House _____ **Amendment NO.**____

Offered By

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1   AMEND House Committee Substitute for Senate Substitute for Senate Bill No. 608, Page 2,
2   Section 197.170, Lines 50-53, by deleting all of said lines and inserting in lieu thereof the
3   following:
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5   "comply with the provisions of this section."; and
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7   Further amend said bill, Page 4, Section 208.800, Lines 1-3, by deleting all of said section and lines
8   from the bill and inserting in lieu thereof the following:
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10   "338.202. 1. Notwithstanding any other provision of law to the contrary, unless the
11   prescriber has specified on the prescription that dispensing a prescription for a maintenance
12   medication in an initial amount followed by periodic refills is medically necessary, a pharmacist
13   may exercise his or her professional judgment to dispense varying quantities of maintenance
14   medication per fill up to the total number of dosage units as authorized by the prescriber on the
15   original prescription, including any refills. Dispensing of the maintenance medication based on
16   refills authorized by the prescriber on the prescription shall be limited to no more than a ninety-day
17   supply of the medication, and the maintenance medication shall have been previously prescribed to
18   the patient for at least a three-month period.
19   2. For the purposes of this section "maintenance medication" is a medication prescribed for
20   chronic, long-term conditions and is taken on a regular, recurring basis, except that it shall not
21   include controlled substances as defined in section 195.010.
22   376.1475. 1. This section shall be known and may be cited as the "Predetermination of
23   Health Care Benefits Act".
24   2. For the purposes of this section, the following terms shall mean:
25   (1) "Administrative simplification provision", transaction and code standards promulgated
26   under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-
27   191, and 45 CFR 160 and 162;
28   (2) "Director", the director of the department of insurance, financial institutions and
29   professional registration;
30   (3) "Health benefit plan" and "health care provider", the same meanings as those terms are
31   defined in section 376.1350;
32   (4) "Health care clearinghouse", the same meaning as the term is defined in 45 CFR
33   160.103;
34   (5) "Payment", a deductible or coinsurance payment and shall not include a co-payment;
35   (6) "Standard electronic transactions", electronic claim and remittance advice transactions
36   created by the Accredited Standards Committee (ASC) X12 in the format of ASC X12 837I, ASC

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1   X12 837P, or ASC X12 835, or any of their respective successors.

2   3. Health benefit plans that receive an electronic health care predetermination request from

3   a health care provider consistent with the requirements set forth in subsection 6 of this section shall

4   provide the requesting health care provider with information on the amount of expected benefits

5   coverage on the procedures specified in the request that is accurate at the time of the health benefit

6   plan's response.

7   4. Any predetermination response provided by a health benefit plan under this section in

8   good faith shall be deemed to be an estimate only and shall not be binding upon the health benefit

9   plan with regard to the final amount of benefits actually provided by the health benefit plan.

10   5. The amounts for the referenced services under subsection 3 of this section shall include:

11   (1) The amount the patient will be expected to pay, clearly identifying any deductible

12   amount, coinsurance, and co-payment;

13   (2) The amount the health care provider will be paid;

14   (3) The amount the institution will be paid; and

15   (4) Whether any payments will be reduced, but not to zero dollars, or increased from the

16   agreed fee schedule amounts, and if so, the health care policy that identifies why the payments will

17   be reduced or increased.

18   6. The health care predetermination request and predetermination response shall be

19   conducted in accordance with administrative simplification provisions using the currently applicable

20   standard electronic transactions, without regard to whether the transaction is mandated by HIPAA.

21   It shall also comply with any rules promulgated by the director, without regard to whether such

22   rules are mandated by HIPAA. To the extent HIPAA-mandated electronic claim and remittance

23   transactions are modified to include predetermination, the provisions of this section shall not apply

24   to health benefit plans which provide this information under HIPAA.

25   7. The health benefit plan's predetermination response to the health care predetermination

26   request shall be returned using the same transmission method as that of the request. This shall

27   include a real time response for a real time request.

28   8. A health care clearinghouse that contracts with a health care provider shall be required to

29   conduct a transaction as described in subsections 5, 6, and 7 of this section if requested by the health

30   care provider.

31   9. Nothing in this act precludes the collection of payment prior to receiving health benefit

32   services once a health benefit plan has fulfilled any predetermination request.

33   10. The provisions of this section shall not apply to a supplemental insurance policy,

34   including a life care contract, accident-only policy, specified disease policy, hospital policy

35   providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term

36   major medical policy of six months or less duration, or any other supplemental policy.

37   11. The director shall adopt rules and regulations necessary to carry out the provisions of

38   this section.

39   12. Any rule or portion of a rule, as that term is defined in section 536.010 that is created

40   under the authority delegated in this section shall become effective only if it complies with and is

41   subject to all of the provisions of chapter 536, and, if applicable, section 536.028. This section and

42   chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to

43   chapter 536, to review, to delay the effective date, or to disapprove and annul a rule are

44   subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or

45   adopted after August 28, 2016, shall be invalid and void.

46   Section B. Section 376.1475 of Section A of this act shall become effective July 1, 2018.";

47   and

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