

Stricken language would be deleted from and underlined language would be added to present law.
Act 543 of the Regular Session

State of Arkansas
91st General Assembly
Regular Session, 2017

As Engrossed: H3/2/17
A Bill

HOUSE BILL 1592

By: Representatives Leding, Murdock, Jett, D. Ferguson, G. Hodges, Lundstrum, McCollum, Richey, D. Whitaker, Vaught

By: Senators Standridge, Elliott, S. Flowers, Teague

For An Act To Be Entitled

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

Subtitle

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

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

SECTION 1. Effective January 1, 2018, Arkansas Code Title 23, Chapter 79, Subchapter 1, is amended to add an additional section to read as follows:

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

(a) As used in this section:

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

(2)(A) "Health benefit plan" means any group or blanket plan, policy, or contract for healthcare services issued, renewed, or extended in this state and outside this state for an enrollee or certificate holder who is a resident of this state by healthcare insurers, including indemnity and managed care plans and the plans providing health benefits to state and public school employees under § 21-5-401 et seq., but excluding individual



major medical plans and plans providing healthcare services under Arkansas Constitution, Article 5, § 32, the Workers' Compensation Law, § 11-9-101 et seq., and the Public Employee Workers' Compensation Act, § 21-5-601 et seq.

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

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

(A) The insurance laws of this state;

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

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

(b) Every health benefit plan that is issued, renewed, or extended in this state and every group health benefit plan that is issued, renewed, or extended outside this state, for an enrollee or certificate holder who is a resident of this state that provide coverage for anticancer medications that are injected or intravenously administered by a healthcare provider or a patient shall not require a higher copayment, coinsurance, or deductible amount for orally administered anticancer medications than the health benefit plan requires for injected or intravenously administered anticancer medications regardless of the formulation or benefit category determination by the health benefit plan.

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

(2) A healthcare insurer shall not reclassify benefits with respect to cancer treatment medications or increase a copayment, deductible, or coinsurance amount for covered cancer treatment medications that are injected or intravenously administered unless:

(A) The increase is applied generally to other medical or pharmaceutical benefits covered under the plan and is not done to circumvent subdivision (c)(1) of this section;

(B) The reclassification of benefits with respect to cancer treatment medications is done in a manner that is consistent with this section; or

(C) A healthcare insurer is applying cost-sharing increases consistent with the annual increases in the cost of health care.

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

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

/s/Leding

APPROVED: 03/21/2017