



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



### **Outdated coverage policies in Massachusetts USED TO limit cancer patients' access to life-saving drugs!**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, Massachusetts implemented legislation, effective May 1, 2013, that directs individual or group health policies that provide coverage for cancer chemotherapy to extend coverage for prescribed, orally administered anticancer medications at a cost to the patient that is no less favorable than those receiving intravenously administered or injected cancer medications. Additionally, plans may not increase the out-of-pocket cost to patients to achieve compliance. **To view Massachusetts'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 Attorney General's Health Care Division, Health Care hotline at (888) 830-6277 or visit [https://www.eform.ago.state.ma.us/ago\\_eforms/forms/hcd\\_e complaint.action](https://www.eform.ago.state.ma.us/ago_eforms/forms/hcd_e complaint.action).

For information about our oral parity work in Washington, DC, please go to: [peac.myeloma.org](http://peac.myeloma.org)



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MASSACHUSETTS ADVANCE LEGISLATIVE SERVICE

MASSACHUSETTS 187TH GENERAL COURT -- 2012 REGULAR SESSION

CHAPTER 403

SENATE BILL 2363

2012 Mass. ALS 403; 2012 Mass. Ch. 403; 2011 Mass. S.B. 2363

SYNOPSIS: AN ACT RELATIVE TO ORAL CANCER THERAPY.

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Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

[\*1] SECTION 1. Chapter 32A of the General Laws is hereby amended by inserting after section 17J the following section:-

Section 17K. Any coverage offered by the commission to an active or retired employee of the commonwealth insured under the group insurance commission that provides coverage for cancer chemotherapy treatment shall provide coverage for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells on a basis not less favorable than intravenously administered or injected cancer medications that are covered as medical benefits. An increase in patient cost sharing for anticancer medications shall not be allowed to achieve compliance with this section.

[\*2] SECTION 2. Chapter 175 of the General Laws is hereby amended by inserting after section 47BB, the second time it appears, the following section:-

Section 47DD. Any policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within the commonwealth that provides medical expense coverage for cancer chemotherapy treatment shall provide coverage for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells on a basis not less favorable than intravenously administered or injected cancer medications that are covered as medical benefits. An increase in patient cost sharing for anticancer medications shall not be allowed to achieve compliance with this section.

[\*3] SECTION 3. Chapter 176A of the General Laws is hereby amended by inserting after section 8EE the following section:-



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Section 8FF. Any contract between a subscriber and the corporation under an individual or group hospital service plan which is delivered, issued or renewed within the commonwealth that provides coverage for cancer chemotherapy treatment shall provide coverage for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells on a basis not less favorable than intravenously administered or injected cancer medications that are covered as medical benefits. An increase in patient cost sharing for anticancer medications shall not be allowed to achieve compliance with this section.

[\*4] SECTION 4. Chapter 176B of the General Laws is hereby amended by inserting after section 4EE, the second time it appears, the following section:-

Section 4FF. Any subscription certificate under an individual or group medical service agreement delivered, issued or renewed within the commonwealth that provides coverage for cancer chemotherapy treatment shall provide coverage for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells on a basis not less favorable than intravenously administered or injected cancer medications that are covered as medical benefits. An increase in patient cost sharing for anticancer medications shall not be allowed to achieve compliance with this section.

[\*5] SECTION 5. Chapter 176G of the General Laws is hereby amended by inserting after section 4W the following section:-

Section 4X. Any individual or group health maintenance contract that provides coverage for cancer chemotherapy treatment shall provide coverage for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells on a basis not less favorable than intravenously administered or injected cancer medications that are covered as medical benefits. An increase in patient cost sharing for anticancer medications shall not be allowed to achieve compliance with this section.

[\*6] SECTION 6. Sections 1 to 5, inclusive, shall apply to all policies, contracts and certificates of health insurance subject to section 17K of chapter 32A, section 47DD of chapter 175, section 8FF of chapter 176A, section 4FF of chapter 176B and section 4X of chapter 176G of the General Laws which are delivered, issued or renewed on or after January 1, 2013.

[\*7] SECTION 7. Chapter 244 of the acts of 2012 is hereby amended by inserting, after section 25, the following section:-

SECTION 25A. Section 4 shall take effect on May 1, 2013.

HISTORY:

Approved January 3, 2013



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