

SECOND REGULAR SESSION

# HOUSE BILL NO. 2203

## 95TH GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVES STEVENSON (Sponsor),  
SCHAD AND FLANIGAN (Co-sponsors).

5088L.011

D. ADAM CRUMBLISS, Chief Clerk

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### AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to a step therapy and prior authorization protocols website.

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*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  
2 known as section 376.1600, to read as follows:

**376.1600. 1. The department of insurance, financial institutions and professional  
2 registration shall manage or contract for private management of a website to include the  
3 step therapy and prior authorization protocols for every health carrier and health benefit  
4 plan providing pharmaceutical benefits, including but not limited to through utilization  
5 of a pharmacy benefit manager, in this state.**

**6 2. The website shall provide a single source for step therapy and prior  
7 authorization protocols which will allow health care providers and patients to obtain  
8 disease-specific step therapy and prior authorization requirements for each health carrier,  
9 health benefit plan, and pharmacy benefit manager in this state.**

**10 3. The step therapy and prior authorization protocols website shall provide  
11 information:**

**12 (1) To allow for the approval of medications for those patients who have tried and  
13 failed on medications that are required as a part of step therapy or prior authorization  
14 protocols under a health benefit plan or for those health care providers who believe based  
15 on patient history that use of a specific medication will have a negative side effect for the  
16 patient;**

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.

17           (2) To ensure that patients who have tried and failed previously on medications will  
18 have access to the medication that will not have a negative side effect on them;

19           (3) To ensure that patients have access to medications that will not have a negative  
20 side effect by eliminating any switching of prescribed medications for other medications  
21 on the health benefit plan's step therapy or prior authorization protocols in those limited  
22 situations where patients have tried and failed on medications required as part of a step  
23 therapy or prior authorization protocols;

24           (4) To ensure that patients will be permitted to remain on medications which do not  
25 have negative side effects while the patient's health care provider establishes that the  
26 patient has tried and failed on other medications in the health benefit plan's step therapy  
27 or prior authorization protocols; and

28           (5) To facilitate the inclusion of relevant patient history, including physical  
29 conditions or diseases, by the health care provider when assessing possible negative side  
30 effects for the patient.

31           4. (1) Each health carrier and health benefit plan in this state shall provide the  
32 department with the information required under this section for inclusion on the step  
33 therapy and prior authorization website.

34           (2) In addition, each health carrier and health benefit plan shall include simple  
35 standardized forms that health care providers can use to verify that a patient has tried and  
36 failed on a medication that the health carrier or health benefit plan requires under step  
37 therapy and prior authorization protocols, or that based on the health care provider's  
38 clinical determination, the patient is likely to have a negative side effect with a medication.

39           (3) Upon completion of the form in subdivision (2) of this subsection, the patient  
40 shall have immediate access to the medication that does not result in a negative side effect  
41 for the patient without any further requirements under the health benefit plan.

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