

HB 198 -- PRESCRIPTION DRUG COVERAGE

SPONSOR: Morris

This bill requires a health carrier and health benefit plan that provides prescription drug coverage in the state to permit and apply a prorated daily cost-sharing rate to prescriptions that are dispensed by a network pharmacy for less than a 30 day supply if the prescriber or pharmacist indicates the fill or refill could be in the best interest of the patient or is for the purpose of synchronizing the patient's chronic medications.

A health carrier or health benefit plan that provides prescription drug coverage is prohibited from denying coverage for the dispensing of any drug prescribed for the treatment of a chronic illness that is made in accordance with a plan among the insured, the prescriber, and a pharmacist to synchronize the refilling of multiple prescriptions for the insured. The bill prohibits a health carrier or health benefit plan providing prescription drug coverage from using payment structures incorporating prorated dispensing fees determined by calculation of the days' supply of medication dispensed and requires dispensing fees to be determined exclusively on the total number of prescriptions dispensed. These provisions must not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term major medical policy of six months or less duration, or any other supplemental policy.