

**HOUSE** \_\_\_\_\_ **AMENDMENT NO.** \_\_\_\_\_

**Offered By**

AMEND House Committee Substitute for Senate Bill No. 284, Page 13, Section 338.330, Line 38, by inserting after all of said section and line, the following:

“376.1257. 1. Any health benefit plan that provides coverage and benefits for cancer chemotherapy treatment shall not require a higher co-payment, deductible, or coinsurance amount for a prescribed orally administered anticancer medication that is used to kill or slow the growth of cancerous cells than what the plan requires for an intravenously administered or injected cancer medication that is provided, regardless of formulation or benefit category determination by the health carrier administering the health benefit plan.

2. A health carrier shall not achieve compliance with the provisions of this section by imposing an increase in co-payment, deductible, or coinsurance amount for an intravenously administered or injected cancer chemotherapy agent covered under the health benefit plan.

3. Nothing in this section shall be interpreted to prohibit a health carrier from requiring prior authorization or imposing other appropriate utilization controls in approving coverage for any chemotherapy.

4. The provisions of this section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term major medical policies of six months or less duration, or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration.

5. As used in this section, the terms "health benefit plan" and "health carrier" shall have the same meanings ascribed to such terms in section 376.1350.”; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.