

State of South Dakota

NINETIETH SESSION
LEGISLATIVE ASSEMBLY, 2015

891W0237

SENATE COMMERCE AND ENERGY

ENGROSSED NO. **SB 101** - 02/19/2015

This bill has been extensively amended (hoghoused) and may no longer be consistent with the original intention of the sponsor.

Introduced by: Senators Peters, Bradford, Buhl O'Donnell, Cammack, Curd, Ewing, Haggar (Jenna), Haverly, Heineman (Phyllis), Heinert, Jensen (Phil), Lederman, Monroe, Novstrup (David), Olson, Omdahl, Otten (Ernie), Parsley, Rampelberg, Solano, Sutton, Tidemann, Van Gerpen, and White and Representatives Sly, Anderson, Bartling, Brunner, Conzet, Cronin, Deutsch, Dryden, Gibson, Gosch, Greenfield (Lana), Haggar (Don), Haugaard, Hawks, Heinemann (Leslie), Hickey, Hunhoff (Jean), Jensen (Alex), Kirschman, Klumb, Langer, Latterell, Novstrup (Al), Peterson (Kent), Qualm, Rasmussen, Rozum, Schaefer, Schoenfish, Schrempp, Soli, Stevens, Tulson, Verchio, Westra, Wiik, Wink, Wollmann, and Zikmund

1 FOR AN ACT ENTITLED, An Act to establish certain provisions regarding cancer treatment
2 medication coverage by insurance companies.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF SOUTH DAKOTA:

4 Section 1. Any health benefit plan as defined in § 58-17H-2 that provides benefits for
5 injected or intravenously administered cancer treatment medication used to kill or slow the
6 growth of cancerous cells shall provide no less favorable benefits for prescribed, orally
7 administered anticancer medication covered by the plan, regardless of the formulation or benefit
8 category determination by the health plan.

9 Section 2. A health carrier may not reclassify benefits with respect to cancer treatment
10 medications or increase a copayment, deductible, or coinsurance amount for covered cancer



1 treatment medications that are injected or intravenously administered unless:

2 (1) The increase is applied generally to other medical or pharmaceutical benefits covered
3 under the plan and is not done to circumvent section 1 of this Act;

4 (2) The reclassification of benefits with respect to cancer treatment medications is done
5 in a manner that is consistent with this Act;

6 (3) There are significant increases in utilization of cancer treatment medications; or

7 (4) A health carrier is applying cost-sharing increases consistent with the annual
8 increases in the cost of health care.

9 Section 3. Nothing in this Act prohibits a health carrier from performing medical
10 management practices that comply with the provisions of chapter 58-17H.