

SECOND REGULAR SESSION
[TRULY AGREED TO AND FINALLY PASSED]
SENATE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 2029
98TH GENERAL ASSEMBLY

5403S.05T

2016

AN ACT

To amend chapter 376, RSMo, by adding thereto three new sections relating to step therapy for prescription drugs.

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

Section A. Chapter 376, RSMo, is amended by adding thereto three new sections, to be known as sections 376.2030, 376.2034, and 376.2036, to read as follows:

376.2030. As used in sections 376.2030 to 376.2036, the following terms mean:

(1) "Health benefit plan", the same meaning as such term is defined in section 376.1350;

(2) "Health care provider", the same meaning as such term is defined in section 376.1350;

(3) "Health carrier", the same meaning as such term is defined in section 376.1350;

(4) "Step therapy override exception determination", a determination as to whether a step therapy protocol should apply in a particular situation, or whether the step therapy protocol should be overridden in favor of immediate coverage of the health care provider's preferred prescription drug. This determination is based on a review of the patient's health care provider's request for an override, along with supporting rationale and documentation;

(5) "Step therapy override exception request", a written request from the patient's health care provider for the step therapy protocol to be overridden in favor of immediate

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.

15 coverage of the health care provider's preferred prescription drug. The manner and form
16 of the written request shall be disclosed to the patient and the health care provider as
17 described in subsection 1 of section 376.2034;

18 (6) "Step therapy protocol", a protocol or program that establishes the specific
19 sequence in which prescription drugs for a specified medical condition and medically
20 appropriate for a particular patient are to be prescribed and covered by a health carrier
21 or health benefit plan;

22 (7) "Utilization review organization", an entity that conducts utilization review
23 other than an insurer or health carrier performing utilization review for its own health
24 benefit plans.

376.2034. 1. If coverage of a prescription drug for the treatment of any medical
2 condition is restricted for use by a health carrier, health benefit plan, or utilization review
3 organization via a step therapy protocol, a patient, through his or her health care provider,
4 shall have access to a clear, convenient, and readily accessible process to request a step
5 therapy override exception determination. A health carrier, health benefit plan, or
6 utilization review organization may use its existing medical exceptions process to satisfy
7 this requirement. The process shall be disclosed to the patient and health care provider,
8 which shall include the necessary documentation needed to process such request and be
9 made available on the health carrier plan or health benefit plan website.

10 2. A step therapy override exception determination shall be granted if the patient
11 has tried the step therapy-required prescription drugs while under his or her current or
12 previous health insurance or health benefit plan, and such prescription drugs were
13 discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event.
14 Pharmacy drug samples shall not be considered trial and failure of a preferred
15 prescription drug in lieu of trying the step-therapy required prescription drug.

16 3. The health carrier, health benefit plan, or utilization review organization may
17 request relevant documentation from the patient or provider to support the override
18 exception request.

19 4. Upon the granting of a step therapy override exception request, the health
20 carrier, health benefit plan, or utilization review organization shall authorize dispensation
21 of and coverage for the prescription drug prescribed by the patient's treating health care
22 provider, provided such drug is a covered drug under such policy or contract.

23 5. This section shall not be construed to prevent:

24 (1) A health carrier, health benefit plan, or utilization review organization from
25 requiring a patient to try a generic equivalent or other brand name drug prior to providing
26 coverage for the requested prescription drug; or

27 **(2) A health care provider from prescribing a prescription drug he or she**
28 **determines is medically appropriate.**

376.2036. Notwithstanding any law to the contrary, the department of insurance,
2 **financial institutions and professional registration shall enforce sections 376.2030 to**
3 **376.2036. The provisions of sections 376.2030 to 376.2036 shall apply to health insurance**
4 **and health benefit plans delivered, issued for delivery, or renewed on or after January 1,**
5 **2018.**

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