	I REATIVIENT IVIEDICATION AIVIENDIVIENTS
	2020 GENERAL SESSION
	STATE OF UTAH
	Chief Sponsor: Karen Mayne
	House Sponsor:
]	LONG TITLE
(General Description:
	This bill amends provisions relating to health insurance coverage for cancer treatment.
]	Highlighted Provisions:
	This bill:
	 prohibits a health benefit plan from requiring step therapy for certain drugs used to
1	treat stage-IV advanced metastatic cancer or associated conditions.
]	Money Appropriated in this Bill:
	None
(Other Special Clauses:
	None
1	Utah Code Sections Affected:
4	AMENDS:
	31A-22-641, as enacted by Laws of Utah 2013, Chapter 164
1	Be 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
•	cancer treatment.
	(1) For purposes of this section:
	(a) "Cost sharing" means the enrollee's maximum out-of-pocket costs as defined by the



28	health benefit plan.
29	(b) "Health insurer" [is as] means insurer as that term is defined in [Subsection]
30	<u>Section</u> 31A-22-634[(1)].
31	(c) "Intravenously administered chemotherapy" means a physician-prescribed cancer
32	treatment that is used to kill or slow the growth of cancer cells, that is administered through
33	injection directly into the patient's circulatory system by a physician, physician assistant, nurse
34	practitioner, nurse, or other medical personnel under the supervision of a physician, and in a
35	hospital, medical office, or other clinical setting.
36	(d) "Oral chemotherapy" means a United States Food and Drug
37	Administration-approved, physician-prescribed cancer treatment that is used to kill or slow the
38	growth of cancer cells, that is taken orally in the form of a tablet or capsule, and may be
39	administered in a hospital, medical office, or other clinical setting or may be delivered to the
40	patient for self-administration under the direction or supervision of a physician outside of a
41	hospital, medical office, or other clinical setting.
42	(e) "Qualified prescription drug" means a prescription drug that is:
43	(i) on the health benefit plan's formulary;
44	(ii) approved by the United States Food and Drug Administration;
45	(iii) indicated for treatment of stage-IV advanced metastatic cancer by:
46	(A) the United States Food and Drug Administration; or
47	(B) the National Comprehensive Cancer Network Drugs and Biologics Compendium;
48	(iv) for treatment of the enrollee's stage-IV advanced metastatic cancer; and
49	(v) supported by peer-reviewed medical literature.
50	(2) (a) This [section] Subsection (2) applies to health benefit plans renewed or entered
51	into on or after October 1, 2013.
52	[(3)] (b) A health benefit plan that covers prescribed oral chemotherapy and
53	intravenously administered chemotherapy shall:
54	$[\frac{a}{2}]$ (i) except as provided in Subsection $[\frac{a}{2}]$ (2)(b)(ii), ensure that the cost sharing
55	applied to the covered oral chemotherapy is no more restrictive than the cost sharing applied to
56	the covered intravenously administered chemotherapy; or
57	[(b)] (ii) if the cost sharing for oral chemotherapy is more restrictive than the cost
58	sharing for intravenous chemotherapy, the health benefit plan may not apply cost sharing for

78

59	the oral chemotherapy that exceeds \$300 per filled prescription.
60	[(4) (a)] (c) (i) A health insurer [shall] may not increase the cost sharing for
61	intravenously administered chemotherapy for the purpose of achieving compliance with this
62	section.
63	[(b)] (ii) The commissioner may adopt administrative rules in accordance with Title
64	63G, Chapter 3, Utah Administrative Rulemaking Act, to enforce the provisions of this section.
65	(3) (a) This Subsection (3) applies to a health benefit plan entered into or renewed on
66	or after January 1, 2021.
67	(b) A health benefit plan may not make coverage of a qualified prescription drug
68	dependent on more than two steps in a step therapy protocol.
69	(c) Notwithstanding Subsection (3)(b), a health benefit plan may not make coverage a
70	qualified prescription drug dependent on any step therapy protocol if the qualified prescription
71	drug is the only prescription drug on the health benefit plan's formulary that is approved by the
72	United States Food and Drug Administration as treatment for stage-IV advanced metastatic
73	cancer.
74	(d) This Subsection (3) does not:
75	(i) require coverage of a prescription drug that is not on the health benefit plan's
76	formulary; or
77	(ii) prohibit a health benefit plan from requiring the use of a biosimilar product before
78	the biologic originator.