

HOUSE BILL NO. 2262

102ND GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE NURRENBERN.

4805H.011

DANA RADEMAN MILLER, Chief Clerk

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 one new section, to be known as section 376.389, to read as follows:

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

- (1) "Cost-sharing", expenses imposed on an enrollee for a covered health care service under the enrollee's health benefit plan including, but not limited to, deductibles, co-payments, and coinsurance;
- (2) "Drug", the same meaning as is ascribed to such term in section 376.1350;
- (3) "Enrollee", the same meaning as is ascribed to such term in section 376.1350;
- (4) "Health benefit plan", the same meaning as is ascribed to such term in section 376.1350;
- (5) "Health care service", the same meaning as is ascribed to such term in section 376.1350;
- (6) "Health carrier", the same meaning as is ascribed to such term in section 376.1350;
- (7) "Pharmacy", the same meaning as is ascribed to such term in section 338.210;
- (8) "Prescription insulin drug", a drug that contains insulin and is used to control blood glucose levels to treat diabetes, except that such term shall not include an insulin drug that is administered to a patient intravenously;

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

22 **(10) "Trade secret", the same meaning as is ascribed to such term in section**
23 **417.453.**

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

27 **3. (1) An enrollee's cost-sharing for prescription insulin drugs shall be**
28 **calculated at the point of sale based on a drug price that is reduced by an amount equal**
29 **to at least one hundred percent of all rebates received, or to be received, in connection**
30 **with the dispensing or administration of the drug.**

31 **(2) Nothing in this subsection shall prohibit a co-payment not calculated based**
32 **on drug price, provided that the co-payment does not exceed the reduced price of the**
33 **drug.**

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

37 **(4) In complying with the provisions of this subsection, no health carrier or its**
38 **agents shall be required to publish or otherwise reveal information regarding the actual**
39 **amount of rebates a health carrier receives on a product, manufacturer, or pharmacy-**
40 **specific basis. Such information shall be protected as a trade secret, shall not be a public**
41 **record under chapter 610, and shall not be disclosed directly or indirectly. A health**
42 **carrier shall impose the confidentiality protections of this section on any vendor or other**
43 **third party that performs health care or administrative services on behalf of the health**
44 **carrier and that may receive or have access to rebate information.**

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

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

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