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May 3, 2019

RE: AN ACT to amend the public health law and education law, in relation to the dispensing of partially filled prescriptions

A3918 (McDonald)
S1813 (Rivera)

MEMORANDUM IN OPPOSITION

Submitted on behalf of the Blue Cross and Blue Shield Plans

The New York State Conference of Blue Cross and Blue Shields Plans oppose enactment of this Bill, which would authorize a pharmacist to partially fill a prescription for a controlled substance at the request of the prescriber or patient. There is no question that the opioid-abuse crisis facing this country is incredibly concerning. While the underlying goal of this Bill is cast as a significant step toward stemming the crisis, the Bill fails to address critical issues that impact the administration of this Bill.

Significantly, the Bill does not include any requirement that the patient's insurer be notified that the prescription is to be partially filled. Currently, insurance claim systems are set up to automatically deny claims for fills for less than a 30-day supply in order to prevent diversion, fraud, and abuse. Claims for partial fills would therefore be automatically denied, as plans would have no way to identify an improper claim from an appropriate partial fill. Indeed, even if plans were given advanced notice, plans would still have to manually review claims, devoting substantial resources to claim review and follow up calls to pharmacists to verify that the fill and cost-share amounts are correct. This will not only result in significant delays to pharmacy reimbursement, but also will greatly increase administrative costs and lead to higher premiums.

More importantly, this legislation runs counter to State efforts to prevent excessive amounts of controlled substances being in circulation and to prevent individuals from becoming addicted to opioids. Recently enacted legislation prohibits providers from issuing initial opioid prescriptions for acute pain for more than a 7-day supply. Legislation should encourage medical professionals to carefully monitor the amount of controlled substances that they prescribe, rather than establish a process that allows for an individual to access the full 30-day prescription with no additional oversight by the prescriber after the partial fill is used. This legislation will encourage prescribers to prescribe a full 30-day supply, knowing that they can request that it partially filled; however, it

places no additional barriers or medical oversight for a patient to access the remaining supply. Other states that have enacted similar legislation require that the remaining quantity in excess of the quantity requested by the patient be void, ensuring that the patient will be seen by the prescriber again prior to accessing additional controlled substances, and requires that the pharmacist notify the prescriber of the quantity actually dispensed.

For the foregoing reasons, the Blue Cross and Blue Shield Plans urge that this bill not be enacted.

Respectfully submitted,

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Legislative Counsel for the Blue Cross and Blue Shield Plans

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