

House _____ Amendment NO. _____

Offered By _____

1 AMEND House Committee Substitute for Senate Substitute for Senate Bill No. 198, Page 39,
2 Section 302.181, Line 113, by inserting after all of said section and line the following:

3
4 "376.448. 1. As used in this section, the following terms mean:

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

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

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

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

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

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

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

19 3. If, under federal law, application of the requirement under subsection 2 of this section
20 would result in health savings account ineligibility under Section 223 of the Internal Revenue Code,
21 the requirement under subsection 2 of this section shall apply to health savings account-qualified
22 high deductible health plans with respect to any cost-sharing of such a plan after the enrollee has
23 satisfied the minimum deductible under Section 223, except with respect to items or services that
24 are preventive care under Section 223(c)(2)(C) of the Internal Revenue Code, in which case the
25 requirement of subsection 2 of this section shall apply regardless of whether the minimum
26 deductible under Section 223 has been satisfied.

27 4. Nothing in this section shall prohibit a health carrier or health benefit plan from utilizing
28 step therapy pursuant to section 376.2034."; and

29
30 Further amend said bill by amending the title, enacting clause, and intersectional references
31 accordingly.

Action Taken _____ Date _____