



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



Outdated coverage policies in New Mexico USED TO limit cancer patients' access to life-saving drugs!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, New Mexico implemented a law, effective June 17, 2011, that directs health plans that provide coverage for cancer treatment extend coverage for orally administered anticancer medication at a cost no less favorable to intravenously administered or injected cancer medications. Additionally, plans may not increase out-of-pocket costs for anticancer medications to comply with the law. **To view New Mexico'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 doesn't comply & to find out if the law applies to your health plan:

Contact the Managed Health Care Bureau at (505) 827-4241 or 1-888-427-5772 or visit <http://nmprc.state.nm.us/consumer-relations/file-complaint.html>
For information about our oral parity work in Washington, DC, please go to: peac.myeloma.org.



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ANNOTATED STATUTES OF NEW MEXICO

CHAPTER 59A. INSURANCE CODE ARTICLE 22. HEALTH INSURANCE CONTRACTS

N.M. Stat. Ann. § 59A-22-49.1 (2012)

§ 59A-22-49.1. Coverage for orally administered anticancer medications; limits on patient costs

A. An individual or group health insurance policy, health care plan or certificate of health insurance that is delivered, issued for delivery or renewed in this state and that provides coverage for cancer treatment shall provide coverage for a prescribed, orally administered anticancer medication that is 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 by the plan.

B. An insurer shall not increase patient cost-sharing for anticancer medications in order to achieve compliance with the provisions of this section.

C. Coverage of orally administered anticancer medication shall not be subject to any prior authorization, dollar limit, copayment, deductible or coinsurance provision that does not apply to intravenously administered or injected anticancer medication used to kill or slow the growth of cancerous cells.

D. As used in this section, "insurer" or "health plan":

(1) means:

- (a) a health insurer;
- (b) a nonprofit health service provider;
- (c) a health maintenance organization;
- (d) a managed care organization; or
- (e) a provider service organization; and

(2) does not include individual policies intended to supplement major medical group-type coverages such as medicare supplement, long-term



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care, disability income, specified disease, accident-only, hospital indemnity or other limited-benefit health insurance policies.

ANNOTATED STATUTES OF NEW MEXICO

CHAPTER 59A. INSURANCE CODE

ARTICLE 23. GROUP AND BLANKET HEALTH INSURANCE CONTRACTS

N.M. Stat. Ann. § 59A-23-7.10 (2012)

§ 59A-23-7.10. Coverage for orally administered anticancer medications; limits on patient costs

A. A blanket or group health insurance policy or contract that is delivered, issued for delivery or renewed in this state and that provides coverage for cancer treatment shall provide coverage for a prescribed, orally administered anticancer medication that is 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 by the plan.

B. An insurer shall not increase patient cost-sharing for anticancer medications in order to achieve compliance with the provisions of this section.

C. Coverage of orally administered anticancer medication shall not be subject to any prior authorization, dollar limit, copayment, deductible or coinsurance provision that does not apply to intravenously administered or injected anticancer medication used to kill or slow the growth of cancerous cells.

D. As used in this section, "insurer" or "blanket or group health insurance plan":

(1) means:

- (a) a health insurer;
- (b) a nonprofit health service provider;
- (c) a health maintenance organization;
- (d) a managed care organization; or
- (e) a provider service organization; and

(2) does not include blanket or large group policies intended to

supplement major medical group-type coverages such as medicare supplement, long-term care, disability income, specified disease, accident-only, hospital indemnity or other limited-benefit health insurance policies.



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ANNOTATED STATUTES OF NEW MEXICO

CHAPTER 59A. INSURANCE CODE
ARTICLE 46. HEALTH MAINTENANCE ORGANIZATIONS

N.M. Stat. Ann. § 59A-46-50.1 (2012)

§ 59A-46-50.1. Coverage for orally administered anticancer medications; limits on patient costs

A. An individual or group health maintenance organization contract that is delivered, issued for delivery or renewed in this state and that provides coverage for cancer treatment shall provide coverage for a prescribed, orally administered anticancer medication that is 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 by the plan.

B. A health maintenance organization shall not increase patient cost-sharing for anticancer medications in order to achieve compliance with the

provisions of this section.

C. Coverage of orally administered anticancer medication shall not be subject to any prior authorization, dollar limit, copayment, deductible or coinsurance provision that does not apply to intravenously administered or injected anticancer medication used to kill or slow the growth of cancerous cells.

D. As used in this section, "health maintenance organization contract":

(1) means:

(a) a health maintenance organization; or

(b) a managed care organization; and

(2) does not include individual policies intended to supplement major medical group-type coverages such as medicare supplement, long-term care, disability income, specified disease, accident-only, hospital indemnity or other limited-benefit health insurance policies.

ANNOTATED STATUTES OF NEW MEXICO

CHAPTER 59A. INSURANCE CODE
ARTICLE 47. NONPROFIT HEALTH CARE PLANS

N.M. Stat. Ann. § 59A-47-45.1 (2012)



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§ 59A-47-45.1. Coverage for orally administered anticancer medications; limits on patient costs

A. An individual or group health insurance policy, health care plan or certificate of health insurance that is delivered, issued for delivery or renewed in this state and that provides coverage for cancer treatment shall provide coverage for a prescribed, orally administered anticancer medication that is 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 by the plan.

B. A nonprofit health care plan shall not increase patient cost-sharing for anticancer medications in order to achieve compliance with the provisions of this section.

C. Coverage of orally administered anticancer medication shall not be subject to any prior authorization, dollar limit, copayment, deductible or coinsurance provision that does not apply to intravenously administered or injected anticancer medication used to kill or slow the growth of cancerous cells.

D. As used in this section, "nonprofit health care plan":

(1) means:

- (a) a nonprofit health insurer;
- (b) a nonprofit health service provider;
- (c) a nonprofit health maintenance organization;
- (d) a nonprofit managed care organization; or
- (e) a nonprofit provider service organization; and

(2) does not include individual policies intended to supplement major medical group-type coverages such as medicare supplement, long-term care, disability income, specified disease, accident-only, hospital indemnity or other limited-benefit health insurance policies.