

Regular Session, 2012

HOUSE BILL NO. 693

BY REPRESENTATIVES CROMER AND TALBOT AND SENATOR ALARIO

INSURANCE/HEALTH: Provides for parity for orally administered anti-cancer medications

1 AN ACT

2 To enact R.S. 22:999.1, relative to health insurance issuers which provide coverage for
3 cancer treatment; to require that such issuers provide for parity for orally
4 administered anti-cancer medications with intravenously administered or injected
5 anti-cancer medications; to provide for definitions; to provide for applicability; and
6 to provide for related matters.

7 Be it enacted by the Legislature of Louisiana:

8 Section 1. R.S. 22:999.1 is hereby enacted to read as follows:

9 §999.1. Parity for orally administered anti-cancer medications with intravenously
10 administered or injected anti-cancer medications

11 A. It is hereby declared that the public policy of this state is that every
12 person within this state with health insurance coverage that provides coverage for
13 cancer treatment shall have access to the type of covered medication used to treat his
14 cancer, as such a decision affects the person's overall, long-term health and quality
15 of life. It is also declared that orally administered anti-cancer medications, although
16 very effective in killing or slowing the growth of cancerous cells, have high out-of-
17 pocket costs to the covered person, impacting the decision of physicians to prescribe
18 such medications, thus restricting patient access to life-saving oral anti-cancer
19 medications. It is further declared that physicians must be able to make the best

1 choice for their patients, considering the unique aspects of each patient and the
2 progress of the disease.

3 B.(1) A health insurance issuer that provides coverage for cancer treatment
4 shall provide for coverage of prescribed orally administered anti-cancer medications
5 on a basis no less favorable than intravenously administered or injected cancer
6 medications.

7 (2) Health insurance coverage of orally administered anti-cancer medications
8 shall not be subject to any prior authorization, dollar limit, copayment, deductible,
9 or other out-of-pocket expense that does not apply to intravenously administered or
10 injected cancer medications, regardless of formulation or benefit category
11 determination by the health insurance issuer.

12 (3) A health insurance issuer shall not reclassify or increase any type of cost-
13 sharing to the covered person for anti-cancer medications in order to achieve
14 compliance with this Section. Any change in health insurance coverage that
15 otherwise increases an out-of-pocket expense applied to anti-cancer medications
16 shall also be applied to the majority of comparable medical or pharmaceutical
17 benefits covered by the health insurance issuer.

18 C. As used in this Section:

19 (1) "Covered person" means a policyholder, subscriber, enrollee, or other
20 individual enrolled in or insured by a health insurance issuer for health insurance
21 coverage.

22 (2) "Health insurance coverage" or "coverage" means benefits consisting of
23 medical care provided or arranged for directly, through insurance or reimbursement,
24 or through a network, and including services paid for as medical care under any
25 hospital or medical service policy or certificate, hospital or medical service plan
26 contract, preferred provider organization agreement, or health maintenance
27 organization contract offered by a health insurance issuer.

28 (3) "Health insurance issuer" means any entity that offers health insurance
29 coverage through a policy or certificate of insurance subject to state law that

1 regulates the business of insurance. For purposes of this Section, a "health insurance
 2 issuer" shall include a health maintenance organization, as defined and licensed
 3 pursuant to Subpart I of Part I of Chapter 2 of this Title, nonfederal government
 4 plans subject to the provisions of Subpart B of this Part, and the Office of Group
 5 Benefits.

6 (4) "Network of providers" or "network" means an entity other than a health
 7 insurance issuer that, through contracts with health care providers, provides or
 8 arranges for access by groups of covered persons to covered health care services by
 9 health care providers who are not otherwise or individually contracted directly with
 10 a health insurance issuer.

11 E. The provisions of this Section shall not apply to the following with the
 12 exception of those which specifically cover cancer.

13 (1) Individually underwritten, guaranteed renewable health insurance
 14 policies.

15 (2) Limited benefit health insurance policies or contracts.

16 Section 2. This Act shall be applicable to health insurance coverage that provides
 17 coverage for cancer treatment issued for delivery, delivered, renewed, or otherwise
 18 contracted for in this state on or after January 1, 2013.

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

Cromer

HB No. 693

Abstract: Provides for parity for orally administered anti-cancer medications with intravenously administered or injected cancer medications by health insurance issuers which provide coverage for cancer treatment.

Proposed law declares it to be the public policy of this state that every person within this state with health insurance coverage that provides coverage for cancer treatment shall have the right, with his physician, to the type of covered medication used to treat his cancer, as such a decision affects the person's overall, long-term health and quality of life. Also declares that orally administered anti-cancer medications, although very effective in killing or slowing the growth of cancerous cells, have high out-of-pocket costs to the covered person, impacting the decision of physicians to prescribe such medications, thus restricting patient access to life-saving oral cancer medications. Further declares that physicians must

be able to make the best choice for their patients, considering the unique aspects of each patient and the progress of the disease.

Proposed law provides that a health insurance issuer that provides coverage for cancer treatment shall provide for coverage of prescribed orally administered anti-cancer medications on a basis no less favorable than intravenously administered or injected cancer medications. Also provides that health insurance coverage of orally administered anti-cancer medications shall not be subject to any prior authorization, dollar limit, copayment, deductible, or other out-of-pocket expense that does not apply to intravenously administered or injected cancer medications, regardless of formulation or benefit category determination by the health insurance issuer. Prohibits a health insurance issuer from reclassifying or increasing any type of cost-sharing to the covered person for anti-cancer medications in order to achieve compliance with proposed law. Also provides that any change in health insurance coverage that otherwise increases an out-of-pocket expense applied to anti-cancer medications shall also be applied to the majority of comparable medical or pharmaceutical benefits covered by the health insurance issuer.

Proposed law specifies that it is applicable to health insurance issuers that provide coverage for cancer treatment, including a health maintenance organization, certain nonfederal government plans, and the Office of Group Benefits.

Proposed law specifies that it is not applicable to individually underwritten, guaranteed renewable health insurance policies and limited benefit health insurance policies or contracts with the exception of those which cover cancer.

Proposed law shall be applicable to health insurance coverage that provides coverage for cancer treatment issued for delivery, delivered, renewed, or otherwise contracted for in this state on or after Jan. 1, 2013.

(Adds R.S. 22:999.1)