

HOUSE BILL 139

By Sexton C

AN ACT to amend Tennessee Code Annotated, Title 56
and Title 63, relative to medication
synchronization.

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:

(a) For the purposes of this section "an individual or group health insurance policy or contract" includes a health insurance policy or contract providing coverage on an expense-incurred basis, every policy or contract issued by a hospital or medical service corporation, an individual or group service contract issued by a health maintenance organization, and a self-insured group arrangement to the extent not preempted by federal law that is delivered, issued for delivery, or renewed in this state.

(b) An individual or group health insurance policy or contract providing prescription drug coverage in this state must permit and apply a prorated daily cost-sharing rate to prescriptions that are dispensed by a network pharmacy for 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.

(c) An individual or group health insurance policy contract providing prescription drug coverage shall not deny coverage for the dispensing of a medication that is dispensed by a network pharmacy on the basis that the dispensing is for 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 medication. The individual or group health plan must allow a pharmacy to override any denial codes indicating that a prescription is being refilled too soon for the purposes of medication synchronization.

(d) An individual or group health insurance policy or contract 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 copay for the beneficiary or fee paid for alignment services.

SECTION 2. This act shall take effect July 1, 2017, the public welfare requiring it. This act shall apply to policies or contracts entered into or renewed on or after July 1, 2017.