

The Senate Insurance and Labor Committee offered the following substitute to SB 458:

A BILL TO BE ENTITLED
AN ACT

1 To amend Article 1 of Chapter 24 of Title 33 of the Official Code of Georgia Annotated,
2 relating to general provisions relative to insurance, so as to require health benefit policy
3 coverage for off-label prescription drug use for insureds with life-threatening or chronic and
4 disabling conditions or diseases; to provide definitions; to provide for conditions of coverage;
5 to provide for exclusions; to provide for related matters; to repeal conflicting laws; and for
6 other purposes.

7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

8
9 Article 1 of Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to
10 general provisions relative to insurance, is amended by inserting at the end thereof a new
11 Code section to be designated Code Section 33-24-59.11 to read as follows:

12 "33-24-59.11.

13 (a) As used in this Code section, the term:

14 (1) 'Chronic and seriously debilitating' means diseases or conditions that cause
15 significant long-term morbidity and that require ongoing treatment to maintain remission
16 or prevent deterioration.

17 (2) 'Health benefit policy' means any individual or group plan, policy, or contract for
18 health care services issued, delivered, issued for delivery, executed, or renewed in this
19 state on or after July 1, 2002, including, but not limited to, those contracts executed by
20 the State of Georgia on behalf of state employees under Article 1 of Chapter 18 of Title
21 45, by an insurer.

22 (3) 'Insurer' means any person, corporation, or other entity authorized to provide health
23 benefit policies under this title.

24 (4) 'Life-threatening' means either or both of the following:

25 (A) Diseases or conditions where the likelihood of death is high unless the course of
26 the disease is interrupted; or

1 (B) Diseases or conditions with potentially fatal outcomes, where the end point of
2 clinical intervention is survival.

3 (b) No health benefit policy issued, delivered, or renewed in this state that, as a provision
4 of hospital, medical, or surgical services, directly or indirectly covers prescription drugs
5 shall limit or exclude coverage for a drug on the basis that the drug is prescribed for a use
6 that is different from the use for which that drug has been approved for marketing by the
7 federal Food and Drug Administration, provided that all of the following conditions have
8 been met and subject to the prior authorization process or other restrictions of the insurer:

9 (1) The drug has been approved by the federal Food and Drug Administration;

10 (2)(A) The drug is prescribed by a contracting licensed health care professional for the
11 treatment of a life-threatening disease or condition; or

12 (B) The drug is prescribed by a contracting licensed health care professional for the
13 treatment of a chronic and seriously debilitating disease or condition, the drug is
14 medically necessary to treat that disease or condition, and the drug is on the insurer's
15 formulary or preferred drug list, if any; and

16 (3) The drug has been recognized for treatment of that disease or condition by one of the
17 following:

18 (A) The American Medical Association Drug Evaluations;

19 (B) The American Hospital Formulary Service Drug Information; or

20 (C) The United States Pharmacopoeia Dispensing Information, Volume 1, 'Drug
21 Information for the Health Care Professional'; or

22 (D) Two articles from major peer reviewed medical journals that present data
23 supporting the proposed off-label use or uses as generally safe and effective unless
24 there is clear and convincing contradictory evidence presented in a major peer reviewed
25 medical journal.

26 (c) It shall be the responsibility of the contracting prescriber to submit to the insurer
27 documentation supporting compliance with the requirements of subsection (b) of this Code
28 section, if requested by the insurer.

29 (d) Any coverage required by this Code section shall also include medically necessary
30 services associated with the administration of a drug subject to the conditions of the
31 contract.

32 (e) The provisions of this Code section shall not be deemed to require coverage for any of
33 the following:

34 (1) The treatment of a condition or disease that is excluded under the terms of the health
35 benefit policy;

