

HCS SS SCS SBs 865 & 866 -- HEALTH CARE

SPONSOR: Sater (Morris)

COMMITTEE ACTION: Voted "Do Pass" by the Standing Committee on Health Insurance by a vote of 8 to 0. Voted "Do Pass with HCS" by the Select Committee on Insurance by a vote of 8 to 0.

BOARD OF PHARMACY

This bill requires all licensees, registrants, and permit holders regulated by the Board of Pharmacy to report to the board any final adverse action taken by another licensing jurisdiction against such person or entity's license, permit, or authorization to practice or operate as a pharmacist, intern pharmacist, pharmacy technician, pharmacy, drug distributor, drug manufacturer, or drug outsourcing facility. Additionally, all licensees, registrants, and permit holders shall report any surrender of a license or authorization to practice while under disciplinary investigation by another jurisdiction, and any exclusion to participate in any government funded health care program for fraud, abuse, or submission of any false claim, payment, or reimbursement request.

These provisions are identical to the introduced version of SB 457 (2015).

This bill provides that the Board of Pharmacy shall not renew a nonresident pharmacy license if the applicant does not hold a current pharmacy license in the state in which the nonresident pharmacy is located. The board shall not renew an out-of-state wholesale drug distributor, out-of-state pharmacy distributor, or drug distributor license if the applicant does not hold a current license in the state in which the distribution facility is located. If the applicant is a drug distributor registrant then the entity must be authorized and in good standing with the Food and Drug Administration or within the state where the facility is located in order for the board to renew the registration.

These provisions are identical to the perfected version of SB 458 (2015).

The bill requires an enrollee in an HMO or health insurance plan to pay only the usual and customary retail price of a prescription drug if the co-payment applied by an HMO or health insurer exceeds the usual and customary retail price and there shall be no further charge to the enrollee or plan sponsor for the prescription.

This provision is identical to SB 843 (2016) and SB 674 (2012).

This bill requires a health carrier or managed care plan that provides prescription drug coverage in the state to offer medication synchronization services. A health carrier or managed care plan that provides prescription drug coverage shall not charge any amount in excess of the otherwise applicable co-payment for dispensing a prescription drug in a quantity that is less than the prescribed amount and shall provide a full dispensing fee to the pharmacy that dispenses the prescription drug so long as the terms of the medication synchronization services are met.

This provision is identical to SB 910 (2016) and is similar to SB 528 (2015), HB 198 (2015), and HCS SB 458 (2015).

The bill also requires each contract between a pharmacy benefit manager (PBM) and a pharmacy or pharmacy's contracting representative to include sources utilized to determine maximum allowable cost and update such pricing information at least every seven days. A PBM shall maintain a procedure to eliminate products from the maximum allowable cost list of drugs (MAC list) or modify maximum allowable cost pricing within seven days if the drugs do not meet the standards as provided in the bill.

A PBM shall reimburse pharmacies for drugs subject to maximum allowable cost pricing based upon pricing information which has been updated within seven days. A drug shall not be placed on a MAC list unless there are at least two therapeutically equivalent multi-source generic drugs, or at least one generic drug available from at least one manufacturer and is generally available for purchase from national or regional wholesalers.

All contracts shall include a process to internally appeal, investigate, and resolve disputes regarding MAC pricing as provided in the bill. Appeals shall be upheld if the pharmacy being reimbursed for the drug on the MAC list was not reimbursed according to the bill or the drug does not meet the requirements for being placed on the MAC list.

These provisions are identical to SCS SB 908 (2016) and are substantially similar to provisions in HCS SB 458 (2015) and similar to SB 325 (2015) and SB 895 (2014).

MISSOURI HEALTH INSURANCE RATE TRANSPARENCY ACT

The bill requires health carriers to file premium rates with the Director of the Department of Insurance, Financial Institutions and Professional Registration for any health benefit plans sold in the state. Excepted health benefit plans and grandfathered health benefit plans the rates shall be filed for informational purposes only.

Such rates may be used after the director determines the rates to be reasonable, after the health carrier notifies the director of its intent to use rates that the director deems unreasonable or 60 days after the filing date. The director will notify a health carrier on the outcome of the rate determination.

The director shall publish final rates on the department's website and provide a means by which the public can submit written comments concerning proposed rate increases as prescribed in the bill.

PRESCRIPTION EYE DROP REFILLS

The bill extends the termination date on provisions relating to the refilling of prescription eye drops to January 1, 2020.

TELEHEALTH

The bill defines telehealth or telemedicine as delivery of health care services by means of information and communication technologies that facilitate the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while such patient is at the originating site and the health care provider is at the distant site, but does not include telephone conversations, electronic mail messages, or facsimile transmissions between a practitioner and a recipient.

A health carrier may reimburse a health care provider for telehealth services that utilize asynchronous store-and-forward technologies. As used in this section, the term "asynchronous store-and-forward technology" means cameras or other recording devices that store images that may be forwarded via telecommunications devices at a later time.

PROPONENTS: Supporters say that the bill will require all licensees, registrants, and permit holders regulated by the Board of Pharmacy to report to the board any final adverse action taken by another licensing jurisdiction against such person or entity's license, permit, or authorization to practice or operate as a pharmacist, intern pharmacist, pharmacy technician, pharmacy, drug distributor, drug manufacturer, or drug outsourcing facility. Missouri needs to be notified if any out-of-state pharmacies have issues.

Testifying for the bill were Senator Sater; Anthem, Inc.; Missouri Association of Rural Health Clinics; Pfizer; Missouri Grocers' Association; Missouri Retailers' Association; and the Missouri Pharmacy Association.

OPPONENTS: There was no opposition voiced to the committee.