

SECOND REGULAR SESSION

# HOUSE BILL NO. 1941

## 103RD GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVE HRUZA.

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JOSEPH ENGLER, Chief Clerk

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### AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to cost-sharing under health benefit plans.

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*Be it enacted by the General Assembly of the state of Missouri, as follows:*

Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be known as section 376.448, to read as follows:

**376.448. 1. As used in this section, the following terms mean:**

- (1) "Cost-sharing", any co-payment, coinsurance, deductible, amount paid by an enrollee for health care services in excess of a coverage limitation, or similar charge required by or on behalf of an enrollee in order to receive a specific health care service covered by a health benefit plan, whether covered under medical benefits or pharmacy benefits. The term "cost-sharing" shall include cost-sharing as defined in 42 U.S.C. Section 18022(c);**
- (2) "Enrollee", the same meaning given to the term in section 376.1350;**
- (3) "Generic drug", the same meaning given to the term in 42 CFR 423.4;**
- (4) "Health benefit plan", the same meaning given to the term in section 376.1350;**
- (5) "Health care service", the same meaning given to the term in section 376.1350;**
- (6) "Health carrier", the same meaning given to the term in section 376.1350;**
- (7) "Pharmacy benefits manager", the same meaning given to the term in section 376.388.**

EXPLANATION — Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

17           **2. When calculating an enrollee's overall contribution to any out-of-pocket**  
18 **maximum or any cost-sharing requirement under a health benefit plan, a health carrier**  
19 **or pharmacy benefits manager shall include any amounts paid by the enrollee or paid**  
20 **on behalf of the enrollee for any medication where a generic drug substitute for such**  
21 **medication is not available.**

22           **3. A health carrier or pharmacy benefits manager shall not vary an enrollee's**  
23 **out-of-pocket maximum or any cost-sharing requirement based on, or otherwise design**  
24 **benefits in a manner that takes into account, the availability of any cost-sharing**  
25 **assistance program for any medication where a generic drug substitute for such**  
26 **medication is not available.**

27           **4. If, under federal law, application of the requirement under subsection 2 of this**  
28 **section would result in health savings account ineligibility under Section 223 of the**  
29 **Internal Revenue Code of 1986, as amended, the requirement under subsection 2 of this**  
30 **section shall apply to health savings account-qualified high deductible health plans with**  
31 **respect to any cost-sharing of such a plan after the enrollee has satisfied the minimum**  
32 **deductible under Section 223, except with respect to items or services that are**  
33 **preventive care under Section 223(c)(2)(C) of the Internal Revenue Code of 1986, as**  
34 **amended, in which case the requirement of subsection 2 of this section shall apply**  
35 **regardless of whether the minimum deductible under Section 223 has been satisfied.**

36           **5. Nothing in this section shall prohibit a health carrier or health benefit plan**  
37 **from utilizing step therapy in accordance with section 376.2034.**

38           **6. The provisions of this section shall not apply to health benefit plans that are**  
39 **covered under the Labor Management Relations Act of 1947, 29 U.S.C. Section 141 et**  
40 **seq., as amended.**

41           **7. The provisions of this section shall apply to health benefit plans entered into,**  
42 **amended, extended, or renewed on or after August 28, 2026.**

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