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AN ACT

RELATING TO HEALTH INSURANCE; ENACTING NEW SECTIONS OF THE HEALTH CARE PURCHASING ACT, THE HEALTH MAINTENANCE ORGANIZATION LAW AND THE NEW MEXICO INSURANCE CODE TO REQUIRE COVERAGE AND LIMIT PATIENT COSTS FOR ORALLY ADMINISTERED ANTICANCER MEDICATIONS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. A new section of the Health Care Purchasing Act is enacted to read:

"COVERAGE FOR ORALLY ADMINISTERED ANTICANCER MEDICATIONS--LIMITS ON PATIENT COSTS.--

A. Group health coverage, including any form of self-insurance, offered, issued or renewed under the Health Care Purchasing Act that provides coverage for cancer treatment shall provide coverage for a prescribed, orally administered anticancer medication that is used to kill or slow the growth of cancerous cells on a basis no less favorable than intravenously administered or injected cancer medications that are covered as medical benefits by the plan.

B. A group health plan shall not increase patient cost-sharing for anticancer medications in order to achieve compliance with the provisions of this section.

C. Coverage of orally administered anticancer medication shall not be subject to any prior authorization,

1 dollar limit, copayment, deductible or coinsurance provision
2 that does not apply to intravenously administered or injected
3 anticancer medication used to kill or slow the growth of
4 cancerous cells."

5 SECTION 2. A new section of Chapter 59A, Article 22
6 NMSA 1978 is enacted to read:

7 "COVERAGE FOR ORALLY ADMINISTERED ANTICANCER
8 MEDICATIONS--LIMITS ON PATIENT COSTS.--

9 A. An individual or group health insurance policy,
10 health care plan or certificate of health insurance that is
11 delivered, issued for delivery or renewed in this state and
12 that provides coverage for cancer treatment shall provide
13 coverage for a prescribed, orally administered anticancer
14 medication that is used to kill or slow the growth of
15 cancerous cells on a basis no less favorable than
16 intravenously administered or injected cancer medications
17 that are covered as medical benefits by the plan.

18 B. An insurer shall not increase patient
19 cost-sharing for anticancer medications in order to achieve
20 compliance with the provisions of this section.

21 C. Coverage of orally administered anticancer
22 medication shall not be subject to any prior authorization,
23 dollar limit, copayment, deductible or coinsurance provision
24 that does not apply to intravenously administered or injected
25 anticancer medication used to kill or slow the growth of

1 cancerous cells.

2 D. As used in this section, "insurer" or "health
3 plan":

4 (1) means:

5 (a) a health insurer;

6 (b) a nonprofit health service
7 provider;

8 (c) a health maintenance organization;

9 (d) a managed care organization; or

10 (e) a provider service organization;
11 and

12 (2) does not include individual policies
13 intended to supplement major medical group-type coverages
14 such as medicare supplement, long-term care, disability
15 income, specified disease, accident-only, hospital indemnity
16 or other limited-benefit health insurance policies."

17 SECTION 3. A new section of Chapter 59A, Article 23
18 NMSA 1978 is enacted to read:

19 "COVERAGE FOR ORALLY ADMINISTERED ANTICANCER
20 MEDICATIONS--LIMITS ON PATIENT COSTS.--

21 A. A blanket or group health insurance policy or
22 contract that is delivered, issued for delivery or renewed in
23 this state and that provides coverage for cancer treatment
24 shall provide coverage for a prescribed, orally administered
25 anticancer medication that is used to kill or slow the growth

1 of cancerous cells on a basis no less favorable than
2 intravenously administered or injected cancer medications
3 that are covered as medical benefits by the plan.

4 B. An insurer shall not increase patient
5 cost-sharing for anticancer medications in order to achieve
6 compliance with the provisions of this section.

7 C. Coverage of orally administered anticancer
8 medication shall not be subject to any prior authorization,
9 dollar limit, copayment, deductible or coinsurance provision
10 that does not apply to intravenously administered or injected
11 anticancer medication used to kill or slow the growth of
12 cancerous cells.

13 D. As used in this section, "insurer" or "blanket
14 or group health insurance plan":

15 (1) means:

16 (a) a health insurer;

17 (b) a nonprofit health service
18 provider;

19 (c) a health maintenance organization;

20 (d) a managed care organization; or

21 (e) a provider service organization;

22 and

23 (2) does not include blanket or large group
24 policies intended to supplement major medical group-type
25 coverages such as medicare supplement, long-term care,

1 disability income, specified disease, accident-only, hospital
2 indemnity or other limited-benefit health insurance
3 policies."

4 SECTION 4. A new section of the Health Maintenance
5 Organization Law is enacted to read:

6 "COVERAGE FOR ORALLY ADMINISTERED ANTICANCER
7 MEDICATIONS--LIMITS ON PATIENT COSTS.--

8 A. An individual or group health maintenance
9 organization contract that is delivered, issued for delivery
10 or renewed in this state and that provides coverage for
11 cancer treatment shall provide coverage for a prescribed,
12 orally administered anticancer medication that is used to
13 kill or slow the growth of cancerous cells on a basis no less
14 favorable than intravenously administered or injected cancer
15 medications that are covered as medical benefits by the plan.

16 B. A health maintenance organization shall not
17 increase patient cost-sharing for anticancer medications in
18 order to achieve compliance with the provisions of this
19 section.

20 C. Coverage of orally administered anticancer
21 medication shall not be subject to any prior authorization,
22 dollar limit, copayment, deductible or coinsurance provision
23 that does not apply to intravenously administered or injected
24 anticancer medication used to kill or slow the growth of
25 cancerous cells.

1 D. As used in this section, "health maintenance
2 organization contract":

3 (1) means:

4 (a) a health maintenance organization;
5 or

6 (b) a managed care organization; and

7 (2) does not include individual policies
8 intended to supplement major medical group-type coverages
9 such as medicare supplement, long-term care, disability
10 income, specified disease, accident-only, hospital indemnity
11 or other limited-benefit health insurance policies."

12 SECTION 5. A new section of Chapter 59A, Article 47
13 NMSA 1978 is enacted to read:

14 "COVERAGE FOR ORALLY ADMINISTERED ANTICANCER
15 MEDICATIONS--LIMITS ON PATIENT COSTS.--

16 A. An individual or group health insurance policy,
17 health care plan or certificate of health insurance that is
18 delivered, issued for delivery or renewed in this state and
19 that provides coverage for cancer treatment shall provide
20 coverage for a prescribed, orally administered anticancer
21 medication that is used to kill or slow the growth of
22 cancerous cells on a basis no less favorable than
23 intravenously administered or injected cancer medications
24 that are covered as medical benefits by the plan.

25 B. A nonprofit health care plan shall not increase SPAC/SB 385
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1 patient cost-sharing for anticancer medications in order to
2 achieve compliance with the provisions of this section.

3 C. Coverage of orally administered anticancer
4 medication shall not be subject to any prior authorization,
5 dollar limit, copayment, deductible or coinsurance provision
6 that does not apply to intravenously administered or injected
7 anticancer medication used to kill or slow the growth of
8 cancerous cells.

9 D. As used in this section, "nonprofit health care
10 plan":

11 (1) means:

12 (a) a nonprofit health insurer;

13 (b) a nonprofit health service
14 provider;

15 (c) a nonprofit health maintenance
16 organization;

17 (d) a nonprofit managed care
18 organization; or

19 (e) a nonprofit provider service
20 organization; and

21 (2) does not include individual policies
22 intended to supplement major medical group-type coverages
23 such as medicare supplement, long-term care, disability
24 income, specified disease, accident-only, hospital indemnity
25 or other limited-benefit health insurance policies."

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SECTION 6. APPLICABILITY.--The provisions of this act apply to insurance policies that provide coverage for cancer treatment and that are delivered, issued for delivery, amended, renewed or continued in this state on or after January 1, 2012.

SECTION 7. EFFECTIVE DATE.--The effective date of the provisions of this act is June 17, 2011. _____