

HCS HB 442 -- COST-SHARING UNDER HEALTH CARE BENEFITS

SPONSOR: Wright

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Health and Mental Health Policy by a vote of 13 to 1. Voted "Do Pass" by the Standing Committee on Rules- Administrative Oversight by a vote of 6 to 0.

The following is a summary of the House Committee Substitute for HB 442.

This bill provides that when calculating an enrollee's overall contribution to an out-of-pocket max or any cost-sharing requirement under a health benefit plan, a health carrier or pharmacy benefits manager must include any amounts paid by the enrollee or paid on behalf of the enrollee only for medication where a generic substitute is not available.

This bill is similar to SB 269 (2023).

The following is a summary of the public testimony from the committee hearing. The testimony was based on the introduced version of the bill.

PROPONENTS: Supporters say that hundreds, if not thousands, of Missouri residents rely on the support provided by copay assistance for certain drugs where there is not a generic alternative and where the cost of the drug can be a barrier to access health care. High costs of treatment, especially for rarer diseases and illnesses, directly impact patient access to lifesaving medication and technology. Additionally, drug costs may be lowered alongside the provision of copay assistance, as the two are not mutually exclusive. Supporters also argue that insurance companies are "double-dipping" by charging for the same thing twice.

Testifying in person for the bill were Representative Wright; Arthritis Foundation; American Cancer Society; Cancer Action Network; Trudy Stringer, Gateway Hemophilia Association; Angela Brown, Midwest Hemophilia Association; Missouri Pharmacy Association; Missouri State Medical Association; Amanda Good, National MS Society; Jen Bernstein, National Council of Jewish Women, St. Louis; Bridget Tyrey, Gateway Hemophilia Association; Burrell Behavioral; Nora Ancel and Family; Missouri Biotechnology Association; and Giancarlo Pilot, St. Louis Cancer Care, LLP.

OPPONENTS: Those who oppose the bill say that health care insurers and sponsors are torn between increasing premiums for their customers, decreasing coverage, or raising the costs of

prescription drugs. Copay coupons, it is argued, do not help the poor and only impact existing drug patients, as well as benefiting the manufacturer by forcing the insurance company to pay for the more expensive drug. Additionally, opponents argue that this bill would revoke a cost-sharing tool that can be utilized, at times, by insurers to keep costs down.

Testifying in person against the bill were CVS Health; Pharmaceutical Care Management Association; America's Health Insurance Plans; Blue Cross Blue Shield KC; and Missouri Insurance Coalition.

Written testimony has been submitted for this bill. The full written testimony and witnesses testifying online can be found under Testimony on the bill page on the House website.