

FIRST REGULAR SESSION

HOUSE BILL NO. 530

92ND GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES SCHAAF, HARRIS (23), JONES, ENGLER, BRUNS, HOSKINS, YAEGER, FRASER, MEINERS, CAMPBELL, HILGEMANN (Co-sponsors), HAMPTON, HAYWOOD, WALTON, ABEL, SELBY, PORTWOOD, LEMBKE, WILSON (42), CURLS, RANSDALL, SHOEMYER (9), JOHNSON (90), RUESTMAN, McKENNA, PAGE, THRELKELD AND COOPER (155).

Read 1st time February 20, 2003, and copies ordered printed.

STEPHEN S. DAVIS, Chief Clerk

1537L.03I

AN ACT

To repeal section 376.429, RSMo, and to enact in lieu thereof one new section relating to health care.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Section 376.429, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 376.429, to read as follows:

376.429. 1. All health benefit plans, as defined in section 376.1350, that are delivered, issued for delivery, continued or renewed on or after August 28, 2002, and providing coverage to any resident of this state shall provide coverage for routine patient care costs as defined in subsection 6 of this section incurred as the result of phase **I, II, III, or IV** of a clinical trial that is approved by an entity listed in subsection 4 of this section and is undertaken for the purposes of the prevention, early detection, or treatment of cancer.

2. In the case of treatment under a clinical trial, the treating facility and personnel must have the expertise and training to provide the treatment and treat a sufficient volume of patients. There must be equal to or superior, noninvestigational treatment alternatives and the available clinical or preclinical data must provide a reasonable expectation that the treatment will be superior to the noninvestigational alternatives.

3. Coverage required by this section shall include coverage for routine patient care costs incurred for drugs and devices that have been approved for sale by the Food and Drug Administration (FDA), regardless of whether approved by the FDA for use in treating the

EXPLANATION — Matter enclosed in bold faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law. Matter in boldface type in the above law is proposed language.

15 patient's particular condition, including coverage for reasonable and medically necessary services
16 needed to administer the drug or use the device under evaluation in the clinical trial.

17 4. Subsections 1 and 2 of this section requiring coverage for routine patient care costs
18 shall apply to clinical trials that are approved or funded by one of the following entities:

19 (1) One of the National Institutes of Health (NIH);

20 (2) An NIH cooperative group or center as defined in subsection 6 of this section;

21 (3) The FDA in the form of an investigational new drug application;

22 (4) The federal Departments of Veterans' Affairs or Defense;

23 (5) An institutional review board in this state that has an appropriate assurance approved
24 by the Department of Health and Human Services assuring compliance with and implementation
25 of regulations for the protection of human subjects (45 CFR 46); or

26 (6) A qualified research entity that meets the criteria for NIH Center support grant
27 eligibility.

28 5. An entity seeking coverage for treatment, prevention, or early detection in a clinical
29 trial approved by an institutional review board under subdivision (5) of subsection 4 of this
30 section shall maintain and post electronically a list of the clinical trials meeting the requirements
31 of subsections 2 and 3 of this section. This list shall include: the phase for which the clinical
32 trial is approved; the entity approving the trial; [whether the trial is for the treatment of cancer
33 or other serious or life-threatening disease, and if not cancer, the particular disease;] and the
34 number of participants in the trial. If the electronic posting is not practical, the entity seeking
35 coverage shall periodically provide payers and providers in the state with a written list of trials
36 providing the information required in this section.

37 6. As used in this section, the following terms shall mean:

38 (1) "Cooperative group", a formal network of facilities that collaborate on research
39 projects and have an established NIH-approved Peer Review Program operating within the
40 group, including the NCI Clinical Cooperative Group and the NCI Community Clinical
41 Oncology Program;

42 (2) "Multiple project assurance contract", a contract between an institution and the
43 federal Department of Health and Human Services (DHHS) that defines the relationship of the
44 institution to the DHHS and sets out the responsibilities of the institution and the procedures that
45 will be used by the institution to protect human subjects;

46 (3) "Routine patient care costs", shall include coverage for reasonable and medically
47 necessary services needed to administer the drug or device under evaluation in the clinical trial.
48 Routine patient care costs include all items and services that are otherwise generally available
49 to a qualified individual that are provided in the clinical trial except:

50 (a) The investigational item or service itself;

51 (b) Items and services provided solely to satisfy data collection and analysis needs and
52 that are not used in the direct clinical management of the patient; and

53 (c) Items and services customarily provided by the research sponsors free of charge for
54 any enrollee in the trial.

55 7. For the purpose of this section, providers participating in clinical trials shall obtain
56 a patient's informed consent for participation on the clinical trial in a manner that is consistent
57 with current legal and ethical standards. Such documents shall be made available to the health
58 insurer upon request.

59 8. The provisions of this section shall not apply to a policy, plan or contract paid under
60 Title XVIII or Title XIX of the Social Security Act.

61 **9. The provisions of this section shall not apply to a supplemental insurance policy,**
62 **including a life care contract, accident-only policy, specified disease policy, hospital policy**
63 **providing a fixed daily benefit only, Medicare supplement policy, long-term care policy,**
64 **short-term major medical policy of six months' or less duration, or any other similar**
65 **supplemental policy.**