

HOUSE BILL NO. 2424

102ND GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE LAVENDER.

4477H.011

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal section 376.387, RSMo, and to enact in lieu thereof one new section relating to pharmacy benefits managers.

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

Section A. Section 376.387, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 376.387, to read as follows:

376.387. 1. For purposes of this section, the following terms shall mean:

(1) "Covered person", the same meaning as such term is defined in section 376.1257;

(2) "Health benefit plan", the same meaning as such term is defined in section 376.1350;

(3) "Health carrier" or "carrier", the same meaning as such term is defined in section 376.1350;

(4) "Pharmacy", the same meaning as such term is defined in chapter 338;

(5) "Pharmacy benefits manager", the same meaning as such term is defined in section 376.388;

(6) "Public funds", the same meaning given to the term in section 196.1127.

2. No pharmacy benefits manager shall include a provision in a contract entered into or modified on or after August 28, 2018, with a pharmacy or pharmacist that requires a covered person to make a payment for a prescription drug at the point of sale in an amount that exceeds the lesser of:

(1) The copayment amount as required under the health benefit plan; or

(2) The amount an individual would pay for a prescription if that individual paid with cash.

EXPLANATION — Matter enclosed in bold-faced brackets ~~thus~~ in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

18 3. A pharmacy or pharmacist shall have the right to provide to a covered person
19 information regarding the amount of the covered person's cost share for a prescription drug,
20 the covered person's cost of an alternative drug, and the covered person's cost of the drug
21 without adjudicating the claim through the pharmacy benefits manager. Neither a pharmacy
22 nor a pharmacist shall be proscribed by a pharmacy benefits manager from discussing any
23 such information or from selling a more affordable alternative to the covered person.

24 4. No pharmacy benefits manager shall, directly or indirectly, charge or hold a
25 pharmacist or pharmacy responsible for any fee amount related to a claim that is not known at
26 the time of the claim's adjudication, unless the amount is a result of improperly paid claims or
27 charges for administering a health benefit plan.

28 5. This section shall not apply with respect to claims under Medicare Part D, or any
29 other plan administered or regulated solely under federal law, and to the extent this section
30 may be preempted under the Employee Retirement Income Security Act of 1974 for self-
31 funded employer-sponsored health benefit plans.

32 6. A pharmacy benefits manager shall notify in writing any health carrier with which
33 it contracts if the pharmacy benefits manager has a conflict of interest, any commonality of
34 ownership, or any other relationship, financial or otherwise, between the pharmacy benefits
35 manager and any other health carrier with which the pharmacy benefits manager contracts.

36 7. **Public funds shall not be expended, paid, or granted to or on behalf of any**
37 **pharmacy benefits manager. A pharmacy benefits manager shall refuse to accept public**
38 **funds and shall not contract for or otherwise agree to the receipt of any public funds.**

39 8. The department of commerce and insurance shall enforce this section.

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