

House _____ Amendment NO. _____

Offered By _____

1 AMEND House Committee Substitute for Senate Bill No. 677, Page 1, In the Title, Lines 2 and 3,
2 by deleting the words "emergency administration of epinephrine by auto-injector" and inserting in
3 lieu thereof the words "health care"; and
4

5 Further amend said bill and page, Section A, Line 2, by inserting after all of said section and line
6 the following:
7

8 "167.638. The department of health and senior services shall develop an informational
9 brochure relating to meningococcal disease that states that [an immunization] immunizations against
10 meningococcal disease [is] are available. The department shall make the brochure available on its
11 website and shall notify every public institution of higher education in this state of the availability
12 of the brochure. Each public institution of higher education shall provide a copy of the brochure to
13 all students and if the student is under eighteen years of age, to the student's parent or guardian.
14 Such information in the brochure shall include:

15 (1) The risk factors for and symptoms of meningococcal disease, how it may be diagnosed,
16 and its possible consequences if untreated;

17 (2) How meningococcal disease is transmitted;

18 (3) The latest scientific information on meningococcal disease immunization and its
19 effectiveness, including information on all meningococcal vaccines receiving a Category A or B
20 recommendation from the Advisory Committee on Immunization Practices; [and]

21 (4) A statement that any questions or concerns regarding immunization against
22 meningococcal disease may be answered by contacting the individuals's health care provider; and

23 (5) A recommendation that the current student or entering student receive meningococcal
24 vaccines in accordance with current Advisory Committee on Immunization Practices of the Centers
25 for Disease Control and Prevention guidelines.

26 174.335. 1. Beginning with the 2004-05 school year and for each school year thereafter,
27 every public institution of higher education in this state shall require all students who reside in on-
28 campus housing to have received the meningococcal vaccine not more than five years prior to
29 enrollment and in accordance with the latest recommendations of the Advisory Committee on
30 Immunization Practices of the Centers for Disease Control and Prevention, unless a signed
31 statement of medical or religious exemption is on file with the institution's administration. A
32 student shall be exempted from the immunization requirement of this section upon signed
33 certification by a physician licensed under chapter 334 indicating that either the immunization
34 would seriously endanger the student's health or life or the student has documentation of the disease
35 or laboratory evidence of immunity to the disease. A student shall be exempted from the
36 immunization requirement of this section if he or she objects in writing to the institution's

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administration that immunization violates his or her religious beliefs.

2. Each public university or college in this state shall maintain records on the meningococcal vaccination status of every student residing in on-campus housing at the university or college.

3. Nothing in this section shall be construed as requiring any institution of higher education to provide or pay for vaccinations against meningococcal disease.

4. For purposes of this section, the term "on-campus housing" shall include, but not be limited to, any fraternity or sorority residence, regardless of whether such residence is privately owned, on or near the campus of a public institution of higher education."; and

Further amend said bill, Page 3, Section 196.990, Line 84, by inserting after all of said section and line the following:

"198.054. Each year between October first and March first, all long-term care facilities licensed under this chapter shall assist their health care workers, volunteers, and other employees who have direct contact with residents in obtaining the vaccination for the influenza virus by either offering the vaccination in the facility or providing information as to how they may independently obtain the vaccination, unless contraindicated, in accordance with the latest recommendations of the Centers for Disease Control and Prevention and subject to availability of the vaccine. Facilities are encouraged to document that each health care worker, volunteer, and employee has been offered assistance in receiving a vaccination against the influenza virus and has either accepted or declined.

338.200. 1. In the event a pharmacist is unable to obtain refill authorization from the prescriber due to death, incapacity, or when the pharmacist is unable to obtain refill authorization from the prescriber, a pharmacist may dispense an emergency supply of medication if:

(1) In the pharmacist's professional judgment, interruption of therapy might reasonably produce undesirable health consequences;

(2) The pharmacy previously dispensed or refilled a prescription from the applicable prescriber for the same patient and medication;

(3) The medication dispensed is not a controlled substance;

(4) The pharmacist informs the patient or the patient's agent either verbally, electronically, or in writing at the time of dispensing that authorization of a prescriber is required for future refills; and

(5) The pharmacist documents the emergency dispensing in the patient's prescription record, as provided by the board by rule.

2. (1) If the pharmacist is unable to obtain refill authorization from the prescriber, the amount dispensed shall be limited to the amount determined by the pharmacist within his or her professional judgment as needed for the emergency period, provided the amount dispensed shall not exceed a seven-day supply.

(2) In the event of prescriber death or incapacity or inability of the prescriber to provide medical services, the amount dispensed shall not exceed a thirty-day supply.

3. Pharmacists or permit holders dispensing an emergency supply pursuant to this section shall promptly notify the prescriber or the prescriber's office of the emergency dispensing, as required by the board by rule.

4. An emergency supply may not be dispensed pursuant to this section if the pharmacist has knowledge that the prescriber has otherwise prohibited or restricted emergency dispensing for the applicable patient.

5. The determination to dispense an emergency supply of medication under this section shall only be made by a pharmacist licensed by the board.

6. The board shall promulgate rules to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid and void.

338.202. 1. Notwithstanding any other provision of law to the contrary, unless the prescriber has specified on the prescription that dispensing a prescription for a maintenance medication in an initial amount followed by periodic refills is medically necessary, a pharmacist may exercise his or her professional judgment to dispense varying quantities of maintenance medication per fill up to the total number of dosage units as authorized by the prescriber on the original prescription, including any refills. Dispensing of the maintenance medication based on refills authorized by the prescriber on the prescription shall be limited to no more than a ninety-day supply of the medication, and the maintenance medication shall have been previously prescribed to the patient for at least a three-month period.

2. For the purposes of this section, "maintenance medication" is a medication prescribed for chronic, long-term conditions and is taken on a regular, recurring basis, except that it shall not include controlled substances as defined in section 195.010.

376.379. 1. A health carrier or managed care plan offering a health benefit plan in this state that provides prescription drug coverage shall offer, as part of the plan, medication synchronization services developed by the health carrier or managed care plan that allow for the alignment of refill dates for an enrollee's prescription drugs that are covered benefits.

2. Under its medication synchronization services, a health carrier or managed care plan shall:

(1) Not charge an amount in excess of the otherwise applicable co-payment amount under the health benefit plan for dispensing a prescription drug in a quantity that is less than the prescribed amount if:

(a) The pharmacy dispenses the prescription drug in accordance with the medication synchronization services offered under the health benefit plan; and

(b) A participating provider dispenses the prescription drug; and

(2) Provide a full dispensing fee to the pharmacy that dispenses the prescription drug to the covered person.

3. For purposes of this section, the terms "health carrier", "managed care plan", "health benefit plan", "enrollee", and "participating provider" shall have the same meanings given to such terms under section 376.1350.

376.388. 1. As used in this section, unless the context requires otherwise, the following terms shall mean:

(1) "Contracted pharmacy" or "pharmacy", a pharmacy located in Missouri participating in the network of a pharmacy benefits manager through a direct or indirect contract;

(2) "Health carrier", an entity subject to the insurance laws and regulations of this state that contracts or offers to contract to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services, including a sickness and accident insurance company, a health maintenance organization, a nonprofit hospital and health service corporation, or any other entity providing a plan of health insurance, health benefits, or health services, except that such plan shall not include any coverage pursuant to a liability insurance policy, workers' compensation insurance policy, or medical payments insurance issued as a supplement to a liability policy;

1 (3) "Maximum allowable cost", the per unit amount that a pharmacy benefits manager
2 reimburses a pharmacist for a prescription drug, excluding a dispensing or professional fee;

3 (4) "Maximum allowable cost list" or "MAC list", a listing of drug products that meet the
4 standard described in this section;

5 (5) "Pharmacy", as such term is defined in chapter 338;

6 (6) "Pharmacy benefits manager", an entity that contracts with pharmacies on behalf of
7 health carriers or any health plan sponsored by the state or a political subdivision of the state.

8 2. Upon each contract execution or renewal between a pharmacy benefits manager and a
9 pharmacy or between a pharmacy benefits manager and a pharmacy's contracting representative or
10 agent, such as a pharmacy services administrative organization, a pharmacy benefits manager shall,
11 with respect to such contract or renewal:

12 (1) Include in such contract or renewal the sources utilized to determine maximum
13 allowable cost and update such pricing information at least every seven days; and

14 (2) Maintain a procedure to eliminate products from the maximum allowable cost list of
15 drugs subject to such pricing or modify maximum allowable cost pricing at least every seven days,
16 if such drugs do not meet the standards and requirements of this section, in order to remain
17 consistent with pricing changes in the marketplace.

18 3. A pharmacy benefits manager shall reimburse pharmacies for drugs subject to maximum
19 allowable cost pricing that has been updated to reflect market pricing at least every seven days as set
20 forth under subdivision (1) of subsection 2 of this section.

21 4. A pharmacy benefits manager shall not place a drug on a maximum allowable cost list
22 unless there are at least two therapeutically equivalent multisource generic drugs, or at least one
23 generic drug available from at least one manufacturer, generally available for purchase by network
24 pharmacies from national or regional wholesalers.

25 5. All contracts between a pharmacy benefits manager and a contracted pharmacy or
26 between a pharmacy benefits manager and a pharmacy's contracting representative or agent, such as
27 a pharmacy services administrative organization, shall include a process to internally appeal,
28 investigate, and resolve disputes regarding maximum allowable cost pricing. The process shall
29 include the following:

30 (1) The right to appeal shall be limited to fourteen calendar days following the
31 reimbursement of the initial claim; and

32 (2) A requirement that the pharmacy benefits manager shall respond to an appeal described
33 in this subsection no later than fourteen calendar days after the date the appeal was received by such
34 pharmacy benefits manager.

35 6. For appeals that are denied, the pharmacy benefits manager shall provide the reason for
36 the denial and identify the national drug code of a drug product that may be purchased by contracted
37 pharmacies at a price at or below the maximum allowable cost and, when applicable, may be
38 substituted lawfully.

39 7. If the appeal is successful, the pharmacy benefits manager shall:

40 (1) Adjust the maximum allowable cost price that is the subject of the appeal effective on
41 the day after the date the appeal is decided;

42 (2) Apply the adjusted maximum allowable cost price to all similarly situated pharmacies as
43 determined by the pharmacy benefits manager; and

44 (3) Allow the pharmacy that succeeded in the appeal to reverse and rebill the pharmacy
45 benefits claim giving rise to the appeal.

46 8. Appeals shall be upheld if:

47 (1) The pharmacy being reimbursed for the drug subject to the maximum allowable cost
48 pricing in question was not reimbursed as required under subsection 3 of this section; or

1 (2) The drug subject to the maximum allowable cost pricing in question does not meet the
2 requirements set forth under subsection 4 of this section.

3 376.1237. 1. Each health carrier or health benefit plan that offers or issues health benefit
4 plans which are delivered, issued for delivery, continued, or renewed in this state on or after January
5 1, 2014, and that provides coverage for prescription eye drops shall provide coverage for the
6 refilling of an eye drop prescription prior to the last day of the prescribed dosage period without
7 regard to a coverage restriction for early refill of prescription renewals as long as the prescribing
8 health care provider authorizes such early refill, and the health carrier or the health benefit plan is
9 notified.

10 2. For the purposes of this section, health carrier and health benefit plan shall have the same
11 meaning as defined in section 376.1350.

12 3. The coverage required by this section shall not be subject to any greater deductible or co-
13 payment than other similar health care services provided by the health benefit plan.

14 4. The provisions of this section shall not apply to a supplemental insurance policy,
15 including a life care contract, accident-only policy, specified disease policy, hospital policy
16 providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term
17 major medical policies of six months' or less duration, or any other supplemental policy as
18 determined by the director of the department of insurance, financial institutions and professional
19 registration.

20 5. The provisions of this section shall terminate on January 1, [2017] 2020."; and

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22 Further amend said bill by amending the title, enacting clause, and intersectional references
23 accordingly.
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