	TREATMENT MEDICATION AMENDMENTS
	2019 GENERAL SESSION
	STATE OF UTAH
	Chief Sponsor: Karen Mayne
	House Sponsor:
L	ONG TITLE
G	eneral Description:
	This bill amends provisions relating to health insurance coverage for cancer treatment.
Hi	ighlighted Provisions:
	This bill:
	 prohibits a health benefit plan from requiring step therapy for certain drugs used to
tre	eat stage-IV advanced metastatic cancer or associated conditions.
M	oney Appropriated in this Bill:
	None
Ot	ther Special Clauses:
	None
Ut	tah Code Sections Affected:
Al	MENDS:
	31A-22-641 , as enacted by Laws of Utah 2013, Chapter 164
Ве	e it enacted by the Legislature of the state of Utah:
	Section 1. Section 31A-22-641 is amended to read:
	31A-22-641. Cancer treatment parity Prohibition on step therapy for certain
ca	ncer treatment.
	(1) For purposes of this section:
	(a) "Cost sharing" means the enrollee's maximum out-of-pocket costs as defined by the



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- (b) "Health insurer" is as defined in Subsection 31A-22-634(1).
- (c) "Intravenously administered chemotherapy" means a physician-prescribed cancer treatment that is used to kill or slow the growth of cancer cells, that is administered through injection directly into the patient's circulatory system by a physician, physician assistant, nurse practitioner, nurse, or other medical personnel under the supervision of a physician, and in a hospital, medical office, or other clinical setting.
- (d) "Oral chemotherapy" means a United States Food and Drug
 Administration-approved, physician-prescribed cancer treatment that is used to kill or slow the
 growth of cancer cells, that is taken orally in the form of a tablet or capsule, and may be
 administered in a hospital, medical office, or other clinical setting or may be delivered to the
 patient for self-administration under the direction or supervision of a physician outside of a
 hospital, medical office, or other clinical setting.
- (2) (a) This [section] Subsection (2) applies to health benefit plans renewed or entered into on or after October 1, 2013.
- [(3)] (b) A health benefit plan that covers prescribed oral chemotherapy and intravenously administered chemotherapy shall:
- [(a)] (i) except as provided in Subsection [(3)(b)] (2)(b)(ii), ensure that the cost sharing applied to the covered oral chemotherapy is no more restrictive than the cost sharing applied to the covered intravenously administered chemotherapy; or
- [(b)] (ii) if the cost sharing for oral chemotherapy is more restrictive than the cost sharing for intravenous chemotherapy, the health benefit plan may not apply cost sharing for the oral chemotherapy that exceeds \$300 per filled prescription.
- $[\frac{(4)(a)}{(c)(i)}]$ A health insurer shall not increase the cost sharing for intravenously administered chemotherapy for the purpose of achieving compliance with this section.
- [(b)] (ii) The commissioner may adopt administrative rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to enforce the provisions of this section.
- (3) (a) This Subsection (3) applies to a health benefit plan entered into or renewed on or after January 1, 2020.
- (b) A health benefit plan may not make coverage of a prescription drug dependent on the completion of a fail-first or other step therapy protocol if use of the prescription drug is:

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59	(i) approved by the United States Food and Drug Administration;
60	(ii) indicated for treatment of stage-IV advanced metastatic cancer by:
61	(A) the United States Food and Drug Administration; or
62	(B) the National Comprehensive Cancer Network Drugs and Biologics Compendium;
63	(iii) for treatment of the enrollee's stage-IV advanced metastatic cancer or an associated
64	condition; and
65	(iv) supported by peer-reviewed medical literature.