
DIGEST

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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. Provides that a health insurance issuer that limits the total amount paid by a covered person through all cost-sharing requirements to no more than \$100 per filled prescription for any orally administered anti-cancer medication shall be considered in compliance with proposed law.

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 individual policies, limited benefit policies, certain high deductible plans, and qualified health plans offered through a health benefit

exchange.

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)

Summary of Amendments Adopted by House

Committee Amendments Proposed by House Committee on Insurance to the original bill.

1. Added definition of "anti-cancer medications".
2. Added provisions that a health insurance issuer that limits the total amount paid by a covered person through all cost-sharing requirements to no more than \$100 per filled prescription for any orally administered anti-cancer medication shall be considered in compliance with proposed law.
3. Changed inapplicability from those individual and limited benefit policies with the exception of those that cover cancer to individual policies, limited benefit policies, certain high deductible health plans, and qualified health plans offered through a health benefit exchange.