

2019 Regular Session

HOUSE BILL NO. 370

BY REPRESENTATIVES STOKES, ABRAHAM, ABRAMSON, ADAMS, AMEDEE, ARMES, BACALA, BAGLEY, BARRAS, BERTHELOT, BILLIOT, BISHOP, BRASS, TERRY BROWN, CARMODY, CARPENTER, GARY CARTER, ROBBY CARTER, STEVE CARTER, CHANEY, CONNICK, COUSSAN, COX, DEVILLIER, DUBUISSON, DUPLESSIS, EMERSON, FALCONER, FOIL, FRANKLIN, GAINES, GAROFALO, GISCLAIR, GUINN, JIMMY HARRIS, LANCE HARRIS, HENRY, HILFERTY, HILL, HOFFMANN, HORTON, HUVAL, JACKSON, JEFFERSON, MIKE JOHNSON, ROBERT JOHNSON, JONES, LACOMBE, TERRY LANDRY, LARVADAIN, LEBAS, LEGER, LEOPOLD, LYONS, MARCELLE, MARINO, MCMAHEN, MOORE, PEARSON, POPE, PUGH, PYLANT, RICHARD, SCHEXNAYDER, STAGNI, STEFANSKI, TALBOT, THOMAS, WHITE, AND ZERINGUE

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

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

1 AN ACT
2 To amend and reenact R.S. 22:1053(A) and (D) and to enact R.S. 22:1053(E), (F), and (G),
3 relative to prescription drug benefits for persons with stage-four advanced, metastatic
4 cancer; to prohibit denial of a prescription based upon step therapy or fail first
5 protocols; to provide for an exception; to require notification of prescriptions for
6 associated conditions; to define key terms; to provide for an effective date; and to
7 provide for related matters.

8 Be it enacted by the Legislature of Louisiana:

9 Section 1. R.S. 22:1053(A) and (D) are hereby amended and reenacted and R.S.
10 22:1053(E), (F), and (G) are hereby enacted to read as follows:

11 §1053. Requirement for coverage of step therapy or fail first protocols
12 A. ~~Notwithstanding the provisions of R.S. 22:1047 to the contrary, any~~ Any
13 health care coverage plan specified in Subsection ~~D~~ G of this Section which includes
14 prescription benefits as part of its policy or contract, which utilizes step therapy or

1 fail first protocols, and which is issued for delivery, delivered, renewed, or otherwise
2 contracted for in this state on or after January 1, 2011, shall comply with the
3 provisions of this Section.

4 * * *

5 D. No health coverage plan shall use step therapy or fail first protocols as the
6 basis to restrict any prescription benefit for the treatment of stage-four advanced,
7 metastatic cancer or associated conditions if at least one of the following criteria is
8 met:

9 (1) The prescribed drug or drug regimen has the United States Food and
10 Drug Administration approved indication.

11 (2) The prescribed drug or drug regimen has the National Comprehensive
12 Cancer Network Drugs and Biologics Compendium indication.

13 (3) The prescribed drug or drug regimen is supported by peer-reviewed,
14 evidenced-based medical literature.

15 E. The provisions of Subsection D of this Section shall not apply if the health
16 coverage plan's preferred drug or drug regimen is considered clinically equivalent
17 for therapy, contains the identical active ingredient or ingredients, and is proven to
18 have the same efficacy or is a higher ranked evidence-based option for therapy as
19 compared to the prescribed drug or drug regimen according to the National
20 Comprehensive Cancer Network Guidelines Categories of Evidence and Consensus
21 or the Categories of Preference. For purposes of this Subsection, different salts
22 proven to have the same efficacy shall not be considered as different active
23 ingredients.

24 F. For drugs prescribed for associated conditions as defined in this Section,
25 the treating healthcare provider shall inform the health coverage plan that the
26 condition is a condition associated with stage-four advanced, metastatic cancer when
27 requesting authorization.

28 G.(1) As used in this Section, a "health coverage plan" shall mean any
29 hospital, health, or medical expense insurance policy, hospital or medical service

1 contract, employee welfare benefit plan, contract or agreement with a health
 2 maintenance organization or a preferred provider organization, health and accident
 3 insurance policy, or any other insurance contract of this type, including a group
 4 insurance plan and the Office of Group Benefits programs.

5 (2) As used in this Section, "stage-four advanced, metastatic cancer" means
 6 cancer that has spread from the lymph nodes or other areas or parts of the body.

7 (3) As used in this Section, "associated conditions" means the symptoms or
 8 side effects associated with stage-four advanced, metastatic cancer or its treatment.

9 Section 2. This Act shall become effective upon signature by the governor or, if not
 10 signed by the governor, upon expiration of the time for bills to become law without signature
 11 by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If
 12 vetoed by the governor and subsequently approved by the legislature, this Act shall become
 13 effective on the day following such approval.

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

HB 370 Reengrossed

2019 Regular Session

Stokes

Abstract: Prohibits a health insurer from using step therapy or fail first protocols as the basis to restrict any prescription benefit for the treatment of a person with stage-four advanced, metastatic cancer.

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 shall not apply if the health coverage plan's preferred drug or drug regimen 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 for therapy as compared to the prescribed drug or drug regimen according to the National Comprehensive Cancer Network Guidelines Categories of Evidence and Consensus or the Categories of Preference. Further provides that different salts proven to have the same efficacy shall not be considered as different active ingredients.

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)-(G))

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.