

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2017

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HOUSE BILL 206

Short Title: NC Cancer Treatment Fairness. (Public)

Sponsors: Representatives Lewis, Jackson, Lambeth, and McElraft (Primary Sponsors).  
*For a complete list of sponsors, refer to the North Carolina General Assembly web site.*

Referred to: Health

March 1, 2017

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 patient  
13 a choice in relation to treatment options; and

14 Whereas, this choice is sometimes limited as the oral chemotherapy treatments are in  
15 most cases covered under the prescription drug benefit of an insurance plan rather than under the  
16 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 a  
22 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 slow  
26 the growth of cancerous cells and that provides coverage for intravenously administered or  
27 injected anticancer drugs shall provide coverage for prescribed, orally administered anticancer  
28 drugs on a basis no less favorable than the coverage the policy, contract, or plan provides for the  
29 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.

34 (c) A policy, contract, or plan provider shall not achieve compliance with this section by  
35 reclassifying anticancer drugs or by increasing patient cost-sharing, including any coinsurance,



1 co-payment, deductible, or other out-of-pocket expenses imposed on anticancer drugs. Any policy,  
2 contract, or plan change that otherwise increases an out-of-pocket expense applied to anticancer  
3 drugs must also be applied to the majority of comparable medical or pharmaceutical benefits  
4 covered by the policy, contract, or plan."

5         **SECTION 2.** This act becomes effective January 1, 2018, and applies to insurance  
6 contracts or policies issued, renewed, or amended on or after that date, but this act shall not  
7 become effective if this act is determined by the federal government to create a state-required  
8 benefit that is in excess of the essential health benefits pursuant to 45 C.F.R. § 155.170(a)(3).