

SENATE AMENDMENT NO. _____

Offered by _____ of _____

Amend SS/Senate Bill No. 830, Page 1, Section TITLE, Line 3,

2 by striking "opioids" and inserting in lieu thereof the
3 following: "pharmaceuticals"; and

4 Further amend said bill, page 5, Section 195.080, line
5 102, by inserting after all of said line the following:

6 "376.448. 1. As used in this section, the following
7 terms mean:

8 (1) "Cost-sharing", any co-payment, coinsurance,
9 deductible, amount paid by an enrollee for health care
10 services in excess of a coverage limitation, or similar
11 charge required by or on behalf of an enrollee in order to
12 receive a specific health care service covered by a health
13 benefit plan, whether covered under medical benefits or
14 pharmacy benefits. The term "cost-sharing" shall include
15 cost-sharing as defined in 42 U.S.C. Section 18022(c);

16 (2) "Enrollee", the same meaning given to the term in
17 section 376.1350;

18 (3) "Health benefit plan", the same meaning given to
19 the term in section 376.1350;

20 (4) "Health care service", the same meaning given to
21 the term in section 376.1350;

22 (5) "Health carrier", the same meaning given to the
23 term in section 376.1350;

24 (6) "Pharmacy benefits manager", the same meaning
25 given to the term in section 376.388.

26 2. When calculating an enrollee's overall contribution
27 to any out-of-pocket maximum or any cost-sharing requirement
28 under a health benefit plan, a health carrier or pharmacy
29 benefits manager shall include any amounts paid by the
30 enrollee or paid on behalf of the enrollee for any
31 medication where a generic substitute for said medication is
32 not available.

33 3. If, under federal law, application of the
34 requirement under subsection 2 of this section would result
35 in health savings account ineligibility under Section 223 of
36 the Internal Revenue Code of 1986, as amended, the
37 requirement under subsection 2 of this section shall apply
38 to health savings account-qualified high deductible health
39 plans with respect to any cost-sharing of such a plan after
40 the enrollee has satisfied the minimum deductible under
41 Section 223, except with respect to items or services that
42 are preventive care under Section 223(c)(2)(C) of the
43 Internal Revenue Code of 1986, as amended, in which case the
44 requirement of subsection 2 of this section shall apply
45 regardless of whether the minimum deductible under Section
46 223 has been satisfied.

47 4. Nothing in this section shall prohibit a health
48 carrier or health benefit plan from utilizing step therapy
49 pursuant to section 376.2034."; and

50 Further amend the title and enacting clause accordingly.