

House _____ Amendment NO. _____

Offered By

1 AMEND House Committee Substitute for House Bill No. 2314, Page 2, Section 8.292, Line 28, by
2 inserting after said section and line the following:

3
4 "376.387. 1. For purposes of this section, the following terms shall mean:

5 (1) "Covered person", the same meaning as such term is defined in section 376.1257;

6 (2) "Health benefit plan", the same meaning as such term is defined in section 376.1350;

7 (3) "Health carrier" or "carrier", the same meaning as such term is defined in section
8 376.1350;

9 (4) "Pharmacy", the same meaning as such term is defined in chapter 338;

10 (5) "Pharmacy benefits manager", the same meaning as such term is defined in section
11 376.388;

12 (6) "Public funds", the same meaning given to the term in section 196.1127.

13 2. No pharmacy benefits manager shall include a provision in a contract entered into or
14 modified on or after August 28, 2018, with a pharmacy or pharmacist that requires a covered person
15 to make a payment for a prescription drug at the point of sale in an amount that exceeds the lesser
16 of:

17 (1) The copayment amount as required under the health benefit plan; or

18 (2) The amount an individual would pay for a prescription if that individual paid with cash.

19 3. A pharmacy or pharmacist shall have the right to provide to a covered person information
20 regarding the amount of the covered person's cost share for a prescription drug, the covered person's
21 cost of an alternative drug, and the covered person's cost of the drug without adjudicating the claim
22 through the pharmacy benefits manager. Neither a pharmacy nor a pharmacist shall be proscribed
23 by a pharmacy benefits manager from discussing any such information or from selling a more
24 affordable alternative to the covered person.

25 4. No pharmacy benefits manager shall, directly or indirectly, charge or hold a pharmacist or
26 pharmacy responsible for any fee amount related to a claim that is not known at the time of the
27 claim's adjudication, unless the amount is a result of improperly paid claims or charges for
28 administering a health benefit plan.

29 5. This section shall not apply with respect to claims under Medicare Part D, or any other
30 plan administered or regulated solely under federal law, and to the extent this section may be

Action Taken _____ Date _____

1 preempted under the Employee Retirement Income Security Act of 1974 for self-funded employer-
2 sponsored health benefit plans.

3 6. A pharmacy benefits manager shall notify in writing any health carrier with which it
4 contracts if the pharmacy benefits manager has a conflict of interest, any commonality of
5 ownership, or any other relationship, financial or otherwise, between the pharmacy benefits manager
6 and any other health carrier with which the pharmacy benefits manager contracts.

7 7. Public funds shall not be expended, paid, or granted to or on behalf of any pharmacy
8 benefits manager. A pharmacy benefits manager shall refuse to accept public funds and shall not
9 contract for or otherwise agree to the receipt of any public funds.

10 8. The department of commerce and insurance shall enforce this section."; and

11
12 Further amend said bill by amending the title, enacting clause, and intersectional references
13 accordingly.