

SENATE BILL 497

By Haile

AN ACT to amend Tennessee Code Annotated, Title 56
and Title 71, relative to synchronization of
medications.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, Part 23, is amended by adding the following as a new section to be appropriately designated:

(a) A contract or policy of an insurer that provides benefits for prescription drugs, whether under an individual or group health insurance policy providing coverage on an expense-incurred basis, an individual or group service contract issued by a health maintenance organization, a self-insured group arrangement to the extent not preempted by federal law, or a managed healthcare delivery entity of any type or description providing 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-day 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 less than a thirty-day supply, for the purpose of synchronizing the patient's medications.

(b) A contract or policy of an insurer that provides benefits for prescription drugs, whether under an individual or group health insurance policy providing coverage on an expense-incurred basis, an individual or group service contract issued by a health maintenance organization, a self-insured group arrangement to the extent not preempted by federal law, or a managed healthcare delivery entity of any type or description providing prescription drug coverage, shall not deny coverage for the dispensing of a chronic medication that is made in accordance with a policy or contract,

a practitioner, and a pharmacist for the purpose of synchronizing the filling or refilling of multiple prescriptions for the insured. The policy or contract shall allow a pharmacy to override any denial codes indicating that a prescription is being refilled too soon for the purposes of medication synchronization.

(c) A contract or policy of an insurer that provides benefits for prescription drugs, whether under an individual or group health insurance policy providing coverage on an expense-incurred basis, an individual or group service contract issued by a health maintenance organization, a self-insured group arrangement to the extent not preempted by federal law, or a managed healthcare delivery entity of any type or description providing prescription drug coverage, shall not 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 alignment services.

(d) To permit synchronization, a policy or contract operating under subsection (a) shall apply a prorated daily cost-sharing rate to any medication dispensed by a network pharmacy pursuant to this section.

(e) Any dispensing fee related to a medication synchronized pursuant to this section shall be determined exclusively on the total number of prescriptions dispensed.

SECTION 2. Tennessee Code Annotated, Title 71, Chapter 5, Part 1, is amended by adding the following as a new section to be appropriately designated:

The bureau of TennCare or a managed care organization contracted to provide services pursuant to this chapter shall permit synchronization of prescription refills for the treatment of a chronic illness that is made according to a plan among the enrollee, a provider, and a pharmacist to synchronize the refilling of multiple prescriptions for the enrollee.

SECTION 3. This act shall take effect July 1, 2015, the public welfare requiring it. It shall apply to policies, plans, or contracts issued, renewed, or entered into on and after July 1, 2015.