BILL ANALYSIS

C.S.H.B. 1759
By: Thompson
Insurance
Committee Report (Substituted)

BACKGROUND AND PURPOSE

The emergence of clinically safe and effective orally administered anticancer medication has significantly increased the treatment options for cancer patients. However, many barriers currently impede the adoption of orally administered treatment as mainstay cancer therapy. One of the most significant barriers, which reflects the disparity between medical and pharmacy benefit design, is greater patient out-of-pocket responsibilities for oral therapies covered under the pharmacy benefit than the out-of-pocket costs for the intravenous therapies covered under the medical benefit. Therefore, patient access to potentially life-saving oral anticancer therapies is impeded.

C.S.H.B. 1759 requires a health benefit plan that provides coverage for chemotherapy treatment of cancer to provide coverage for a prescribed, orally administered anticancer medication that is used to kill or slow the growth of cancerous cells on a basis no less favorable than intravenously administered or injected cancer medications that are covered as medical benefits by the plan.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.H.B. 1759 amends the Insurance Code to require a health benefit plan that provides coverage for chemotherapy treatment of cancer to provide coverage for a prescribed, orally administered anticancer medication that is used to kill or slow the growth of cancerous cells on a basis no less favorable than intravenously administered or injected cancer medications that are covered as medical benefits by the plan.

C.S.H.B. 1759 makes this requirement applicable only to a health benefit plan that provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness and is offered by specified types of insurers. The bill defines the term "enrollee."

C.S.H.B. 1759 exempts from the requirement a plan that provides coverage only for benefits for a specified disease or for another limited benefit, other than a plan that provides benefits for cancer treatment or similar services; only for accidental death or dismemberment; for wages or payments in lieu of wages for a period during which an employee is absent from work because of sickness or injury; as a supplement to a liability insurance policy; or only for dental or vision care or only for indemnity for hospital confinement. The bill also exempts a Medicare supplemental policy; a workers' compensation insurance policy; medical payment insurance coverage provided under an automobile insurance policy; a credit insurance policy; a limited benefit policy that does not provide coverage for physical examinations or wellness exams; and a long-term care insurance policy, including a nursing home fixed indemnity policy, unless the commissioner determines that the policy provides benefit coverage so comprehensive that the policy is a health benefit plan included in the bill's requirement.

C.S.H.B. 1759 makes its provisions applicable only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2010.

EFFECTIVE DATE

September 1, 2009.

COMPARISON OF ORIGINAL AND SUBSTITUTE

C.S.H.B. 1759 differs from the original by removing a provision that applies the bill's provisions to a risk pool that provides health and accident coverage for a political subdivision's officials, employees, retirees, employees of affiliated contractors, and their dependents.