

SENATE BILL REPORT

ESSB 5441

As Amended by House, April 14, 2015

Title: An act relating to patient medication coordination.

Brief Description: Addressing patient medication coordination.

Sponsors: Senate Committee on Health Care (originally sponsored by Senators Rivers, Frockt, Parlette, Bailey, Conway, Keiser and Benton).

Brief History:

Committee Activity: Health Care: 2/09/15, 2/19/15 [DPS, w/oRec].

Passed Senate: 3/03/15, 49-0.

Passed House: 4/14/15, 97-0.

SENATE COMMITTEE ON HEALTH CARE

Majority Report: That Substitute Senate Bill No. 5441 be substituted therefor, and the substitute bill do pass.

Signed by Senators Becker, Chair; Dammeier, Vice Chair; Frockt, Ranking Minority Member; Bailey, Brown, Cleveland, Conway, Jayapal, Keiser, Parlette and Rivers.

Minority Report: That it be referred without recommendation.

Signed by Senator Angel.

Staff: Mich'l Needham (786-7442)

Background: Medication coordination, or medication synchronization, is an emerging pharmacy practice focused on patients that have multiple medications for chronic conditions by encouraging patients to pick up all their recurring monthly prescriptions on the same day, usually once per month. The concept is often paired with an appointment-based model which involves the pharmacy coordinating medication refills and scheduling a pick-up date for the patient. An evaluation of the model in a midwest pharmacy indicated some patients demonstrated greater adherence with prescribed medications.

Effective January 1, 2014, Medicare began allowing a pro-rated drug copayment for dispensing less than a 30-day supply to assist patients in moving to a synchronized schedule for medication refills.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Summary of Engrossed Substitute Bill: Health insurance plans, including the self-insured Uniform Medical Plan, that provide coverage for prescription drugs must implement a medication synchronization policy for the dispensing of prescription drugs. The health plan must adjust the enrollee cost sharing for a prescription drug with a co-insurance that is dispensed for less than the standard refill amount for the purpose of synchronizing the medications.

The prescribing provider or pharmacist must do the following:

- determine that filling or refilling the prescription is in the best interest of the enrollees, taking into account the appropriateness of synchronization for the drug being dispensed;
- inform the enrollee that the prescription will be filled to less than the standard refill amount to allow synchronizing the medication; and
- deny synchronization if there is a threat to patient safety, or suspected fraud or abuse.

Medication synchronization means the coordination of medication refills for a patient taking two or more medications for a chronic condition to allow the medications to be refilled on the same schedule.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Original Bill: PRO: While caring for my terminally ill mother, we spent a lot of time making trips to the pharmacy for refills and I would have appreciated synchronizing the refills. The check-in with a pharmacist provides a valuable resource for a patient taking multiple medications. Patients may have trouble with transportation and this will assist them. The medication synchronization targets patients with long-term medications and helps with compliance. There are similar bills moving in other states. I know patients with chronic conditions that have attempted to stockpile their medications to try and synchronize their refills but that has placed them in jeopardy since they haven't been taking their medications appropriately. We have a program targeting high-risk vulnerable patients with multiple medications and we have found their in-home education helps review the medications, simplify the medications and refills, and improve compliance. Medication adherence is a big problem that can be harmful for patients and drive up health care system costs. This change helps the patient, improves adherence, and removes the financial burden on the patient with the coordinated co-pays.

OTHER: We support the concept of synchronizing medication and Regence has had a program for a long time. We have concerns with this approach since synchronization is not appropriate for every medication, some medications are not allowed to have early refills. The requirement for the cost sharing created burdensome administrative requirements. The Oregon model may be a more thoughtful approach. Premera has a policy in place as well that supports synchronization. We also have the pharmacy benefit manager review patients

with multiple medications for interactions. The Oregon bill provides a good starting point. We appreciate the intent and the concerns around medication synchronization and Group Health has systems in place now that allow early refills and mail order refills. We would support language like Oregon's.

Persons Testifying: PRO: Senator Rivers, prime sponsor; Jennifer Vandavelde, National Patient Advocate Foundation; Helen Nilon, Behavioral Health & Wellness, Executive Director; Ryan Oftebro, Kelley-Ross Pharmacy; Jeff Rochon, WA State Pharmacy Assn.

OTHER: Len Sorrin, Premera; Chris Bandoli, Regence; Sydney Smith Zvara, Assn. of WA Health Plans; Mel Sorensen, America's Health Insurance, Express Scripts; Chris Marr, Group Health.

House Amendment(s):

1. The medication synchronization request must be filled for:
 - a. less than a one-month supply of the drug if the synchronization will require more than a 15-day supply of the drug; or
 - b. for more than a one-month supply if synchronization will require a 15-day supply of the drug or less.
2. The cost-sharing must be adjusted for a prescription drug subject to coinsurance when dispensed for less than the standard refill amount.
3. The cost-sharing must be adjusted for a prescription drug subject to a copayment when dispensed for less than the standard refill amount, by one of the following ways:
 - a. discounting the copayment rate by 50 percent;
 - b. discounting the copayment rate based on 15-day increments; or
 - c. any other method approved by the Office of the Insurance Commissioner.