

SS SB 668 -- ORAL CHEMOTHERAPY

SPONSOR: Silvey

COMMITTEE ACTION: Voted "Do Pass" by the Committee on General Laws by a vote of 15 to 0.

This bill prohibits a health benefit plan that provides coverage for cancer treatment from requiring prior authorization or charging a higher dollar limit, co-payment, deductible, or other out-of-pocket expense amount to a patient for a prescribed orally administered anticancer medication than the amount the plan charges for an intravenously administered or injected cancer medication, regardless of the formulation or benefit category determination by the plan. A change in coverage that increases the costs of anticancer medication must be applied to the majority of the health benefit plan. Beginning January 1, 2015, the total amount paid by a covered person must not be more than \$75 for a 30 day supply. Beginning January 1, 2016, and each subsequent year on January 1, a health plan may adjust the limit not to exceed the federal Consumer Price Index. When a health benefit plan is a high deductible health plan the provisions of this bill apply after a covered person meets his or her deductible.

PROPONENTS: Supporters say this bill helps to give cancer patients a more normal life.

Testifying for the bill were Senator Munzlinger; American Cancer Society; Astellas Pharma US Inc.; American Cancer Society Cancer Action Network; and Leukemia Lymphoma Society.

OPPONENTS: There was no opposition voiced to the committee.