

SECOND REGULAR SESSION

# HOUSE BILL NO. 1289

## 91ST GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVE TROUPE.

Pre-filed December 19, 2001, and 1000 copies ordered printed.

TED WEDEL, Chief Clerk

3438L.011

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### AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to uniform prescription drug information cards.

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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 376.415, to read as follows:

**376.415. 1. Every health benefit plan that provides coverage for prescription drugs or devices, or administers such a plan, including but not limited to third-party administrators for self-insured plans and state administered plans, shall issue to its insureds a card or other technology containing uniform prescription drug information. The uniform prescription drug information card or technology shall:**

**(1) Be in a format approved by the National Council for Prescription Drug Programs (NCPDP); and**

**(2) Include all of the required and conditional or situational fields; and**

**(3) Conform to the most recent pharmacy ID card or technology implementation guide produced by NCPDP or conform to a national format acceptable to the director of the department of insurance.**

**2. A new uniform prescription drug information card or technology, as required pursuant to subsection 1 of this section, shall be issued by a health benefit plan upon enrollment and reissued upon any change in the insured's coverage that impacts data contained on the card or upon any change in the NCPDP implementation guide. Newly issued cards or technology shall be updated with the latest coverage information and shall conform to the NCPDP standards then in effect and the implementation guide then in use.**

**3. As used in this section, "health benefit plan" means an accident and health**

19 **insurance policy or certificate, a nonprofit hospital or medical service corporation contract,**  
20 **a health maintenance organization subscriber contract, a plan provided by a multiple**  
21 **employer welfare arrangement or a plan provided by another benefit arrangement, to the**  
22 **extent permitted by the Employee Retirement Income Security Act of 1974, as amended,**  
23 **or by any waiver of or other exception to such act provided pursuant to federal law or**  
24 **regulation. Without limitation, "health benefit plan" does not mean any of the following**  
25 **types of insurance:**

26 **(1) Accident;**

27 **(2) Credit;**

28 **(3) Disability income;**

29 **(4) Specified disease;**

30 **(5) Dental or vision;**

31 **(6) Coverage issued as a supplement to liability insurance;**

32 **(7) Medical payments under automobile or homeowners;**

33 **(8) Insurance under which benefits are payable with or without regard to fault and**  
34 **such provision is required by statute to be contained in any liability policy or equivalent**  
35 **self-insurance; and**

36 **(9) Hospital income or indemnity.**

37 **4. The provisions of this section apply to all health benefit plans that are delivered,**  
38 **issued for delivery or renewed on or after January 1, 2003. For purposes of this section,**  
39 **renewal of a health benefit policy, contract or plan is presumed to occur on each**  
40 **anniversary of the date on which coverage first became effective on the person or persons**  
41 **covered by the health benefit plan.**

42 **5. The director of the department of insurance shall enforce and may promulgate**  
43 **rules to implement the provisions of this section. No health benefit plan shall be permitted**  
44 **to conduct business in this state if such plan is in violation of this section.**

45 **6. No rule or portion of a rule promulgated under the authority of this section shall**  
46 **become effective unless it has been promulgated pursuant to chapter 536, RSMo.**