

PCS for HB 301

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1 A bill to be entitled  
 2 An act relating to cancer treatment; providing a short  
 3 title; creating ss. 627.42391 and 641.313, F.S.;  
 4 providing definitions; requiring that an individual or  
 5 group insurance policy or contract or a health  
 6 maintenance contract that provides coverage for cancer  
 7 treatment medications provide coverage for orally  
 8 administered cancer treatment medications; requiring  
 9 that an individual or group insurance policy or  
 10 contract or a health maintenance contract provide  
 11 coverage for orally administered cancer treatment  
 12 medications on a basis no less favorable than that  
 13 required by the policy or contract for intravenously  
 14 administered or injected cancer treatment medications;  
 15 excluding grandfathered health plans from coverage and  
 16 cost-sharing requirements; prohibiting insurers,  
 17 health maintenance organizations, and certain other  
 18 entities from engaging in specified actions to avoid  
 19 compliance with this act; providing limits on certain  
 20 cost-sharing requirements; providing an effective  
 21 date.

22  
 23 Be It Enacted by the Legislature of the State of Florida:

24 Section 1. This act may be cited as the "Cancer Treatment  
 25 Fairness Act."

26 Section 2. Section 627.42391, Florida Statutes, is created  
 27 to read:

28 627.42391 Insurance policies; cancer treatment parity;

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29 | orally administered cancer treatment medications.—

30 | (1) As used in this section, the term:

31 | (a) "Cancer treatment medication" means medication  
 32 | prescribed by a treating physician who determines that the  
 33 | medication is medically necessary to kill or slow the growth of  
 34 | cancerous cells in a manner consistent with nationally accepted  
 35 | standards of practice.

36 | (b) "Cost sharing" includes copayments, coinsurance,  
 37 | dollar limits, and deductibles imposed on the covered person.

38 | (c) "Grandfathered health plan" has the same meaning as  
 39 | that term is defined in 42 U.S.C. s. 18011 and subject to the  
 40 | conditions for maintaining status as a grandfathered health plan  
 41 | specified in 45 C.F.R. s. 147.140.

42 | (2) An individual or group insurance policy delivered,  
 43 | issued for delivery, renewed, amended, or continued in this  
 44 | state that provides medical, major medical, or similar  
 45 | comprehensive coverage and includes coverage for cancer  
 46 | treatment medications must also cover prescribed, orally  
 47 | administered cancer treatment medications and may not apply  
 48 | cost-sharing requirements for orally administered cancer  
 49 | treatment medications that are less favorable to the covered  
 50 | person than cost-sharing requirements for intravenous or  
 51 | injected cancer treatment medications covered under the policy  
 52 | or contract.

53 | (3) An insurer providing a policy or contract described in  
 54 | subsection (2) and any participating entity through which the  
 55 | insurer offers health services may not:

56 | (a) Vary the terms of the policy in effect on the

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57 effective date of this act to avoid compliance with this  
 58 section.

59 (b) Provide any incentive, including, but not limited to,  
 60 a monetary incentive, or impose treatment limitations to  
 61 encourage a covered person to accept less than the minimum  
 62 protections available under this section.

63 (c) Penalize a health care practitioner or reduce or limit  
 64 the compensation of a health care practitioner for recommending  
 65 or providing services or care to a covered person as required  
 66 under this section.

67 (d) Provide any incentive, including, but not limited to,  
 68 a monetary incentive, to induce a health care practitioner to  
 69 provide care or services that do not comply with this section.

70 (e) Change the classification of any intravenous or  
 71 injected cancer treatment medication or increase the amount of  
 72 cost sharing applicable to any intravenous or injected cancer  
 73 treatment medication in effect on the effective date of this  
 74 section in order to achieve compliance with this section.

75 (4) This section does not apply to grandfathered health  
 76 plans.

77  
 78 Notwithstanding this section, if the cost-sharing requirements  
 79 for intravenous or injected cancer treatment medications under  
 80 the policy or contract are less than \$50 per month, then the  
 81 cost-sharing requirements for orally administered cancer  
 82 treatment medications may be up to \$50 per month.

83 Section 3. Section 641.313, Florida Statutes, is created  
 84 to read:

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85 641.313 Health maintenance contracts; cancer treatment  
 86 parity; orally administered cancer treatment medications.-

87 (1) As used in this section, the term:

88 (a) "Cancer treatment medication" means medication  
 89 prescribed by a treating physician who determines that the  
 90 medication is medically necessary to kill or slow the growth of  
 91 cancerous cells in a manner consistent with nationally accepted  
 92 standards of practice.

93 (b) "Cost sharing" includes copayments, coinsurance,  
 94 dollar limits, and deductibles imposed on the covered person.

95 (c) "Grandfathered health plan" has the same meaning as  
 96 that term is defined in 42 U.S.C. s. 18011 and subject to the  
 97 conditions for maintaining status as a grandfathered health plan  
 98 specified in 45 C.F.R. s. 147.140.

99 (2) A health maintenance contract delivered, issued for  
 100 delivery, renewed, amended, or continued in this state that  
 101 provides medical, major medical, or similar comprehensive  
 102 coverage and includes coverage for cancer treatment medications  
 103 must also cover prescribed, orally administered cancer treatment  
 104 medications and may not apply cost-sharing requirements for  
 105 orally administered cancer treatment medications that are less  
 106 favorable to the covered person than cost-sharing requirements  
 107 for intravenous or injected cancer treatment medications covered  
 108 under the contract.

109 (3) A health maintenance organization providing a contract  
 110 described in subsection (2) and any participating entity through  
 111 which the health maintenance organization offers health services  
 112 may not:

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113 (a) Vary the terms of the policy in effect on the  
 114 effective date of this act to avoid compliance with this  
 115 section.

116 (b) Provide any incentive, including, but not limited to,  
 117 a monetary incentive, or impose treatment limitations to  
 118 encourage a covered person to accept less than the minimum  
 119 protections available under this section.

120 (c) Penalize a health care practitioner or reduce or limit  
 121 the compensation of a health care practitioner for recommending  
 122 or providing services or care to a covered person as required  
 123 under this section.

124 (d) Provide any incentive, including, but not limited to,  
 125 a monetary incentive, to induce a health care practitioner to  
 126 provide care or services that do not comply with this section.

127 (e) Change the classification of any intravenous or  
 128 injected cancer treatment medication or increase the amount of  
 129 cost sharing applicable to any intravenous or injected cancer  
 130 treatment medication in effect on the effective date of this  
 131 section in order to achieve compliance with this section.

132 (4) This section does not apply to grandfathered health  
 133 plans.

134  
 135 Notwithstanding this section, if the cost-sharing requirements  
 136 for intravenous or injected cancer treatment medications under  
 137 the contract are less than \$50 per month, then the cost-sharing  
 138 requirements for orally administered cancer treatment  
 139 medications may be up to \$50 per month.

140 Section 4. The Division of Law Revision and Information is

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141 | directed to replace the phrase "the effective date of this act"  
 142 | wherever it occurs in this act with the date this act takes  
 143 | effect.

144 |       Section 5. This act shall take effect on January 1, 2015,  
 145 | and applies to policies and contracts issued or renewed on or  
 146 | after that date.

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