



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



Outdated coverage policies in Missouri USED TO limit cancer patients' access to life-saving drugs!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 lifesaving treatments for cancer patients, Missouri passed legislation for health policies issued or renewed on or after January 1, 2015. This law requires any health benefit plan that provides coverage for cancer treatment to 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 \$75 per prescription for the orally administered anticancer treatment. Insurers may increase the cap annually based in the Consumer Price Index (CPI). However, plans may not increase the out-of-pocket cost to patients for IV medications or reclassify benefits to achieve compliance. Finally, consumers that purchase high deductible health plans must first reach their plans deductible before the cap takes effect. **To view Missouri'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 \$75 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 Missouri Department of Insurance at <http://insurance.mo.gov/consumers/complaints/> or call the Insurance Consumer Hotline at (800) 726-7390. For information about our oral parity work in Washington, DC, please go to: peac.myeloma.org.



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SECOND REGULAR SESSION
[TRULY AGREED TO AND FINALLY PASSED]

SENATE SUBSTITUTE FOR SENATE BILL NO. 668
97TH GENERAL ASSEMBLY
2014
5155S.02T

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to oral chemotherapy parity.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Chapter 376, RSMo, is amended by adding thereto one new 2 section, to be known as section 376.1257, to read as follows:

376.1257. 1. As used in this section the following terms shall 2 mean:

3 (1) "Anticancer medications", medications used to kill or slow the
4 growth of cancerous cells;

5 (2) "Covered person", a policyholder, subscriber, enrollee, or
6 other individual enrolled in or insured by a health benefit plan for
7 health insurance coverage;

8 (3) "Health benefit plan", shall have the same meaning as defined
9 in section 376.1350.

10 2. Any health benefit plan that provides coverage and benefits
11 for cancer treatment shall provide coverage of prescribed orally
12 administered anticancer medications on a basis no less favorable than
13 intravenously administered or injected anticancer medications.

14 3. Coverage of orally administered anticancer medication shall
15 not be subject to any prior authorization, dollar limit, co-payment,
16 deductible, or other out-of-pocket expense that does not apply to
17 intravenously administered or injected anticancer medication,
18 regardless of formulation or benefit category determination by the
19 company administering the health benefit plan.

20 4. The health benefit plan shall not reclassify or increase any
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21 type of cost-sharing to the covered person for anticancer medications
22 in order to achieve compliance with this section. Any change in health
23 insurance coverage, which otherwise increases an out-of-pocket
24 expense to anticancer medications, shall be applied to the majority of
25 comparable medical or pharmaceutical benefits covered by the health
26 benefit plan.

27 5. Notwithstanding the provisions of subsections 2, 3, and 4 of



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28 this section, a health benefit plan that limits the total amounts paid by
29 a covered person through all cost-sharing requirements to no more
30 than seventy-five dollars per thirty-day supply for any orally
31 administered anticancer medication shall be considered in compliance
32 with this section. On January 1, 2016, and on January first of each year
33 thereafter, a health benefit plan may adjust such seventy-five dollar
34 limit. The adjustment shall not exceed the Consumer Price Index for
35 All Urban Consumers Midwest Region for that year. For purposes of
36 this subsection "cost-sharing requirements" shall include co-payments,
37 coinsurance, deductibles, and any other amounts paid by the covered
38 person for that prescription.

39 6. For a health benefit plan that meets the definition of "high
40 deductible health plan" as defined by 26 U.S.C. 223(c)(2), the provisions
41 of subsection 5 of this section shall only apply after a covered person's
42 deductible has been satisfied for the year.

43 7. The provisions of this section shall become effective January
44 1, 2015. T