

**SB 463 STAFF MEASURE SUMMARY**

**House Committee On Behavioral Health and Health Care**

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**Prepared By:** Brian Nieuburt, LPRO Analyst

**Meeting Dates:** 4/24, 4/26

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**WHAT THE MEASURE DOES:**

Prohibits health benefit plans from imposing prior authorization or other utilization review requirements on coverage of proton beam therapy that do not apply to coverage of radiation therapy.

*FISCAL: No fiscal impact*

*REVENUE: No revenue impact*

*SENATE VOTE: Ayes, 27; Excused, 3*

**ISSUES DISCUSSED:**

**EFFECT OF AMENDMENT:**

No amendment.

**BACKGROUND:**

Proton therapy is a type of radiation therapy that uses high-energy beams to treat tumors. Proton beams can be delivered with more control than forms of radiation, allowing the safe delivery of higher doses to tumors. The therapy has been used to treat complex tumors, such as those in the prostate, brain, eye, and cancers in children.

In 2019, the Legislative Assembly passed Senate Bill 740 requiring health insurers to provide coverage of proton beam therapy for treatment of cancer to the same extent the insurer provides coverage of radiation therapy. The measure allowed insurers to subject coverage of proton beam therapy to prior authorization or other utilization review. In 2021, the legislature passed Senate Bill 2 prohibiting insurers from imposing prior authorization or other utilization review requirements on coverage of proton beam therapy for prostate cancer that are more restrictive than prior authorization or utilization review requirements applied to coverage of radiation therapy.

Senate Bill 463 would further clarify insurance coverage requirements for proton beam therapy by prohibiting the imposition of prior authorization or other utilization review requirements that do not also apply to the coverage of radiation therapy.