

House _____ Amendment NO. _____

Offered By

1 AMEND House Committee Substitute for House Bill Nos. 1941, 2279 & 1681, Page 1, Section
2 A, Line 2, by inserting after said section and line the following:

3
4 "191.1064. 1. As used in this section, the following terms mean:

5 (1) "340B-covered entity":

6 (a) An entity described in 42 U.S.C. Section 256b(a)(4)(L) through 42 U.S.C. Section
7 256b(a)(4)(O) that:

8 a. Is authorized to participate in the federal 340B Drug Pricing Program under Section
9 340B of the federal Public Health Service Act (42 U.S.C. Section 256b(a)(4)); and

10 b. Has a service address in this state as of January first of the reporting year; and

11 (b) Any offsite outpatient facility affiliated under the 340B program with an entity
12 described in paragraph (a) of this subdivision;

13 (2) "340B program", the federal 340B Drug Pricing Program established under 42
14 U.S.C. Section 256b;

15 (3) "Charity care", the unreimbursed cost to a hospital of providing, funding, or
16 otherwise financially supporting health care services;

17 (a) To a person classified by the hospital as financially indigent or medically indigent on
18 an inpatient or outpatient basis; and

19 (b) To financially indigent patients through other nonprofit or public outpatient clinics,
20 hospitals, or health care organizations;

21 (4) "Department", the department of health and senior services;

22 (5) "Financially indigent", an uninsured or underinsured person who:

23 (a) A hospital accepts for care with no obligation or a discounted obligation to pay for
24 the services rendered;

25 (b) Qualifies for such care based on a hospital's financial criteria and procedure for
26 determining whether a patient is eligible for charity care, which shall include income levels and
27 means testing indexed to the federal poverty guidelines; and

28 (c) The hospital determines is eligible for such care under the hospital's eligibility
29 system either before or after health care services are provided;

30 (6) "Medically indigent", a person who:

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1 (a) Receives or will receive medical or hospital bills, after payment by third-party
2 payers, that exceed a specified percentage of the person's annual gross income as determined in
3 accordance with the hospital's eligibility system;

4 (b) Is financially unable to pay the remaining balance after payment by third-party
5 payers; and

6 (c) The hospital determines is eligible for assistance under the hospital's eligibility
7 system for charity care either before or after health care services are provided.

8 2. Before April first of each year, a 340B-covered entity shall report the following
9 information and transactions to the department concerning the 340B-covered entity's
10 participation in or participation on behalf of the 340B-covered entity in the federal 340B
11 program for the previous calendar year:

12 (1) The name of the 340B-covered entity;

13 (2) The service address of the 340B-covered entity;

14 (3) The 340B program identification number of the 340B-covered entity;

15 (4) The designation of entity type, as specified in 42 U.S.C. Section 256b(a)(4), of the
16 340B-covered entity;

17 (5) The aggregate acquisition cost for all prescription drugs obtained under the 340B
18 program and dispensed or administered to patients;

19 (6) The aggregate payment amount received for all drugs obtained under the 340B
20 program and dispensed or administered to patients;

21 (7) The aggregate payment made to pharmacies under contract to dispense drugs
22 obtained under the 340B program;

23 (8) The number of claims for prescription drugs described in subdivision (6) of this
24 subsection;

25 (9) How the 340B-covered entity uses any savings from participating in the 340B
26 program, including the amount of savings used for the provision of charity care, community
27 benefits, or a similar program of providing unreimbursed or subsidized health care;

28 (10) The aggregate payments made to any other entity that is not a 340B-covered entity
29 and is not a contract pharmacy as described in subdivision (7) of this subsection for managing
30 any aspect of the 340B-covered entity's 340B program;

31 (11) The aggregate payment made for any other administering expense for the 340B
32 program;

33 (12) The aggregate number of prescription drugs dispensed or administered to patients
34 for which a payment was reported under subdivision (6) of this subsection;

35 (13) The percentage of the 340B-covered entity's claims that were for prescription drugs
36 obtained under the 340B program;

1 (14) The number and percentage of low-income patients of the 340B-covered entity that
2 were served by a sliding-fee scale for a prescription drug dispensed or administered under the
3 340B program;

4 (15) The 340B-covered entity's total operating costs;

5 (16) The 340B-covered entity's total costs for charity care; and

6 (17) A copy of the 340B-covered entity's financial assistance policy for the reporting
7 year.

8 3. The information required to be reported under subdivisions (6) to (8) of subsection 2
9 of this section shall, to the extent feasible, be reported by payer type, including the following:

10 (1) Commercial;

11 (2) Medicaid;

12 (3) Medicare; and

13 (4) Uninsured.

14 4. The data submitted in the reports required under subsection 2 of this section is
15 confidential and is not available for public inspection.

16 5. Before November fifteenth of each year, the department shall prepare a report that
17 aggregates the data submitted under subsection 2 of this section and:

18 (1) Submit the report to the general assembly in an electronic format; and

19 (2) Post the report on the department's website.

20 6. A 340B-covered entity that fails to provide the information required under this section
21 by the date required shall pay a fine of one thousand dollars per day that the information is past
22 due."; and

23
24 Further amend said bill by amending the title, enacting clause, and intersectional references
25 accordingly.