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1 A bill to be entitled
2 An act relating to cancer treatment; providing a short
3 title; creating ss. 627.42391 and 641.313, F.S.;
4 providing definitions; requiring that an individual or
5 group insurance policy or a health maintenance
6 contract that provides coverage for cancer treatment
7 medications provide coverage for orally administered
8 cancer treatment medications on a basis no less
9 favorable than that required by the policy or contract
10 for intravenously administered or injected cancer
11 treatment medications; prohibiting insurers, health
12 maintenance organizations, and certain other entities
13 from engaging in specified actions to avoid compliance
14 with this act; amending s. 627.6515, F.S.; adding a
15 cross-reference to conform to changes made by the act;
16 providing an effective date.

17
18 Be It Enacted by the Legislature of the State of Florida:

19
20 Section 1. This act may be cited as the "Cancer Treatment
21 Fairness Act."

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

24 627.42391 Cancer treatment parity; orally administered
25 cancer treatment medications.-

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

27 (a) "Cancer treatment medication" means medication
28 prescribed by a treating physician who determines that the
29 medication is medically necessary to kill or slow the growth of

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30 cancerous cells in a manner consistent with nationally accepted
31 standards of practice.

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

34 (2) Beginning January 1, 2014, an individual or group
35 insurance policy, including a policy issued to a small employer
36 as defined in s. 627.6699, delivered, issued for delivery,
37 renewed, amended, or continued in this state which provides
38 medical, major medical, or similar comprehensive coverage and
39 includes coverage for cancer treatment medications, must also
40 cover prescribed, orally administered cancer treatment
41 medications and may not apply cost-sharing requirements for
42 prescribed, orally administered cancer treatment medications
43 which are less favorable to the covered person than cost-sharing
44 requirements for intravenous or injected cancer treatment
45 medications covered under the policy.

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

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

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

55 (c) Penalize a health care practitioner or reduce or limit
56 the compensation of a health care practitioner for recommending
57 or providing services or care to a covered person as required
58 under this section.

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

62 (e) Change the classification of any intravenous or
63 injected cancer treatment medication or increase the amount of
64 cost sharing applicable to any intravenous or injected cancer
65 treatment medication in effect on July 1, 2013, in order to
66 comply with this section.

67 Section 3. Section 641.313, Florida Statutes, is created to
68 read:

69 641.313 Cancer treatment parity; orally administered cancer
70 treatment medications.—

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

72 (a) "Cancer treatment medication" means medication
73 prescribed by a treating physician who determines that the
74 medication is medically necessary to kill or slow the growth of
75 cancerous cells in a manner consistent with nationally accepted
76 standards of practice.

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

79 (2) Beginning January 1, 2014, a health maintenance
80 contract, including a contract issued to a small employer as
81 defined in s. 627.6699, delivered, issued for delivery, renewed,
82 amended, or continued in this state which provides medical,
83 major medical, or similar comprehensive coverage and includes
84 coverage for cancer treatment medications, must also cover
85 prescribed, orally administered cancer treatment medications and
86 may not apply cost-sharing requirements for prescribed, orally
87 administered cancer treatment medications which are less

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88 favorable to the covered person than cost-sharing requirements
89 for intravenous or injected cancer treatment medications covered
90 under the contract.

91 (3) A health maintenance organization that provides a
92 contract described in subsection (2), and any participating
93 entity through which the health maintenance organization offers
94 health services, may not:

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

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

101 (c) Penalize a health care practitioner or reduce or limit
102 the compensation of a health care practitioner for recommending
103 or providing services or care to a covered person as required
104 under this section.

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

108 (e) Change the classification of any intravenous or
109 injected cancer treatment medication or increase the amount of
110 cost sharing applicable to any intravenous or injected cancer
111 treatment medication in effect on July 1, 2013, in order to
112 comply with this section.

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

115 627.6515 Out-of-state groups.—

116 (2) Except as otherwise provided in this part, this part

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117 does not apply to a group health insurance policy issued or
118 delivered outside this state under which a resident of this
119 state is provided coverage if:

120 (a) The policy is issued to an employee group the
121 composition of which is substantially as described in s.
122 627.653; a labor union group or association group the
123 composition of which is substantially as described in s.
124 627.654; an additional group the composition of which is
125 substantially as described in s. 627.656; a group insured under
126 a blanket health policy when the composition of the group is
127 substantially in compliance with s. 627.659; a group insured
128 under a franchise health policy when the composition of the
129 group is substantially in compliance with s. 627.663; an
130 association group to cover persons associated in any other
131 common group, which common group is formed primarily for
132 purposes other than providing insurance; a group that is
133 established primarily for the purpose of providing group
134 insurance, provided the benefits are reasonable in relation to
135 the premiums charged thereunder and the issuance of the group
136 policy has resulted, or will result, in economies of
137 administration; or a group of insurance agents of an insurer,
138 which insurer is the policyholder;

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

144 (c) The policy provides the benefits specified in ss.
145 627.419, 627.42391, 627.6574, 627.6575, 627.6579, 627.6612,

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146 627.66121, 627.66122, 627.6613, 627.667, 627.6675, 627.6691, and
147 627.66911, and complies with the requirements of s. 627.66996.

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

152

153 "This policy is primarily governed by the laws of
154 ...insert state where the master policy is filed....
155 As a result, all of the rating laws applicable to
156 policies filed in this state do not apply to this
157 coverage, which may result in increases in your
158 premium at renewal that would not be permissible under
159 a Florida-approved policy. Any purchase of individual
160 health insurance should be considered carefully, as
161 future medical conditions may make it impossible to
162 qualify for another individual health policy. For
163 information concerning individual health coverage
164 under a Florida-approved policy, consult your agent or
165 the Florida Department of Financial Services."

166

167 This paragraph applies only to group certificates providing
168 health insurance coverage which require individualized
169 underwriting to determine coverage eligibility for an individual
170 or premium rates to be charged to an individual except for the
171 following:

172 1. Policies issued to provide coverage to groups of persons
173 all of whom are in the same or functionally related licensed
174 professions, and providing coverage only to such licensed

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175 professionals, their employees, or their dependents;

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

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

184 4. Any accidental death, accidental death and
185 dismemberment, accident-only, vision-only, dental-only, hospital
186 indemnity-only, hospital accident-only, cancer, specified
187 disease, Medicare supplement, products that supplement Medicare,
188 long-term care, or disability income insurance, or similar
189 supplemental plans provided under a separate policy,
190 certificate, or contract of insurance, which cannot duplicate
191 coverage under an underlying health plan, coinsurance, or
192 deductibles or coverage issued as a supplement to workers'
193 compensation or similar insurance, or automobile medical-payment
194 insurance.

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