



# Ohio Legislative Service Commission

## Bill Analysis

Michel Jendretzky

### **S.B. 31**

129th General Assembly  
(As Introduced)

Sen. Tavares

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## **BILL SUMMARY**

- Requires health insurers to provide coverage for a prescribed, orally administered anticancer medication on a basis no less favorable than coverage for intravenously administered or injected cancer medications.

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## **CONTENT AND OPERATION**

### **Coverage for orally administered cancer medications**

The bill requires certain policies, contracts, plans, and agreements of health insuring corporations, sickness and accident insurers, public employee benefit plans, and multiple employer welfare arrangements to provide coverage for a prescribed, orally administered anticancer medication used to kill or slow the growth of cancerous cells on a basis no less favorable than intravenously administered or injected cancer medications that are covered under the policy, contract, plan, or agreement. This requirement only applies to policies, contracts, plans, and agreements that provide coverage for cancer chemotherapy treatment and that are delivered, issued for delivery, renewed, established, or modified in Ohio on or after the bill's effective date. With regard to health insuring corporations, the policy, contract, or agreement must also provide basic health care services in order for the bill's requirement to be applicable. For sickness and accident insurers, public employee benefit plans, and multiple employer welfare arrangements, the bill's requirement does not apply to the offer or renewal of any individual or group policy of sickness and accident insurance that provides coverage for specific diseases or accidents only, or to any hospital indemnity, medicare supplement, medicare, tricare, long-term care, disability income, one-time

limited duration policy of not longer than six months, or other policy that offers only supplemental benefits.<sup>1</sup>

### **Exemption from review by the Superintendent of Insurance**

The coverage required under this bill may be considered mandated health benefits. Under R.C. 3901.71, no mandated health benefits legislation enacted by the General Assembly may be applied to any policy, contract, plan, or other arrangement providing sickness and accident or other health benefits until the Superintendent of Insurance determines, pursuant to a hearing conducted in accordance with the Administrative Procedure Act,<sup>2</sup> that the provision can be applied fully and equally in all respects to (1) employee benefit plans subject to regulation by the federal Employee Retirement Income Security Act of 1974 (ERISA) and (2) employee benefit plans established or modified by the state or any political subdivision of the state, or by any agency or instrumentality of the state or any political subdivision of the state. The bill includes provisions that exempt its requirements from this restriction.<sup>3</sup>

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## **HISTORY**

<b>ACTION</b>	<b>DATE</b>
Introduced	02-01-11

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<sup>1</sup> R.C. 1739.05(B), 1751.69, and 3923.85; Section 3.

<sup>2</sup> R.C. Chapter 119.

<sup>3</sup> R.C. 1751.69 and 3923.85.

