



HOUSE BILL 206: NC Cancer Treatment Fairness.

2017-2018 General Assembly

Committee:	House Health	Date:	April 6, 2017
Introduced by:	Reps. Lewis, Jackson, Lambeth, McElraft	Prepared by:	Augustus D. Willis Jason Moran-Bates Committee Co-Counsel
Analysis of:	First Edition		

OVERVIEW: *House Bill 206 would require health benefit plans that provide coverage for prescribed orally administered cancer drugs to provide coverage for those drugs on a basis no less favorable than coverage the plan offers for IV or injectable anticancer drugs. Under the bill, plans would be barred from complying with the law by reclassifying anticancer drugs or by increasing patient cost-sharing.*

[As introduced, this bill was identical to S152, as introduced by Sens. Hise, Tillman, Brock, which is currently in Senate Rules and Operations of the Senate.]

BILL ANALYSIS: House Bill 206 would require health benefit plans that provide coverage for prescribed, orally administered anticancer drugs and also provide coverage for intravenously administered or injected anticancer drugs, to provide coverage for those orally administered anticancer drugs on a basis no less favorable than that which is provided for intravenously administered or injected anticancer drugs. 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 apply to intravenously administered or injected anticancer drugs. Health care plans would be prohibited from achieving compliance with this law by reclassifying anticancer drugs or increasing patient cost-sharing. Any change in a policy, contract, or plan that would increase the insured's out-of-pocket expense would also have to be applied to the majority of comparable medical or pharmaceutical benefits covered by the plan.

EFFECTIVE DATE: The bill would become effective January 1, 2018 and apply to insurance contracts or policies issued, renewed, or amended on or after that date; however the act would not become effective if it is determined by the federal government to create a state-required benefit in excess of the essential health benefits.

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