

SENATE SUBSTITUTE

FOR

SENATE BILL NO. 668

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to oral chemotherapy parity.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF MISSOURI, AS FOLLOWS:

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

4 376.1257. 1. As used in this section the following terms
5 shall mean:

6 (1) "Anticancer medications", medications used to kill or
7 slow the growth of cancerous cells;

8 (2) "Covered person", a policyholder, subscriber, enrollee,
9 or other individual enrolled in or insured by a health benefit
10 plan for health insurance coverage;

11 (3) "Health benefit plan", shall have the same meaning as
12 defined in section 376.1350.

13 2. Any health benefit plan that provides coverage and
14 benefits for cancer treatment shall provide coverage of
15 prescribed orally administered anticancer medications on a basis
16 no less favorable than intravenously administered or injected
17 cancer medications.

18 3. Coverage of orally administered anticancer medication
19 shall not be subject to any prior authorization, dollar limit,

1 co-payment, deductible, or other out-of-pocket expense that does
2 not apply to intravenously administered or injected cancer
3 medication, regardless of formulation or benefit category
4 determination by the company administering the health benefit
5 plan.

6 4. The health benefit plan shall not reclassify or increase
7 any type of cost-sharing to the covered person for anticancer
8 medications in order to achieve compliance with this section.
9 Any change in health insurance coverage, which otherwise
10 increases an out-of-pocket expense to anticancer medications,
11 shall be applied to the majority of comparable medical or
12 pharmaceutical benefits covered by the health benefit plan.

13 5. Notwithstanding the provisions of subsections 2, 3, and
14 4 of this section, a health benefit plan that limits the total
15 amounts paid by a covered person through all cost-sharing
16 requirements to no more than seventy-five dollars per thirty-day
17 supply for any orally administered anticancer medication shall be
18 considered in compliance with this section. On January 1, 2016,
19 and on January first of each year thereafter, a health benefit
20 plan may adjust such seventy-five dollar limit. The adjustment
21 shall not exceed the Consumer Price Index for All Urban Consumers
22 Midwest Region for that year. For purposes of this subsection
23 "cost-sharing requirements" shall include co-payments,
24 coinsurance, deductibles, and any other amounts paid by the
25 covered person for that prescription.

26 6. For a health benefit plan that meets the definition of
27 "high deductible health plan" as defined by 26 U.S.C. 223(c)(2),
28 the provisions of subsection 5 of this section shall only apply

1 after a covered person's deductible has been satisfied for the
2 year.

3 7. The provisions of this section shall become effective
4 January 1, 2015.