

SECOND REGULAR SESSION

HOUSE BILL NO. 1506

96TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE SCHAD.

5187L.01I

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to requiring health benefit plans to establish equal out-of-pocket requirements for oral anticancer medications and intravenously administered chemotherapy medications.

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

Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be known as section 376.1257, to read as follows:

- 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,**

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

17 short-term major medical policies of six months or less duration, or any other
18 supplemental policy as determined by the director of the department of insurance,
19 financial institutions and professional registration.

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

✓