



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



### **Outdated coverage policies in Utah USED TO limit cancer patients' access to life-saving drugs!**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, Utah implemented a law for health policies issued or renewed on or after October 1, 2013. This law requires individual or group health policies that cover oral and IV anticancer medications to cover orally administered anticancer medications at a cost to the patient equal to those receiving intravenous or injected therapies. Additionally, plans may not increase the out-of-pocket cost for IV treatments to achieve compliance. **To view Utah's oral parity law, please see next page.**

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

If a patient is ***privately insured by an individual or group plan***, and their plan covers chemotherapy, an FDA-approved, orally administered drug should have the same out-of-pocket cost for the patient as an intravenously administered drug. If the cost sharing for oral chemotherapy is more restrictive than the cost sharing for intravenous chemotherapy, then the plan may not require cost-sharing for the oral chemotherapy that exceeds \$300 per filled prescription. ***The law does not apply to patients on Medicare or those with a "self-insured" plan as both are exempt from state law by the federal Employee Retirement Income Security Act (ERISA).***

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

Contact the Utah Insurance Department at 1-800-439-3805 or submit your complaint online: <https://insurance.utah.gov/complaint/index.php>. For information about our oral parity work in Washington, DC, please go to: [peac.myeloma.org](http://peac.myeloma.org).

UTAH 60TH LEGISLATURE - 2013 GENERAL SESSION

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S.B. 189 Enrolled  
ONCOLOGY INSURANCE AMENDMENTS  
2013 GENERAL SESSION  
STATE OF UTAH

SENATE BILL 189  
2013 Ut. SB 189

## General Description:

This bill amends the Accident and Health Insurance part of the Contracts in Specific Lines chapter of the Insurance Code.

## NOTICE:

[A> Text within these symbols is added <A]

Be it enacted by the Legislature of the state of Utah:

[\*1] Section 1. Section 31A-22-641 is enacted to read:

[A> 31A-22-641. <A] Cancer treatment parity.

[A> (1) For purposes of this section: <A]

[A> (a) "Cost sharing" means the enrollee's maximum out-of-pocket costs as defined by the health benefit plan. <A]

[A> (b) "Health insurer" is as defined in Subsection 31A-22-634 (1). <A]

[A> (c) "Intravenously administered **chemotherapy**" means a physician-prescribed cancer treatment that is used to kill or slow the growth of cancer cells, that is administered through injection directly into the patient's circulatory system by a physician, physician assistant, nurse practitioner, nurse, or other medical personnel under the supervision of a physician, and in a hospital, medical office, or other clinical setting. <A]

[A> (d) "Oral **chemotherapy**" means a United States Food and Drug Administration-approved, physician-prescribed cancer treatment that is used to kill or slow the growth of cancer cells, that is taken orally in the form of a tablet or capsule, and may be administered in a hospital, medical office, or other clinical setting or may be delivered to the patient for self-administration under the direction or supervision of a physician outside of a hospital, medical office, or other clinical setting. <A]



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[A> (2) This section applies to health benefit plans renewed or entered into on or after October 1, 2013. <A]

[A> (3) A health benefit plan that covers prescribed oral **chemotherapy** and intravenously administered **chemotherapy** shall: <A]

[A> (a) except as provided in Subsection (3)(b), ensure that the cost sharing applied to the covered oral **chemotherapy** is no more restrictive than the cost sharing applied to the covered intravenously administered **chemotherapy**; or <A]

[A> (b) if the cost sharing for oral **chemotherapy** is more restrictive than the cost sharing for intravenous **chemotherapy**, the health benefit plan may not apply cost sharing for the oral **chemotherapy** that exceeds \$ 300 per filled prescription. <A]

[A> (4) (a) A health insurer shall not increase the cost sharing for intravenously administered **chemotherapy** for the purpose of achieving compliance with this section. <A]

[A> (b) The commissioner may adopt administrative rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to enforce the provisions of this section. <A]

**HISTORY:** Approved by the Governor on March 26, 2013