



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 982		DATE: 2/18/2025	
COMMITTEE: Health and Mental Health			
TESTIFYING: ☒ IN SUPPORT OF ☐ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ANNA MEYER		PHONE NUMBER: 314-446-4156	
REPRESENTING: NATIONAL MULTIPLE SCLEROSIS SOCIETY		TITLE: DIRECTOR OF ADVOCACY	
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CITY: CREVE COEUR		STATE: MO	ZIP: 63141
EMAIL: anna.meyer@nmss.org	ATTENDANCE: Written		SUBMIT DATE: 2/18/2025 9:57 AM
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Chair Stinnett Vice-Chair Haden Missouri House Health and Mental Health Committee Re: House Bills 982 and 840 Comments Dear Chair Stinnett and Vice-Chair Haden, I am writing today on behalf of the National Multiple Sclerosis Society (the Society) regarding House Bills (HB) 982 and 840. The Society supports many aspects of these bills, which address copay accumulator programs that affect patients' access to health care, as well as pharmacy benefit manager reforms. We respectfully ask the House Health and Mental Health Committee to vote HB 982 and/or HB 840 out of committee with amendment. Multiple sclerosis (MS) is an unpredictable disease of the central nervous system. Currently there is no cure. Symptoms vary from person to person and may include disabling fatigue, mobility challenges, cognitive changes and vision issues. An estimated 1 million people live with MS in the United States. Early diagnosis and treatment are critical to minimize disability. Significant progress is being made to achieve a world free of MS. MS is a highly expensive disease, with the average total cost of living with MS at \$88,487 per year. Disease modifying therapies are the biggest cost of living with the disease, with individuals spending an average of \$65,612 more on medical costs than individuals who don't have MS. Early and ongoing treatment with a disease modifying therapy (DMT) is the best way we know to slow the progression of MS, prevent the buildup of disability and protect the brain from damage due to MS. While there are more than twenty DMTs available, they are not interchangeable, and we do not yet know which medication will work best for each person. These medications are very expensive. As of July 2024, the median brand price of MS DMTs was over \$107,000 and few have generic alternatives. People with MS often face a high deductible and later co-insurance—meaning they are often responsible for thousands of dollars in out-of-pocket costs. This poses a significant challenge in accessing needed medications. Copay accumulators (or accumulator adjustment programs) are used to prohibit third party copay assistance from applying towards a patient's annual deductible or out-of-pocket maximum amounts. In MS, copay accumulators make it more difficult for people to get the healthcare they need. Survey results show over 70% of people with MS have relied on copay assistance to maintain access to their DMTs. With the implementation of copay accumulator programs, people with MS are experiencing higher cost burdens as they struggle with unexpected expenses during their deductible period. It is well-known that people with chronic and high-cost conditions like MS face significant financial hardship each year until their deductible has been met and the full relief of their health insurance kicks in. This hardship is made worse by copay accumulator programs as preventing copay assistance from applying to a person's deductible means it takes them longer to reach the end of the deductible period. Because patients are responsible for 100% of their health care costs until the deductible is satisfied, prolonging the deductible period can put other medical needs—such as doctors' visits, rehab therapies, MRIs, or other medications—financially out-of-reach. The Society has called on all stakeholders in the prescription drug supply chain to come

together and find real solutions to escalating price increases, barriers to care and a system too complex to navigate. It is reasonable to question the role of copay assistance programs and the potential part they inadvertently play in raising costs or impeding access—but this should not be the first change that happens. Until we find real solutions to the challenges in our healthcare system that prevent people from affordably accessing the care and treatments they need, we cannot rip away the band-aids people have come to rely on—like copay assistance programs. Mechanisms like copay accumulators primarily impact people who are seeking whatever avenue they can find to be able to take their needed medication. In addition to copay accumulator reform, HB 982 and HB 840 also include pharmacy benefit manager (PBM) reform provisions. While the Society supports many reforms to the PBM system, we have serious concerns about one aspect of this legislation. In section 2 beginning on line 54 of page 6 of both bills, there is what is called “decline to dispense” language, which would allow pharmacies to decline to dispense a medication if the reimbursement is below the cost to purchase and dispense the drug. While we recognize the challenges faced by pharmacies, there must be a different solution than the one proposed. Patients should not have to face uncertainty in accessing their life-changing medication because of supply chain conflicts outside of their control. Declining to dispense almost certainly means a patient will go without their medication. When a person living with MS goes without their disease-modifying therapy (DMT), they face possible relapse, irreversible progression of the disease, and permanent disability. We urge the committee to remove this language and find an alternative solution to the reimbursement rates issue. The Society supports solutions that help safeguard access for people who need life-changing medications, without getting them caught in the middle of struggles between other stakeholders. Please vote HB 982 and/or HB 840 out of committee with amendment. Should you have any questions, please contact me at anna.meyer@nmss.org Sincerely, Anna Meyer Senior Manager of Advocacy National Multiple Sclerosis Society



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C. AC "HONEST-ABE" DIENOFF		PHONE NUMBER:	
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WITNESS NAME			
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WITNESS NAME: DAVID WINTON		PHONE NUMBER: 573-635-6092	
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WITNESS NAME			
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WITNESS NAME: JOAN GUMMELS		PHONE NUMBER:	
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EMAIL: jfgummels@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/18/2025 7:30 AM
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Madam Chair and Members of the Committee: My name is Joan Gummels. I write in support of section 376.448 of HB 982 to ensure that all co-payments made on behalf of an insurance enrollee count towards that patient's out-of-pocket maximum – regardless of source. For Missourians living with chronic, incurable illness, “buying time” isn’t just a turn of phrase. Often life-extending medications are cutting-edge and expensive. I am currently in treatment for metastatic ovarian cancer, inoperable and incurable, but so far treatable. Prior to a recent course of chemotherapy, I enjoyed a year of stable disease thanks to a relatively new oral medication. Recent developments have expanded treatment options for ovarian cancer. In the last decade, the FDA has approved more new treatments than in the previous four decades combined. These medications are typically considered specialty medications, with no generics available for many years. Like many cancer patients on expensive medications, I sought out and used a patient assistance program. I was extremely surprised to find that although my insurance company received the full extent of co-payments it expected, these amounts were not credited to me in terms of my out-of-pocket maximum – meaning, the company would be paid the same amount AGAIN in order to meet the maximum. Requiring that all co-payments made on behalf of enrollees count toward their out-of-pocket maximum ensures that the provider still receives that maximum to which it entitled while lifting an economic burden on Missourians living with serious chronic conditions. I respectfully request that you support this provision of HB 840 and vote it out of committee for consideration by the House. Thank you for your time today and attention to this important issue.



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WITNESS NAME			
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WITNESS NAME: KATHI HARNESS		PHONE NUMBER: 573-634-5200	
REPRESENTING: SAINT LUKE's HEALTH SYSTEM		TITLE:	
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EMAIL: kathi@kathiharness.com	ATTENDANCE: Written		SUBMIT DATE: 2/18/2025 10:44 AM
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St. Luke's Health System is supportive of HB 982.			



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: MICHAEL MCINTOSH		PHONE NUMBER: 314-706-6985	
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CITY: ST. LOUIS		STATE: MO	ZIP: 63122
EMAIL: michael.mcintosh@pharmaxpharmacy.com	ATTENDANCE: Written		SUBMIT DATE: 2/18/2025 12:39 PM

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I am writing in support of HB 840 and HB 982. This bill is critically important to protect Missourians from the unfair practices of Pharmacy Benefit Managers (PBMs). As an owner of six pharmacies in Missouri, we witness everyday the harmful practices of PBMs and how they impact patients, both financially and medically. From talking to health plan sponsors, this bill is also important to hold PBMs accountable to acting in the best interest of their customers (the plan sponsors) and their patients. They currently have no accountability to provide good pharmaceutical care at a reasonable price. Instead they are acting in their own best interest to make as much money as possible. The practice of "Spread Pricing" which allows them to charge one price and tell their customers they are paying something different allows them to lie, cheat, and steal from plan sponsors, patients, and pharmacies alike. The transparency provision in this bill will help remove the "black box" that PBMs enjoy, to hide their methods for pocketing billions of dollars every quarter. Special attention should be paid to the latest FTC reports that were published in Late 2024 and January 2025. They found that PBMs pay their own pharmacies billions of dollars more than national averages, especially when it comes to specialty drugs where they artificially limit patient choice and remove all competition. (Reference: <https://www.ftc.gov/news-events/news/press-releases/2025/01/ftc-releases-second-interim-staff-report-prescription-drug-middlemen>). We have heard from some folks that this bill is being pushed to "enrich pharmacy owners who can't compete on their own merits". My reply to that is we win every day when the field is level. If you ask patients who they choose between a chain pharmacy owned by a large PBM and an independent pharmacy, 9 times out of 10 they're going to choose the independent. If you look at the cost structure, it is actually much cheaper for us to fill medications than big chains and mail order pharmacies. The only people saying that we are more expensive is the PBMs themselves, but they have no data to back it up. They hide that data because of a lack of transparency, which this bill will address. In summary, everyone seems to know that the healthcare system is "broken" and that costs are going up year after year. This bill is needed to shine a light on where all of those increased costs are going. Just look at wall street reports and you'll see. Walgreens is closing hundreds of pharmacies. Independents are closing en masse. PBMs are profiting record amounts at the expense of everyone else. The only thing that can stop them is legislation.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: NICHOLAS TELESKO		PHONE NUMBER: 571-483-1593	
BUSINESS/ORGANIZATION NAME: MISSOURI ONCOLOGY SOCIETY; ASSOCIATION FOR CLINICAL ONCOLOGY		TITLE: SPECIALIST, STATE ADVOCACY	
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CITY: ALEXANDRIA		STATE: VA	ZIP: 22314
EMAIL: nicholas.telesko@asco.org	ATTENDANCE: Written		SUBMIT DATE: 2/14/2025 1:42 PM
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Dear Chair Stinnett and Members of the House Committee on Health and Mental Health, The Missouri Oncology Society (MOS) and the Association for Clinical Oncology (ASCO) are pleased to support HB 982, which would provide comprehensive pharmacy benefit manager (PBM) reform and prohibit health carriers in the state from utilizing co-pay accumulator programs, helping patients with cancer save on their out-of-pocket costs. The Missouri Oncology Society (MOS) is a community of oncologists, nurse practitioners, physician assistants, and other allied health professionals who provide a powerful voice for multidisciplinary cancer care teams and the patients they serve. ASCO is an organization representing physicians who care for people with cancer. With over 50,000 members, our core mission is to ensure that cancer patients have meaningful access to high-quality cancer care. MOS and ASCO are committed to supporting policies that reduce cost while preserving quality of cancer care; however, it is critical that such policies be developed and implemented in a way that does not undermine patient access. Co-pay accumulator programs target specialty drugs for which manufacturers often provide co-pay assistance. With a co-pay accumulator program in place, a manufacturer's assistance no longer applies toward a patient's co-pay or out-of-pocket maximum. This policy means patients will experience increased out-of-pocket costs and take longer to reach required deductibles. By prohibiting these funds from counting toward patient premiums and deductibles, co-pay accumulators negate the intended benefit of patient assistance programs and remove a safety net for patients who need expensive specialty medications but cannot afford them. Co-pay accumulator programs lack transparency and are often implemented without a patient's knowledge or full understanding of their new "benefit." Far from being beneficial, co-pay accumulator programs increase the financial burden for patients, many of whom are facing life-threatening illness. The impact is especially hard on low-income populations. Increasing patient cost can contribute to medical bankruptcy and cause patients to discontinue care, seek non-medical alternatives—or forego treatment altogether. The result is poorer health outcomes and greater cost to the system. Additionally, MOS and ASCO applaud efforts in HB 982 to promote accountability in the PBM industry and target anti-competitive PBM business practices. We are opposed to PBM requirements that steer patients towards the exclusive use of PBM-owned or affiliated pharmacies. PBMs are increasingly shifting drug dispensing away from physicians and toward pharmacies the PBMs own or are affiliated with, which can negatively impact patient care and access. Some PBMs require that patients use only their proprietary specialty pharmacy for certain drugs, despite the possibility that the patient could access the drug more cheaply and quickly from a different pharmacy. MOS and ASCO are encouraged by the steps HB 982 takes toward eliminating co-pay accumulator programs and protecting cancer patients in Missouri and we strongly urge the Committee to pass it. For a more detailed understanding of our

policy recommendations on this issue, we invite you to read the ASCO Policy Brief on Co-Pay Accumulators and the ASCO Position Statement on Pharmacy Benefit Managers and Their Impact on Cancer Care by our affiliate, the American Society of Clinical Oncology. We welcome the opportunity to be a resource for you.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: RICK ROVAK		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
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CITY:		STATE:	ZIP:
EMAIL: rickrovak@me.com	ATTENDANCE: Written		SUBMIT DATE: 2/18/2025 12:43 PM
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I am in support of HB 982 except for a condition stated in Section 2 which I'll discuss later. Copay accumulators (or accumulator adjustment programs) are used to prohibit third party copay assistance from applying towards a patient's annual deductible or out-of-pocket maximum amounts. Currently the cost of the insurance deductible must be paid by the insured. Any assistance provided by the pharmaceutical company is not counted toward the deductible by the insurance provider. It must be paid directly by the individual who is insured. I am in favor of HB 982 although I would like an amendment to change Section 2 beginning on line 54 of page 6. There is what is called "decline to dispense." The bill as written allows pharmacies to decline to dispense a medication if reimbursement does not cover the cost to purchase and dispense the medication. I understand the reason for the pharmacy not wanting to sell a medication if the reimbursement is below their cost. Declining to dispense almost certainly means the patient will go without the critical medication. if this occurs, the patient faces possible relapse and irreversible progression of the disease. THIS PART OF THE BILL SHOULD BE REWRITTEN. Current law makes the insured individual in need of the drug less likely to receive it. I am submitting this testimony on behalf of those in our state who have Multiple Sclerosis. Currently the median brand price of MS DMTs is \$107,000 and few of these drugs have a generic alternative. The current cost of living with MS is, on average, \$88,487 per year. This means someone with MS spends approximately \$65,612 more on medical costs than those who do not have the disease. These DMTs are the best way we know to slow the progression of MS, slow the rate of increased disability and protect further irreversible damage to the brain. Please vote HB 982 (and or HB 840) out of committee with the amendment mentioned above.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: WILL MARRS		PHONE NUMBER: 417-848-8561	
REPRESENTING: MERCY		TITLE:	
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Mercy supports language that increases patient access to certain pharmaceutical drugs that can improve healthcare outcomes for our patients. We want to thank these bill sponsors for bringing these bills forward.



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WITNESS NAME: HAMPTON WILLIAMS		PHONE NUMBER: 417-793-0673	
REPRESENTING: MISSOURI INSURANCE COALITION		TITLE:	
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WITNESS NAME			
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WITNESS NAME: JACOB HUMMEL		PHONE NUMBER: 573-634-2115	
BUSINESS/ORGANIZATION NAME: MISSOURI AFL-CIO		TITLE: PRESIDENT	
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Honorable Representatives of the Committee, The Missouri AFL-CIO respectfully opposes House Bill 982. This legislation aims to regulate prescription benefit managers and assist the business environment for independent pharmacies. However, the framework of this legislation creates serious issues around federal pre-emption and it's impact on health insurance funds for Missouri's major employers and Union Health funds. We urge a "No" vote.



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WITNESS NAME			
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WITNESS NAME: LAUREL PICKERING		PHONE NUMBER: 314-721-7800	
BUSINESS/ORGANIZATION NAME: ST. LOUIS AREA BUSINESS HEALTH COALITION		TITLE: PRESIDENT & CEO	
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Members of the House Health and Mental Health Committee: Thank you for this opportunity to voice our strong opposition to HB 840 and HB 982. The St. Louis Area Business Health Coalition (BHC) is a non-profit organization that has represented the region's employers on issues of health care for over 40 years. The BHC membership consists of nearly 70 large employers, representing 500,000 covered lives in Missouri, or nearly 10% of the state's population. Pharmacy Benefit Managers (PBMs) serve as important partners in the management of self-insured pharmacy benefit plans. They assist in achieving savings for both the employer and their plan enrollees by negotiating discounted drug prices, optimizing pharmacy networks to improve access, providing clinical oversight to prevent medication errors, increasing prescription adherence, and managing complex chronic conditions. The 2023 experience of a group of 45 BHC employers purchasing pharmacy benefits collectively yielded millions in savings across various programs, including over \$172 million in manufacturer rebates. This is a savings of approximately \$573 per employee per year. We recognize that pharmacy expenses are contributing to rising health care costs across the nation and support health care intermediaries, such as PBMs, being held to fiduciary standards. However, as written, these bills would reduce flexibility for and take away important mechanisms that employers use to manage pharmacy costs while delivering robust benefit offerings for employees and their family members. Pharmacy Reimbursement and Guaranteed Acquisition Cost By requiring PBMs to reimburse affiliated and non-affiliated pharmacies similarly, HB 840 and HB 982 will threaten the curation of custom networks to obtain competitive pricing for plan member prescriptions. Employers take extreme care in making these network decisions and will conduct analyses to ensure that selected pharmacies meet the access and affordability needs of employees and their family members based on geography and utilization. This includes seeking volume discounts from independent pharmacies, mail order pharmacies, specialty drug pharmacies, and retail chains. With businesses spending over \$16,500 per employee on health benefit costs each year, according to Mercer, even small percentage savings can translate to meaningful dollars for other important investments — lower employee contributions, raises, bonuses, or more jobs. A key tenant of America's economic marketplace is the ability for buyers and sellers to negotiate the price of goods and services. This model enables sellers to consider opportunities to lower expenses while setting a competitive price to maintain profitability. HB 840 and HB 982 threaten these market forces by guaranteeing that pharmacies be reimbursed their acquisition cost for drugs, eliminating the responsibility of pharmacies to negotiate to acquire these drugs at the lowest cost possible. This reduces competition and removes incentives for purchasing strategies which yield improved prices, resulting in higher costs for self-insured employers and their workers. Incorporation of Copay Assistance into Health Plan Costs Pharmaceutical companies use copay assistance cards to incentivize patients to prioritize more expensive medications with the appeal of helping them pay the

high price to acquire them. However, the cost of copay coupon programs is imbedded in these high-priced medications, so their utilization allows pharmaceutical companies to price drugs higher, creating higher spend for health care consumers. A study by the American Economic Journal found that copay cards increased consumer spending by approximately \$2 Billion dollars across a five-year period. Knowing their use induces higher prices and utilization, government health care programs ban the use of copay cards for their enrollees. HB 840 and HB 982 would require the application of copay assistance coupons toward employee health plan costs and out of pocket expenses for high-cost drugs without a generic alternative. Insurers and plan sponsors have an obligation to treat all enrollees the same. If it becomes required to apply copay coupons toward an enrollee's out of pocket maximum, covering their personal contribution, an individual's health care is then unfairly subsidized at the expense of other plan members. This creates massive inequity across workers, and to account for the drug's high cost, the health plan may take to increasing plan premiums and deductibles for all plan participants. The St. Louis Area Business Health Coalition urges you to oppose HB 840 and HB 982 to keep health care affordable for Missouri employers, workers, and families. Sincerely, Laurel Pickering
President & CEO



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WITNESS NAME			
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WITNESS NAME: LUKE REED		PHONE NUMBER: 573-635-3511	
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WITNESS NAME			
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WITNESS NAME: MARK DALTON		PHONE NUMBER: 314-644-4800	
REPRESENTING: MID-AMERICA CARPENTERS REGIONAL COUNCIL		TITLE:	
ADDRESS: 1401 HAMPTON AVE.			
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TESTIFYING: ☐ IN SUPPORT OF ☒ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ROB MONSEES		PHONE NUMBER: 573-999-9652	
REPRESENTING: MISSOURI HOSPITAL ASSOCIATION		TITLE:	
ADDRESS: PO BOX 60			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/18/2025 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 982		DATE: 2/18/2025	
COMMITTEE: Health and Mental Health			
TESTIFYING: ☐ IN SUPPORT OF ☒ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SHANNON COOPER		PHONE NUMBER: 660-890-1432	
REPRESENTING: AMERICA's HEALTH INSURANCE PLANS		TITLE:	
ADDRESS: 208 MADISON STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/18/2025 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Health and Mental Health			
TESTIFYING: ☐ IN SUPPORT OF ☒ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ZACK DUNN		PHONE NUMBER: 314-739-7270	
REPRESENTING: MISSOURI AND KANSAS LABORERS' DISTRICT COUNCIL		TITLE:	
ADDRESS: 951 CORPORATE PARKWAY			
CITY: WENTZVILLE		STATE: MO	ZIP: 63385
EMAIL: zdunn@mkldc.org	ATTENDANCE: Written		SUBMIT DATE: 2/18/2025 2:45 PM

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HB 982/840 Tesimony in opposition.My name is Zack Dunn and I represent 14,000 construction craft laborers who are apart of the Missouri and Kansas Laborers District Council.We are testifying in opposition to HB 982/840 due to the impact it will have on our members and our multi-employer healthcare funds. This legislation aims to regulate prescription benefit managers and assist the business environment for independent pharmacies. However, the framework of this legislation creates serious issues around federal pre-emption and its impact on health insurance funds for Missouri's major employers and Union Health funds. Specifically, our multi-employer health funds would lose \$5 million/year under this legislation.Allowing pharmacies to decline to dispense medications at a loss introduces dangerous gaps in patient care, particularly for life-sustaining or time-sensitive prescriptions. For patients managing chronic conditions, delays or denials in accessing medications can lead to severe health outcomes, increased emergency care visits, and higher long-term costs. While the bill frames this provision as supporting pharmacies, it neglects the broader implications for patients, especially in rural or underserved areas where alternate pharmacies may not be readily available.Furthermore, this legislation is at odds with federal regulation. Adding to the wasteful nature of lawsuits defending pre-empted legislation.