

SECOND REGULAR SESSION
[TRULY AGREED TO AND FINALLY PASSED]
SENATE SUBSTITUTE FOR

SENATE BILL NO. 668

97TH GENERAL ASSEMBLY

2014

5155S.02T

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:

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. As used in this section the following terms shall mean:

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

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

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

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

3. Coverage of orally administered anticancer medication shall not be subject to any prior authorization, dollar limit, co-payment, deductible, or other out-of-pocket expense that does not apply to intravenously administered or injected anticancer medication, regardless of formulation or benefit category determination by the company administering the health benefit plan.

4. The health benefit plan shall not reclassify or increase any

21 type of cost-sharing to the covered person for anticancer medications
22 in order to achieve compliance with this section. Any change in health
23 insurance coverage, which otherwise increases an out-of-pocket
24 expense to anticancer medications, shall be applied to the majority of
25 comparable medical or pharmaceutical benefits covered by the health
26 benefit plan.

27 5. Notwithstanding the provisions of subsections 2, 3, and 4 of
28 this section, a health benefit plan that limits the total amounts paid by
29 a covered person through all cost-sharing requirements to no more
30 than seventy-five dollars per thirty-day supply for any orally
31 administered anticancer medication shall be considered in compliance
32 with this section. On January 1, 2016, and on January first of each year
33 thereafter, a health benefit plan may adjust such seventy-five dollar
34 limit. The adjustment shall not exceed the Consumer Price Index for
35 All Urban Consumers Midwest Region for that year. For purposes of
36 this subsection "cost-sharing requirements" shall include co-payments,
37 coinsurance, deductibles, and any other amounts paid by the covered
38 person for that prescription.

39 6. For a health benefit plan that meets the definition of "high
40 deductible health plan" as defined by 26 U.S.C. 223(c)(2), the provisions
41 of subsection 5 of this section shall only apply after a covered person's
42 deductible has been satisfied for the year.

43 7. The provisions of this section shall become effective January
44 1, 2015.

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