

SECOND REGULAR SESSION

HOUSE BILL NO. 1628

102ND GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE WRIGHT.

3239H.011

DANA RADEMAN MILLER, Chief Clerk

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;

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

2. When calculating an enrollee's overall contribution to any out-of-pocket maximum or any cost-sharing requirement under a health benefit plan, a health carrier

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 or pharmacy benefits manager shall include any amounts paid by the enrollee or paid
19 on behalf of the enrollee for any medication where a generic substitute for such
20 medication is not available.

21 3. If, under federal law, application of the requirement under subsection 2 of this
22 section would result in health savings account ineligibility under Section 223 of the
23 Internal Revenue Code, the requirement under subsection 2 of this section shall apply to
24 health savings account-qualified high deductible health plans with respect to any cost-
25 sharing of such a plan after the enrollee has satisfied the minimum deductible under
26 Section 223, except with respect to items or services that are preventive care under
27 Section 223(c)(2)(C) of the Internal Revenue Code, in which case the requirement of
28 subsection 2 of this section shall apply regardless of whether the minimum deductible
29 under Section 223 has been satisfied.

30 4. Nothing in this section shall prohibit a health carrier or health benefit plan
31 from utilizing step therapy in accordance with section 376.2034.

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