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## **SENATE BILL No. 492**

June 22, 2017, Introduced by Senators HANSEN, GREEN, BOOHER, KNOLLENBERG, BIEDA, WARREN, SCHMIDT, PROOS, JONES, MARLEAU, HILDENBRAND, CASPERSON, YOUNG, HERTEL, JOHNSON and COLBECK and referred to the Committee on Insurance.

A bill to amend 1956 PA 218, entitled "The insurance code of 1956,"

(MCL 500.100 to 500.8302) by adding section 3406u.

## THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

- 1 SEC. 3406U. (1) A HEALTH INSURANCE POLICY DELIVERED, ISSUED
- 2 FOR DELIVERY, OR RENEWED IN THIS STATE THAT PROVIDES COVERAGE FOR
- 3 PRESCRIBED ORALLY ADMINISTERED ANTICANCER MEDICATIONS AND
- INTRAVENOUSLY ADMINISTERED OR INJECTED ANTICANCER MEDICATIONS MUST
- ENSURE BOTH OF THE FOLLOWING:
  - (A) THAT THE HEALTH INSURANCE POLICY ENSURES EITHER OF THE FOLLOWING:
- 8 (i) THAT FINANCIAL REQUIREMENTS APPLICABLE TO PRESCRIBED
- 9 ORALLY ADMINISTERED ANTICANCER MEDICATIONS ARE NO MORE RESTRICTIVE
- 10 THAN THE FINANCIAL REQUIREMENTS APPLIED TO INTRAVENOUSLY
- 11 ADMINISTERED OR INJECTED ANTICANCER MEDICATIONS THAT ARE COVERED BY

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- 1 THE HEALTH INSURANCE POLICY AND THAT THERE ARE NO SEPARATE COST-
- 2 SHARING REQUIREMENTS THAT ARE APPLICABLE ONLY TO PRESCRIBED ORALLY
- 3 ADMINISTERED ANTICANCER MEDICATIONS.
- 4 (ii) THAT THE FINANCIAL REQUIREMENT FOR ORALLY ADMINISTERED
- 5 ANTICANCER MEDICATION DOES NOT EXCEED \$100.00 PER 30-DAY SUPPLY.
- 6 BEGINNING JANUARY 1, 2019, AND EACH JANUARY 1 THEREAFTER, THE
- 7 DEPARTMENT SHALL ADJUST THE FINANCIAL REQUIREMENT DESCRIBED IN THIS
- 8 SUBPARAGRAPH BY AN AMOUNT DETERMINED BY THE STATE TREASURER THAT
- 9 REFLECTS THE CUMULATIVE ANNUAL CHANGE IN THE PRESCRIPTION DRUG
- 10 INDEX OF THE MEDICAL CARE COMPONENT OF THE UNITED STATES CONSUMER
- 11 PRICE INDEX.
- 12 (B) THAT TREATMENT LIMITATIONS APPLICABLE TO PRESCRIBED ORALLY
- 13 ADMINISTERED ANTICANCER MEDICATIONS ARE NO MORE RESTRICTIVE THAN
- 14 THE TREATMENT LIMITATIONS APPLIED TO INTRAVENOUSLY ADMINISTERED OR
- 15 INJECTED ANTICANCER MEDICATIONS THAT ARE COVERED BY THE HEALTH
- 16 INSURANCE POLICY AND THAT THERE ARE NO SEPARATE TREATMENT
- 17 LIMITATIONS THAT ARE APPLICABLE ONLY TO PRESCRIBED ORALLY
- 18 ADMINISTERED ANTICANCER MEDICATIONS.
- 19 (2) BEGINNING WITH THE EFFECTIVE DATE OF THE AMENDATORY ACT
- 20 THAT ADDED THIS SECTION, AN INSURER CANNOT ACHIEVE COMPLIANCE WITH
- 21 THIS SECTION BY DOING ANY OF THE FOLLOWING:
- 22 (A) INCREASING FINANCIAL REQUIREMENTS.
- 23 (B) RECLASSIFYING BENEFITS WITH RESPECT TO ANTICANCER
- 24 MEDICATIONS.
- 25 (C) IMPOSING MORE RESTRICTIVE TREATMENT LIMITATIONS ON
- 26 PRESCRIBED ORALLY ADMINISTERED ANTICANCER MEDICATIONS OR
- 27 INTRAVENOUSLY ADMINISTERED OR INJECTED ANTICANCER MEDICATIONS

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- 1 COVERED UNDER THE POLICY, CERTIFICATE, OR CONTRACT.
- 2 (3) FOR A HEALTH INSURANCE POLICY THAT IS A HIGH-DEDUCTIBLE
- 3 PLAN AS THAT TERM IS DEFINED IN 26 USC 223(C)(2), THE REQUIREMENTS
- 4 UNDER SUBSECTION (1)(A) APPLY ONLY AFTER THE MINIMUM ANNUAL
- 5 DEDUCTIBLE SPECIFIED IN 26 USC 223(C)(2) IS REACHED.
- 6 (4) THIS SECTION DOES NOT PROHIBIT AN INSURER FROM APPLYING
- 7 UTILIZATION MANAGEMENT TECHNIQUES, INCLUDING PRIOR AUTHORIZATION,
- 8 STEP THERAPY, LIMITS ON QUANTITY DISPENSED, AND DAYS' SUPPLY PER
- 9 FILL FOR ANY ADMINISTERED ANTICANCER MEDICATION.
- 10 (5) THIS SECTION DOES NOT APPLY TO A HEALTH INSURANCE POLICY
- 11 THAT PROVIDES COVERAGE FOR SPECIFIC DISEASES OR ACCIDENTS ONLY, OR
- 12 TO A HOSPITAL INDEMNITY, MEDICARE SUPPLEMENT, LONG-TERM CARE,
- 13 DISABILITY INCOME, OR 1-TIME LIMITED DURATION POLICY OR CERTIFICATE
- 14 THAT HAS A TERM OF 6 MONTHS OR LESS.
- 15 (6) IF ALL OF THE FOLLOWING APPLY, AN INSURER IS NOT REQUIRED
- 16 TO COMPLY WITH SUBSECTION (1) BEGINNING THE NEXT BENEFIT YEAR AFTER
- 17 THE DATE ON WHICH ALL OF THE FOLLOWING APPLY:
- 18 (A) THE INSURER SUBMITS TO THE DEPARTMENT A WRITTEN REQUEST
- 19 THAT THE DEPARTMENT CONDUCT A STUDY MEASURING THE IMPACT OF
- 20 IMPLEMENTING SUBSECTION (1). IN CONDUCTING THE STUDY, THE
- 21 DEPARTMENT SHALL CONSIDER BOTH OF THE FOLLOWING:
- 22 (i) THE INSURER'S COSTS FOR CLAIMS AND ADMINISTRATIVE EXPENSES
- 23 TO DETERMINE IF FOR A PERIOD OF AT LEAST 6 MONTHS COMPLIANCE WITH
- 24 SUBSECTION (1) WILL INDEPENDENTLY CAUSE THE INSURER'S COSTS FOR
- 25 CLAIMS AND ADMINISTRATIVE EXPENSES FOR ALL COVERED BENEFITS TO
- 26 INCREASE BY MORE THAN 1% PER YEAR.
- 27 (ii) IF THE INCREASE IN COSTS DESCRIBED IN SUBPARAGRAPH (i)

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- 1 REASONABLY JUSTIFIES AN INCREASE OF MORE THAN 1% IN THE ANNUAL
- 2 PREMIUMS OR RATES CHARGED BY THE INSURER.
- 3 (B) SUBJECT TO SUBSECTION (7), THE DEPARTMENT DETERMINES BOTH
- 4 OF THE FOLLOWING FROM THE STUDY CONDUCTED UNDER SUBDIVISION (A):
- 5 (i) COMPLIANCE WITH SUBSECTION (1) FOR A PERIOD OF AT LEAST 6
- 6 MONTHS WILL INDEPENDENTLY CAUSE THE INSURER'S COSTS FOR CLAIMS AND
- 7 ADMINISTRATIVE EXPENSES FOR ALL COVERED BENEFITS TO INCREASE MORE
- 8 THAN 1% PER YEAR.
- 9 (ii) THE INCREASE IN COSTS DESCRIBED IN SUBPARAGRAPH (i)
- 10 REASONABLY JUSTIFIES AN INCREASE OF MORE THAN 1% IN THE ANNUAL
- 11 PREMIUMS OR RATES CHARGED BY THE INSURER.
- 12 (7) THE DEPARTMENT MAY REQUEST INFORMATION FROM THE INSURER
- 13 NEEDED TO COMPLETE THE STUDY UNDER SUBSECTION (6). THE INSURER
- 14 SHALL PROVIDE THE INFORMATION TO THE DEPARTMENT WITHIN 14 DAYS
- 15 AFTER THE DEPARTMENT'S REQUEST UNDER THIS SUBSECTION.
- 16 (8) THE DEPARTMENT SHALL MAKE THE DETERMINATION UNDER
- 17 SUBSECTION (6) (B) WITHIN 90 DAYS AFTER RECEIVING THE INSURER'S
- 18 WRITTEN REQUEST SUBMITTED UNDER SUBSECTION (6)(A).
- 19 (9) EXCEPT AS OTHERWISE PROVIDED IN SUBSECTION (2), THIS
- 20 SECTION APPLIES TO HEALTH INSURANCE POLICIES DELIVERED, EXECUTED,
- 21 ISSUED, AMENDED, ADJUSTED, OR RENEWED IN THIS STATE, OR OUTSIDE OF
- 22 THIS STATE IF COVERING RESIDENTS OF THIS STATE, AFTER DECEMBER 31,
- 23 2018.
- 24 (10) AS USED IN THIS SECTION:
- 25 (A) "ANTICANCER MEDICATION" MEANS A MEDICATION USED TO KILL,
- 26 SLOW, OR PREVENT THE GROWTH OF CANCEROUS CELLS.
- 27 (B) "FINANCIAL REQUIREMENT" MEANS DEDUCTIBLES, COPAYMENTS,

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- 1 COINSURANCE, OUT-OF-POCKET EXPENSES, AGGREGATE LIFETIME LIMITS, AND
- 2 ANNUAL LIMITS.
- 3 (C) "TREATMENT LIMITATION" MEANS LIMITS ON THE FREQUENCY OF
- 4 TREATMENT, DAYS OF COVERAGE, OR OTHER SIMILAR LIMITS ON THE SCOPE
- 5 OR DURATION OF TREATMENT. TREATMENT LIMITATION DOES NOT INCLUDE THE
- 6 APPLICATION OF UTILIZATION MANAGEMENT TECHNIQUES DESCRIBED IN
- 7 SUBSECTION (4).