GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2013

H 3

HOUSE BILL 609 Committee Substitute Favorable 4/24/13 Committee Substitute #2 Favorable 5/7/13

Short Title:	NC Cancer Treatment Fairness Act.	(Public)
Sponsors:		
Referred to:		

April 9, 2013

A BILL TO BE ENTITLED

AN ACT RELATING TO HEALTH BENEFIT PLAN COVERAGE FOR ORALLY
ADMINISTERED ANTICANCER DRUGS.

Whereas, advances in medical research have led to significant new developments of various medical treatments; and

Whereas, these treatments offer patients a wide range of new choices to combat very serious diseases; and

Whereas, the area of cancer treatment has been one of the fields that has seen these significant new medical advancements; and

Whereas, in recent years, oral chemotherapy treatments have been developed that provide viable alternatives to traditional intravenous cancer treatments for patients; and

Whereas, this oral chemotherapy treatment offers the treating physician and the patient a choice in relation to treatment options; and

Whereas, this choice is sometimes limited as the oral chemotherapy treatments are in most cases covered under the prescription drug benefit of an insurance plan rather than under the major medical insurance benefit of an insurance plan; and

Whereas, this discrepancy in coverage can limit a patient's ability to choose the oral chemotherapy treatment because of the cost associated with the disparate treatment; Now, therefore,

The General Assembly of North Carolina enacts:

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SECTION 1. Article 3 of Chapter 58 of the General Statutes is amended by adding a new section to read as follows:

"§ 58-3-282. Coverage for orally administered anticancer drugs.

- (a) Every health benefit plan offered by an insurer, as defined in G.S. 58-3-167(a), that provides coverage for prescribed, orally administered anticancer drugs that are used to kill or slow the growth of cancerous cells and that provides coverage for intravenously administered or injected anticancer drugs shall provide coverage for prescribed, orally administered anticancer drugs on a basis no less favorable than the coverage the policy, contract, or plan provides for the intravenously administered or injected anticancer drugs.
- (b) Coverage for orally administered anticancer drugs shall not be subject to any prior authorization, dollar limit, co-payment, coinsurance, or deductible provision or to any other out-of-pocket expense that does not apply to intravenously administered or injected anticancer drugs.
- (c) A policy, contract, or plan provider shall not achieve compliance with this section by reclassifying anticancer drugs or by increasing patient cost-sharing, including any



coinsurance, co-payment, deductible, or other out-of-pocket expenses imposed on anticancer drugs. Any policy, contract, or plan change that otherwise increases an out-of-pocket expense applied to anticancer drugs must also be applied to the majority of comparable medical or pharmaceutical benefits covered by the policy, contract, or plan."

SECTION 2. This act becomes effective January 1, 2015, and applies to insurance contracts or policies issued, renewed, or amended on or after that date, but the act shall not become effective if the act is determined by the federal government to create a state-required benefit that is in excess of the essential health benefits pursuant to 45 C.F.R. 155.170(a)(3).

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