



448130

LEGISLATIVE ACTION

Senate

.

House

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Floor: 1/AD/2R

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03/27/2013 05:06 PM

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Senators Benacquisto and Bean moved the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. This act may be cited as the "Cancer Treatment
Fairness Act."

Section 2. Section 627.42391, Florida Statutes, is created
to read:

627.42391 Cancer treatment parity; orally administered
cancer treatment medications.—

(1) As used in this section, the term:

(a) "Cancer treatment medication" means medication
prescribed by a treating physician who determines that the



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14 medication is medically necessary to kill or slow the growth of
15 cancerous cells in a manner consistent with nationally accepted
16 standards of practice.

17 (b) "Cost sharing" includes copayments, coinsurance, dollar
18 limits, and deductibles imposed on the covered person.

19 (2) Beginning January 1, 2014, an individual or group
20 insurance policy, including a policy issued to a small employer
21 as defined in s. 627.6699, delivered, issued for delivery,
22 renewed, amended, or continued in this state which provides
23 medical, major medical, or similar comprehensive coverage and
24 includes coverage for cancer treatment medications, must also
25 cover prescribed, orally administered cancer treatment
26 medications and may not apply cost-sharing requirements for
27 prescribed, orally administered cancer treatment medications
28 which are less favorable to the covered person than cost-sharing
29 requirements for intravenous or injected cancer treatment
30 medications covered under the policy.

31 (3) An insurer that provides a policy described in
32 subsection (2), and any participating entity through which the
33 insurer offers health services, may not:

34 (a) Vary the terms of a policy in effect on July 1, 2013,
35 in order to avoid compliance with this section.

36 (b) Provide any incentive, including, but not limited to, a
37 monetary incentive, or impose treatment limitations to encourage
38 a covered person to accept less than the minimum protections
39 available under this section.

40 (c) Penalize a health care practitioner or reduce or limit
41 the compensation of a health care practitioner for recommending
42 or providing services or care to a covered person as required



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43 under this section.

44 (d) Provide any incentive, including, but not limited to, a
45 monetary incentive, to induce a health care practitioner to
46 provide care or services that do not comply with this section.

47 (e) Change the classification of any intravenous or
48 injected cancer treatment medication or increase the amount of
49 cost sharing applicable to any intravenous or injected cancer
50 treatment medication in effect on July 1, 2013, in order to
51 comply with this section.

52 Section 3. Section 641.313, Florida Statutes, is created to
53 read:

54 641.313 Cancer treatment parity; orally administered cancer
55 treatment medications.-

56 (1) As used in this section, the term:

57 (a) "Cancer treatment medication" means medication
58 prescribed by a treating physician who determines that the
59 medication is medically necessary to kill or slow the growth of
60 cancerous cells in a manner consistent with nationally accepted
61 standards of practice.

62 (b) "Cost sharing" includes copayments, coinsurance, dollar
63 limits, and deductibles imposed on the covered person.

64 (2) Beginning January 1, 2014, a health maintenance
65 contract, including a contract issued to a small employer as
66 defined in s. 627.6699, delivered, issued for delivery, renewed,
67 amended, or continued in this state which provides medical,
68 major medical, or similar comprehensive coverage and includes
69 coverage for cancer treatment medications, must also cover
70 prescribed, orally administered cancer treatment medications and
71 may not apply cost-sharing requirements for prescribed, orally



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72 administered cancer treatment medications which are less
73 favorable to the covered person than cost-sharing requirements
74 for intravenous or injected cancer treatment medications covered
75 under the contract.

76 (3) A health maintenance organization that provides a
77 contract described in subsection (2), and any participating
78 entity through which the health maintenance organization offers
79 health services, may not:

80 (a) Vary the terms of a contract in effect on July 1, 2013,
81 in order to avoid compliance with this section.

82 (b) Provide any incentive, including, but not limited to, a
83 monetary incentive, or impose treatment limitations to encourage
84 a covered person to accept less than the minimum protections
85 available under this section.

86 (c) Penalize a health care practitioner or reduce or limit
87 the compensation of a health care practitioner for recommending
88 or providing services or care to a covered person as required
89 under this section.

90 (d) Provide any incentive, including, but not limited to, a
91 monetary incentive, to induce a health care practitioner to
92 provide care or services that do not comply with this section.

93 (e) Change the classification of any intravenous or
94 injected cancer treatment medication or increase the amount of
95 cost sharing applicable to any intravenous or injected cancer
96 treatment medication in effect on July 1, 2013, in order to
97 comply with this section.

98 Section 4. Subsection (2) of section 627.6515, Florida
99 Statutes, is amended to read:

100 627.6515 Out-of-state groups.-



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101 (2) Except as otherwise provided in this part, this part
102 does not apply to a group health insurance policy issued or
103 delivered outside this state under which a resident of this
104 state is provided coverage if:

105 (a) The policy is issued to an employee group the
106 composition of which is substantially as described in s.
107 627.653; a labor union group or association group the
108 composition of which is substantially as described in s.
109 627.654; an additional group the composition of which is
110 substantially as described in s. 627.656; a group insured under
111 a blanket health policy when the composition of the group is
112 substantially in compliance with s. 627.659; a group insured
113 under a franchise health policy when the composition of the
114 group is substantially in compliance with s. 627.663; an
115 association group to cover persons associated in any other
116 common group, which common group is formed primarily for
117 purposes other than providing insurance; a group that is
118 established primarily for the purpose of providing group
119 insurance, provided the benefits are reasonable in relation to
120 the premiums charged thereunder and the issuance of the group
121 policy has resulted, or will result, in economies of
122 administration; or a group of insurance agents of an insurer,
123 which insurer is the policyholder;

124 (b) Certificates evidencing coverage under the policy are
125 issued to residents of this state and contain in contrasting
126 color and not less than 10-point type the following statement:
127 "The benefits of the policy providing your coverage are governed
128 primarily by the law of a state other than Florida"; and

129 (c) The policy provides the benefits specified in ss.



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130 627.419, 627.42391, 627.6574, 627.6575, 627.6579, 627.6612,
131 627.66121, 627.66122, 627.6613, 627.667, 627.6675, 627.6691, and
132 627.66911, and complies with the requirements of s. 627.66996.

133 (d) Applications for certificates of coverage offered to
134 residents of this state must contain, in contrasting color and
135 not less than 12-point type, the following statement on the same
136 page as the applicant's signature:

137
138 "This policy is primarily governed by the laws of
139 ...insert state where the master policy if filed....
140 As a result, all of the rating laws applicable to
141 policies filed in this state do not apply to this
142 coverage, which may result in increases in your
143 premium at renewal that would not be permissible under
144 a Florida-approved policy. Any purchase of individual
145 health insurance should be considered carefully, as
146 future medical conditions may make it impossible to
147 qualify for another individual health policy. For
148 information concerning individual health coverage
149 under a Florida-approved policy, consult your agent or
150 the Florida Department of Financial Services."
151

152 This paragraph applies only to group certificates providing
153 health insurance coverage which require individualized
154 underwriting to determine coverage eligibility for an individual
155 or premium rates to be charged to an individual except for the
156 following:

157 1. Policies issued to provide coverage to groups of persons
158 all of whom are in the same or functionally related licensed



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159 professions, and providing coverage only to such licensed
160 professionals, their employees, or their dependents;

161 2. Policies providing coverage to small employers as
162 defined by s. 627.6699. Such policies shall be subject to, and
163 governed by, the provisions of s. 627.6699;

164 3. Policies issued to a bona fide association, as defined
165 by s. 627.6571(5), provided that there is a person or board
166 acting as a fiduciary for the benefit of the members, and such
167 association is not owned, controlled by, or otherwise associated
168 with the insurance company; or

169 4. Any accidental death, accidental death and
170 dismemberment, accident-only, vision-only, dental-only, hospital
171 indemnity-only, hospital accident-only, cancer, specified
172 disease, Medicare supplement, products that supplement Medicare,
173 long-term care, or disability income insurance, or similar
174 supplemental plans provided under a separate policy,
175 certificate, or contract of insurance, which cannot duplicate
176 coverage under an underlying health plan, coinsurance, or
177 deductibles or coverage issued as a supplement to workers'
178 compensation or similar insurance, or automobile medical-payment
179 insurance.

180 Section 5. Except as otherwise expressly provided in this
181 act, this act shall take effect July 1, 2013, and applies to
182 policies and contracts issued or renewed on or after that date.

183
184 ===== T I T L E A M E N D M E N T =====

185 And the title is amended as follows:

186 Delete everything before the enacting clause
187 and insert:



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188 A bill to be entitled
189 An act relating to cancer treatment; providing a short
190 title; creating ss. 627.42391 and 641.313, F.S.;
191 providing definitions; requiring that an individual or
192 group insurance policy or a health maintenance
193 contract that provides coverage for cancer treatment
194 medications provide coverage for orally administered
195 cancer treatment medications on a basis no less
196 favorable than that required by the policy or contract
197 for intravenously administered or injected cancer
198 treatment medications; prohibiting insurers, health
199 maintenance organizations, and certain other entities
200 from engaging in specified actions to avoid compliance
201 with this act; amending s. 627.6515, F.S.; adding a
202 cross-reference to conform to changes made by the act;
203 providing an effective date.