

# FINAL BILL REPORT

## EHB 1517

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Synopsis as Enacted

**Brief Description:** Requiring comparable coverage for patients who require orally administered anticancer medication.

**Sponsors:** Representatives Jinkins, Hinkle, Green, Harris and Stanford.

**House Committee on Health Care & Wellness**  
**Senate Committee on Health & Long-Term Care**

#### **Background:**

##### Oral Chemotherapy Medications.

Chemotherapy is a type of cancer treatment involving drugs that target rapidly dividing cells. Most chemotherapy is delivered via parenteral routes. However, some chemotherapy drugs, such as Melphalan and Busulfan, can be delivered orally. Some oral chemotherapy drugs are capable of targeting cancerous cells, leaving healthy cells unharmed. Others are biologic agents or hormones. Some oral chemotherapy medications are the standard of care for certain cancer types and do not have parenteral alternatives.

##### Mandated Benefit Sunrise Review.

In December 2010 the Department of Health (DOH) completed a sunrise review of mandated coverage for oral chemotherapy drugs. The DOH concluded that the proposal is in the best interest of the public and the benefits outweigh the costs. However, the DOH also concluded that there may be some unintended consequences associated with the proposal, such as less favorable coverage for parenteral chemotherapy drugs and lack of coverage for biologic agents.

#### **Summary:**

Beginning January 1, 2012, health plans (including health plans offered to public employees and their dependents) that provide coverage for chemotherapy must provide coverage for prescribed, self-administered anticancer medication that is used to kill or slow the growth of cancerous cells on a basis at least comparable to chemotherapy medications administered by a health care provider or facility. This does not prohibit a health plan from administering a formulary or preferred drug list, requiring prior authorization, or imposing other appropriate utilization controls in approving coverage for any chemotherapy. Each health plan offering

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individual or small group products must report its cost experience to the Legislature by November 1, 2013.

**Votes on Final Passage:**

House	80	17	
Senate	43	2	(Senate amended)
House	79	17	(House concurred)

**Effective:** July 22, 2011