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

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

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

A. An individual or group health insurance policy, health care plan or certificate of health insurance that is delivered, issued for delivery or renewed in this state and 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. An insurer 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, dollar limit, copayment, deductible or coinsurance provision that does not apply to intravenously administered or injected anticancer medication used to kill or slow the growth of
cancerous cells.

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

(1) means:

(a) a health insurer;
(b) a nonprofit health service provider;
(c) a health maintenance organization;
(d) a managed care organization; or
(e) a provider service organization;

and

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

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

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

A. A blanket or group health insurance policy or contract that is delivered, issued for delivery or renewed in this state and 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. An insurer 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,
dollar limit, copayment, deductible or coinsurance provision
that does not apply to intravenously administered or injected
anticancer medication used to kill or slow the growth of
cancerous cells.

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

       (1) means:

       (a) a health insurer;
           (b) a nonprofit health service
           provider;

       (c) a health maintenance organization;
           (d) a managed care organization; or
           (e) a provider service organization;

       and

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

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

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

A. An individual or group health maintenance
organization contract that is delivered, issued for delivery
or renewed in this state and 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 health maintenance organization 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,
dollar limit, copayment, deductible or coinsurance provision
that does not apply to intravenously administered or injected
anticancer medication used to kill or slow the growth of
cancerous cells.
D. As used in this section, "health maintenance organization contract":

(1) means:

(a) a health maintenance organization;

or

(b) a managed care organization; and

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

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

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

A. An individual or group health insurance policy, health care plan or certificate of health insurance that is delivered, issued for delivery or renewed in this state and 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 nonprofit health care 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, dollar limit, copayment, deductible or coinsurance provision that does not apply to intravenously administered or injected anticancer medication used to kill or slow the growth of cancerous cells.

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

(1) means:

(a) a nonprofit health insurer;

(b) a nonprofit health service provider;

(c) a nonprofit health maintenance organization;

(d) a nonprofit managed care organization; or

(e) a nonprofit provider service organization; and

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