



## Georgia's Oral Anticancer Treatment Access Law: What Clinicians Need to Know



### **Outdated coverage policies in Georgia USED TO limit cancer patients' access to life-saving drugs!**

Traditionally, IV chemotherapy treatments are covered under a health plan's medical benefit where the patient is required to pay an office visit co-pay, usually between \$20 and \$30. Conversely, oral anticancer medications are covered under a health plan's prescription benefit and, many times, patients are responsible for extremely high and unmanageable copays, creating an enormous barrier for patients to access orally administered drugs. According to a recent study published in the Journal of Oncology Practice and American Journal of Managed Care, 10% of cancer patients failed to fill their initial prescriptions for oral anticancer medications due to high out-of-pocket costs.

### **Legislative Solution**

In an effort to remove barriers to accessing lifesaving treatments for cancer patients, Georgia passed legislation for health policies issued or renewed on or after January 1, 2015. This law requires any health benefit plan that provides coverage for cancer treatment to extend coverage for orally administered anticancer medication at a cost no less favorable to intravenously administered or injected cancer medications. A health benefit plan is also in compliance with the law if they charge no more than \$200 per prescription for the orally administered anticancer treatment. Plans may not increase the cost-sharing of IV medications or reclassify benefits to comply with the legislation.

### **What Does This Mean for Patients?**

If a patient is *privately insured (the law does not apply to Medicare or Medicare supplemental plans)*, and their plan covers chemotherapy, an FDA-approved, orally administered drug will have a maximum of \$200 co-payment per prescription, per month.

### **What to do if an insurance plan does not comply & to find out if the law applies to your health plan:**

Please visit the Georgia Department of Insurance on the web at <http://www.oci.ga.gov/ConsumerService/Complaint.aspx> or contact the Division of Consumer Services at 1-800-656-2298. For information about our oral parity work in Washington, DC, please go to: [peac.myeloma.org](http://peac.myeloma.org).



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## PART II

### 78 SECTION 2-1.

79 This Act shall be known and may be cited as the "Cancer Treatment Fairness Act."

### 80 SECTION 2-2.

81 Article 1 of Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to  
82 general provisions regarding insurance generally, is amended by adding a new Code section  
83 to read as follows:

84 "33-24-56.5.

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

86 (1) 'Cost sharing requirements' includes co-payments, coinsurance, deductibles, and any  
87 other amounts paid by the covered person for a prescription dispensed by a licensed retail  
pharmacy.

(2) 'Health benefit policy' means any individual or group plan, policy, or contract for  
90 health care services issued, delivered, issued for delivery, executed, or renewed by an  
91 insurer in this state on or after January 1, 2015. The term 'health benefit policy' does not  
92 include the following limited benefit insurance policies: accident only, CHAMPUS  
93 supplement, dental, disability income, fixed indemnity, long-term care, Medicaid,  
94 medicare supplement, specified disease, vision, self-insured plans, and nonrenewable  
95 individual policies written for a period of less than six months.

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

98 (b) A health benefit policy that provides coverage for intravenously administered or  
99 injected chemotherapy for the treatment of cancer shall provide coverage for orally  
100 administered chemotherapy for the treatment of cancer on a basis no less favorable than the  
101 intravenously administered or injected chemotherapy regardless of the formulation or  
102 benefit category determination by the insurer.

103 (c) An insurer providing a health benefit policy and any participating entity through which  
104 the insurer offers health services shall not:

105 (1) Vary the terms of any health benefit policy in effect on December 30, 2014, to avoid  
106 compliance with this Code section;

107 (2) Provide any incentive, including, but not limited to, a monetary incentive, or impose  
108 treatment limitations to encourage a covered person to accept less than the minimum  
109 protections available under this Code section;

110 (3) Penalize a health care practitioner or reduce or limit the compensation of a health  
111 care practitioner for recommending or providing services or care to a covered person as  
112 required under this Code section;

113 (4) Provide any incentive, including, but not limited to, a monetary incentive, to induce  
114 a health care practitioner to provide care or services that do not comply with this Code  
115 section; or

116 (5) Change the classification of any intravenously administered or injected chemotherapy  
117 treatment or increase the amount of cost sharing applicable to any intravenously  
118 administered or injected chemotherapy in effect on January 1, 2015, in order to achieve  
119 compliance with this Code section.



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120 (d) An insurer that limits the total amount paid by a covered person through all cost  
121 sharing requirements to no more than \$200.00 per filled prescription for any orally  
122 administered chemotherapy shall be deemed to be in compliance with this Code section."

### PART III

#### 124 SECTION 3-1.

125 (a) Part I and Part III of this Act shall become effective upon its approval by the Governor  
126 or upon its becoming law without such approval.

127 (b) Part II of this Act shall become effective on January 1, 2015.