

**Second Regular Session
Sixty-seventh General Assembly
STATE OF COLORADO**

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 10-0417.01 Kristen Forrestal

HOUSE BILL 10-1202

HOUSE SPONSORSHIP

Primavera and McNulty, Pace, Gerou, Summers, Benefield, Casso, Court, Ferrandino, Fischer, Frangas, Gagliardi, Hullinghorst, Kagan, Kefalas, Levy, Looper, Merrifield, Miklosi, Peniston, Pommer, Solano, Soper, Todd, Tyler, Vigil, Weissmann

SENATE SPONSORSHIP

Tochtrop, Penry, Heath, Hudak, Newell

House Committees

Business Affairs and Labor

Senate Committees

Health and Human Services

A BILL FOR AN ACT

101 **CONCERNING HEALTH BENEFIT COVERAGE FOR CHEMOTHERAPY**
102 **TREATMENT.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://www.leg.state.co.us/billsummaries>.)

The bill requires a health benefit plan that covers cancer chemotherapy treatment to provide coverage for prescribed, orally administered anticancer medication at a cost to the patient at the same copayment percentage or relative coinsurance amount as is applied to the cost of other cancer medications.

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
*Capital letters indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.*

HOUSE
Amended 3rd Reading
February 8, 2010

HOUSE
Amended 2nd Reading
February 5, 2010

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1. Legislative declaration.** The general assembly
3 finds that for cancer patients in the United States, there is an inequity in
4 how much they have to pay toward the cost of an oral medication and
5 how much they have to pay for an intravenous product that is
6 administered in a physician's office or clinic. The general assembly
7 further finds that when these inequities exist, patients' access to medically
8 necessary, appropriate treatment is often unfairly restricted. The general
9 assembly also acknowledges that oral chemotherapy is the only treatment
10 for some types of cancer where there is no intravenous alternative.
11 Therefore, the general assembly declares that in order to reduce the
12 out-of-pocket costs for cancer patients whose diagnosis requires treatment
13 through orally administered anticancer medication, the cost-sharing
14 responsibilities for these patients shall be equitable to those of patients
15 receiving intravenously administered anticancer medication.

16 **SECTION 2.** 10-16-104, Colorado Revised Statutes, is amended
17 BY THE ADDITION OF A NEW SUBSECTION to read:

18 **10-16-104. Mandatory coverage provisions - definitions.**
19 (21) **Oral anticancer medication.** (a) ANY HEALTH BENEFIT PLAN THAT
20 PROVIDES COVERAGE FOR CANCER CHEMOTHERAPY TREATMENT SHALL
21 PROVIDE COVERAGE FOR PRESCRIBED, ORALLY ADMINISTERED
22 ANTICANCER MEDICATION THAT HAS BEEN APPROVED BY THE FEDERAL
23 FOOD AND DRUG ADMINISTRATION AND IS USED TO KILL OR SLOW THE
24 GROWTH OF CANCEROUS CELLS. THE ORALLY ADMINISTERED MEDICATION
25 SHALL BE PROVIDED AT A COST TO THE COVERED PERSON **NOT TO EXCEED**
26 **THE COINSURANCE** PERCENTAGE OR **THE COPAYMENT** AMOUNT AS IS

1 APPLIED TO AN INTRAVENOUSLY ADMINISTERED OR AN INJECTED CANCER
2 MEDICATION PRESCRIBED FOR THE SAME PURPOSE. A MEDICATION
3 PROVIDED PURSUANT TO THIS SUBSECTION (21) SHALL BE PRESCRIBED
4 ONLY UPON A FINDING THAT IT IS MEDICALLY NECESSARY BY THE
5 TREATING PHYSICIAN FOR THE PURPOSE OF KILLING OR SLOWING THE
6 GROWTH OF CANCEROUS CELLS IN A MANNER THAT IS IN ACCORDANCE
7 WITH NATIONALLY ACCEPTED STANDARDS OF MEDICAL PRACTICE,
8 CLINICALLY APPROPRIATE IN TERMS OF TYPE, FREQUENCY, EXTENT SITE,
9 AND DURATION, AND NOT PRIMARILY FOR THE CONVENIENCE OF THE
10 PATIENT, PHYSICIAN, OR OTHER HEALTH CARE PROVIDER. THIS
11 SUBSECTION (21) DOES NOT REQUIRE THE USE OF ORALLY ADMINISTERED
12 MEDICATIONS AS A REPLACEMENT FOR OTHER CANCER MEDICATIONS.
13 NOTHING IN THIS SUBSECTION (21) PROHIBITS COVERAGE FOR ORAL
14 GENERIC MEDICATIONS IN A HEALTH BENEFIT PLAN. NOTHING IN THIS
15 SUBSECTION (21) PROHIBITS A CARRIER FROM APPLYING AN APPROPRIATE
16 FORMULARY OR OTHER CLINICAL MANAGEMENT TO ANY MEDICATION
17 DESCRIBED IN THIS SUBSECTION (21). FOR THE PURPOSES OF THIS
18 SUBSECTION (21), THE TREATING PHYSICIAN FOR A PATIENT COVERED
19 UNDER A HEALTH MAINTENANCE ORGANIZATION'S HEALTH BENEFIT PLAN
20 SHALL BE A PHYSICIAN WHO IS DESIGNATED BY AND AFFILIATED WITH THE
21 HEALTH MAINTENANCE ORGANIZATION.

22 (b) A CARRIER SHALL NOT ACHIEVE COMPLIANCE WITH THIS
23 SUBSECTION (21) BY IMPOSING AN INCREASE IN PATIENT OUT-OF-POCKET
24 COSTS WITH RESPECT TO ANTI-CANCER MEDICATIONS USED TO KILL OR
25 SLOW THE GROWTH OF CANCEROUS CELLS COVERED UNDER A POLICY
26 BEYOND THE MODIFICATIONS PERMITTED PURSUANT TO SECTION
27 10-16-201.5 (8).

1 **SECTION 3. Specified effective date - applicability.** This act
2 shall take effect January 1, 2011 and shall apply to policies issued or
3 renewed on or after the effective date of this act.

4 **SECTION 4. Safety clause.** The general assembly hereby finds,
5 determines, and declares that this act is necessary for the immediate
6 preservation of the public peace, health, and safety.