



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



Outdated coverage policies in Maryland USED TO limit cancer patients' access to life-saving drugs!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

In an effort to remove barriers to accessing life-saving treatments for cancer patients, Maryland implemented a law, effective October 1, 2012. This law requires insurers, nonprofit health service plans and HMO's that provide coverage for both orally administered cancer chemotherapy and intravenous or injection administered cancer chemotherapy to cover orally administered chemotherapy at a cost to the patient that is no less favorable than those receiving treatment intravenously or by injection. Additionally, plans may not reclassify cancer chemotherapy or increase a copayment, deductible, or other out of pocket expense imposed on cancer chemotherapy. **To view Maryland's 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 does not comply & to find out if the law applies to your health plan:

Contact the Maryland Insurance Administration, Consumer Complaint Investigator at 410-468-2000 or 1-800-492-6116 or visit <http://www.mdinsurance.state.md.us/sa/consumer/file-a-complaint.html>. For information about our oral parity work in Washington, DC, please go to: peac.myeloma.org.

THE STATE OF MARYLAND
BILL TEXT

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CHAPTER 4

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(SENATE BILL 179)



2012 Bill Text MD S.B. 179

VERSION: Chaptered

VERSION-DATE: April 10, 2012

SYNOPSIS: AN ACT concerning

Kathleen A. Mathias Chemotherapy Parity Act of 2012

FOR the purpose of prohibiting insurers, nonprofit health service plans, and health maintenance organizations that provide coverage for certain cancer chemotherapy under certain policies or contracts from imposing certain limits or cost sharing on coverage for orally administered cancer chemotherapy that are less favorable to an insured or enrollee than the limits or cost sharing on coverage for cancer chemotherapy that is administered intravenously or by injection; prohibiting the insurers, nonprofit health service plans, and health maintenance organizations from reclassifying cancer chemotherapy or increasing certain out-of-pocket expenses to achieve certain compliance; making certain provisions of this Act applicable to health maintenance organizations; defining a certain term; providing for the application of this Act; and generally relating to health insurance coverage for cancer chemotherapy.

BY adding to

Article - Insurance

Section 15-846

Annotated Code of Maryland

(2011 Replacement Volume)

BY adding to

Article - Health - General

Section 19-706(III)

Annotated Code of Maryland

(2009 Replacement Volume and 2011 Supplement)



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TEXT: SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article - Insurance

15-846. (A) IN THIS SECTION, "CANCER CHEMOTHERAPY" MEANS MEDICATION THAT IS PRESCRIBED BY A LICENSED PHYSICIAN TO KILL OR SLOW THE GROWTH OF CANCER CELLS.

(B) THIS SECTION APPLIES TO:

(1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROVIDE COVERAGE FOR BOTH ORALLY ADMINISTERED CANCER CHEMOTHERAPY AND CANCER CHEMOTHERAPY THAT IS ADMINISTERED INTRAVENOUSLY OR BY INJECTION UNDER HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND

(2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE COVERAGE FOR BOTH ORALLY ADMINISTERED CANCER CHEMOTHERAPY AND CANCER CHEMOTHERAPY THAT IS ADMINISTERED INTRAVENOUSLY OR BY INJECTION UNDER CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

(C) THIS SECTION DOES NOT APPLY TO A POLICY OR CONTRACT ISSUED OR DELIVERED BY AN ENTITY SUBJECT TO THIS SECTION THAT PROVIDES THE ESSENTIAL HEALTH BENEFITS REQUIRED UNDER SECTION 1302(A) OF THE AFFORDABLE CARE ACT.

(D) AN ENTITY SUBJECT TO THIS SECTION MAY NOT IMPOSE DOLLAR LIMITS, COPAYMENTS, DEDUCTIBLES, OR COINSURANCE

REQUIREMENTS ON COVERAGE FOR ORALLY ADMINISTERED CANCER CHEMOTHERAPY THAT ARE LESS FAVORABLE TO AN INSURED OR ENROLLEE THAN THE DOLLAR LIMITS, COPAYMENTS, DEDUCTIBLES, OR COINSURANCE REQUIREMENTS THAT APPLY TO COVERAGE FOR CANCER CHEMOTHERAPY THAT IS ADMINISTERED INTRAVENOUSLY OR BY INJECTION.

(E) AN ENTITY SUBJECT TO THIS SECTION MAY NOT RECLASSIFY CANCER CHEMOTHERAPY OR INCREASE A COPAYMENT, DEDUCTIBLE, COINSURANCE REQUIREMENT, OR OTHER OUT-OF-POCKET EXPENSE IMPOSED ON CANCER CHEMOTHERAPY TO ACHIEVE COMPLIANCE WITH THIS SECTION.

Article - Health - General

19-706. (LLLL) THE PROVISIONS OF SECTION 15-846 OF THE INSURANCE ARTICLE APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all policies, contracts, and health benefit plans subject to this act that are issued, delivered, or renewed in the State on or after October 1, 2012.



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SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2012.