

30 Section 1. Section 31A-22-642 is enacted to read:

31 **31A-22-642. Prescription synchronization -- Copay and dispensing fee**
32 **restrictions.**

33 (1) For purposes of this section:

34 (a) "Copay" means the copay normally charged for a prescription drug.

35 (b) "Health insurer" means an insurer, as defined in Subsection [31A-22-634\(1\)](#).

36 (c) "Network pharmacy" means a pharmacy included in a health insurance plan's
37 network of pharmacy providers.

38 (d) "Prescription drug" means a prescription drug, as defined in Section [58-17b-102](#),
39 that is prescribed for a chronic condition.

40 (2) A health insurance plan may not charge an amount in excess of the copay for the
41 dispensing of a prescription drug in a quantity less than the prescribed amount if:

42 (a) the pharmacy dispenses the prescription drug in accordance with the health insurer's
43 synchronization policy; and

44 (b) the prescription drug is dispensed by a network pharmacy.

45 (3) A health insurance plan that includes a prescription drug benefit:

46 (a) shall implement a synchronization policy for the dispensing of prescription drugs to
47 the plan's enrollees; and

48 (b) may not base the dispensing fee for an individual prescription on the quantity of the
49 prescription drug dispensed to fill or refill the prescription unless otherwise agreed to by the
50 plan and the contracted pharmacy at the time the individual requests synchronization.

51 (4) This section applies to health benefit plans renewed or entered into on or after
52 January 1, 2015.