

HOUSE BILL 1059

By Lamberth

AN ACT to amend Tennessee Code Annotated, Title 56,  
Chapter 7, Part 23, relative to anti-cancer  
medications.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, Part 23, is amended by adding the following new section:

(a) A health benefits contract providing benefits for anti-cancer medications that are injected or intravenously administered by a healthcare provider and anti-cancer medications that are patient administered, including, but not limited to, anti-cancer medications that are orally administered, shall not require a higher copayment, deductible, or co-insurance amount for a patient administered anti-cancer medication than the contract requires for injected or intravenously administered anti-cancer medication.

(b) As used in this section:

(1) "Anti-cancer medication" means drugs and biologics that are used to kill, slow, or prevent the growth of cancerous cells. Unless otherwise indicated, "anti-cancer medication" includes:

(A) Injected or intravenously administered anti-cancer medication;

and

(B) Patient administered anti-cancer medication;

(2) "Cost-sharing requirements" means copayments, coinsurance, deductibles, and any other amounts paid by the covered person for a prescription; and

(3) "Health benefits contract" means an agreement to provide benefits consisting of health care, provided directly, through insurance or reimbursement, or otherwise and including items and services paid for as health care, under any policy, certificate, or agreement offered by a health insurance entity. A "health benefits contract" does not include policies or certificates covering only accident; credit; disability income; long-term care; hospital indemnity; Medicare supplement as defined in § 1882(g)(1) of the Social Security Act (42 U.S.C. § 1395ss(g)(1)); specified disease; other limited benefit health insurance; automobile medical payment insurance; or insurance under which benefits are payable with or without regard to fault and that are statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

(c) For a health benefits contract that meets the definition of a high deductible plan in 26 U.S.C. § 223(c)(2), the limits described in subsection (a) are applicable only after the minimum annual deductible specified in 26 U.S.C. § 223(c)(2) is reached.

(d)

(1) A health benefits insurer shall not comply with this section by imposing an increase in cost-sharing requirements solely for orally administered, intravenously administered, or injected anti-cancer medications.

(2) Nothing in this section requires the placement of an anti-cancer medication in any pricing category or tier of a health benefits contract's pharmacy benefit. However, any change in a pricing category or tier of an injected or intravenously administered anti-cancer medication that increases the copayment, deductible, or co-insurance amount must also be applied to the majority of comparable pharmacy benefits covered by the health benefits contract.

(3) Notwithstanding any provision of this section to the contrary, a health benefits contract is in compliance with this section if the cost-sharing requirements imposed under the contract for orally administered cancer

treatments does not exceed one hundred fifty dollars (\$150) per prescription fill for a thirty-day period.

(e) This section does not apply to health benefits contracts described in Section 1251 of the federal Patient Protection and Affordable Care Act (Pub. L. 111-148) and Section 2301 of the federal Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152).

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it, and shall apply to health benefits contracts delivered, issued for delivery, or renewed on or after January 1, 2018.