The Legislature
of the
State of New Mexico

52nd Legislature, 1st Session

LAWS 2015

CHAPTER 65

HOUSE BILL 274, with certificate of correction

Introduced by

REPRESENTATIVE DEBORAH A. ARMSTRONG AND
REPRESENTATIVE PATRICIA ROYBAL CABALLERO

REPRESENTATIVE JIM R. TRUJILLO
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REPRESENTATIVE GEORGENE LOUIS
REPRESENTATIVE SHERYL WILLIAMS STAPLETON
March 21, 2015

CERTIFICATE OF CORRECTION

The following errors were found in

HOUSE BILL 274

and have been corrected in enrolling and engrossing:

1. On page 3, line 16 of the original bill, the words “in the best (duplicate)” were deleted to correct a drafting error and the correction appears on page 3, line 10 of the enrolled and engrossed bill.

2. On page 5, line 4 of the original bill, the words “in the best (duplicate)” were deleted to correct a drafting error and the correction appears on page 4, line 23 of the enrolled and engrossed bill.

3. On page 6, line 17 of the original bill, the words “in the best (duplicate)” were deleted to correct a drafting error and the correction appears on page 6, line 12 of the enrolled and engrossed bill.

4. On page 9, line 20 of the original bill, the words “in the best (duplicate)” were deleted to correct a drafting error and the correction appears on page 9, line 16 of the enrolled and engrossed bill.

Chairman
Enrolling and Engrossing Committee
CHAPTER 65

AN ACT

RELATING TO HEALTH COVERAGE; ENACTING SECTIONS OF THE HEALTH CARE PURCHASING ACT, THE PUBLIC ASSISTANCE ACT, THE NEW MEXICO INSURANCE CODE, THE HEALTH MAINTENANCE ORGANIZATION LAW AND THE NONPROFIT HEALTH CARE PLAN LAW TO ALLOW SYNCHRONIZATION OF PRESCRIPTIONS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. A new section of the Health Care Purchasing Act is enacted to read:

"PHARMACY BENEFITS--PRESCRIPTION SYNCHRONIZATION.--

A. Group health coverage, including any form of self-insurance, offered, issued or renewed under the Health Care Purchasing Act that offers a prescription drug benefit shall allow an enrollee to fill or refill a prescription for less than a thirty-day supply of the prescription drug, and apply a prorated daily copayment or coinsurance for the fill or refill, if:

(1) the prescribing practitioner or the pharmacist determines the fill or refill to be in the best interest of the patient;

(2) the patient requests or agrees to receive less than a thirty-day supply of the prescription drug; and

(3) the reduced fill or refill is made for
the purpose of synchronizing the patient's prescription drug fills.

6. Group health coverage, including any form of self-insurance, offered, issued or renewed under the Health Care Purchasing Act that offers a prescription drug benefit shall not:

   (1) deny coverage for the filling of a chronic medication when the fill is made in accordance with a plan to synchronize multiple prescriptions for the enrollee pursuant to Subsection A of this section established among the group health plan, the prescribing practitioner and a pharmacist. The group health plan shall allow a pharmacy to override any denial indicating that a prescription is being refilled too soon for the purposes of medication synchronization; and

   (2) prorate a dispensing fee to a pharmacy that fills a prescription with less than a thirty-day supply of prescription drug pursuant to Subsection A of this section. The group health plan shall pay in full a dispensing fee for a partially filled or refilled prescription for each prescription dispensed, regardless of any prorated copayment or coinsurance that the enrollee may pay for prescription synchronization services."

SECTION 2. A new section of the Public Assistance Act is enacted to read:
"MEDICAL ASSISTANCE--PHARMACY BENEFITS--PRESCRIPTION SYNCHRONIZATION.--

A. In accordance with federal law, the secretary shall adopt and promulgate rules that allow a recipient to fill or refill a prescription for less than a thirty-day supply of a prescription drug and apply a prorated daily copayment or coinsurance, if applicable, for the fill or refill, if:

(1) the prescribing practitioner or the pharmacist determines the fill or refill to be in the best interest of the patient;

(2) the recipient requests or agrees to receive less than a thirty-day supply of the prescription drug; and

(3) the reduced fill or refill is made for the purpose of synchronizing the recipient's prescription drug fills.

B. Medical assistance coverage shall not:

(1) deny coverage for the filling of a chronic medication when the fill is made in accordance with a plan to synchronize multiple prescriptions for the recipient pursuant to Subsection A of this section established among the department or the recipient's managed care plan, the prescribing practitioner and a pharmacist. The medical assistance coverage shall allow a pharmacy to override any
denial indicating that a prescription is being refilled too
soon for the purposes of medication synchronization; and

(2) prorate a dispensing fee to a pharmacy
that fills a prescription with less than a thirty-day supply
of prescription drug pursuant to Subsection A of this section.
The medical assistance coverage shall pay in full a dispensing
fee for a partially filled or refilled prescription for each
prescription dispensed, regardless of any prorated copayment
or coinsurance that the recipient may pay for prescription
synchronization services."

SECTION 3. A new section of Chapter 59A, Article 22
NMSA 1978 is enacted to read:

"PHARMACY BENEFITS--PRESCRIPTION SYNCHRONIZATION.--

A. An individual health insurance policy, health
care plan or certificate of health insurance that is
delivered, issued for delivery or renewed in this state and
that provides a prescription drug benefit shall allow an
insured to fill or refill a prescription for less than a
thirty-day supply of the prescription drug, and apply a
prorated daily copayment or coinsurance for the fill or
refill, if:

(1) the prescribing practitioner or the
pharmacist determines the fill or refill to be in the best
interest of the insured;

(2) the insured requests or agrees to
receive less than a thirty-day supply of the prescription
drug; and

(3) the reduced fill or refill is made for
the purpose of synchronizing the insured's prescription drug
fills.

E. An individual health insurance policy, health
care plan or certificate of health insurance that offers a
prescription drug benefit shall not:

(1) deny coverage for the filling of a
chronic medication when the fill is made in accordance with a
plan to synchronize multiple prescriptions for the insured
pursuant to Subsection A of this section established among the
insurer, the prescribing practitioner and a pharmacist. The
insurer shall allow a pharmacy to override any denial
indicating that a prescription is being refilled too soon for
the purposes of medication synchronization; and

(2) prorate a dispensing fee to a pharmacy
that fills a prescription with less than a thirty-day supply
of prescription drug pursuant to Subsection A of this section.
The insurer shall pay in full a dispensing fee for a partially
filled or refilled prescription for each prescription
dispensed, regardless of any prorated copayment or coinsurance
that the insured may pay for prescription synchronization
services."

SECTION 4. A new section of Chapter 59A, Article 23
NMSA 1978 is enacted to read:

"PHARMACY BENEFITS--PRESCRIPTION SYNCHRONIZATION.--

A. A group or blanket health insurance policy, health care plan or certificate of health insurance that is delivered, issued for delivery or renewed in this state and that provides a prescription drug or device benefit shall allow an insured to fill or refill a prescription for less than a thirty-day supply of the prescription drug, and apply a prorated daily copayment or coinsurance for the fill or refill, if:

(1) the prescribing practitioner or the pharmacist determines the fill or refill to be in the best interest of the insured;

(2) the insured requests or agrees to receive less than a thirty-day supply of the prescription drug; and

(3) the reduced fill or refill is made for the purpose of synchronizing the insured's prescription drug fills.

B. A group or blanket health insurance policy, health care plan or certificate of health insurance that is delivered, issued for delivery or renewed in this state and that provides a prescription drug or device benefit shall not:

(1) deny coverage for the filling of a chronic medication when the fill is made in accordance with a
plan to synchronize multiple prescriptions for the insured pursuant to Subsection A of this section established among the insurer, the prescribing practitioner and a pharmacist. The insurer shall allow a pharmacy to override any denial indicating that a prescription is being refilled too soon for the purposes of medication synchronization; and

(2) prorate a dispensing fee to a pharmacy that fills a prescription with less than a thirty-day supply of prescription drug pursuant to Subsection A of this section. The insurer shall pay in full a dispensing fee for a partially filled or refilled prescription for each prescription dispensed, regardless of any pro-rated copayment or coinsurance that the insured may pay for prescription synchronization services."

SECTION 5. A new section of the Health Maintenance Organization Law is enacted to read:

"PHARMACY BENEFITS--PRESCRIPTION SYNCHRONIZATION.--

A. An individual or group health maintenance organization contract that is delivered, issued for delivery or renewed in this state and that provides prescription drug benefits shall allow an enrollee to fill or refill a prescription for less than a thirty-day supply of the prescription drug, and apply a prorated daily copayment or coinsurance for the fill or refill, if:

(1) the prescribing practitioner or the
pharmacist determines the fill or refill to be in the best interest of the enrollee;

(2) the enrollee requests or agrees to receive less than a thirty-day supply of the prescription drug; and

(3) the reduced fill or refill is made for the purpose of synchronizing the enrollee's prescription drug fills.

B. An individual or group health maintenance organization contract that is delivered, issued for delivery or renewed in this state and that provides prescription drug benefits shall not:

(1) deny coverage for the filling of a chronic medication when the fill is made in accordance with a plan to synchronize multiple prescriptions for the enrollee pursuant to Subsection A of this section established among the health maintenance organization, the prescribing practitioner and a pharmacist. The health maintenance organization shall allow a pharmacy to override any denial indicating that a prescription is being refilled too soon for the purposes of medication synchronization; and

(2) prorate a dispensing fee to a pharmacy that fills a prescription with less than a thirty-day supply of prescription drug pursuant to Subsection A of this section.
dispensing fee for a partially filled or refilled prescription for each prescription dispensed, regardless of any prorated copayment or coinsurance that the enrollee may pay for prescription synchronization services."

SECTION 6. A new section of the Nonprofit Health Care Plan Law is enacted to read:

"PHARMACY BENEFIT--PRESCRIPTION SYNCHRONIZATION.--

A. An individual or group health care plan that is delivered, issued for delivery or renewed in this state and that provides a prescription drug benefit shall allow a subscriber to fill or refill a prescription for less than a thirty-day supply of the prescription drug, and apply a prorated daily copayment or coinsurance for the fill or refill, if:

(1) the prescribing practitioner or the pharmacist determines the fill or refill to be in the best interest of the subscriber;

(2) the subscriber requests or agrees to receive less than a thirty-day supply of the prescription drug; and

(3) the reduced fill or refill is made for the purpose of synchronizing the subscriber's prescription drug fills.

B. An individual or group health care plan that is delivered, issued for delivery or renewed in this state and
that provides a prescription drug benefit shall not:

(1) deny coverage for the filling of a chronic medication when the fill is made in accordance with a plan to synchronize multiple prescriptions for the subscriber pursuant to Subsection A of this section established among the health care plan, the prescribing practitioner and a pharmacist. The health care plan shall allow a pharmacy to override any denial indicating that a prescription is being refilled too soon for the purposes of medication synchronization; and

(2) prorate a dispensing fee to a pharmacy that fills a prescription with less than a thirty-day supply of prescription drug pursuant to Subsection A of this section. The health care plan shall pay in full a dispensing fee for a partially filled or refilled prescription for each prescription dispensed, regardless of any prorated copayment or coinsurance that the subscriber may pay for prescription synchronization services."
Approved by me this 14th day of April, 2015

SUSANA MARTINEZ, GOVERNOR
STATE OF NEW MEXICO