**South Carolina General Assembly**

118th Session, 2009-2010

**H. 3763**

**STATUS INFORMATION**

General Bill

Sponsors: Reps. Hutto, Kennedy, Battle, Harvin and Miller

Document Path: l:\council\bills\nbd\11363ac09.docx

Introduced in the House on March 25, 2009

Currently residing in the House Committee on **Labor, Commerce and Industry**

Summary: Health insurance

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

3/25/2009 House Introduced and read first time [HJ](file:///h:\HJ%20Archive\2009\03-25-09.docx)‑11

3/25/2009 House Referred to Committee on **Labor, Commerce and Industry** [HJ](file:///h:\HJ%20Archive\2009\03-25-09.docx)‑11

**VERSIONS OF THIS BILL**

[3/25/2009](file:///p:\pprever\2009-10\3763_20090325.docx)

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 38‑71‑285 SO AS TO PROHIBIT INDIVIDUAL AND GROUP HEALTH INSURANCE POLICIES AND HEALTH MAINTENANCE ORGANIZATIONS FROM CANCELING OR NONRENEWING AN INSURED WHO HAS BEEN COVERED FOR CANCER TREATMENT AND HAS ENTERED AN APPROVED CANCER CLINICAL TRIAL AND TO REQUIRE INDIVIDUAL AND GROUP HEALTH INSURANCE POLICIES AND HEALTH MAINTENANCE ORGANIZATIONS TO PROVIDE COVERAGE FOR ROUTINE PATIENT CARE COSTS WHEN RECEIVING TREATMENT IN AN APPROVED CANCER CLINICAL TRIAL IF SUCH COSTS WOULD BE COVERED IF INCURRED OTHER THAN IN CONNECTION WITH AN APPROVED CANCER CLINICAL TRIAL.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Article 1, Chapter 71, Title 38 of the 1976 Code is amended by adding:

“Section 38‑71‑285. (A) For purposes of this section, unless the context otherwise requires:

(1) ‘Approved cancer clinical trial’ or ‘trial’ means a scientific study of a new therapy for the treatment of cancer in human beings that meets the requirements set forth in subsection (C) and consists of a scientific plan of treatment that includes specified goals, a rationale and background for the plan, criteria for patient selection, specific directions for administering therapy and monitoring patients, a definition of quantitative measures for determining treatment response, and methods for documenting and treating adverse reactions.

(2) ‘Routine patient care costs’ mean physician fees, laboratory expenses, and expenses associated with the hospitalization, administration of treatment, and evaluation of a patient during the course of treatment which are consistent with usual and customary patterns and standards of care incurred whenever an enrollee, subscriber, or insured receives medical care associated with an approved cancer clinical trial, and which would be covered if these items and services were provided other than in connection with an approved cancer clinical trial.

(3) ‘Therapeutic intent’ means that a treatment is aimed at improving a patient’s health outcome relative to either survival or quality of life.

(B)(1) All individual and group health insurance and health maintenance organizations providing coverage for routine patient care costs incurred for cancer treatment are prohibited from canceling or nonrenewing an insured receiving cancer treatment, because the insured has been referred to participate in an approved cancer clinical trial if the insured was referred for the trial by two physicians who specialize in oncology and the cancer treatment is given pursuant to an approved cancer clinical trial that meets the criteria set forth in subsection (C).

(2) All individual and group health insurance and health maintenance organizations providing coverage for routine patient care costs incurred for cancer treatment shall provide coverage for insureds in an approved cancer clinical trial to the same extent that coverage is provided for treating any other sickness, injury, disease, or condition if the insured has been referred for such cancer treatment by two physicians who specialize in oncology and the cancer treatment is given pursuant to an approved cancer clinical trial that meets the criteria set forth in subsection (C). Services that are furnished without charge to a participant in the approved cancer clinical trial are not required to be covered as routine patient care costs pursuant to this section.

(C) Routine patient care costs for cancer treatment given pursuant to an approved cancer clinical trial must be covered pursuant to this section if all of the following requirements are met:

(1) The treatment is provided with therapeutic intent and is provided pursuant to an approved cancer clinical trial that has been authorized or approved by one of the following:

(a) the National Institutes of Health;

(b) the United States Food and Drug Administration;

(c) the United States Department of Defense;

(d) the United States Department of Veterans Affairs.

(2) The proposed treatment has been reviewed and approved by the applicable qualified institutional review board.

(3) The available clinical or preclinical data indicate that the treatment that will be provided pursuant to the approved cancer clinical trial will be at least as effective as the standard therapy and is anticipated to constitute an improvement in therapeutic effectiveness for the treatment of the disease in question.”

SECTION 2. This act takes effect July 1, 2010 and applies to individual and group health insurance and health maintenance organizations issuing policies and contracts in this State that are delivered, issued for delivery, continued, or renewed in this State after June 30, 2010.

‑‑‑‑XX‑‑‑‑