

# SENATE BILL NO. 1448

103RD GENERAL ASSEMBLY

INTRODUCED BY SENATOR SCHROER.

5948S.011

KRISTINA MARTIN, Secretary

## 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  
2 one new section, to be known as section 376.448, to read as  
3 follows:

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

3 (1) "Cost-sharing", any co-payment, coinsurance,  
4 deductible, amount paid by an enrollee for health care  
5 services in excess of a coverage limitation, or similar  
6 charge required by or on behalf of an enrollee in order to  
7 receive a specific health care service covered by a health  
8 benefit plan, whether covered under medical benefits or  
9 pharmacy benefits. The term "cost-sharing" shall include  
10 cost-sharing as defined in 42 U.S.C. Section 18022(c);

11 (2) "Enrollee", the same meaning given to the term in  
12 section 376.1350;

13 (3) "Generic drug", the same meaning given to the term  
14 in 42 CFR 423.4;

15 (4) "Health benefit plan", the same meaning given to  
16 the term in section 376.1350;

17           (5) "Health care service", the same meaning given to  
18 the term in section 376.1350;

19           (6) "Health carrier", the same meaning given to the  
20 term in section 376.1350;

21           (7) "Pharmacy benefits manager", the same meaning  
22 given to the term in section 376.388.

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

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

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

48 regardless of whether the minimum deductible under Section  
49 223 has been satisfied.

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

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

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

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