



# HOUSE BILL 306: NC Cancer Treatment Fairness

2013-2014 General Assembly

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<b>Committee:</b>	House Insurance	<b>Date:</b>	April 21, 2015
<b>Introduced by:</b>	Reps. Lewis, L. Hall, Avila, Lambeth	<b>Prepared by:</b>	Amy Jo Johnson
<b>Analysis of:</b>	First Edition		Committee Counsel

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**SUMMARY:** *House Bill 306 requires health benefit plans that provide coverage for prescribed orally administered cancer drugs to provide coverage for the prescribed, oral anticancer drugs in a manner no less favorable from IV or injectable anticancer drugs. Oral cancer drugs may not be subject to prior authorization, deductibles, coinsurance, or other out-of-pocket expense that does not apply to IV or injectable drugs. A health benefit plan may not comply with the law by reclassifying anticancer drugs or by increasing patient cost-sharing.*

[As introduced, this bill was identical to S390, as introduced by Sens. Tarte, Hise, which is currently in Rules and Operations of the Senate.]

## **BILL ANALYSIS:**

House Bill 306 would require health benefit plans that provide coverage for prescribed, orally administered to provide coverage for those prescribed, orally administered anticancer drugs on a basis no less favorable than that which is provided for intravenously administered (I/V) or injected anticancer drugs. Additionally, coverage for the orally administered anticancer drugs could not be required to be subject to any prior authorization, dollar limit, co-payment, coinsurance, or deductible provision, or to any other out-of-pocket expense that does not also apply to I/V or injectable cancer drugs.

House Bill 306 would prohibit a health benefit plan from achieving compliance with the law by reclassifying anticancer drugs or increases patient cost-sharing. Any change in a policy, contract, or plan that would increase the insured's out-of-pocket expense must also be applied to the majority of comparable medical or pharmaceutical benefits covered by the plan.

**EFFECTIVE DATE:** The bill is effective January 1, 2016, and applies to insurance contracts issued, renewed, or amended on or after that date. The act will not become effective if the act is determined by the federal government to create a state-required benefit that is in excess of the essential health benefits.

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