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Cancer Clinical Trials

Sec. 38a-504a-1. Definitions

As used in Sections 38a-504a-1 to 38a-504a-3, inclusive, of the Regulations of Connecticut State Agencies:

(1) "Commissioner" means the Insurance Commissioner of the State of Connecticut, and

(2) "Coverage policies" means "coverage policies" as used in sections 38a-504g and 38a-542g of the Connecticut General Statutes.

(Adopted effective August 30, 2004)

Sec. 38a-504a-2. Filing requirements

(a) Any insurer or health care center with coverage policies for care in cancer clinical trials shall submit such policies to the Insurance Department for evaluation and approval. The department shall certify whether the insurer's or health care center's coverage policy for routine patient care costs associated with cancer clinical trials is substantially equivalent to the requirements of sections 38a-504a to 38a-504g, inclusive of the Connecticut General Statutes, or sections 38a-542a to 38a-542g, inclusive of the Connecticut General Statutes. If the department finds that such coverage is substantially equivalent to the requirements of sections 38a-504a to 38a-504g, inclusive of the Connecticut General Statutes, or sections 38a-542a to 38a-542g, inclusive of the Connecticut General Statutes, the insurer or health care center shall be exempt from the provisions of sections 38a-504a to 38a-504g, inclusive, of the Connecticut General Statutes or sections 38a-542a to 38a-542g, inclusive of the Connecticut General Statutes.

(b) A coverage policy shall include at a minimum the following:

(1) criteria for determining whether services constitute a cancer clinical trial;

(2) eligibility requirements for persons seeking coverage for a cancer clinical trial;

(3) a definition of routine patient care costs associated with cancer clinical trials that is consistent with, or substantially equivalent to the term as defined in sections 38a-504d and 38a-542d of the Connecticut General Statutes;

(4) any terms, conditions, exclusions and limitations on routine patient care costs associated with cancer clinical trials;

(5) procedures to request coverage for routine patient care costs associated with cancer clinical trials; and

(6) grievance and appeal processes.

(c) Any such insurer or health care center shall report annually, on a form prescribed by the Commissioner, to the department that there have been no changes in the policy as certified by the department. If there has been any change in the policy, the insurer or health care center shall resubmit its policy for certification by the department.

(Adopted effective August 30, 2004)

Sec. 38a-504a-3. Request for authorization of coverage

(a) Pursuant to sections 38a-504f and 38a-542f of the Connecticut General Statutes, the standardized form provisions set forth in subsection (b) of this section, shall be used by all providers, hospitals and institutions for seeking to enroll an insured person in a cancer clinical trial and shall be accepted by every entity that provides coverage pursuant to sections 38a-504a or 38a-542a of the Connecticut General Statutes.

(b) The standardized form to request authorization for coverage of routine patient care costs associated with cancer clinical trials required by sections 38a-504f and 38a-542f of the Connecticut General Statutes shall contain the following provisions:

Section I

Date: _____
Member name: _____
Member ID #: _____
Member Date of Birth: _____
Health Insurer: _____
Treating Physician: _____

Contact Person for Additional Information Regarding Member's Treatment:

Name: _____
Address: _____
Phone number: _____
Fax number: _____
E-mail address: _____
Service requested is: ____ Outpatient ____ Inpatient ____ Office Setting

If outpatient or inpatient is checked:

Facility name & address: _____
Clinical Cooperative Group Number: _____
(Please provide Web site address or other reference for accessing information about this trial.)

Please Note: You may be asked to provide additional information about the cancer clinical trial or the member's diagnosis and condition prior to the authorization of this request.

If the clinical cooperative group number is provided above, you do not need to complete Section II. If the clinical group number is unavailable, Section II must be completed.

Section II should be completed only if the Clinical Cooperative Group Number is unavailable.

Section II

Diagnosis code: _____
Proposed treatment protocol: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Phase of clinical trial: ____ I ____ II ____ III
Sponsor of clinical trial: _____

Clinical Trial has been reviewed and approved by:
____ National Institutes of Health
____ National Cancer Institute
____ Federal Food and Drug Administration
____ Federal Dept. of Defense
____ Federal Dept. of Veterans Affairs.
Check one: ____ Single center study ____ Multiple center study
List name(s) and address(es) of center(s):

_____
_____
_____
_____
_____

(Adopted effective August 30, 2004)