

# SENATE BILL NO. 1106

102ND GENERAL ASSEMBLY

INTRODUCED BY SENATOR FITZWATER.

4377S.01H

KRISTINA MARTIN, Secretary

## 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  
2 one new section, to be known as section 376.448, to read as  
3 follows:

**376.448. 1. As used in this section, the following  
2 terms mean:**

3 (1) "Cost-sharing", any co-payment, coinsurance,  
4 deductible, amount paid by an enrollee for health care  
5 services in excess of a coverage limitation, or similar  
6 charge required by or on behalf of an enrollee in order to  
7 receive a specific health care service covered by a health  
8 benefit plan, whether covered under medical benefits or  
9 pharmacy benefits. The term "cost-sharing" shall include  
10 cost-sharing as defined in 42 U.S.C. Section 18022(c);

11 (2) "Enrollee", the same meaning given to the term in  
12 section 376.1350;

13 (3) "Health benefit plan", the same meaning given to  
14 the term in section 376.1350;

15 (4) "Health care service", the same meaning given to  
16 the term in section 376.1350;

17 (5) "Health carrier", the same meaning given to the  
18 term in section 376.1350;

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

21           2. When calculating an enrollee's overall contribution  
22 to any out-of-pocket maximum or any cost-sharing requirement  
23 under a health benefit plan, a health carrier or pharmacy  
24 benefits manager shall include any amounts paid by the  
25 enrollee or paid on behalf of the enrollee for any  
26 medication where a generic substitute for said medication is  
27 not available.

28           3. If, under federal law, application of the  
29 requirement under subsection 2 of this section would result  
30 in health savings account ineligibility under Section 223 of  
31 the Internal Revenue Code of 1986, as amended, the  
32 requirement under subsection 2 of this section shall apply  
33 to health savings account-qualified high deductible health  
34 plans with respect to any cost-sharing of such a plan after  
35 the enrollee has satisfied the minimum deductible under  
36 Section 223, except with respect to items or services that  
37 are preventive care under Section 223(c)(2)(C) of the  
38 Internal Revenue Code of 1986, as amended, in which case the  
39 requirement of subsection 2 of this section shall apply  
40 regardless of whether the minimum deductible under Section  
41 223 has been satisfied.

42           4. Nothing in this section shall prohibit a health  
43 carrier or health benefit plan from utilizing step therapy  
44 pursuant to section 376.2034.

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