

SENATE BILL NO. 959

101ST GENERAL ASSEMBLY

INTRODUCED BY SENATOR BECK.

4035S.01I

ADRIANE D. CROUSE, 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Section A. Section 376.2034, RSMo, is repealed and one
2 new section enacted in lieu thereof, to be known as section
3 376.2034, to read as follows:

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

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

17 **(1)** The patient has tried the step therapy required
18 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.

19 previous health insurance or health benefit plan, and such
20 prescription drugs were discontinued due to lack of efficacy
21 or effectiveness, diminished effect, or an adverse event[,
22 or];

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

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

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

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

46 (6) If the patient's treating health care provider
47 attests that coverage of the prescribed prescription drug is
48 necessary to save the life of the patient.

49 3. Pharmacy drug samples shall not be considered trial
50 and failure of a preferred prescription drug in lieu of
51 trying the step therapy required prescription drug.

52 [3.] 4. The health carrier, health benefit plan, or
53 utilization review organization may request relevant
54 documentation from the patient or provider to support the
55 override exception request.

56 [4.] 5. Upon the granting of a step therapy override
57 exception request, the health carrier, health benefit plan,
58 or utilization review organization shall authorize
59 dispensation of and coverage for the prescription drug
60 prescribed by the patient's treating health care provider,
61 provided such drug is a covered drug under such policy or
62 contract.

63 [5.] 6. This section shall not be construed to prevent:

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

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

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