#### SECOND REGULAR SESSION

# HOUSE BILL NO. 2652

## **100TH GENERAL ASSEMBLY**

#### INTRODUCED BY REPRESENTATIVE LAVENDER.

DANA RADEMAN MILLER, Chief Clerk

### AN ACT

To amend chapter 192, RSMo, by adding thereto seven new sections relating to prescription drug wholesale importation.

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

Section A. Chapter 192, RSMo, is amended by adding thereto seven new sections, to be known as sections 192.3000, 192.3002, 192.3004, 192.3006, 192.3008, 192.3010, and 192.3012, to read as follows:

192.3000. 1. The department of health and senior services shall design a wholesale
prescription drug importation program in consultation with the United States Department
of Health and Human Services that meets the relevant requirements of 21 U.S.C. Section
384.

5 2. In developing the program, the department of health and senior services shall
6 address the following issues:

7 (1) That a state agency becomes a licensed wholesaler for the purpose of seeking
8 federal certification and approval to import safe prescription drugs that will provide
9 savings to Missouri consumers;

(2) That the program uses Canadian suppliers regulated under the appropriate
 Canadian or provincial laws;

(3) That the program has a process to sample the purity, chemical composition, and
 potency of imported products;

(4) That the program only imports those prescription drugs expected to generate
 substantial savings for Missouri consumers;

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.

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16 (5) That the program ensures imported products will not be distributed, dispensed,
 17 or sold outside of the state;

18 (6) That the program ensures that voluntary participants, state-licensed 19 pharmacies, and administering providers charge individual consumers and health plans 20 the actual acquisition cost of the imported, dispensed product;

(7) That the program ensures health plan payment of the product component of
 pharmacy and provider billing reimburses no more than the actual acquisition cost of the
 dispensed, imported product;

(8) That the program ensures that participating health plans keep their formularies
 and claims payment systems up to date with the prescription drugs provided through the
 wholesale prescription drug importation program;

(9) That the program ensures participating health plans base patient costs sharing
 on no more than the actual acquisition costs of the dispensed, imported product;

(10) That the program requires participating health plans to demonstrate to the
 department of health and senior services how savings on imported drugs are reflected in
 premiums;

32 (11) That the profit margin of any participating wholesaler or distributer of 33 imported pharmaceutical products is limited to a specified amount established by the 34 department of health and senior services;

(12) That the program does not import generic products that would violate United
 States patent laws on Unites States branded products;

(13) That the program complies with the requirements of 21 U.S.C. Sections 581
to 582, pertaining to the track and trace requirements as enacted in Title II of the Drug
Security and Quality Act, Pub. L. 113-54, to the extent practical and feasible before
imported drugs come into the possession of the state wholesaler and complies fully after
imported drugs are in the possession of the state wholesaler;

(14) That the program is adequately financed through a fee on each prescription
 or other appropriate approach, but the size of the fee shall not jeopardize significant
 consumer savings; and

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(15) That the program includes an audit function to ensure that:

46 (a) The department of health and senior services has a sound methodology by
47 which to determine the most cost-effective products to include in the prescription drug
48 importation program on an ongoing basis;

(b) The department of health and senior services has a process in place to select
Canadian suppliers of high quality, high performance, and in full compliance with
Canadian laws and regulations;

(c) Imported drugs under the state program are not shipped, sold, or dispensed
outside of the state once in possession of the state;

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(d) Imported products are pure, unadulterated, potent, and safe;

(e) Participating pharmacies and administering providers are not charging more
 than actual acquisition cost to any consumer or any participating health plan;

(f) Participating health plan formularies and claims processing systems remain up
 to date with all relevant aspects of the importation program;

(g) Participating health plans base patient coinsurance and other cost sharing on
 the actual acquisition cost of covered, imported drugs;

61 (h) Participating health plans reimburse participating pharmacies and 62 administering providers actual acquisition cost for imported, dispensed product;

(i) The program is adequately financed to support all administration functions
 while generating significant consumer savings;

(j) The program does not put consumers at higher risk than if the program did not
 exist; and

(k) The program continues to provide Missouri consumers with substantial savings
 on prescription drugs.

192.3002. The department of health and senior services shall enlist the assistance of the state attorney general to identify the potential for anticompetitive behavior in industries that would be affected by a wholesale prescription drug importation program.

192.3004. 1. The department of health and senior services shall complete its plan 2 for implementation of the wholesale prescription drug importation program before 3 January 1, 2021.

2. Before February 1, 2021, the department of health and senior services shall
submit a formal request to the Secretary of Health and Human Services for certification
of the wholesale prescription drug importation program.

192.3006. Upon certification and approval by the Secretary of Health and Human Services, the department of health and senior services shall begin implementation of the wholesale prescription drug importation program, and such program shall be operational within six months of the date of the Secretary's certification. As part of the implementation process, the department of health and senior services shall, in accordance with state procurement and contracting laws and rules, as applicable:

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(1) Become licensed as a wholesaler;

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- (2) Contract with a state-licensed distributer or distributers:
- (3) Contract with a licensed, regulated Canadian supplier or suppliers;
- 10 (4) Engage health plans, employers, pharmacies, providers, and consumers;

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(5) Develop a registration process for health plans, pharmacies, and administering
 providers who wish to participate;

(6) Create a publicly available source for listing prices of imported products that
 will be available to all participating entities and consumers;

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(7) Create an outreach and marketing plan to generate program awareness;

- 16 **(8)** Create and staff a hotline to answer questions from any affected sector starting 17 in the weeks before the program becomes operational that addresses the needs and 18 questions of consumers, employers, plans, pharmacies, and providers;
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(9) Establish the audit function and a two-year audit work plan cycle; and

20 (10) Conduct any other activities determined to be important to successful 21 implementation as determined by the department of health and senior services.

192.3008. Before January 1, 2022, and annually thereafter, the department of health and senior services shall submit a report to the general assembly on the status of the wholesale prescription drug importation program, including:

4 5 (1) The drugs covered in the wholesale prescription drug importation program;

(2) The number of participating pharmacies, providers, and health plans;

6 (3) The number of prescriptions dispensed under the program in the reporting 7 period;

8 (4) The estimated savings to consumers, health plans, and employers that result 9 from the program in the reporting period;

10 (5) In the first three reporting periods, information on the implementation of the 11 audit plan and audit findings for the reporting period; and

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(6) Any other information of importance as determined by the department.

192.3010. The director of the department of health and senior services may promulgate all necessary rules and regulations for the administration of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2020, shall be invalid and void.

192.3012. Under section 23.253 of the Missouri sunset act:

2 (1) The provisions of the new program authorized under sections 192.3000 to
3 192.3012 shall automatically sunset six years after the effective date of sections 192.3000
4 to 192.3012 unless reauthorized by an act of the general assembly;

5 (2) If such program is reauthorized, the program authorized under sections 6 192.3000 to 192.3012 shall automatically sunset twelve years after the effective date of the 7 reauthorization of sections 192.3000 to 192.3012; and

8 (3) Sections 192.3000 to 192.3012 shall terminate on September first of the calendar
9 year immediately following the calendar year in which the program authorized under
10 sections 192.3000 to 192.3012 is sunset.

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