

LEGISLATIVE ACTION

Senate House

Floor: WD 03/27/2013 12:41 PM

Senator Benacquisto moved the following:

Senate Substitute for Amendment (353984) (with title amendment)

Delete everything after the enacting clause and insert:

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

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

627.42391 Cancer treatment parity; orally administered cancer treatment medications.-

- (1) As used in this section, the term:
- (a) "Cancer treatment medication" means medication

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prescribed by a treating physician who determines that the medication is medically necessary to kill or slow the growth of cancerous cells in a manner consistent with nationally accepted standards of practice.

- (b) "Cost sharing" includes copayments, coinsurance, dollar limits, and deductibles imposed on the covered person.
- (2) Beginning January 2, 2014, an individual or group insurance policy, including a policy issued to a small employer as defined in s. 627.6699, delivered, issued for delivery, renewed, amended, or continued in this state which provides medical, major medical, or similar comprehensive coverage and includes coverage for cancer treatment medications, must also cover prescribed, orally administered cancer treatment medications and may not apply cost-sharing requirements for prescribed, orally administered cancer treatment medications which are less favorable to the covered person than cost-sharing requirements for intravenous or injected cancer treatment medications covered under the policy.
- (3) An insurer that provides a policy described in subsection (2), and any participating entity through which the insurer offers health services, may not:
- (a) Vary the terms of a policy in effect on July 1, 2013, in order to avoid compliance with this section.
- (b) Provide any incentive, including, but not limited to, a monetary incentive, or impose treatment limitations to encourage a covered person to accept less than the minimum protections available under this section.
- (c) Penalize a health care practitioner or reduce or limit the compensation of a health care practitioner for recommending

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or providing services or care to a covered person as required under this section.

- (d) Provide any incentive, including, but not limited to, a monetary incentive, to induce a health care practitioner to provide care or services that do not comply with this section.
- (e) Change the classification of any intravenous or injected cancer treatment medication or increase the amount of cost sharing applicable to any intravenous or injected cancer treatment medication in effect on July 1, 2013, in order to comply with this section.

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

- 641.313 Cancer treatment parity; orally administered cancer treatment medications.-
 - (1) As used in this section, the term:
- (a) "Cancer treatment medication" means medication prescribed by a treating physician who determines that the medication is medically necessary to kill or slow the growth of cancerous cells in a manner consistent with nationally accepted standards of practice.
- (b) "Cost sharing" includes copayments, coinsurance, dollar limits, and deductibles imposed on the covered person.
- (2) Beginning January 2, 2014, a health maintenance contract, including a contract issued to a small employer as defined in s. 627.6699, delivered, issued for delivery, renewed, amended, or continued in this state which provides medical, major medical, or similar comprehensive coverage and includes coverage for cancer treatment medications, must also cover prescribed, orally administered cancer treatment medications and

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may not apply cost-sharing requirements for prescribed, orally administered cancer treatment medications which are less favorable to the covered person than cost-sharing requirements for intravenous or injected cancer treatment medications covered under the contract.

- (3) A health maintenance organization that provides a contract described in subsection (2), and any participating entity through which the health maintenance organization offers health services, may not:
- (a) Vary the terms of a contract in effect on July 1, 2013, in order to avoid compliance with this section.
- (b) Provide any incentive, including, but not limited to, a monetary incentive, or impose treatment limitations to encourage a covered person to accept less than the minimum protections available under this section.
- (c) Penalize a health care practitioner or reduce or limit the compensation of a health care practitioner for recommending or providing services or care to a covered person as required under this section.
- (d) Provide any incentive, including, but not limited to, a monetary incentive, to induce a health care practitioner to provide care or services that do not comply with this section.
- (e) Change the classification of any intravenous or injected cancer treatment medication or increase the amount of cost sharing applicable to any intravenous or injected cancer treatment medication in effect on July 1, 2013, in order to comply with this section.
- Section 4. Subsection (2) of section 627.6515, Florida Statutes, is amended to read:

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627.6515 Out-of-state groups.-

- (2) Except as otherwise provided in this part, this part does not apply to a group health insurance policy issued or delivered outside this state under which a resident of this state is provided coverage if:
- (a) The policy is issued to an employee group the composition of which is substantially as described in s. 627.653; a labor union group or association group the composition of which is substantially as described in s. 627.654; an additional group the composition of which is substantially as described in s. 627.656; a group insured under a blanket health policy when the composition of the group is substantially in compliance with s. 627.659; a group insured under a franchise health policy when the composition of the group is substantially in compliance with s. 627.663; an association group to cover persons associated in any other common group, which common group is formed primarily for purposes other than providing insurance; a group that is established primarily for the purpose of providing group insurance, provided the benefits are reasonable in relation to the premiums charged thereunder and the issuance of the group policy has resulted, or will result, in economies of administration; or a group of insurance agents of an insurer, which insurer is the policyholder;
- (b) Certificates evidencing coverage under the policy are issued to residents of this state and contain in contrasting color and not less than 10-point type the following statement: "The benefits of the policy providing your coverage are governed primarily by the law of a state other than Florida"; and



(c) The policy provides the benefits specified in ss. 627.419, 627.42391, 627.6574, 627.6575, 627.6579, 627.6612, 627.66121, 627.66122, 627.6613, 627.667, 627.6675, 627.6691, and 627.66911, and complies with the requirements of s. 627.66996.

(d) Applications for certificates of coverage offered to residents of this state must contain, in contrasting color and not less than 12-point type, the following statement on the same page as the applicant's signature:

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"This policy is primarily governed by the laws of ...insert state where the master policy if filed.... As a result, all of the rating laws applicable to policies filed in this state do not apply to this coverage, which may result in increases in your premium at renewal that would not be permissible under a Florida-approved policy. Any purchase of individual health insurance should be considered carefully, as future medical conditions may make it impossible to qualify for another individual health policy. For information concerning individual health coverage under a Florida-approved policy, consult your agent or the Florida Department of Financial Services."

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This paragraph applies only to group certificates providing health insurance coverage which require individualized underwriting to determine coverage eligibility for an individual or premium rates to be charged to an individual except for the following:

1. Policies issued to provide coverage to groups of persons



all of whom are in the same or functionally related licensed professions, and providing coverage only to such licensed professionals, their employees, or their dependents;

- 2. Policies providing coverage to small employers as defined by s. 627.6699. Such policies shall be subject to, and governed by, the provisions of s. 627.6699;
- 3. Policies issued to a bona fide association, as defined by s. 627.6571(5), provided that there is a person or board acting as a fiduciary for the benefit of the members, and such association is not owned, controlled by, or otherwise associated with the insurance company; or
- 4. Any accidental death, accidental death and dismemberment, accident-only, vision-only, dental-only, hospital indemnity-only, hospital accident-only, cancer, specified disease, Medicare supplement, products that supplement Medicare, long-term care, or disability income insurance, or similar supplemental plans provided under a separate policy, certificate, or contract of insurance, which cannot duplicate coverage under an underlying health plan, coinsurance, or deductibles or coverage issued as a supplement to workers' compensation or similar insurance, or automobile medical-payment insurance.

Section 5. This act shall take effect July 1, 2013, and applies to policies and contracts issued or renewed on or after that date.

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And the title is amended as follows: 186

Delete everything before the enacting clause



and insert:

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A bill to be entitled

An act relating to cancer treatment; providing a short title; creating ss. 627.42391 and 641.313, F.S.; providing definitions; requiring that an individual or group insurance policy or a health maintenance contract that provides coverage for cancer treatment medications provide coverage for orally administered cancer treatment medications on a basis no less favorable than that required by the policy or contract for intravenously administered or injected cancer treatment medications; prohibiting insurers, health maintenance organizations, and certain other entities from engaging in specified actions to avoid compliance with this act; amending s. 627.6515, F.S.; adding a cross-reference to conform to changes made by the act; providing an effective date.