**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 38‑71‑120 SO AS TO REQUIRE INSURERS TO PROVIDE COVERAGE FOR ORALLY ADMINISTERED CHEMOTHERAPY DRUGS WHEN THEY WOULD OTHERWISE COVER INTRAVENOUS CHEMOTHERAPY DRUGS, AND TO DEFINE APPLICABLE TERMS.

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 38‑71‑120. (A) For the purposes of this section, the following definitions apply:

(1) ‘Cost sharing requirements’ means copayments, coinsurance, deductibles, and any other amounts paid by the covered person for a prescription dispensed by a licensed retail pharmacy.

(2) ‘Health insurance plan’ means all individual and group health insurance policies and health maintenance organizations providing coverage for medical treatment.

(3) ‘Insurer’ means any person, corporation, or other entity authorized to provide health insurance plans under this title.

(B) A health insurance plan that provides coverage for intravenously administered or injected chemotherapy for the treatment of cancer must provide coverage for orally administered chemotherapy for the treatment of cancer on a basis no less favorable than the intravenously administered or injected chemotherapy, regardless of the formulation or benefit category determination by the insurer.

(C) An insurer providing a heath insurance plan and any participating entity through which the insurer offers health services must not:

(1) vary the terms of any health insurance plan to avoid compliance with this section;

(2) provide any incentive, including, but not limited to, a monetary incentive, or impose treatment limitations to encourage a covered person to accept less than the minimum protections available under this section;

(3) penalize a health care practitioner or reduce or limit the compensation of a health care practitioner for recommending or providing services or care to a covered person as required under this section;

(4) provide any incentive, including, but not limited to, a monetary incentive, to induce a health care practitioner to provide care or services that do not comply with this section; or

(5) change the classification of any intravenously administered or injected chemotherapy treatment or increase the amount of cost sharing requirements applicable to any intravenously administered or injected chemotherapy, in order to achieve compliance with this section.

(D) An insurer that limits the total amount paid by a covered person through all cost sharing requirements to no more than two hundred dollars per filled prescription for any orally administered chemotherapy must be deemed to be in compliance with this code section.”

SECTION 2. This act takes effect upon approval by the Governor.

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