

# HOUSE BILL No. 5132

October 27, 2011, Introduced by Reps. Haines, Tyler and Knollenberg and referred to the Committee on Health Policy.

A bill to amend 1956 PA 218, entitled  
"The insurance code of 1956,"  
(MCL 500.100 to 500.8302) by adding section 3406s.

**THE PEOPLE OF THE STATE OF MICHIGAN ENACT:**

1           SEC. 3406S. (1) AN EXPENSE-INCURRED HOSPITAL, MEDICAL, OR  
2 SURGICAL POLICY OR CERTIFICATE DELIVERED, ISSUED FOR DELIVERY, OR  
3 RENEWED IN THIS STATE AND A HEALTH MAINTENANCE ORGANIZATION GROUP  
4 OR INDIVIDUAL CONTRACT THAT PROVIDES COVERAGE FOR PRESCRIBED ORALLY  
5 ADMINISTERED CANCER MEDICATIONS AND INTRAVENOUSLY ADMINISTERED OR  
6 INJECTED CANCER MEDICATIONS SHALL ENSURE BOTH OF THE FOLLOWING:  
7           (A) THAT FINANCIAL REQUIREMENTS APPLICABLE TO PRESCRIBED  
8 ORALLY ADMINISTERED CANCER MEDICATIONS ARE NO MORE RESTRICTIVE THAN  
9 THE FINANCIAL REQUIREMENTS APPLIED TO INTRAVENOUSLY ADMINISTERED OR  
10 INJECTED CANCER MEDICATIONS THAT ARE COVERED BY THE POLICY,

1 CERTIFICATE, OR CONTRACT AND THAT THERE ARE NO SEPARATE COST-  
2 SHARING REQUIREMENTS THAT ARE APPLICABLE ONLY TO PRESCRIBED ORALLY  
3 ADMINISTERED CANCER MEDICATIONS.

4 (B) THAT TREATMENT LIMITATIONS APPLICABLE TO PRESCRIBED ORALLY  
5 ADMINISTERED CANCER MEDICATIONS ARE NO MORE RESTRICTIVE THAN THE  
6 TREATMENT LIMITATIONS APPLIED TO INTRAVENOUSLY ADMINISTERED OR  
7 INJECTED CANCER MEDICATIONS THAT ARE COVERED BY THE POLICY,  
8 CERTIFICATE, OR CONTRACT AND THAT THERE ARE NO SEPARATE TREATMENT  
9 LIMITATIONS THAT ARE APPLICABLE ONLY TO PRESCRIBED ORALLY  
10 ADMINISTERED CANCER MEDICATIONS.

11 (2) AN INSURER OR HEALTH MAINTENANCE ORGANIZATION CANNOT  
12 ACHIEVE COMPLIANCE WITH THIS SECTION BY INCREASING FINANCIAL  
13 REQUIREMENTS OR IMPOSING MORE RESTRICTIVE TREATMENT LIMITATIONS ON  
14 PRESCRIBED ORALLY ADMINISTERED CANCER MEDICATIONS OR INTRAVENOUSLY  
15 ADMINISTERED OR INJECTED CANCER MEDICATIONS COVERED UNDER THE  
16 POLICY, CERTIFICATE, OR THE CONTRACT ON THE EFFECTIVE DATE OF THE  
17 AMENDATORY ACT THAT ADDED THIS SECTION.

18 (3) AS USED IN THIS SECTION:

19 (A) "FINANCIAL REQUIREMENT" MEANS DEDUCTIBLES, COPAYMENTS,  
20 COINSURANCE, OUT-OF-POCKET EXPENSES, AGGREGATE LIFETIME LIMITS, AND  
21 ANNUAL LIMITS.

22 (B) "TREATMENT LIMITATION" MEANS LIMITS ON THE FREQUENCY OF  
23 TREATMENT, DAYS OF COVERAGE, OR OTHER SIMILAR LIMITS ON THE SCOPE  
24 OR DURATION OF TREATMENT.