

INSURANCE COVERAGE FOR ANTICANCER MEDICATIONS

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House Bill 5367 as introduced
Sponsor: Rep. Daire Rendon
1st Committee: Insurance
2nd Committee: Health Policy
Complete to 10-30-18

SUMMARY:

House Bill 5367 would add a new section to the Insurance Code to prohibit a health insurance policy from imposing higher costs or treatment restrictions on orally administered anticancer medications than it imposes on intravenously administered or injected anticancer medications.

Under the bill, health insurance policies delivered, issued for delivery, or renewed in Michigan on or after the effective date of the bill that provide coverage for prescribed orally administered anticancer medications and intravenously administered or injected anticancer medications would have to ensure the following:

- That ***cost-sharing requirements*** applicable to prescribed orally administered anticancer medications are no higher than the cost-sharing requirements applied to intravenously administered or injected anticancer medications that are covered by the policy.
- That ***treatment limitations*** applicable to prescribed orally administered anticancer medications are no more restrictive than the treatment limitations applied to intravenously administered or injected anticancer medications that are covered.

Cost-sharing requirement would mean deductibles, copayments, coinsurance, out-of-pocket expenses, aggregate lifetime limits, and annual limits.

Treatment limitations would mean limits on the frequency of treatment, days of coverage, or other similar limits on the scope or duration of treatment.

An insurer could not achieve compliance with these requirements by increasing cost-sharing requirements, reclassifying benefits for anticancer medications, or imposing more restrictive treatment limitations on orally administered medications or intravenously administered or injected medications that are covered.

Proposed MCL 500.3406u

FISCAL IMPACT:

The bill would have a minimal fiscal cost for state and local employee health insurance, as any reduced employee out-of-pocket costs for anticancer medications would likely be offset by increases in health insurance premium rates that are at least partially paid for by the state or local unit of government.

Medicaid has strict cost-sharing limits, so this bill would not have a fiscal impact on the state Medicaid program.

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