

HB 2757 -- ACCESS TO MEDICAL PRODUCTS

SPONSOR: Pouche

DISPENSATION OF INSULIN (Sections 338.010 and 338.740)

This bill expands the practice of pharmacy to include the dispensing of an emergency supply of insulin.

A pharmacist may dispense an emergency supply of insulin to a patient without a current, valid prescription if:

- (1) The pharmacist attempts but is unable to obtain authorization to refill the prescription from the prescribing provider;
- (2) The pharmacist has a record of prescription or has been presented proof of a recent prescription, or in the pharmacist's judgment the refusal to dispense an emergency supply of insulin will endanger the patient's health;
- (3) The amount of insulin dispensed does not exceed the amount of the most recent prescription or the standard quantity or unit-of-use package of the drug; and
- (4) The prescriber of the drug has not indicated that no emergency refills are authorized.

A pharmacist, the pharmacist's employer, and the original prescriber are not civilly liable for an act or omission in connection with dispensing insulin under the provisions of this bill unless the act or omission constitutes negligence, recklessness, or willful or wanton misconduct.

The Board of Pharmacy, in consultation with the State Board of Registration for the Healing Arts and the State Board of Nursing, must adopt rules to establish standard procedures for pharmacists to follow in dispensing insulin, as specified in the bill.

PHARMACY BENEFIT MANAGERS (Section 376.681)

This bill prohibits pharmacy benefits managers from reimbursing pharmacies less than the actual acquisition cost of a drug for each drug dispensed by the pharmacy. In addition to the reimbursement amount, the bill requires pharmacy benefits managers to pay to the pharmacy a dispensing fee of at least \$15 for each dispensed prescription drug.

COST OF PRESCRIPTIONS (Sections 376.687 and 376.689)

This bill requires insurers that provide coverage for diabetes devices, epinephrine delivery devices, or prescription insulin drugs to limit the total amount that an insured is required to pay for the following:

- (1) For a 30 day supply of covered and prescribed insulin drugs, not more than \$35;
- (2) For one covered and prescribed diabetes device, not more than \$100; and
- (3) For one covered epinephrine delivery device, not more than \$100.

The limit can increase yearly based on a percentage equal to the percentage change from the preceding year in the medical care component of the Consumer Price Index. The Department of Commerce and Insurance, in conjunction with the Department of Health and Senior Services, and the Department of Social Services, must make a report available to the public of findings from each department, as specified in the bill, by October 31, 2026.

This provision terminates on January 1, 2027.

This bill is similar to HCS HB 1195 (2025).