

COMMITTEE ON LEGISLATIVE RESEARCH  
OVERSIGHT DIVISION

**FISCAL NOTE**

L.R. No.: 4887H.03P  
 Bill No.: Perfected HCS for HB 2267  
 Subject: Drugs and Controlled Substances; Insurance - Health; Pharmacy  
 Type: Original  
 Date: April 10, 2024

Bill Summary: This proposal creates provisions relating to insurance coverage of pharmacy services.

**FISCAL SUMMARY**

<b>ESTIMATED NET EFFECT ON GENERAL REVENUE FUND</b>			
FUND AFFECTED	FY 2025	FY 2026	FY 2027
General Revenue Fund*	(Unknown, could exceed \$932,000)	(Unknown, could exceed \$882,000)	(Unknown, could exceed \$882,000)
<b>Total Estimated Net Effect on General Revenue</b>	<b>(Unknown, could exceed \$932,000)</b>	<b>(Unknown, could exceed \$882,000)</b>	<b>(Unknown, could exceed \$882,000)</b>

\* The fiscal impact is unknown, however, MCHCP estimates that it would be greater than \$1.4 million split between General Revenue, Other State Funds and Federal Funds.

<b>ESTIMATED NET EFFECT ON OTHER STATE FUNDS</b>			
FUND AFFECTED	FY 2025	FY 2026	FY 2027
Other State	(Unknown, could exceed \$210,000)	(Unknown, could exceed \$210,000)	(Unknown, could exceed \$210,000)
State Road Fund	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)
Conservation Commission Fund	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)
<b>Total Estimated Net Effect on Other State Funds</b>	<b>\$0 or Unknown to (Unknown)</b>	<b>\$0 or Unknown to (Unknown)</b>	<b>\$0 or Unknown to (Unknown)</b>

Numbers within parentheses: () indicate costs or losses.

<b>ESTIMATED NET EFFECT ON FEDERAL FUNDS</b>			
<b>FUND AFFECTED</b>	<b>FY 2025</b>	<b>FY 2026</b>	<b>FY 2027</b>
Federal Funds	(Unknown, could exceed \$308,000)	(Unknown, could exceed \$308,000)	(Unknown, could exceed \$308,000)
<b>Total Estimated Net Effect on <u>All</u> Federal Funds</b>	<b>(Unknown, could exceed \$308,000)</b>	<b>(Unknown, could exceed \$308,000)</b>	<b>(Unknown, could exceed \$308,000)</b>

<b>ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)</b>			
<b>FUND AFFECTED</b>	<b>FY 2025</b>	<b>FY 2026</b>	<b>FY 2027</b>
<b>Total Estimated Net Effect on FTE</b>	<b>0</b>	<b>0</b>	<b>0</b>

- Estimated Net Effect (expenditures or reduced revenues) expected to exceed \$250,000 in any of the three fiscal years after implementation of the act or at full implementation of the act.
- Estimated Net Effect (savings or increased revenues) expected to exceed \$250,000 in any of the three fiscal years after implementation of the act or at full implementation of the act.

<b>ESTIMATED NET EFFECT ON LOCAL FUNDS</b>			
<b>FUND AFFECTED</b>	<b>FY 2025</b>	<b>FY 2026</b>	<b>FY 2027</b>
<b>Local Government</b>	<b>\$0 to (Unknown)</b>	<b>\$0 to (Unknown)</b>	<b>\$0 to (Unknown)</b>

## FISCAL ANALYSIS

### ASSUMPTION

#### §§376.411 - 376.415 – Insurance coverage of pharmacy services

Officials from the **Missouri Consolidated Health Care Plan (MCHCP)** estimate there is \$12 million in savings associated with the current management of specialty drugs. HB 2267 bill language constrains MCHCP's ability to manage clinician administered specialty drugs other than through a review of medical necessity. While MCHCP does have many specialty drugs that are allowed to be processed through either the pharmacy or medical channels, there are some that are restricted to the pharmacy channel. There are also certain drugs that are restricted to the medical channel such as anti-cancer and infused medications. MCHCP updated its fiscal impact to reflect only the impact to the loss of savings associated with those physician-administered drugs that are currently administered under the pharmacy benefit. MCHCP did not estimate an impact to oral or self-administered injectable specialty drugs. Based on an actuarial analysis, the additional cost to MCHCP is estimated to be unknown but greater than \$1.4 million.

Below is a non-exhaustive list of some caveats, assumptions, and other considerations the actuary made during its analysis.

- **Impacted Drugs** – There may be other less common physician-administered drugs within MCHCP's utilization that are not captured within this analysis.
- **Assumed Cost Differential** – The actuary assumed that the gross-cost or point-of-sale costs of medications are roughly 11% higher under the medical channel than under pharmacy channel. There could be instances with certain drugs are less costly, or more costly, than this assumed differential.
- **Assumed Rebate Differential** – The actuary assumed that rebates for these physician-administered drugs would not be realized when billed under the medical benefit.
- **Utilization Management** – The actuary assumed a loss of utilization management savings associated with a move under the medical benefit.
- **Future White-Bagging Opportunities** – As more drugs come to market, it's likely that there are going to be other physician-administered drugs that could have cost benefits through white-bagging. The actuary analysis is based on actual MCHCP utilization in CY2022 trended to CY2024 and does not reflect the possibility of savings from new physician administered drugs in the future.
- **Manufacturer Coupon Programs** – PBMs are able to leverage manufacturer copay assistance on medications that are dispensed through their specialty pharmacy. These programs can provide cost savings to both members and plan sponsors. HB 198 would inhibit the PBM's ability to offer these programs for physician-administered drugs if the drug is not dispensed through their specialty pharmacy.
  - These coupon programs set the member cost sharing to \$0 and use the manufacturer coupons to fund the cost sharing. Based on the data provided, members would save roughly \$90,000 if MCHCP were to opt-in to this program.

However, HB 198 would inhibit the PBM’s ability to offer this program on physician-administered drugs.

- The actuary did not calculate the potential impact as part of this analysis since MCHCP does not currently participate in these programs.
- **Member Out-of-Pocket-Maximum (OOPM)** – MCHCP has slight differences in the OOPM under the medical and pharmacy benefits. If the drugs are shifted to the medical benefit, which has a lower OOPM for members, the members may hit their OOPM limit sooner by paying more out-of-pocket moving from copayments under the pharmacy channel to coinsurance under the medical channel, and more residual costs may shift to MCHCP. The actuary did not calculate this potential impact as part of this analysis.

**Oversight** contacted MCHCP officials about the term “white bagging”. MCHCP stated white-bagging blocks certain drugs under the medical benefit and routes those prescriptions to the specialty pharmacy. The specialty pharmacy then ships the drugs to the physician’s office/facility where it is then administered to the patient. All of the transitioned drugs are then billed under the pharmacy benefit. This process of white-bagging prevents physicians/facilities from purchasing the drugs themselves from a pharmacy of their choosing, administering to the patient, and then billing the medical carrier for costs that are generally higher than under the pharmacy benefit. This type of billing is referred to as a “buy-and-bill” method by physicians.

**Oversight** will reflect MCHCP’s unknown, but greater than \$1.4 million annual cost to the General Revenue Fund, Other State Funds and Federal Funds.

General Revenue	Greater than \$882,000	63%
Federal Funds	Greater than \$308,000	22%
Other Funds	Greater than \$210,000	15%
<b>Total</b>	<b>Greater than \$1,400,000</b>	<b>100%</b>

\*MCHCP Fund Split Percentages provided by Budget & Planning

Officials from the **Missouri Department of Transportation (MoDOT)** assume the proposal may increase costs for PBMs, which will likely pass on costs to the MoDOT-MSHP medical plan. This would have an unknown negative impact to the State Road Fund.

Officials from **Kansas City** assume the proposed legislation has a negative fiscal impact of an indeterminate amount.

**Oversight** assumes this provision could have a fiscal impact MoDOT as well as other government health plans. Since it is unknown if this legislation will increase cost for PBM’s or

not, **Oversight** will reflect a \$0 to Unknown fiscal impact to the State Road Fund, the Conservation Commission Fund and local political subdivisions.

**Oversight** notes, in 2011, the Missouri General Assembly enacted section 376.1190, which states, “any health care benefit mandate proposed after August 28, 2011, shall be subject to review by the Oversight Division of the Joint Committee on Legislative Research. The Oversight Division shall perform an actuarial analysis of the cost impact to private and public payers of any new or revised mandated health care benefit proposed by the general assembly after August 28, 2011, and a recommendation shall be delivered to the speaker and the president pro tem prior to mandate being enacted.”

The customary process for an actuarial analysis involves Oversight contracting with an outside firm who will request experience data from the largest insurance carriers in the State of Missouri. Since current law (§376.1190) requires any “proposed” mandate receive an actuarial analysis, the timing may not allow for such in-depth reviews. In 2013 Oversight contracted with a company to perform an actuarial analysis for Senate Bill 262, Senate Bill 159, and Senate Bill 161. Due to the timing of the analysis, the company noted requesting outside data was not possible. This limited analysis in 2013 cost almost \$25,000. Given the cost increases over the last ten years, the varying degree of available information to the outside firm and the potential for more in-depth analysis if the information and timing allow, Oversight can easily assume that a current analysis “could exceed \$50,000”.

The Oversight Division does not currently have the appropriation to cover the costs of an actuarial analysis and would need to request such additional funding through the budget process. Oversight will reflect a onetime cost of “Could Exceed \$50,000” to the General Revenue Fund in FY 2025.

**Oversight** notes that subsection 376.414.4 imposes a civil penalty that shall not exceed five thousand dollars per violation per day. Oversight also notes subsection 376.414.10 requires any covered entity found guilty of intentionally acting in a nefarious manner of defrauding the 340B program to pay a fine of not to exceed one million dollars in some instances and not to exceed five hundred thousand dollars in other instances. Any fine paid will be submitted to the Department of Mental Health to fund mental Health Services.

Since the proposal does not specify which fund the potential fine revenue will be deposited into, and the number of fines collected is unknown, if any, for fiscal note purposes, Oversight will reflect a \$0 (no fine revenue will be collected) to unknown to the General Revenue Fund.

Officials from the **Department of Commerce and Insurance**, the **Missouri Department of Conservation**, the **Department of Health and Senior Services**, the **Department of Mental Health**, the **Department of Social Services** and the **City of O’Fallon** each assume the proposal will have no fiscal impact on their respective organizations.

**Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these agencies.

Officials from the **Department of Public Safety - Missouri Highway Patrol** defer to the MoDOT/MHP Health Care Board for response relating to the fiscal impact of this proposal on their organization.

**Oversight** only reflects the responses received from state agencies and political subdivisions; however, other city officials were requested to respond to this proposed legislation but did not. A listing of political subdivisions included in the Missouri Legislative Information System (MOLIS) database is available upon request.

<u>FISCAL IMPACT – State Government</u>	FY 2025 (10 Mo.)	FY 2026	FY 2027
<b>GENERAL REVEUE FUND</b>			
<u>Revenue – DMH</u> Fine revenue §§376.414.10 p.5	\$0 or Unknown	\$0 or Unknown	\$0 or Unknown
<u>Cost – Oversight Division</u> §376.411 - 376.415 p. 5 Actuarial Analysis	(Could exceed \$50,000)	\$0	\$0
<u>Loss – MCHCP</u> Elimination of channel management programs §376.411- 376.415 p.3-4	<u>(Unknown, could exceed \$882,000)</u>	<u>(Unknown, could exceed \$882,000)</u>	<u>(Unknown, could exceed \$882,000)</u>
<b>ESTIMATED NET EFFECT TO THE GENERAL REVENUE FUND</b>	<b><u>(Unknown, could exceed \$932,000)</u></b>	<b><u>(Unknown, could exceed \$882,000)</u></b>	<b><u>(Unknown, could exceed \$882,000)</u></b>

<b>OTHER STATE FUNDS</b>			
<u>Loss – MCHCP</u> Elimination of channel management programs §376.411- 376.415 p.3-4	<u>(Unknown, could exceed \$210,000)</u>	<u>(Unknown, could exceed \$210,000)</u>	<u>(Unknown, could exceed \$210,000)</u>
<b>ESTIMATED NET EFFECT TO OTHER FUNDS</b>	<b><u>(Unknown, could exceed \$210,000)</u></b>	<b><u>(Unknown, could exceed \$210,000)</u></b>	<b><u>(Unknown, could exceed \$210,000)</u></b>
<b>STATE ROAD FUND</b>			
<u>Cost – MoDOT</u> Elimination of channel management programs §376.411- 376.415 p.4	<u>\$0 to (Unknown)</u>	<u>\$0 to (Unknown)</u>	<u>\$0 to (Unknown)</u>
<b>ESTIMATED NET EFFECT TO THE STATE ROAD FUND</b>	<b><u>\$0 to (Unknown)</u></b>	<b><u>\$0 to (Unknown)</u></b>	<b><u>\$0 to (Unknown)</u></b>
<b>CONSERVATION COMMISSION FUND</b>			
<u>Cost – MDC</u> Elimination of channel management programs §376.411- 376.415 p.4	<u>\$0 to (Unknown)</u>	<u>\$0 to (Unknown)</u>	<u>\$0 to (Unknown)</u>
<b>ESTIMATED NET EFFECT TO THE CONSERVATION COMMISSION FUND</b>	<b><u>\$0 to (Unknown)</u></b>	<b><u>\$0 to (Unknown)</u></b>	<b><u>\$0 to (Unknown)</u></b>

<b>FEDERAL FUNDS</b>			
<u>Loss – MCHCP</u> Elimination of channel management programs §376.411- 376.415 p.3-4	<u>(Unknown, could exceed \$308,000)</u>	<u>(Unknown, could exceed \$308,000)</u>	<u>(Unknown, could exceed \$308,000)</u>
<b>ESTIMATED NET EFFECT TO FEDERAL FUNDS</b>	<b><u>(Unknown, could exceed \$308,000)</u></b>	<b><u>(Unknown, could exceed \$308,000)</u></b>	<b><u>(Unknown, could exceed \$308,000)</u></b>

<u>FISCAL IMPACT – Local Government</u>	FY 2025 (10 Mo.)	FY 2026	FY 2027
<b>LOCAL POLITICAL SUBDIVISIONS</b>			
<u>Revenue – Local School Districts</u> Fine revenue §376.414.4 p.5	\$0 or Unknown	\$0 or Unknown	\$0 or Unknown
<u>Cost – Local Political Subdivisions</u> Elimination of channel management §376.411- 376.415 p.4	\$0 to <u>(Unknown)</u>	\$0 to <u>(Unknown)</u>	\$0 to <u>(Unknown)</u>
<b>ESTIMATED NET EFFECT TO LOCAL POLITICAL SUBDIVISIONS</b>	<b><u>\$0 or Unknown to (Unknown)</u></b>	<b><u>\$0 or Unknown to (Unknown)</u></b>	<b><u>\$0 or Unknown to (Unknown)</u></b>

FISCAL IMPACT – Small Business

No direct fiscal impact to small businesses would be expected as a result of this proposal.

FISCAL DESCRIPTION

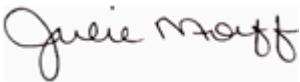
This proposal creates provisions relating to insurance coverage of pharmacy services.

This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

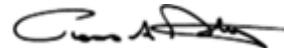


SOURCES OF INFORMATION

Department of Commerce and Insurance  
Department of Public Safety – Missouri Highway Patrol  
Department of Social Services  
Department of Health and Senior Services  
Missouri Department of Conservation  
Missouri Department of Transportation  
Missouri Consolidated Health Care Plan  
City of Kansas City  
City of O’Fallon



Julie Morff  
Director  
April 10, 2024



Ross Strope  
Assistant Director  
April 10, 2024