

February 16, 2001

Mr. President:

Your PUBLIC AFFAIRS COMMITTEE, to whom has been referred

SENATE BILL 240

has had it under consideration and reports same with recommendation that it DO PASS, amended as follows:

1. On page 1, line 22, strike "I,".
2. On page 1, line 25, after "prevention" insert "of reoccurrence of cancer".
3. On page 2, line 1, after "which" strike the remainder of the line, strike line 2 and insert in lieu thereof "no equally or more effective standard cancer treatment exists;".
4. On page 2, line 8, after "intervention" strike the remainder of the line and strike "state" on line 9.
5. On page 3, line 1, after "is" strike the remainder of the line, strike all of line 2, strike "trial approved by" on line 3 and insert in lieu thereof "being conducted with approval of".
6. On page 3, line 18, strike "phase I,".
7. On page 4, line 6, strike "and".
8. On page 4, line 11, following the semicolon, insert "and".
9. On page 4, between lines 11 and 12, insert the following new subparagraph:

"(c) agree to provide written notification to the health plan when a patient enters or leaves a clinical trial;".
10. On page 5, strike all of line 5 before "for".

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11. On page 5, between lines 10 and 11, insert the following subsections:

"F. In no event shall the health plan be responsible for out-of-state or out-of-network costs unless the health plan pays for standard treatment out of state or out of network.

G. The provisions of this section do not apply to:

(1) short-term travel, accident-only or limited or specified disease contracts or policies issued by a health plan; or

(2) policies, plans, contracts and certificates delivered or issued for delivery or renewed, extended or amended in this state on or after July 1, 2002."

12. Reletter the following subsection accordingly.

13. On page 5, strike lines 18 through 25 and on page 6, strike lines 1 through 5. Insert in lieu thereof:

"(3) "health plan":

(a) means: 1) a health insurer; 2) a nonprofit health service provider; 3) a health maintenance organization; 4) a managed care organization; 5) a provider service organization; or 6) the state's medical assistance program, whether providing services on a managed care or fee-for-service basis; and

(b) does not include individual policies intended to supplement major medical group-type coverages such as medicare supplement, long-term care, disability income, specified disease, accident only, hospital indemnity or other limited-benefit health insurance policies;".

14. On page 7, between lines 24 and 25, insert the following new section:

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"Section 2. DELAYED REPEAL. --Section 1 of this act is repealed on July 1, 2004.".,

and thence referred to the CORPORATIONS & TRANSPORTATION  
COMMITTEE.

Respectfully submitted,

\_\_\_\_\_  
Shannon Robinson, Chairman

Adopted \_\_\_\_\_ Not Adopted \_\_\_\_\_  
(Chief Clerk) (Chief Clerk)

Date \_\_\_\_\_

The roll call vote was 7 For 0 Against  
Yes: 7  
No: 0  
Excused: Adair, Garcia  
Absent: None

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