

SB0210S01 compared with SB0210

~~{deleted text}~~ shows text that was in SB0210 but was deleted in SB0210S01.

inserted text shows text that was not in SB0210 but was inserted into SB0210S01.

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Senator Curtis S. Bramble proposes the following substitute bill:

PRESCRIPTION SYNCHRONIZATION

2014 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Curtis S. Bramble

House Sponsor: _____

LONG TITLE

General Description:

This bill addresses payments by health insurance plans for the synchronization of prescription drug dispensing.

Highlighted Provisions:

This bill:

- ▶ provides definitions;
- ~~{~~ → creates a cap on the copay charged by a health insurance plan for the dispensing of certain prescription drugs in quantities less than a 30-day supply;
- ‡ ▶ prohibits a health insurance plan that provides prescription drug coverage from excluding certain prescription drugs dispensed in quantities less than ~~{a 30-day supply}~~ the prescribed amount;
- ▶ prohibits a health insurance plan from basing the dispensing fee for an individual

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prescription on the quantity of the prescription drug dispensed to fill or refill the prescription; and

- ▶ requires administrative rulemaking.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

ENACTS:

31A-22-642, Utah Code Annotated 1953

Be it enacted by the Legislature of the state of Utah:

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

31A-22-642. Prescription synchronization -- Copay restrictions.

(1) For purposes of this section:

(a) "Copay~~{ cap }~~" means the copay normally charged for a ~~{30-day supply of a }prescription drug~~~~{, multiplied by the copay factor for the drug.}~~

~~—— (b) "Copay factor" means the number of days for which a prescription drug is prescribed, divided by 30.}~~

~~(~~f~~~~e~~~~b~~) "Health insurer" means an insurer, as defined in Subsection 31A-22-634(1).~~

~~(~~f~~~~d~~~~c~~) "Network pharmacy" means a pharmacy included in a health insurance plan's network of pharmacy providers.~~

~~(~~f~~~~e~~~~d~~) "Prescription drug" means a prescription drug, as defined in Section 58-17b-102, that is prescribed for a chronic condition.~~

(2) A health insurance plan may not charge ~~{a copay}~~~~an amount~~ in excess of the copay~~{ cap }~~ for the dispensing of a prescription drug in a quantity less than ~~{a 30-day supply}~~~~the prescribed amount~~ if:

(a) ~~the prescriber, or the pharmacist or pharmacy intern, has noted on the prescription that {prescribing}dispensing less than {a 30-day supply}the prescribed amount permits synchronization of the prescription's original or refill dispensing date with the original or refill dispensing date of one or more other prescriptions; and~~

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

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

(a) ~~{may not exclude from}~~ shall implement a synchronization policy for the
~~{benefit}~~ dispensing of prescription drugs ~~{described in Subsection (2)}~~ to the plan's enrollees;
and

(b) may not base the dispensing fee for an individual prescription on the quantity of the
prescription drug dispensed to fill or refill the prescription~~†~~

~~———— (4) The commissioner shall make rules in accordance with Title 63G, Chapter 3, Utah~~
~~Administrative Rulemaking Act, to implement this section, including rules defining "chronic~~
~~condition" and "network of pharmacy providers," and rules facilitating the notation described~~
~~in Subsection (2)(a).~~

~~———— (5) unless otherwise agreed to by the plan and the contracted pharmacy.~~

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

†

Legislative Review Note

~~———— as of 2-18-14 10:33 AM~~

~~———— Office of Legislative Research and General Counsel}~~