



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

Outdated coverage policies in Arizona USED TO limit cancer patients' access to lifesaving drugs!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, Arizona enacted legislation, effective January 1, 2016, 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 Arizona'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 Arizona Department of Insurance Consumer Affairs Division at <http://www.azinsurance.gov/consumerassistance.html> or call (800) 325-2548. For information about our oral parity work in Washington, DC, please go to: peac.myeloma.org.



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Senate Engrossed House Bill

**State of Arizona
House of Representatives
Fifty-first Legislature
Second Regular Session
2014**

HOUSE BILL 2078

AN ACT

AMENDING TITLE 20, CHAPTER 4, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING SECTION 20-841.10; AMENDING TITLE 20, CHAPTER 4, ARTICLE 9, ARIZONA REVISED STATUTES, BY ADDING SECTION 20-1057.14; AMENDING TITLE 20, CHAPTER 6, ARTICLE 4, ARIZONA REVISED STATUTES, BY ADDING SECTION 20-1376.05; AMENDING TITLE 20, CHAPTER 6, ARTICLE 5, ARIZONA REVISED STATUTES, BY ADDING SECTION 20-1406.06; RELATING TO HEALTH INSURANCE.

Be it enacted by the Legislature of the State of Arizona:

Section 1. Title 20, chapter 4, article 3, Arizona Revised Statutes, is amended by adding section 20-841.10, to read:

20-841.10. Cancer treatment medications; cost-sharing; definition

- A. A CONTRACT THAT IS ISSUED, DELIVERED OR RENEWED BY A CORPORATION ON OR AFTER JANUARY 1, 2016 AND THAT PROVIDES COVERAGE BOTH FOR CANCER TREATMENT MEDICATIONS THAT ARE INJECTED OR INTRAVENOUSLY ADMINISTERED BY A HEALTH CARE PROVIDER AND FOR PATIENT-ADMINISTERED CANCER TREATMENT MEDICATIONS, INCLUDING MEDICATIONS THAT ARE ORALLY ADMINISTERED OR SELF-INJECTED, MAY NOT REQUIRE A HIGHER COPAYMENT, DEDUCTIBLE OR COINSURANCE AMOUNT FOR PATIENT-ADMINISTERED CANCER TREATMENT MEDICATIONS THAN IS REQUIRED FOR THOSE CANCER TREATMENT MEDICATIONS THAT ARE INJECTED OR INTRAVENOUSLY ADMINISTERED BY A HEALTH**



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CARE PROVIDER, REGARDLESS OF THE FORMULATION OR BENEFIT CATEGORY.

- B. A CORPORATION MAY NOT INCREASE COPAYMENT, DEDUCTIBLE OR COINSURANCE AMOUNTS FOR COVERED CANCER TREATMENT MEDICATIONS THAT ARE INJECTED OR INTRAVENOUSLY ADMINISTERED IN ORDER TO AVOID COMPLIANCE WITH SUBSECTION A OF THIS SECTION, BUT MAY INCREASE COPAYMENT, DEDUCTIBLE OR COINSURANCE AMOUNTS FOR CANCER TREATMENT MEDICATIONS IF THE INCREASE IS APPLIED GENERALLY TO OTHER MEDICAL OR PHARMACEUTICAL BENEFITS UNDER THE CONTRACT AND IS NOT DONE TO CIRCUMVENT SUBSECTION A OF THIS SECTION.**
- C. A CORPORATION MAY NOT RECLASSIFY BENEFITS WITH RESPECT TO CANCER TREATMENT MEDICATIONS IN A MANNER THAT IS INCONSISTENT WITH THIS SECTION.**
- D. FOR THE PURPOSES OF THIS SECTION, "CANCER TREATMENT MEDICATIONS" MEANS PRESCRIPTION DRUGS AND BIOLOGICS THAT ARE USED TO KILL, SLOW OR PREVENT THE GROWTH OF CANCEROUS CELLS.**

Sec. 2. Title 20, chapter 4, article 9, Arizona Revised Statutes, is amended by adding section 20-1057.14, to read:

20-1057.14. Cancer treatment medications; cost-sharing; definition

A. AN EVIDENCE OF COVERAGE THAT IS ISSUED, DELIVERED OR RENEWED BY A HEALTH CARE SERVICES ORGANIZATION ON OR AFTER JANUARY 1, 2016 AND THAT PROVIDES COVERAGE BOTH FOR CANCER TREATMENT MEDICATIONS THAT ARE INJECTED OR INTRAVENOUSLY ADMINISTERED BY A HEALTH CARE PROVIDER AND FOR PATIENT-ADMINISTERED CANCER TREATMENT MEDICATIONS, INCLUDING MEDICATIONS THAT ARE ORALLY ADMINISTERED OR SELF-INJECTED, MAY NOT REQUIRE A HIGHER COPAYMENT, DEDUCTIBLE OR COINSURANCE AMOUNT FOR PATIENT-ADMINISTERED CANCER TREATMENT MEDICATIONS THAN IS REQUIRED FOR THOSE CANCER TREATMENT MEDICATIONS THAT ARE INJECTED OR INTRAVENOUSLY ADMINISTERED BY A HEALTH CARE PROVIDER, REGARDLESS OF THE FORMULATION OR BENEFIT CATEGORY.

B. A HEALTH CARE SERVICES ORGANIZATION MAY NOT INCREASE COPAYMENT, DEDUCTIBLE OR COINSURANCE AMOUNTS

FOR COVERED CANCER TREATMENT MEDICATIONS THAT ARE INJECTED OR INTRAVENOUSLY ADMINISTERED IN ORDER TO AVOID COMPLIANCE WITH SUBSECTION A OF THIS SECTION, BUT MAY INCREASE COPAYMENT, DEDUCTIBLE OR COINSURANCE AMOUNTS FOR



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CANCER TREATMENT MEDICATIONS IF THE INCREASE IS APPLIED GENERALLY TO OTHER MEDICAL OR PHARMACEUTICAL BENEFITS UNDER THE EVIDENCE OF COVERAGE AND IS NOT DONE TO CIRCUMVENT SUBSECTION A OF THIS SECTION.

C. A HEALTH CARE SERVICES ORGANIZATION MAY NOT RECLASSIFY BENEFITS WITH RESPECT TO CANCER TREATMENT MEDICATIONS IN A MANNER THAT IS INCONSISTENT WITH THIS SECTION.

D. FOR THE PURPOSES OF THIS SECTION, "CANCER TREATMENT MEDICATIONS" MEANS PRESCRIPTION DRUGS AND BIOLOGICS THAT ARE USED TO KILL, SLOW OR PREVENT THE GROWTH OF CANCEROUS CELLS.

Sec. 3. Title 20, chapter 6, article 4, Arizona Revised Statutes, is amended by adding section 20-1376.05, to read:

20-1376.05. Cancer treatment medications; cost-sharing; definition

A. A DISABILITY INSURANCE POLICY THAT IS ISSUED, DELIVERED OR RENEWED BY A DISABILITY INSURER ON OR AFTER JANUARY 1, 2016 AND THAT PROVIDES COVERAGE BOTH FOR CANCER TREATMENT MEDICATIONS THAT ARE INJECTED OR INTRAVENOUSLY ADMINISTERED BY A HEALTH CARE PROVIDER AND FOR PATIENT-ADMINISTERED CANCER TREATMENT MEDICATIONS, INCLUDING MEDICATIONS THAT ARE ORALLY ADMINISTERED OR SELF-INJECTED, MAY NOT REQUIRE A HIGHER COPAYMENT, DEDUCTIBLE OR COINSURANCE AMOUNT FOR PATIENT-ADMINISTERED CANCER TREATMENT MEDICATIONS THAN IS REQUIRED FOR THOSE CANCER TREATMENT MEDICATIONS THAT ARE INJECTED OR INTRAVENOUSLY ADMINISTERED BY A HEALTH CARE PROVIDER, REGARDLESS OF THE FORMULATION OR BENEFIT CATEGORY.

B. A DISABILITY INSURER MAY NOT INCREASE COPAYMENT, DEDUCTIBLE OR COINSURANCE AMOUNTS FOR COVERED CANCER TREATMENT MEDICATIONS THAT ARE INJECTED OR INTRAVENOUSLY ADMINISTERED IN ORDER TO AVOID COMPLIANCE

WITH SUBSECTION A OF THIS SECTION, BUT MAY INCREASE COPAYMENT, DEDUCTIBLE OR COINSURANCE AMOUNTS FOR CANCER TREATMENT MEDICATIONS IF THE INCREASE IS APPLIED GENERALLY

TO OTHER MEDICAL OR PHARMACEUTICAL BENEFITS UNDER THE POLICY AND IS NOT DONE TO CIRCUMVENT SUBSECTION A OF THIS SECTION.

C. A DISABILITY INSURER MAY NOT RECLASSIFY BENEFITS WITH RESPECT TO CANCER TREATMENT MEDICATIONS IN A MANNER THAT IS INCONSISTENT WITH THIS SECTION.



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D. FOR THE PURPOSES OF THIS SECTION, "CANCER TREATMENT MEDICATIONS" MEANS PRESCRIPTION DRUGS AND BIOLOGICS THAT ARE USED TO KILL, SLOW OR PREVENT THE GROWTH OF CANCEROUS CELLS.

Sec. 4. Title 20, chapter 6, article 5, Arizona Revised Statutes, is amended by adding section 20-1406.06, to read:

20-1406.06. Cancer treatment medications; cost-sharing; definition

A. A GROUP OR BLANKET DISABILITY POLICY THAT IS ISSUED, DELIVERED OR RENEWED BY A GROUP OR BLANKET DISABILITY INSURER ON OR AFTER JANUARY 1, 2016 AND THAT PROVIDES COVERAGE BOTH FOR CANCER TREATMENT MEDICATIONS THAT ARE INJECTED OR INTRAVENOUSLY ADMINISTERED BY A HEALTH CARE PROVIDER AND FOR PATIENT-ADMINISTERED CANCER TREATMENT MEDICATIONS, INCLUDING MEDICATIONS THAT ARE ORALLY ADMINISTERED OR SELF-INJECTED, MAY NOT REQUIRE A HIGHER COPAYMENT, DEDUCTIBLE OR COINSURANCE AMOUNT FOR PATIENT-ADMINISTERED CANCER TREATMENT MEDICATIONS THAN IS REQUIRED FOR THOSE CANCER TREATMENT MEDICATIONS THAT ARE INJECTED OR INTRAVENOUSLY ADMINISTERED BY A HEALTH CARE PROVIDER, REGARDLESS OF THE FORMULATION OR BENEFIT CATEGORY.

B. A GROUP OR BLANKET DISABILITY INSURER MAY NOT INCREASE COPAYMENT, DEDUCTIBLE OR COINSURANCE AMOUNTS FOR COVERED CANCER TREATMENT MEDICATIONS THAT ARE INJECTED OR INTRAVENOUSLY ADMINISTERED IN ORDER TO AVOID COMPLIANCE WITH SUBSECTION A OF THIS SECTION, BUT MAY INCREASE COPAYMENT, DEDUCTIBLE OR COINSURANCE AMOUNTS FOR CANCER TREATMENT MEDICATIONS IF THE INCREASE IS APPLIED GENERALLY

TO OTHER MEDICAL OR PHARMACEUTICAL BENEFITS UNDER THE POLICY AND IS NOT DONE TO CIRCUMVENT SUBSECTION A OF THIS SECTION.

C. A GROUP OR BLANKET DISABILITY INSURER MAY NOT RECLASSIFY BENEFITS WITH RESPECT TO CANCER TREATMENT MEDICATIONS IN A MANNER THAT IS INCONSISTENT WITH THIS SECTION.

D. FOR THE PURPOSES OF THIS SECTION, "CANCER TREATMENT MEDICATIONS" MEANS PRESCRIPTION DRUGS AND BIOLOGICS THAT ARE USED TO KILL, SLOW OR PREVENT THE GROWTH OF CANCEROUS CELLS.

Sec. 5. Short title

This act may be cited as the "Fair Access to Cancer Treatment Act".