



Rep. Greg Harris

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LRB097 06572 ASK 53006 a

1 AMENDMENT TO HOUSE BILL 1191

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 1191 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Insurance Code is amended by  
5 changing Section 364.01 as follows:

6 (215 ILCS 5/364.01)

7 Sec. 364.01. Qualified clinical cancer trials.

8 (a) No individual or group policy of accident and health  
9 insurance issued or renewed in this State may be cancelled or  
10 non-renewed for any individual based on that individual's  
11 participation in a qualified clinical cancer trial.

12 (b) Qualified clinical cancer trials must meet the  
13 following criteria:

14 (1) the effectiveness of the treatment has not been  
15 determined relative to established therapies;

16 (2) the trial is under clinical investigation as part

1 of an approved cancer research trial in Phase II, Phase  
2 III, or Phase IV of investigation;

3 (3) the trial is:

4 (A) approved by the Food and Drug Administration;

5 or

6 (B) approved and funded by the National Institutes  
7 of Health, the Centers for Disease Control and  
8 Prevention, the Agency for Healthcare Research and  
9 Quality, the United States Department of Defense, the  
10 United States Department of Veterans Affairs, or the  
11 United States Department of Energy in the form of an  
12 investigational new drug application, or a cooperative  
13 group or center of any entity described in this  
14 subdivision (B); and

15 (4) the patient's primary care physician, if any, is  
16 involved in the coordination of care.

17 (c) No group policy of accident and health insurance shall  
18 exclude coverage for any routine patient care administered to  
19 an insured who is a qualified individual participating in a  
20 qualified clinical cancer trial, if the policy covers that same  
21 routine patient care of insureds not enrolled in a qualified  
22 clinical cancer trial.

23 (d) The coverage that may not be excluded under subsection  
24 (c) of this Section is subject to all terms, conditions,  
25 restrictions, exclusions, and limitations that apply to the  
26 same routine patient care received by an insured not enrolled

1 in a qualified clinical cancer trial, including the application  
2 of any authorization requirement, utilization review, or  
3 medical management practices. The insured or enrollee shall  
4 incur no greater out-of-pocket liability than had the insured  
5 or enrollee not enrolled in a qualified clinical cancer trial.

6 (e) If the group policy of accident and health insurance  
7 uses a preferred provider program and a preferred provider  
8 provides routine patient care in connection with a qualified  
9 clinical cancer trial, then the insurer may require the insured  
10 to use the preferred provider if the preferred provider agrees  
11 to provide to the insured that routine patient care.

12 (f) A qualified clinical cancer trial may not pay or refuse  
13 to pay for routine patient care of a individual participating  
14 in the trial, based in whole or in part on the person's having  
15 or not having coverage for routine patient care under a group  
16 policy of accident and health insurance.

17 (g) Nothing in this Section shall be construed to limit an  
18 insurer's coverage with respect to clinical trials.

19 (h) Nothing in this Section shall require coverage for  
20 out-of-network services where the underlying health benefit  
21 plan does not provide coverage for out-of-network services.

22 (i) As used in this Section, "routine patient care" means  
23 all health care services provided in the qualified clinical  
24 cancer trial that are otherwise generally covered under the  
25 policy if those items or services were not provided in  
26 connection with a qualified clinical cancer trial consistent

1 with the standard of care for the treatment of cancer,  
2 including the type and frequency of any diagnostic modality,  
3 that a provider typically provides to a cancer patient who is  
4 not enrolled in a qualified clinical cancer trial. "Routine  
5 patient care" does not include, and a group policy of accident  
6 and health insurance may exclude, coverage for:

7 (1) a health care service, item, or drug that is the  
8 subject of the cancer clinical trial;

9 (2) a health care service, item, or drug provided  
10 solely to satisfy data collection and analysis needs for  
11 the qualified clinical cancer trial that is not used in the  
12 direct clinical management of the patient;

13 (3) an investigational drug or device that has not been  
14 approved for market by the United States Food and Drug  
15 Administration;

16 (4) transportation, lodging, food, or other expenses  
17 for the patient or a family member or companion of the  
18 patient that are associated with the travel to or from a  
19 facility providing the qualified clinical cancer trial,  
20 unless the policy covers these expenses for a cancer  
21 patient who is not enrolled in a qualified clinical cancer  
22 trial;

23 (5) a health care service, item, or drug customarily  
24 provided by the qualified clinical cancer trial sponsors  
25 free of charge for any patient;

26 (6) a health care service or item, which except for the

1 fact that it is being provided in a qualified clinical  
2 cancer trial, is otherwise specifically excluded from  
3 coverage under the insured's policy, including:

4 (A) costs of extra treatments, services,  
5 procedures, tests, or drugs that would not be performed  
6 or administered except for the fact that the insured is  
7 participating in the cancer clinical trial; and

8 (B) costs of nonhealth care services that the  
9 patient is required to receive as a result of  
10 participation in the approved cancer clinical trial;

11 (7) costs for services, items, or drugs that are  
12 eligible for reimbursement from a source other than a  
13 patient's contract or policy providing for third-party  
14 payment or prepayment of health or medical expenses,  
15 including the sponsor of the approved cancer clinical  
16 trial; or

17 (8) costs associated with approved cancer clinical  
18 trials designed exclusively to test toxicity or disease  
19 pathophysiology, unless the policy covers these expenses  
20 for a cancer patient who is not enrolled in a qualified  
21 clinical cancer trial; or

22 (9) a health care service or item that is eligible for  
23 reimbursement by a source other than the insured's policy,  
24 including the sponsor of the qualified clinical cancer  
25 trial.

26 The definitions of the terms "health care services",

1 "Non-Preferred Provider", "Preferred Provider", and "Preferred  
2 Provider Program", stated in 50 IL Adm. Code Part 2051  
3 Preferred Provider Programs apply to these terms in this  
4 Section.

5 (j) The external review procedures established under the  
6 Health Carrier External Review Act shall apply to the  
7 provisions under this Section.

8 (Source: P.A. 93-1000, eff. 1-1-05.)

9 Section 99. Effective date. This Act takes effect January  
10 1, 2012."