

LEGISLATURE OF NEBRASKA
ONE HUNDRED SIXTH LEGISLATURE
FIRST SESSION

LEGISLATIVE BILL 442

FINAL READING

Introduced by McCollister, 20; Dorn, 30; Kolterman, 24; Lindstrom, 18.

Read first time January 18, 2019

Committee: Banking, Commerce and Insurance

- 1 A BILL FOR AN ACT relating to insurance; to require coverage for filling
- 2 prescriptions to synchronize the patient's medications.
- 3 Be it enacted by the people of the State of Nebraska,

1 Section 1. (1) Notwithstanding section 44-3,131, (a) any individual
2 or group sickness and accident insurance policy, certificate, or
3 subscriber contract delivered, issued for delivery, or renewed in this
4 state and any hospital, medical, or surgical expense-incurred policy,
5 except for policies that provide coverage for a specified disease or
6 other limited-benefit coverage, and (b) any self-funded employee benefit
7 plan to the extent not preempted by federal law that provides coverage
8 for prescription medications shall apply a prorated daily cost-sharing
9 rate to prescriptions that are dispensed by a network pharmacy for a
10 partial supply if the prescribing practitioner or pharmacist determines
11 the fill or refill to be in the best interest of the patient and the
12 patient requests or agrees to a partial supply for the purpose of
13 synchronizing the patient's medications.

14 (2) A policy, certificate, contract, or plan provider shall not deny
15 coverage for the dispensing of a medication that is dispensed by a
16 network pharmacy on the basis that the dispensing is for a partial supply
17 if the prescribing practitioner or pharmacist determines the fill or
18 refill to be in the best interest of the patient and the patient requests
19 or agrees to a partial supply for the purpose of synchronizing the
20 patient's medications. The policy, certificate, contract, or plan shall
21 allow a pharmacy to override any denial codes indicating that a
22 prescription is being refilled too soon for purposes of medication
23 synchronization.

24 (3) To be eligible for coverage under this section, the medication:

25 (a) Must be covered by the enrollee's health benefit plan or have
26 been approved by a formulary exception process;

27 (b) Must meet the prior authorization or utilization management
28 criteria specifically applicable to the medication under the health
29 benefit plan on the date the request for synchronization is made;

30 (c) Must be used for treatment and management of a chronic illness;

31 (d) Must be a formulation that can be safely split into short-fill

1 periods to achieve medication synchronization; and

2 (e) Must not be a controlled substance listed in Schedule II of
3 section 28-405.

4 (4) A policy, certificate, contract, or plan provider shall not use
5 payment structures incorporating prorated dispensing fees. Dispensing
6 fees for partially filled or refilled prescriptions shall be paid in full
7 for each prescription dispensed, regardless of any prorated daily cost-
8 sharing for the beneficiary or fee paid for alignment services.

9 (5) For purposes of this section, synchronizing the patient's
10 medications means the coordination of medications for a patient who has
11 been prescribed two or more medications for one or more chronic
12 conditions so that the patient's medications are refilled on the same
13 schedule for a given time period.

14 (6) This section shall apply to any policy, certificate, contract,
15 or plan that is delivered, issued for delivery, or renewed in this state
16 on or after the effective date of this act.