

By Senator Grant

13-611-00

See HB 393

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A bill to be entitled  
An act relating to children's cancer insurance coverage; providing definitions; requiring health insurance coverage for certain costs relating to certain child cancer treatment programs; providing for application; providing construction; providing an effective date.

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

Section 1. (1) As used in this act, the term:

(a) "Health insurance benefit plan, policy, or contract" means:

1. Any individual health insurance policy or contract issued under part VI of chapter 627, Florida Statutes;

2. Any group, blanket, or franchise health insurance policy or contract issued in this state under part VII of chapter 627, Florida Statutes;

3. Any individual or group contract of the type issued in this state by a nonprofit hospital service plan corporation or nonprofit medical service plan corporation;

4. Any individual or group contract of the type issued in this state by a health maintenance organization or prepaid health clinic for health care services under chapter 641, Florida Statutes; or

5. Any similar individual or group health insurance benefit plan, policy, or contract.

(b) "Approved clinical trial program for treatment of children's cancer" means a phase II or III prescription drug clinical trial program in this state, as approved by the federal Food and Drug Administration or the National Cancer

1 Institute for the treatment of cancer that generally first  
2 manifests itself in children under the age of 19 and that:  
3 1.a. Tests new therapies, regimens, or combinations of  
4 therapies or regimens against standard therapies or regimens  
5 for the treatment of cancer in children;  
6 b. Introduces a new therapy or regimen to treat  
7 recurrent cancer in children; or  
8 c. Seeks to discover new therapies or regimens for the  
9 treatment of cancer in children which are more cost-effective  
10 than standard therapies or regimens; and  
11 2. Has been certified by and uses the standards for  
12 acceptable protocols established by the:  
13 a. Pediatric oncology group;  
14 b. Children's cancer group; or  
15 c. Insurance Commissioner by rule after due notice,  
16 any required hearing, and compliance with any other  
17 requirements of applicable law, but only if such standards are  
18 at least as restrictive as those otherwise established in this  
19 act.  
20 (c) "Routine patient care costs" means those medically  
21 necessary costs of blood tests, X-rays, bone scans, magnetic  
22 resonance images, patient visits, hospital stays, or other  
23 similar costs generally incurred by the insured party in  
24 connection with the provision of goods, services, or benefits  
25 to dependent children under an approved clinical trial program  
26 for treatment of children's cancer which otherwise would be  
27 covered under the major medical health insurance benefit plan,  
28 policy, or contract if such medically necessary costs were not  
29 incurred in connection with an approved clinical trial program  
30 for treatment of children's cancer. Routine patient care  
31 costs specifically shall not include the costs of any clinical

1 trial therapies, regimens, or combinations thereof; any drugs  
2 or pharmaceuticals; any costs associated with the provision of  
3 any goods, services, or benefits to dependent children which  
4 generally are furnished without charge in connection with such  
5 an approved clinical trial program for treatment of children's  
6 cancer; any additional costs associated with the provision of  
7 any goods, services, or benefits that previously have been  
8 provided to the dependent child, paid for, or reimbursed; or  
9 any other similar costs. It is specifically the intent of  
10 this act not to relieve the sponsor of a clinical trial  
11 program of financial responsibility for accepted costs of such  
12 program.

13 (d) "State health plan" means any health insurance  
14 plan established for employees of this state under section  
15 110.123, Florida Statutes.

16 (2) On and after July 1, 2000, any state health plan  
17 or any health insurance benefit plan, policy, or contract that  
18 provides major medical coverage for dependent children and  
19 which is issued, delivered, issued for delivery, or renewed in  
20 this state on or after July 1, 2000, shall provide coverage  
21 for routine patient care costs incurred in connection with the  
22 provision of goods, services, and benefits to such dependent  
23 children in connection with approved clinical trial programs  
24 for the treatment of children's cancer with respect to those  
25 dependent children who:

26 (a) Are covered dependents under a state health plan  
27 or the major medical coverage of a health insurance benefit  
28 plan, policy, or contract.

29 (b) Have been diagnosed with cancer prior to their  
30 19th birthday.

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1           (c) Are enrolled in an approved clinical trial program  
2 for treatment of children's cancer.

3           (d) Are not otherwise eligible for benefits, payments,  
4 or reimbursements from any other third-party payors or other  
5 similar sources.

6           (3) For purposes of this act, any exclusions,  
7 reductions, or limitations as to coverages or any cost-sharing  
8 arrangements provided for in a state health plan or in a  
9 health insurance benefit plan, policy, or contract that  
10 provides major medical coverage for dependent children and  
11 that applies to any benefits, payments, or reimbursements for  
12 routine patient care provided to dependent children in  
13 connection with generally recognized therapies or regimens for  
14 the treatment of children's cancer also apply to such  
15 benefits, payments, or reimbursements for any dependent child  
16 who is enrolled in an approved clinical trial program for  
17 treatment of children's cancer.

18           (4) Except as provided in subsections (2) and (3),  
19 this act does not:

20           (a) Prohibit a state health plan or an insurer,  
21 nonprofit corporation, health care plan, health maintenance  
22 organization, fraternal benefit society, or other person from  
23 issuing or continuing to issue a health insurance benefit  
24 plan, policy, or contract that has benefits that are greater  
25 than the minimum benefits required by this act or from issuing  
26 or continuing to issue any health insurance benefit plan,  
27 policy, or contract that provides benefits that are generally  
28 more favorable to the insured than the benefits required by  
29 this act; or

30           (b) Change the contractual relationships between any  
31 insurer, nonprofit corporation, health care plan, health

1 maintenance organization, fraternal benefit society, or other  
2 similar person and their insureds or covered dependents by  
3 whatever name called.

4 Section 2. This act shall take effect July 1, 2000.

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7 LEGISLATIVE SUMMARY

8 Requires health insurance contracts, policies, and plans  
9 to provide coverage for routine patient care costs  
10 incurred in providing specified dependent children with  
11 goods, services, and benefits in connection with approved  
12 clinical trial child cancer treatment programs.  
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