



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

Outdated coverage policies in Arkansas USED TO limit cancer patients' access to lifesaving drugs!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, Arkansas enacted legislation, effective January 1, 2018, that directs health benefit plans that provide coverage for cancer chemotherapy treatment to extend coverage for orally administered anticancer medication at a cost equal to the cost of intravenously administered or injected anticancer medications. **To view Arkansas'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 does not comply & to find out if the law applies to your health plan:

You can file a complaint with the Arkansas Department of Insurance Consumer Service Division at <http://insurance.arkansas.gov/csd.htm> or call t: 800-852-5494 or 501-371-2640. For information about our oral parity work in Washington, DC, please go to: peac.myeloma.org.



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

State of Arkansas As Engrossed: H3/2/17
91st General Assembly A Bill
Regular Session, 2017 HOUSE BILL 1592

By: Representatives Leding, Murdock, Jett, D. Ferguson, G. Hodges, Lundstrum, McCollum,
Richey, D.

Whitaker, Vaught

By: Senators Standridge, Elliott, S. Flowers, Teague

For An Act To Be Entitled
AN ACT TO PROVIDE PARITY IN HEALTH BENEFIT PLAN
COVERAGE BETWEEN ORALLY ADMINISTERED ANTICANCER
MEDICATION AND INTRAVENOUSLY ADMINISTERED ANTICANCER
MEDICATION; AND FOR OTHER PURPOSES.

Subtitle
TO PROVIDE PARITY IN HEALTH BENEFIT PLAN
COVERAGE BETWEEN ORALLY ADMINISTERED
ANTICANCER MEDICATION AND INTRAVENOUSLY
ADMINISTERED ANTICANCER MEDICATION.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Effective January 1, 2018, Arkansas Code Title 23, Chapter
79, Subchapter 1, is amended to add an additional section to read as follows:
23-79-161. Payment for oral anticancer medications — Definitions.

(a) As used in this section:

- (1) "Anticancer medication" means any drug or biologic that is used to kill, slow, or prevent the growth of cancerous cells;
- (2)(A) "Health benefit plan" means any group or blanket plan, policy, or contract for healthcare services issued, renewed, or extended in this state and outside this state for an enrollee or certificate holder who is a resident of this state by healthcare insurers, including indemnity and managed care plans and the plans providing health benefits to state and public school employees under § 21-5-401 et seq., but excluding individual major medical plans and plans providing healthcare services under Arkansas 2 Constitution, Article 5, §



Arkansas's Oral Anticancer Treatment Access Law:

What Clinicians Need to Know

32, the Workers' Compensation Law, § 21-5-601 et seq., and the Public Employee Workers' Compensation Act, § 21-5-601 et seq. 4 (B) "Health benefit plan" does not include

an accident- 5 only, specified disease, hospital indemnity, Medicare supplement, long-term 6 care, disability income, or other limited benefit health insurance policy; 7 and 8 (3) "Healthcare insurer" means any insurance company, hospital 9 and medical service corporation, or health maintenance organization issuing 10 or delivering health benefit plans in this state and that is subject to any 11 of the following laws: 12 (A) The insurance laws of this state; 13 (B) Section 23-75-101 et seq., pertaining to hospital and 14 medical service corporations; and 15 (C) Section 23-76-101 et seq., pertaining to health 16 maintenance organizations. 17 (b) Every health benefit plan that is issued, renewed, or extended in this state and every group health benefit plan that is issued, renewed, or extended outside this state, for an enrollee or certificate holder who is a resident of this state that provide coverage for anticancer medications that are injected or intravenously administered by a healthcare provider or a patient shall not require a higher copayment, coinsurance, or deductible amount for orally administered anticancer medications than the health benefit plan requires for injected or intravenously administered anticancer medications regardless of the formulation or benefit category determination by the health benefit plan.

(c)(1) A healthcare insurer shall not impose a copayment, coinsurance, or a deductible amount or a combination of a copayment, coinsurance, or a deductible amount charged to the insured for orally administered anticancer medications that is greater than the copayment, coinsurance, or deductible amount charged to the insured for injected or intravenously administered anticancer medications.

(2) A healthcare insurer shall not reclassify benefits with respect to cancer treatment medications or increase a copayment, deductible, or coinsurance amount for covered cancer treatment medications that are injected or intravenously administered unless:

(A) The increase is applied generally to other medical or pharmaceutical benefits covered under the plan and is not done to circumvent subdivision (c)(1) of this section;

(B) The reclassification of benefits with respect to cancer treatment medications is done in a manner that is consistent with this section; or (C) A healthcare insurer is applying cost-sharing increases consistent with the annual increases in the cost of health care.

(d)(1) A health benefit plan may adopt policies to ensure that claims for coverage of orally administered anticancer medications submitted for payment comply with the same coding, documentation, and other requirements necessary for payment as those claims for coverage of injected or intravenously administered anticancer medications.



Arkansas's Oral Anticancer Treatment Access Law:

What Clinicians Need to Know

(2) The commissioner shall promulgate rules as may be necessary to implement this section.