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:
<ul><li>provides definitions;</li></ul>
<ul> <li>creates a cap on the copay charged by a health insurance plan for the dispensing of</li> </ul>
certain prescription drugs in quantities less than a 30-day supply;
<ul> <li>prohibits a health insurance plan that provides prescription drug coverage from</li> </ul>
excluding certain prescription drugs dispensed in quantities less than a 30-day
supply;
<ul> <li>prohibits a health insurance plan from basing the dispensing fee for an individual</li> </ul>
prescription on the quantity of the prescription drug dispensed to fill or refill the
prescription; and
<ul> <li>requires administrative rulemaking.</li> </ul>
Money Appropriated in this Bill:
None
Other Special Clauses:
None
Utah Code Sections Affected:



S.B. 210 02-19-14 9:06 AM

]	ENACTS:
	<b>31A-22-642</b> , Utah Code Annotated 1953
1	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
1	prescription drug, multiplied by the copay factor for the drug.
	(b) "Copay factor" means the number of days for which a prescription drug is
1	prescribed, divided by 30.
	(c) "Health insurer" means an insurer, as defined in Subsection 31A-22-634(1).
	(d) "Network pharmacy" means a pharmacy included in a health insurance plan's
1	network of pharmacy providers.
	(e) "Prescription drug" means a prescription drug, as defined in Section 58-17b-102,
1	that is prescribed for a chronic condition.
	(2) A health insurance plan may not charge a copay in excess of the copay cap for the
(	dispensing of a prescription drug in a quantity less than a 30-day supply if:
	(a) the prescriber, or the pharmacist or pharmacy intern, has noted on the prescription
1	that prescribing less than a 30-day supply permits synchronization of the prescription's original
(	or refill dispensing date with the original or refill dispensing date of one or more other
1	prescriptions; and
	(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 the benefit prescription drugs described in Subsection (2);
2	and
	(b) may not base the dispensing fee for an individual prescription on the quantity of the
1	prescription drug dispensed to fill or refill the prescription.
	(4) The commissioner shall make rules in accordance with Title 63G, Chapter 3, Utah
4	Administrative Rulemaking Act, to implement this section, including rules defining "chronic
(	condition" and "network of pharmacy providers," and rules facilitating the notation described

02-19-14 9:06 AM S.B. 210

- 59 <u>in Subsection (2)(a).</u>
- 60 (5) This section applies to health benefit plans renewed or entered into on or after
- 61 January 1, 2015.

Legislative Review Note as of 2-18-14 10:33 AM

Office of Legislative Research and General Counsel