



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



### **Outdated coverage policies in Kentucky USED TO limit cancer patients' access to lifesaving drugs!**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 lifesaving treatments for cancer patients, Kentucky passed legislation for health policies issued or renewed on or after January 1, 2015. This law directs health insurers who provide coverage for cancer treatment to extend coverage for prescribed orally administered anticancer medications at a cost to patients no less favorable than that of those receiving intravenously administered or injected anticancer therapies. Additionally, if a health plan limits the total amount paid for oral anticancer medications to \$100 per prescription, they are also in compliance with the law. Plans may not increase the out-of-pocket cost to patients or reclassify benefits to achieve compliance. Finally, if a consumer purchases a high deductible health plan, the deductible must be met before the cap applies. **To view Kentucky'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 have a maximum of \$100 co-payment per prescription, per month.

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

You can file a complaint with the Kentucky Department of Insurance, office of Consumer Protection at [http://insurance.ky.gov/Home.aspx?Div\\_ID=4](http://insurance.ky.gov/Home.aspx?Div_ID=4) or call 800-595-6053. For information about our oral parity work in Washington, DC, please go to: [peac.myeloma.org](http://peac.myeloma.org).



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14 REG. SESS.

14 RS HB 126/EN

SECTION 1. A NEW SECTION OF SUBTITLE 17A OF KRS CHAPTER 304 IS CREATED TO READ AS FOLLOWS:

*(1) For purposes of this section:*

*(a) "Anticancer medications" means drugs and biologics that are used to kill, slow, or prevent the growth of cancerous cells; and*

*(b) "Cost sharing" means the cost to an individual insured under an individual or group health benefit plan according to any coverage limit, copayment, coinsurance, deductible, or other out-of-pocket expense requirements imposed by the plan.*

*(2) A health benefit plan that covers anticancer medications that are injected or intravenously administered by a health care provider and patient-administered anticancer medications, including but not limited to those orally administered or self-injected, shall not require a higher copayment, deductible, or coinsurance amount for patient-administered anticancer medications than it requires for injected or intravenously administered anticancer medications, regardless of the formulation or benefit category determination by the health benefit plan.*

*(3) A health benefit plan shall not comply with subsection (2) of this section by:*

*(a) Increasing the copayment, deductible, or coinsurance amount required for injected or intravenously administered anticancer medications that are covered under the health benefit plan; or*

*(b) Reclassifying benefits with respect to anticancer medications.*

*(4) Notwithstanding any provision of this section to the contrary, an individual or group health benefit plan shall be deemed to be in compliance with this section if the cost sharing imposed under such a*



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*policy does not exceed one hundred dollars (\$100) per prescription fill for a thirty (30) day period.*

*(5) For a health benefit plan that meets the definition of a high deductible health plan as defined by 26 U.S.C. 223(c)(2), to be used in conjunction with a health savings account as defined by 26 U.S.C. 223(d)(1), the provisions of subsection (4) of this section shall only apply after an insured's deductible has been satisfied for the year.*

âSection 2. Sections 1 to 9 and 11 of this Act take effect January 1, 2015.