

House _____ Amendment NO. _____

Offered By

1 AMEND House Bill No. 2146, Page 2, Section 96.196, Line 11, by inserting after said section
2 and line the following:

3
4 "191.1067. 1. As used in this section, the following terms mean:

5 (1) "340B covered hospital", an entity described in 42 U.S.C. Section 256b(a)(4)(L) to
6 42 U.S.C. Section 256b(a)(4)(O) that:

7 (a) Is authorized to participate in the federal 340B Drug Pricing Program under Section
8 340B of the federal Public Health Service Act, 42 U.S.C. Section 256b(a)(4), and has a service
9 address in this state as of January first of the reporting year; or

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

12 (2) "340B program" or "340B drug pricing program", the federal 340B Drug Pricing
13 Program established under 42 U.S.C. Section 256b;

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

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

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

20 (4) "Financially indigent", an uninsured or underinsured person who is accepted for care
21 with no obligation or a discounted obligation to pay for the services rendered based on the
22 hospital's financial criteria and procedures used to determine if a patient is eligible for charity
23 care, provided that the criteria and procedures include income levels and means testing indexed
24 to the federal poverty guidelines. A hospital may determine that a person is financially or
25 medically indigent under the hospital's eligibility system after health care services are provided;

26 (5) "Medically indigent", a person whose medical or hospital bills after payment by
27 third-party payers exceed a specified percentage of the patient's annual gross income as
28 determined in accordance with the hospital's eligibility system, and who is financially unable to
29 pay the remaining bill.

Action Taken _____ Date _____

1 2. Before April first of each year, a 340B covered hospital shall report to the department
2 of health and senior services the following information and transactions concerning the 340B
3 covered hospital's participation in, or participation on behalf of the 340B covered hospital in, the
4 federal 340B program for the previous calendar year:

5 (1) The 340B covered hospital's:

6 (a) Name;

7 (b) Service address;

8 (c) 340B program identification number; and

9 (d) Designation of entity type as specified in 42 U.S.C. Section 256b(a)(4);

10 (2) The aggregate acquisition cost for all prescription drugs obtained under the 340B
11 program and dispensed or administered to patients;

12 (3) The aggregate payment amount received for all drugs obtained under the 340B
13 program and dispensed or administered to patients;

14 (4) The aggregate payment made to pharmacies under contract to dispense drugs
15 obtained under the 340B program;

16 (5) The number of claims for prescription drugs described in subdivision (3) of this
17 subsection;

18 (6) How the 340B covered hospital uses any savings from participating in the 340B
19 program, including the amount of savings used for the provision of charity care, community
20 benefits, or a similar program of providing unreimbursed or subsidized health care;

21 (7) The aggregate payments made to any other entity that is not a 340B covered hospital
22 and is not a contract pharmacy, as described in subdivision (4) of this subsection, for managing
23 any aspect of the 340B covered hospital's utilization of the 340B program;

24 (8) The aggregate payment made for any other administering expense for the 340B
25 program;

26 (9) The aggregate number of prescription drugs dispensed or administered to patients for
27 which a payment was reported under subdivision (3) of this subsection;

28 (10) The percentage of the 340B covered hospital's claims that were for prescription
29 drugs obtained under the 340B program;

30 (11) The number and percentage of low income patients of the 340B covered hospital
31 that were served by a sliding fee scale for a prescription drug dispensed or administered under
32 the 340B program;

33 (12) The 340B covered hospital's total operating costs;

34 (13) The 340B covered hospital's total costs for charity care; and

35 (14) A copy of the 340B covered hospital's financial assistance policy for the reporting
36 year.

37 3. The information required to be reported under subdivisions (3) to (5) of subsection 2
38 of this section shall, to the extent feasible, be reported by payer type, including the following:

- 1 (1) Commercial;
- 2 (2) Medicaid or MO HealthNet;
- 3 (3) Medicare; and
- 4 (4) Uninsured.

5 4. The data submitted in the reports required under subsection 2 of this section shall be
6 closed records under chapter 610.

7 5. Before November fifteenth of each year, the department of health and senior services
8 shall prepare a report that aggregates the data submitted under subsections 2 and 3 of this
9 section, shall provide the report to the general assembly in electronic format, and shall publish
10 the report on the department's publicly accessible website.

11 6. A 340B covered hospital that fails to provide the information required under
12 subsection 2 or 3 of this section by the date required in this section shall be subject to a civil
13 penalty of one thousand dollars per day the information is past due."; and

14
15 Further amend said bill by amending the title, enacting clause, and intersectional references
16 accordingly.