

HCS HB 1327 -- EMERGING ISSUES IN CANCER MEDICATION

SPONSOR: Solon

COMMITTEE ACTION: Voted "Do Pass" by the Committee on General Laws by a vote of 16 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.

PROPOSERS: Supporters say that these oral drugs represent the newest, best approach to chemotherapy in almost every case and more cancer patients will have access to these drugs because of this bill.

Testifying for the bill were Representative Solon; Carl Freter, Chief of Hematology and Oncology, University of Missouri - Columbia; Ross Nichols; JoAnn Shaw; American Cancer Society; Missouri Association for Osteopathic Physicians and Surgeons; and Leukemia and Lymphoma Society.

OPPOSERS: There was no opposition voiced to the committee.

OTHERS: Others testifying on the bill discussed the cost implications for insurance companies should this bill pass. Testifying for informational purposes was David Smith, Anthem Blue Cross and Blue Shield.