

1 State of Arkansas
2 91st General Assembly
3 Regular Session, 2017

A Bill

HOUSE BILL 1592

4
5 By: Representatives Leding, Murdock, Jett, D. Ferguson, G. Hodges, Lundstrum, McCollum, Richey, D.
6 Whitaker, Vaught
7 By: Senators Standridge, Elliott, S. Flowers, Teague

For An Act To Be Entitled

10 AN ACT TO PROVIDE PARITY IN HEALTH BENEFIT PLAN
11 COVERAGE BETWEEN ORALLY ADMINISTERED ANTICANCER
12 MEDICATION AND INTRAVENOUSLY ADMINISTERED ANTICANCER
13 MEDICATION; AND FOR OTHER PURPOSES.

Subtitle

16 TO PROVIDE PARITY IN HEALTH BENEFIT PLAN
17 COVERAGE BETWEEN ORALLY ADMINISTERED
18 ANTICANCER MEDICATION AND INTRAVENOUSLY
19 ADMINISTERED ANTICANCER MEDICATION.

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

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25 SECTION 1. Arkansas Code Title 23, Chapter 79, Subchapter 1, is
26 amended to add an additional section to read as follows:

27 23-79-161. Payment for oral anticancer medications – Definitions.

28 (a) As used in this section:

29 (1) "Anticancer medication" means any drug or biologic that is
30 used to kill, slow, or prevent the growth of cancerous cells;

31 (2)(A) "Health benefit plan" means any group or blanket plan,
32 policy, or contract for healthcare services issued or delivered in this state
33 by healthcare insurers, including indemnity and managed care plans and the
34 plans providing health benefits to state and public school employees under §
35 21-5-401 et seq., but excluding individual major medical plans and plans
36 providing healthcare services under Arkansas Constitution, Article 5, § 32,



1 the Workers' Compensation Law, § 11-9-101 et seq., and the Public Employee
 2 Workers' Compensation Act, § 21-5-601 et seq.

3 (B) "Health benefit plan" does not include an accident-
 4 only, specified disease, hospital indemnity, Medicare supplement, long-term
 5 care, disability income, or other limited benefit health insurance policy;
 6 and

7 (3) "Healthcare insurer" means any insurance company, hospital
 8 and medical service corporation, or health maintenance organization issuing
 9 or delivering health benefit plans in this state and that is subject to any
 10 of the following laws:

11 (A) The insurance laws of this state;

12 (B) Section 23-75-101 et seq., pertaining to hospital and
 13 medical service corporations; and

14 (C) Section 23-76-101 et seq., pertaining to health
 15 maintenance organizations.

16 (b) After January 1, 2018, every health benefit plan that is
 17 delivered, issued, executed, or renewed in this state or approved for
 18 issuance or renewal in this state by the Insurance Commissioner that provides
 19 coverage for anticancer medications that are injected or intravenously
 20 administered by a healthcare provider or a patient shall not require a higher
 21 copayment, coinsurance, or deductible amount for orally administered
 22 anticancer medications than the health benefit plan requires for injected or
 23 intravenously administered anticancer medications regardless of the
 24 formulation or benefit category determination by the health benefit plan.

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

31 (2) A healthcare insurer is not in compliance with subdivision
 32 (c)(1) of this section if the healthcare insurer:

33 (A) Increases the copayment, coinsurance, or deductible
 34 amount or a combination of a copayment, coinsurance, or deductible amount
 35 required for injected or intravenously administered anticancer medications
 36 that are covered under a health benefit plan; or

1 (B) Reclassifies benefits with respect to anticancer
2 medications.

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

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

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