

By: Thompson, et al.

H.B. No. 1759

A BILL TO BE ENTITLED

AN ACT

relating to health benefit plan coverage for certain orally administered anticancer medications.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Chapter 1369, Insurance Code, is amended by adding Subchapter E to read as follows:

SUBCHAPTER E. COVERAGE FOR CERTAIN ORALLY ADMINISTERED ANTICANCER MEDICATIONS

Sec. 1369.201. DEFINITION. In this subchapter, "enrollee" means an individual entitled to coverage under a health benefit plan.

Sec. 1369.202. APPLICABILITY OF SUBCHAPTER. (a) This subchapter applies only to a health benefit plan, including a small employer health benefit plan written under Chapter 1501 or coverage provided by a health group cooperative under Subchapter B of that chapter, that provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage or similar coverage document that is offered by:

(1) an insurance company;

(2) a group hospital service corporation operating under Chapter 842;

1 (3) a fraternal benefit society operating under
2 Chapter 885;

3 (4) a stipulated premium company operating under
4 Chapter 884;

5 (5) an exchange operating under Chapter 942;

6 (6) a Lloyd's plan operating under Chapter 941;

7 (7) a health maintenance organization operating under
8 Chapter 843;

9 (8) a multiple employer welfare arrangement that holds
10 a certificate of authority under Chapter 846; or

11 (9) an approved nonprofit health corporation that
12 holds a certificate of authority under Chapter 844.

13 (b) Notwithstanding any provision in Chapter 1551, 1575,
14 1579, or 1601 or any other law, this subchapter applies to:

15 (1) a basic coverage plan under Chapter 1551;

16 (2) a basic plan under Chapter 1575;

17 (3) a primary care coverage plan under Chapter 1579;

18 and

19 (4) basic coverage under Chapter 1601.

20 (c) Notwithstanding any other law, a standard health
21 benefit plan provided under Chapter 1507 must provide the coverage
22 required by this subchapter.

23 Sec. 1369.203. EXCEPTION. This subchapter does not apply
24 to:

25 (1) a plan that provides coverage:

26 (A) only for fixed indemnity benefits for a
27 specified disease or diseases;

1 (B) only for accidental death or dismemberment;

2 (C) for wages or payments in lieu of wages for a
3 period during which an employee is absent from work because of
4 sickness or injury;

5 (D) as a supplement to a liability insurance
6 policy;

7 (E) only for dental or vision care; or

8 (F) only for indemnity for hospital confinement;

9 (2) a Medicare supplemental policy as defined by
10 Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss);

11 (3) a workers' compensation insurance policy;

12 (4) medical payment insurance coverage provided under
13 an automobile insurance policy;

14 (5) a credit insurance policy;

15 (6) a limited benefit policy that does not provide
16 coverage for physical examinations or wellness exams; or

17 (7) a long-term care insurance policy, including a
18 nursing home fixed indemnity policy, unless the commissioner
19 determines that the policy provides benefit coverage so
20 comprehensive that the policy is a health benefit plan as described
21 by Section 1369.202.

22 Sec. 1369.204. REQUIRED COVERAGE FOR CERTAIN ORALLY
23 ADMINISTERED ANTICANCER MEDICATIONS. A health benefit plan that
24 provides coverage for chemotherapy treatment of cancer must provide
25 coverage for a prescribed, orally administered anticancer
26 medication that is used to kill or slow the growth of cancerous
27 cells on a basis no less favorable than intravenously administered

1 or injected cancer medications that are covered as medical benefits
2 by the plan.

3 SECTION 2. Subchapter E, Chapter 1369, Insurance Code, as
4 added by this Act, applies only to a health benefit plan that is
5 delivered, issued for delivery, or renewed on or after January 1,
6 2010. A health benefit plan that is delivered, issued for delivery,
7 or renewed before January 1, 2010, is covered by the law in effect
8 at the time the plan was delivered, issued for delivery, or renewed,
9 and that law is continued in effect for that purpose.

10 SECTION 3. This Act takes effect September 1, 2009.