

HB 932 -- STEP THERAPY FOR PRESCRIPTION DRUGS

SPONSOR: Allen

This bill changes the law regarding step therapy for prescription drugs. In its main provisions, the bill:

(1) Requires that clinical review criteria used to establish step therapy protocols must be based on clinical practice guidelines as specified in the bill;

(2) Requires an insurer, health plan, or utilization review organization to certify, annually in rate filing documents submitted to the Department of Insurance, Financial Institutions and Professional Registration, that the clinical review criteria used in any step therapy program for pharmaceuticals is based on clinical practice guidelines independently developed by a professional medical society with expertise in the medical condition, or conditions, that the criteria for coverage decisions applies;

(3) Requires proposed clinical review criteria to be submitted to the department for review and requires the criteria receive approval or accreditation prior to implementation;

(4) Requires the patient and prescribing practitioner to have access to a clear and convenient process to request a step therapy exception determination if coverage of medications for the treatment of any medical condition is restricted for use by an insurer, health plan, or utilization review organization via a step therapy protocol. An insurer, health plan, or utilization review organization may use its existing medical exceptions process to satisfy this requirement;

(5) Requires an exception request to be expeditiously granted as specified in the bill;

(6) Requires the insurer, health plan, utilization review organization, or other entity, upon the granting of an exception request, to authorize dispensation of and coverage for the drug prescribed by the patient's treating health care provider, provided the drug is a covered drug under the policy or contract;

(7) Prohibits the provisions of the bill from being construed to prevent certain actions as specified in the bill;

(8) Requires each health insurer to maintain written or electronic records and data sufficient to demonstrate compliance with the requirements of the provisions of the bill and on an annual basis

submit to the department specified information; and

(9) Specifies that an entity licensed in Missouri to sell a health insurance or health benefit plan directly to a consumer must ensure that if step therapy protocols are used to impose clinical prerequisites for coverage of prescription drugs, the drugs must be available to the consumer at the preferred cost-sharing level for the item once the clinical prerequisites have been satisfied. These provisions must not be construed to prevent insurers from using tiered co-payment structures and must apply only to a health insurance or health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2016.