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SENATE BILL NO. 383

Offered January 13, 2016

Prefiled January 11, 2016

A *BILL to amend and reenact § 38.2-3407.18 of the Code of Virginia, relating to insurance; parity of coverage for oral chemotherapy medications.*

Patrons—Vogel; Delegate: Peace

Referred to Committee on Commerce and Labor

Be it enacted by the General Assembly of Virginia:

1. That § 38.2-3407.18 of the Code of Virginia is amended and reenacted as follows:

§ 38.2-3407.18. Coverage for oral chemotherapy medications.

A. ~~Each~~ *Notwithstanding the provisions of § 38.2-3419, each* (i) insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis; (ii) corporation providing individual or group accident and sickness subscription contracts; and (iii) health maintenance organization providing a health care plan for health care services, whose policies, contracts, or plans, including any certificate or evidence of coverage issued in connection with such policies, contracts, or plans, include coverage for cancer chemotherapy drugs administered orally and intravenously or by injection shall provide that the criteria for establishing cost sharing applicable to orally administered cancer chemotherapy drugs and cancer chemotherapy drugs that are administered intravenously or by injection shall be consistently applied within the same plan treatment, (a) shall provide coverage under such policy, contract, or plan for a prescribed, orally administered anticancer medication on a basis no less favorable than that on which it provides coverage for intravenously administered or injected anticancer medications and (b) shall not require a higher copayment, 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 policy, contract, or plan requires for an intravenously administered or injected anticancer medication that is provided, regardless of formulation or benefit category determination by the insurer, corporation, or health maintenance organization.

B. The requirements of this section shall apply to all insurance policies, contracts, and plans delivered, issued for delivery, reissued, renewed, or extended or at any time when any term of any such policy, contract, or plan is changed or any premium adjustment is made, on and after the effective date of this section. ~~An insurer, corporation, or health maintenance organization shall not achieve compliance with this section by imposing an increase in copayment, deductible, or coinsurance amount for an intravenously administered or injected anticancer chemotherapy agent covered under the policy, contract, or plan.~~

C. ~~Nothing in this section shall be interpreted to~~ (i) prohibit an insurer, corporation, or health maintenance organization from requiring prior authorization or imposing other appropriate utilization controls in approving coverage for any chemotherapy or (ii) require coverage in a policy, contract, or plan for cancer chemotherapy treatment.

D. The provisions of this section shall not apply to short-term travel, accident only, or limited or specified disease policies or contracts, nor to policies or contracts designed for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known as Medicare, or any other similar coverage under state or federal governmental plans.

~~E.~~ E. This section shall apply to health coverage offered to state employees pursuant to § 2.2-2818 and to health insurance coverage offered to employees of local governments, local officers, teachers, and retirees, and the dependents of such employees, local officers, teachers and retirees pursuant to § 2.2-1204. In administering such coverage, the criteria for establishing the level of copayments or coinsurance for orally administered cancer treatment drugs and cancer chemotherapy drugs that are administered intravenously or by injection shall be consistently applied within the same plan.

2. That the provisions of this act shall apply to insurance policies, contracts, and plans delivered, issued for delivery, reissued, or extended on and after July 1, 2016, or at any time thereafter when any term of the policy, contract, or plan is changed or any premium adjustment is made.

INTRODUCED

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