FIRST REGULAR SESSION

SENATE BILL NO. 268

102ND GENERAL ASSEMBLY

INTRODUCED BY SENATOR BECK.

0226S.01I

KRISTINA MARTIN, Secretary

AN ACT

To repeal section 376.2034, RSMo, and to enact in lieu thereof one new section relating to insurance coverage for prescription drugs.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Section 376.2034, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 376.2034, to read as follows:

376.2034. 1. If coverage of a prescription drug for the treatment of any medical condition is restricted for use by a health carrier, health benefit plan, or utilization review organization via a step therapy protocol, a patient, through his or her health care provider, shall have access to a clear, convenient, and readily accessible process to request a step therapy override exception determination. A health carrier, health benefit plan, or utilization review organization may use its existing medical exceptions process to satisfy this requirement. The process shall be disclosed to the patient and health care provider, which shall include the necessary documentation needed to process such request and be made available on the health carrier plan or health benefit plan website.

2. A step therapy override exception determination shall be granted if:

(1) The patient has tried the step therapy required prescription drugs while under his or her current or

EXPLANATION-Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.
previous health insurance or health benefit plan, and such
prescription drugs were discontinued due to lack of efficacy
or effectiveness, diminished effect, or an adverse event[

(2) Delay of effective treatment would lead to severe
or irreversible consequences, and the treatment otherwise
required under the step therapy protocol is reasonably
expected to be ineffective based upon the documented
physical or mental characteristics of the patient and the
known characteristics of such treatment;

(3) Any treatments otherwise required under the step
therapy protocol are contraindicated for the patient or have
caused, or are likely to cause, based on clinical, peer-
reviewed evidence, an adverse reaction or other physical
harm to the patient;

(4) Any treatment otherwise required under the step
therapy protocol has prevented, will prevent, or is likely
to prevent a patient from achieving or maintaining
reasonable and safe functional ability in performing
occupational responsibilities or activities of daily living,
as defined in 42 U.S.C. Section 441.505 or its successor;

(5) The patient is stable for his or her disease or
condition on the prescription drug or drugs selected by the
prescribing health care provider and has previously received
approval for coverage of the relevant drug or drugs for the
disease or condition under his or her current or previous
health insurance or health benefit plan; or

(6) If the patient's treating health care provider
attests that coverage of the prescribed prescription drug is
necessary to save the life of the patient.
3. Pharmacy drug samples shall not be considered trial and failure of a preferred prescription drug in lieu of trying the step therapy required prescription drug.

[3.] 4. The health carrier, health benefit plan, or utilization review organization may request relevant documentation from the patient or provider to support the override exception request.

[4.] 5. Upon the granting of a step therapy override exception request, the health carrier, health benefit plan, or utilization review organization shall authorize dispensation of and coverage for the prescription drug prescribed by the patient's treating health care provider, provided such drug is a covered drug under such policy or contract.

[5.] 6. This section shall not be construed to prevent:

(1) A health carrier, health benefit plan, or utilization review organization from requiring a patient to try a generic equivalent or other brand name drug prior to providing coverage for the requested prescription drug; or

(2) A health care provider from prescribing a prescription drug he or she determines is medically appropriate.