SECOND REGULAR SESSION

SENATE BILL NO. 1182

102ND GENERAL ASSEMBLY

INTRODUCED BY SENATOR ARTHUR.

KRISTINA MARTIN, Secretary

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to insurance coverage for prescription insulin drugs.

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

	Section A. Chapter 376, RSMo, is amended by adding thereto
2	one new section, to be known as section 376.389, to read as
3	follows:
	376.389. 1. As used in this section, the following
2	terms shall mean:
3	(1) "Cost-sharing", expenses imposed on an enrollee
4	for a covered health care service under the enrollee's
5	health benefit plan, including but not limited to
6	deductibles, co-payments, and coinsurance;
7	(2) "Drug", the same meaning as is ascribed to such
8	term in section 376.1350;
9	(3) "Enrollee", the same meaning as is ascribed to
10	such term in section 376.1350;
11	(4) "Health benefit plan", the same meaning as is
12	ascribed to such term in section 376.1350;
13	(5) "Health care service", the same meaning as is
14	ascribed to such term in section 376.1350;
15	(6) "Health carrier", the same meaning as is ascribed
16	to such term in section 376.1350;
17	(7) "Prescription insulin drug", a drug that contains
18	insulin and is used to control blood glucose levels to treat

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diabetes, except that such term shall not include an insulin
drug that is administered to a patient intravenously;

(8) "Pharmacy", the same meaning as is ascribed to
such term in section 338.210;

(9) "Rebate", any discount, negotiated concession, or
other payment provided by a pharmaceutical manufacturer,
pharmacy, or health benefit plan to an entity to sell,
provide, pay, or reimburse a pharmacy or other entity in the
state for the dispensing or administration of drugs on
behalf of itself or another entity;

(10) "Trade secret", the same meaning as is ascribed
to such term in section 417.4523.

2. No health benefit plan that provides coverage for
 prescription insulin drugs shall impose cost-sharing on an
 enrollee in excess of thirty dollars per thirty day supply
 of a prescription insulin drug.

35 3. (1) An enrollee's cost-sharing for prescription 36 insulin drugs shall be calculated at the point of sale based 37 on a drug price that is reduced by an amount equal to at 38 least one hundred percent of all rebates received, or to be 39 received, in connection with the dispensing or 40 administration of the drug.

41 (2) Nothing in this subsection shall prohibit a
42 copayment not calculated based on drug price, provided that
43 the copayment does not exceed the reduced price of the drug.

44 (3) Nothing in this subsection shall preclude a health
45 carrier from reducing a covered individual's cost-sharing
46 for a prescription insulin drug by an amount greater than
47 that required under this subsection.

48 (4) In complying with the provisions of this
49 subsection, no health carrier or its agents shall be
50 required to publish or otherwise reveal information

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regarding the actual amount of rebates a health carrier 51 52 receives on a product, manufacturer, or pharmacy-specific 53 basis. Such information shall be protected as a trade secret, shall not be a public record under chapter 610, and 54 shall not be disclosed directly or indirectly. 55 A health 56 carrier shall impose the confidentiality protections of this section on any vendor or other third party that performs 57 58 health care or administrative services on behalf of the 59 health carrier and which may receive or have access to 60 rebate information.

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4. If any provision of this section or the application
thereof to anyone or to any circumstance is held invalid,
the remainder of this section and the application of such
provisions to others or other circumstances shall not be
affected thereby.

5. This section shall apply to health benefit plans
delivered, issued for delivery, continued, or renewed on or
after January 1, 2025.

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