

SENATE BILL NO. 187

103RD GENERAL ASSEMBLY

INTRODUCED BY SENATOR BERNSKOETTER.

0587S.01H

KRISTINA MARTIN, Secretary

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to cost-sharing under health benefit plans.

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

Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be known as section 376.448, to read as follows:

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

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

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

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

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

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

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

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

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

42 4. Nothing in this section shall prohibit a health
43 carrier or health benefit plan from utilizing step therapy
44 pursuant to section 376.2034.

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