

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2013

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HOUSE BILL 609  
Committee Substitute Favorable 4/24/13  
Committee Substitute #2 Favorable 5/7/13  
Fourth Edition Engrossed 5/9/13

Short Title: NC Cancer Treatment Fairness Act.

(Public)

Sponsors:

Referred to:

April 9, 2013

1 A BILL TO BE ENTITLED  
2 AN ACT RELATING TO HEALTH BENEFIT PLAN COVERAGE FOR ORALLY  
3 ADMINISTERED ANTICANCER DRUGS.

4 Whereas, advances in medical research have led to significant new developments of  
5 various medical treatments; and

6 Whereas, these treatments offer patients a wide range of new choices to combat very  
7 serious diseases; and

8 Whereas, the area of cancer treatment has been one of the fields that has seen these  
9 significant new medical advancements; and

10 Whereas, in recent years, oral chemotherapy treatments have been developed that  
11 provide viable alternatives to traditional intravenous cancer treatments for patients; and

12 Whereas, this oral chemotherapy treatment offers the treating physician and the  
13 patient a choice in relation to treatment options; and

14 Whereas, this choice is sometimes limited as the oral chemotherapy treatments are  
15 in most cases covered under the prescription drug benefit of an insurance plan rather than under  
16 the major medical insurance benefit of an insurance plan; and

17 Whereas, this discrepancy in coverage can limit a patient's ability to choose the oral  
18 chemotherapy treatment because of the cost associated with the disparate treatment; Now,  
19 therefore,

20 The General Assembly of North Carolina enacts:

21 **SECTION 1.** Article 3 of Chapter 58 of the General Statutes is amended by adding  
22 a new section to read as follows:

23 **"§ 58-3-282. Coverage for orally administered anticancer drugs.**

24 (a) Every health benefit plan offered by an insurer, as defined in G.S. 58-3-167(a), that  
25 provides coverage for prescribed, orally administered anticancer drugs that are used to kill or  
26 slow the growth of cancerous cells and that provides coverage for intravenously administered  
27 or injected anticancer drugs shall provide coverage for prescribed, orally administered  
28 anticancer drugs on a basis no less favorable than the coverage the policy, contract, or plan  
29 provides for the intravenously administered or injected anticancer drugs.

30 (b) Coverage for orally administered anticancer drugs shall not be subject to any prior  
31 authorization, dollar limit, co-payment, coinsurance, or deductible provision or to any other  
32 out-of-pocket expense that does not apply to intravenously administered or injected anticancer  
33 drugs.



1       (c) A policy, contract, or plan provider shall not achieve compliance with this section  
2 by reclassifying anticancer drugs or by increasing patient cost-sharing, including any  
3 coinsurance, co-payment, deductible, or other out-of-pocket expenses imposed on anticancer  
4 drugs. Any policy, contract, or plan change that otherwise increases an out-of-pocket expense  
5 applied to anticancer drugs must also be applied to the majority of comparable medical or  
6 pharmaceutical benefits covered by the policy, contract, or plan.

7       (d) An insurer that limits the total amount paid by a covered person through all  
8 in-network, cost-sharing requirements to no more than three hundred dollars (\$300.00) per  
9 filled prescription for any orally administered anticancer drug shall be considered in  
10 compliance with this section. For purposes of this subsection, "cost-sharing requirements" shall  
11 include co-payments, coinsurance, and deductibles, except in regard to a high deductible health  
12 plan or policy that is qualified to be used in conjunction with a health savings account, a  
13 medical savings account, or other similar program authorized by 26 U.S.C. § 220, et seq."

14       **SECTION 2.** This act becomes effective January 1, 2015, and applies to insurance  
15 contracts or policies issued, renewed, or amended on or after that date, but the act shall not  
16 become effective if the act is determined by the federal government to create a state-required  
17 benefit that is in excess of the essential health benefits pursuant to 45 C.F.R. 155.170(a)(3).