



The Kansas Oral Anticancer Treatment Access Law: What Clinicians Need to Know



Outdated coverage policies in Kansas USED TO limit cancer patients' access to life-saving drugs!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 copay, 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

Effective April 1, 2010, Kansas enacted legislation that directs health insurers that provide coverage for cancer chemotherapy treatments to extend coverage for prescribed, orally administered anticancer medications at a cost no less favorable than the cost of intravenously administered anticancer medications. **To view Kansas' oral parity law, please see next page.**

What Does This Mean for Patients?

If a patient is *privately insured (the law does not apply to Medicare)*, and their plan covers chemotherapy, an FDA-approved, orally administered drug should have the same out-of-pocket costs for the patient as an intravenously administered drug.

What to do if an insurance plan doesn't comply & to find out if the law applies to your health plan:

Contact the Consumer Assistance Division on the web at <http://www.ksinsurance.org/consumers/complaint.htm> or call 785-296-3071 or you can reach them toll-free: 800-432-2484 (in Kansas only). For information about our oral parity work in Washington, DC, please go to: peac.myeloma.org.



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KANSAS ANNOTATED STATUTES

CHAPTER 40. INSURANCE
ARTICLE 2. GENERAL PROVISIONS

K.S.A. § 40-2,184 (2011)

40-2,184 Coverage for orally administered anticancer medication.

(a) Any individual or group health insurance policy, medical service plan, contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society or health maintenance organization, municipal group-funded pool and the state employee health care benefits plan which provides coverage for prescription drugs and which is delivered, issued for delivery, amended or renewed on and after July 1, 2011, shall provide coverage for a prescribed, orally administered anticancer medication used to kill or slow the growth of cancerous cells on a basis no less favorable than intravenously administered or injected cancer medications that are covered as medical benefits.

(b) Any policy, provision, contract, plan or agreement under this section may apply the same deductibles, coinsurance and other limitations as apply to other covered services.

(c) (1) From and after the effective date of this act, the provisions of this section shall apply to the state employees health care benefits program.

(2) Pursuant to the provisions of K.S.A. 40-2249a, and amendments thereto, on or before March 1, 2011, the state health care benefits commission shall submit to the president of the senate and to the speaker of the house of representatives, a report indicating the impact the provisions of this section has had on the state health care benefits program, including data on the utilization and costs of such coverage. Such report shall also include a recommendation whether such coverage should continue for the state health care benefits program or whether additional utilization and cost data is required.