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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.