



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



Outdated coverage policies in Illinois USED TO limit cancer patients' access to live-saving drugs!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 co-pay, usually between \$20 and \$30. Conversely, oral anti-cancer medications are covered under a health plan's prescription benefit and, many times, patients are responsible for extremely high and unmanageable copays. This was creating an enormous barrier for patient 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 anti-cancer medications due to high out-of-pocket costs.

Legislative Solution

In an effort to remove the barriers to accessing life-saving treatments for cancer patients in the state, Illinois enacted a law, effective January 1, 2012, that states, "Every insurer that amends, delivers, issues, or renews an individual or group policy that provides coverage for orally administered or injected cancer medications shall ensure that the financial requirements applicable to orally-administered cancer medications are no more restrictive than the financial requirements applied to intravenously administered or injected cancer medications..." Additionally, plans may not increase cost-sharing for IV medications or reclassify benefits to be in compliance. **To view Illinois' 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 costs for the patient as an intravenously administered drug. *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 doesn't comply

Please contact the IL Department of Insurance, Office of Consumer Health Insurance at (877) 527-9431 or visit them on the web at insurance.illinois.gov to learn more.

For information about our oral parity work in Washington, DC, please go to: peac.myeloma.org



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ILLINOIS COMPILED STATUTES ANNOTATED

*** Statutes current through Public Act 97-679 of the 2011 Legislative Session **
**** Annotations current to State Cases through January 20, 2012 ***

CHAPTER 215. INSURANCE INSURANCE CODE ARTICLE XX. ACCIDENT AND HEALTH INSURANCE

215 ILCS 5/356z.19 (2012)

THIS SECTION HAS MORE THAN ONE DOCUMENT WITH VARYING EFFECTIVE DATES.

§ 215 ILCS 5/356z.19. (As enacted by P.A. 97-198, effective January 1, 2012) Cancer drug parity

Sec. 356z.19. (a) As used in this Section:

"Financial requirement" means deductibles, copayments, coinsurance, out-of-pocket expenses, aggregate lifetime limits, and annual limits.

"Treatment limitation" means limits on the frequency of treatment, days of coverage, or other similar limits on the scope or duration of treatment.

(b) On and after the effective date of this amendatory Act of the 97th General Assembly [P.A. 97-198], every insurer that amends, delivers, issues, or renews an individual or group policy of accident and health insurance amended, delivered, issued, or renewed on or after the effective date of this amendatory Act of the 97th General Assembly that provides coverage for prescribed orally-administered cancer medications and intravenously administered or injected cancer medications shall ensure that:

(1) the financial requirements applicable to such prescribed orally-administered cancer medications are no more restrictive than the financial requirements applied to intravenously administered or injected cancer medications that are covered by the policy and that there are no separate cost-sharing requirements that are applicable only with respect to such prescribed orally-administered cancer medications; and

(2) the treatment limitations applicable to such prescribed orally-administered cancer medications are no more restrictive than the treatment limitations applied to intravenously administered or injected cancer medications that are covered by the policy and that there are no separate treatment limitations that are applicable only with respect to such prescribed orally-administered cancer medications.

(c) An insurer cannot achieve compliance with this Section by increasing financial requirements or



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imposing more restrictive treatment limitations on prescribed orally-administered cancer medications or intravenously administered or injected cancer medications covered under the policy on the effective date of this amendatory Act of the 97th General Assembly.