

By: Thompson

H.B. No. 1759

Substitute the following for H.B. No. 1759:

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C.S.H.B. No. 1759

A BILL TO BE ENTITLED

1 AN ACT
2 relating to health benefit plan coverage for certain orally
3 administered anticancer medications.

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

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

7 SUBCHAPTER E. COVERAGE FOR CERTAIN ORALLY ADMINISTERED ANTICANCER
8 MEDICATIONS

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

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

22 (1) an insurance company;

23 (2) a group hospital service corporation operating
24 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 benefits for a specified disease or
27 for another limited benefit, other than a plan that provides

1 benefits for cancer treatment or similar services;
2 (B) only for accidental death or dismemberment;
3 (C) for wages or payments in lieu of wages for a
4 period during which an employee is absent from work because of
5 sickness or injury;
6 (D) as a supplement to a liability insurance
7 policy;
8 (E) only for dental or vision care; or
9 (F) only for indemnity for hospital confinement;
10 (2) a Medicare supplemental policy as defined by
11 Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss);
12 (3) a workers' compensation insurance policy;
13 (4) medical payment insurance coverage provided under
14 an automobile insurance policy;
15 (5) a credit insurance policy;
16 (6) a limited benefit policy that does not provide
17 coverage for physical examinations or wellness exams; or
18 (7) a long-term care insurance policy, including a
19 nursing home fixed indemnity policy, unless the commissioner
20 determines that the policy provides benefit coverage so
21 comprehensive that the policy is a health benefit plan as described
22 by Section 1369.202.
23 Sec. 1369.204. REQUIRED COVERAGE FOR CERTAIN ORALLY
24 ADMINISTERED ANTICANCER MEDICATIONS. A health benefit plan that
25 provides coverage for chemotherapy treatment of cancer must provide
26 coverage for a prescribed, orally administered anticancer
27 medication that is used to kill or slow the growth of cancerous

1 cells on a basis no less favorable than intravenously administered
2 or injected cancer medications that are covered as medical benefits
3 by the plan.

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

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