



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



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Outdated coverage policies in Oklahoma *USED TO* limit cancer patients' access to life-saving drugs!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, Oklahoma implemented a law for health policies issued or renewed on or after November 1, 2013. This law requires any health benefit plan that provides coverage for cancer treatment to cover extend coverage for orally administered anticancer medication at a cost to equal to intravenously administered or injected cancer medications. A health benefit plan is also in compliance with the law if they charge no more than \$100 per prescription for the orally administered anticancer treatment. Additionally, plans may not increase the out-of-pocket cost to patients to achieve compliance. **To view Oklahoma'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 or Medicare supplemental plans)***, and their plan covers chemotherapy, an FDA-approved, orally administered drug should either 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 Oklahoma State Department of Health at (800) 522-0203 or visit <http://www.ok.gov/triton/contact.php?ac=174&id=150..> For information about our oral parity work in Washington, DC, please go to: peac.myeloma.org.



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OKLAHOMA FIRST SESSION OF THE 54TH LEGISLATIVE SESSION

CHAPTER 115

SENATE BILL NO. 765

2013 OK. ALS 115; 2013 OK. Laws 115; 2013 OK. Ch. 115; 2013 OK. SB 765

SYNOPSIS: An Act relating to insurance; providing coverage and benefits for certain cancer treatment; providing for codification; and providing an effective date. SUBJECT: Health benefit plan coverage

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

[*1] SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6060.9a of Title 36, unless there is created a duplication in numbering, reads as follows:

- A. 1. Any health benefit plan that provides coverage and benefits for cancer treatment shall provide coverage of prescribed orally administered **anticancer** medications on a basis no less favorable than intravenously administered or injected cancer medications.
2. Coverage of orally administered **anticancer** medication shall not be subject to any prior authorization, dollar limit, copayment, deductible, or other out-of-pocket expense that does not apply to intravenously administered or injected cancer medication, regardless of formulation or benefit category determination by the company administering the health benefit plan.
3. A health benefit plan shall not reclassify or increase any type of cost-sharing to the covered person for **anticancer** medications in order to achieve compliance with this section. Any change in health insurance coverage that otherwise increases an out-of-pocket expense to **anticancer** medications shall also be applied to the majority of comparable medical or pharmaceutical benefits covered by the health benefit plan.
4. A health benefit plan that limits the total amount paid by a covered person through all cost-sharing requirements to no more than One Hundred Dollars (\$ 100.00) per filled prescription for any orally administered **anticancer** medication shall be considered in compliance with this section. For purposes of this paragraph, "cost-sharing requirements" shall include copayments, coinsurance, deductibles, and any other amounts paid by the covered person for that prescription.

B. As used in this section:

1. "**Anticancer** medications" means medications used to kill or slow the growth of cancer cells;



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2. "Covered person" means a policyholder, subscriber, enrollee, or other individual enrolled in or insured by a health benefit plan for health insurance coverage; and

3. "Health benefit plan" means any plan or arrangement as defined in subsection C of Section 6060.4 of Title 36 of the Oklahoma Statutes.

[*2] SECTION 2. This act shall become effective November 1, 2013.

HISTORY:

Approved by the Governor April 22, 2013

SPONSOR: Treat and Johnson (Constance) of the Senate and Derby, Hoskin, Sherrer, Roberts (Sean) and Brown of the House