patient and the patient
14 requests or agrees to less than a thirty days' supply for the
15 purpose of synchronizing the insured patient's medications.

16 (b) No insurer under this section that provides
17 prescription drug coverage shall deny coverage for the
18 dispensing of a maintenance medication that is dispensed by a
19 network pharmacy on the basis that the dispensed amount is a
20 partial supply, if the prescriber or pharmacist determines the
21 fill or refill to be in the best interest of the patient and the



1 patient requests or agrees to a partial supply for the purpose
2 of synchronizing the patient's medications.

3 For the purposes of medication synchronization, each
4 insurer shall allow a pharmacy to override any denial codes
5 indicating that a prescription is being refilled too soon.

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

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

15 (e) For purposes of this section, "medication
16 synchronization" means the coordination of medication refills
17 for a patient taking two or more medications for one or more
18 chronic conditions that are being dispensed by a single
19 contracted pharmacy, such that the patient's medications are
20 refilled on the same schedule for a given time period for the
21 purpose of improving medication adherence."



SECTION 3. Chapter 432, Hawaii Revised Statutes, is amended by adding a new section to 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 permit and apply a prorated daily cost-sharing rate to prescriptions that are dispensed by a network pharmacy for less than a thirty days' supply, if the prescriber or pharmacist determines the fill or refill to be in the best interest of the insured patient and the patient requests or agrees to less than a thirty days' supply for the purpose of synchronizing the insured patient's medications.

(b) No mutual benefit society under this section that provides prescription drug coverage shall 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, if the prescriber or pharmacist determines the fill or refill to be in the best interest of the patient and the patient requests or agrees to a partial supply for the purpose of synchronizing the patient's medications.



1 For the purposes of medication synchronization, each mutual
2 benefit society shall allow a pharmacy to override any denial
3 codes indicating that a prescription is being refilled too soon.

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

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

13 (e) For purposes of this section, "medication
14 synchronization" means the coordination of medication refills
15 for a patient taking two or more medications for one or more
16 chronic conditions that are being dispensed by a single
17 contracted pharmacy, such that the patient's medications are
18 refilled on the same schedule for a given time period for the
19 purpose of improving medication adherence."



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 permit and apply a prorated daily cost-sharing rate to prescriptions that are dispensed by a network pharmacy for less than a thirty days' supply, if the prescriber or pharmacist determines the fill or refill to be in the best interest of the insured patient and the patient requests or agrees to less than a thirty days' supply for the purpose of synchronizing the insured patient's medications.

(b) No health maintenance organization under this section that provides prescription drug coverage shall 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, if the prescriber or pharmacist determines the fill or refill to be in the best interest of the patient and the patient requests or agrees to a partial supply for the purpose of synchronizing the patient's medications.



1 For the purposes of medication synchronization, each health
2 maintenance organization shall allow a pharmacy to override any
3 denial codes indicating that a prescription is being refilled
4 too soon.

5 (c) No policy, contract, plan, or agreement providing
6 prescription drug coverage shall use payment structures
7 incorporating prorated dispensing fees. Dispensing fees for
8 partially filled or refilled prescriptions shall be paid in full
9 for each prescription dispensed, regardless of any prorated
10 copay for the beneficiary or fee paid for alignment services.

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

14 (e) For purposes of this section, "medication
15 synchronization" means the coordination of medication refills
16 for a patient taking two or more medications for one or more
17 chronic conditions that are being dispensed by a single
18 contracted pharmacy, such that the patient's medications are
19 refilled on the same schedule for a given time period for the
20 purpose of improving medication adherence."



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

4 "Practice of pharmacy" means:

- 5 (1) The interpretation and evaluation of prescription
6 orders; the compounding, dispensing, and labeling of
7 drugs and devices (except labeling by a manufacturer,
8 packer, or distributor of nonprescription drugs and
9 commercially legend drugs and devices); the
10 participation in drug selection and drug utilization
11 reviews; the proper and safe storage of drugs and
12 devices and the maintenance of proper records
13 therefor; the responsibility for advising when
14 necessary or where regulated, of therapeutic values,
15 content, hazards, and use of drugs and devices; the
16 interpretation and evaluation of prescription orders
17 to adjust days' supply dispensed for purposes of
18 aligning the insured patient's medications;
19 (2) Performing the following procedures or functions as
20 part of the care provided by and in concurrence with a
21 "health care facility" and "health care service" as



1 defined in section 323D-2, or a "pharmacy" or a
2 licensed physician or a licensed advanced practice
3 registered nurse with prescriptive authority, or a
4 "managed care plan" as defined in section 432E-1, in
5 accordance with policies, procedures, or protocols
6 developed collaboratively by health professionals,
7 including physicians and surgeons, pharmacists, and
8 registered nurses, and for which a pharmacist has
9 received appropriate training required by these
10 policies, procedures, or protocols:

- 11 (A) Ordering or performing routine drug therapy
12 related patient assessment procedures;
- 13 (B) Ordering drug therapy related laboratory tests;
- 14 (C) Initiating emergency contraception oral drug
15 therapy in accordance with a written
16 collaborative agreement approved by the board,
17 between a licensed physician or advanced practice
18 registered nurse with prescriptive authority and
19 a pharmacist who has received appropriate
20 training that includes programs approved by the
21 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



1 pharmacy, state or local health department
2 programs, or programs recognized by the
3 board of pharmacy;

4 (ii) Vaccines to persons between fourteen and
5 seventeen years of age pursuant to section
6 461-11.4; and

7 (iii) Human papillomavirus, Tdap (tetanus,
8 diphtheria, pertussis), meningococcal, and
9 influenza vaccines to persons between eleven
10 and seventeen years of age pursuant to
11 section 461-11.4;

12 (F) As authorized by the written instructions of a
13 licensed physician or advanced practice
14 registered nurse with prescriptive authority,
15 initiating or adjusting the drug regimen of a
16 patient pursuant to an order or authorization
17 made by the patient's licensed physician or
18 advanced practice registered nurse with
19 prescriptive authority and related to the
20 condition for which the patient has been seen by
21 the licensed physician or advanced practice



1 registered nurse with prescriptive authority;
2 provided that the pharmacist shall issue written
3 notification to the patient's licensed physician
4 or advanced practice registered nurse with
5 prescriptive authority or enter the appropriate
6 information in an electronic patient record
7 system shared by the licensed physician or
8 advanced practice registered nurse with
9 prescriptive authority, within twenty-four hours;

10 (G) Transmitting a valid prescription to another
11 pharmacist for the purpose of filling or
12 dispensing;

13 (H) Providing consultation, information, or education
14 to patients and health care professionals based
15 on the pharmacist's training and for which no
16 other licensure is required; or

17 (I) Dispensing an opioid antagonist in accordance
18 with a written collaborative agreement approved
19 by the board, between a licensed physician and a
20 pharmacist who has received appropriate training
21 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.

SECTION 7. This Act shall take effect upon its approval.

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S.B. NO. 2656

Report Title:

Health Insurance; Medication Synchronization; Prescription Drug Coverage; 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 organization and provide prescription drug benefits, to apply prorated daily cost-sharing rates for prescriptions dispensed by pharmacies for less than a thirty-day supply.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

