SECOND REGULAR SESSION

HOUSE BILL NO. 1681

103RD GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE SEITZ.

5031H.01I JOSEPH ENGLER, Chief Clerk

AN ACT

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

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.

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

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

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

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

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

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

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