

House _____ Amendment NO. _____

Offered By

1 AMEND Senate Substitute for Senate Bill No. 751, Page 1, Section A, Line 3, by inserting after all
2 of said section and line the following:

3
4 "191.245. 1. For purposes of this section, the following terms mean:

5 (1) "340B drug," a drug that is:

6 (a) A covered outpatient drug as defined in Section 340B of the Public Health Service Act,
7 42 U.S.C. Section 256b, enacted by Section 602 of the Veterans Health Care Act of 1992, Pub. L.
8 102-585; and

9 (b) Purchased under an agreement entered into under 42 U.S.C. Section 256b;

10 (2) "340B program," the federal drug pricing program described in 42 U.S.C. Section 256b;

11 (3) "Charity care," the meaning ascribed to that term in line 23 of worksheet S-10 to the
12 Medicare cost report or in any successor form;

13 (4) "Contract pharmacy," a pharmacy with which a covered entity has contracted to
14 dispense 340B drugs on behalf of the covered entity to patients of the covered entity, whether
15 distributed in person, via mail, or by other means;

16 (5) "Covered entity," the same meaning given to the term in 42 U.S.C. Section 256b(a)(4).

17 2. Beginning on April 1, 2025, each covered entity shall annually report to the department
18 of health and senior services, in a form and manner determined by the department, the following
19 information about the prior year regarding the covered entity and each offsite patient facility
20 associated with the covered entity:

21 (1) Delineated by form of insurance or payor type, including but not limited to Medicaid,
22 Medicare, commercial insurance, and uninsured:

23 (a) Aggregate acquisition cost paid for all 340B drugs:

24 (b) Aggregate payments received by insurers or payors for all 340B drugs; and

25 (c) Total number of prescriptions and percentage of the covered entity's prescriptions that
26 were filled with 340B drugs;

27 (2) Total operating costs of the covered entity, and itemized costs for:

Action Taken _____ Date _____

1 (a) Implementing direct pass through of 340B program discounts to patients, in the form of
2 lower cost sharing for 340B drugs at the point of dispensing or administration;

3 (b) Implementing a sliding fee scale for 340B drugs at the point of sale for patients with
4 incomes less than 200% of the Federal Poverty Guidelines; and

5 (c) Charity care;

6 (3) Total payments made to:

7 (a) Contract pharmacies for 340B program-related services and other functions;

8 (b) Third-party administrators for managing any components of the covered entity's 340B
9 program; and

10 (c) Any other third parties in connection with 340B program-related compliance, legal,
11 educational, and/or administrative costs;

12 (4) Total number of contract pharmacies, and:

13 (a) Number of contract pharmacies located out-of-state and the states in which the out-of-
14 state contract pharmacies are located;

15 (b) Total number of prescriptions and the percentage of the covered entity's prescriptions
16 that were filled at contract pharmacies, delineated by in-state and out-of-state contract pharmacies;

17 (c) Total remuneration paid to or retained by contract pharmacies or their affiliates for any
18 340B program-related services performed on behalf of the covered entity; and

19 (d) The percentage change in subsection 2(4)(c) compared to the prior year.

20 3. An officer of the covered entity shall certify the completeness and accuracy of the report
21 submitted pursuant to subsection 2.

22 4. The department of health and senior services shall post all reports submitted by covered
23 entities pursuant to subsection 2 on a publicly accessible website.”; and

24
25 Further amend said bill by amending the title, enacting clause, and intersectional references
26 accordingly.