

GREEN SHEET REDIGEST

HB 370

2019 Regular Session

Stokes

**INSURANCE/HEALTH: Provides relative to prescription drug benefits for persons with stage-four advanced, metastatic cancer.**

-----

DIGEST

Present law requires any health coverage plan which includes prescription benefits as part of its policy or contract, which utilizes step therapy or fail first protocols, and which is issued for delivery, delivered, renewed, or otherwise contracted for in this state on or after Jan. 1, 2011, to comply with the provisions of present law.

Proposed law retains present law but makes technical changes including the removal of a reference to a repealed statute.

Proposed law prohibits a health coverage plan from using step therapy or fail first protocols as the basis to restrict any prescription benefit for the treatment of stage-four advanced, metastatic cancer or associated conditions if at least one of the following criteria is met:

- (1) The prescribed drug or drug regimen has the U.S. Food and Drug Administration approved indication.
- (2) The prescribed drug or drug regimen has the National Comprehensive Cancer Network Drugs and Biologics Compendium indication.
- (3) The prescribed drug or drug regimen is supported by peer-reviewed, evidenced-based medical literature.

Proposed law requires the treating physician to inform the health coverage plan if a drug is prescribed for a condition associated with stage-four advanced, metastatic cancer when requesting authorization.

Proposed law defines "stage-four advanced, metastatic cancer" as cancer that has spread from the lymph nodes or other areas or parts of the body.

Proposed law defines "associated conditions" as the symptoms or side effects associated with stage-four advanced, metastatic cancer or its treatment.

Effective upon signature of the governor or lapse of time for gubernatorial action.

(Amends R.S. 22:1053(A) and (D); Adds R.S. 22:1053(E)-(F))

Summary of Amendments Adopted by House

The Committee Amendments Proposed by House Committee on Insurance to the original bill:

- 1. Change the qualifying criteria for a prescribed drug.
- 2. Authorize a denial if the health coverage plan's preferred drug or drug regimen is considered an equivalent or better option.
- 3. Require the treating physician to inform the health coverage plan if a drug is prescribed for an associated condition.
- 4. Define associated condition.
- 5. Make technical changes.

The House Floor Amendments to the engrossed bill:

1. Narrow the exception to any drug that is considered clinically equivalent for therapy, contains the identical active ingredient or ingredients, and is proven to have the same efficacy or is considered a higher ranked evidence-based option.
2. Provide that different salts proven to have the same efficacy shall not be considered as different active ingredients.

Summary of Amendments Adopted by Senate

Committee Amendments Proposed by Senate Committee on Insurance to the reengrossed bill

1. Delete the exception to proposed law for a health coverage plan with a preferred drug or drug regimen considered equivalent, containing the identical active ingredients, and having the same efficacy or considered a higher ranked evidence-based option according to the National Comprehensive Cancer Network Guidelines Categories of Evidence and Consensus or the Categories of Preference.
2. Delete the specification that different salts proven to have the same efficacy shall not be considered different active ingredients.