

114TH CONGRESS
1ST SESSION

H. R. 2739

To amend the Public Health Service Act to require group and individual health insurance coverage and group health plans to provide for coverage of oral anticancer drugs on terms no less favorable than the coverage provided for anticancer medications administered by a health care provider.

IN THE HOUSE OF REPRESENTATIVES

JUNE 11, 2015

Mr. LANCE (for himself, Mr. HIGGINS, Mr. FITZPATRICK, Mr. SMITH of New Jersey, Ms. CLARK of Massachusetts, Ms. SCHAKOWSKY, Mr. YARMUTH, Mr. HASTINGS, Mr. ISRAEL, Mr. DENT, Mr. KING of New York, and Mr. SENSENBRENNER) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to require group and individual health insurance coverage and group health plans to provide for coverage of oral anticancer drugs on terms no less favorable than the coverage provided for anticancer medications administered by a health care provider.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Cancer Drug Coverage
3 Parity Act of 2015”.

4 **SEC. 2. PARITY IN COVERAGE FOR ORAL ANTICANCER**
5 **DRUGS.**

6 (a) REQUIREMENT.—

7 (1) IN GENERAL.—Section 2719A of the Public
8 Health Service Act (42 U.S.C. 300gg–19a) is
9 amended by adding at the end the following new
10 subsection:

11 “(e) PARITY IN COVERAGE FOR ORAL ANTICANCER
12 DRUGS.—

13 “(1) IN GENERAL.—Subject to paragraph (2), a
14 group health plan, and a health insurance issuer of-
15 fering group or individual health insurance coverage,
16 that provides benefits with respect to anticancer
17 medications administered by a health care provider
18 shall provide for coverage for prescribed, patient-ad-
19 ministered anticancer medications that are used to
20 kill, slow, or prevent the growth of cancerous cells
21 and that have been approved by the Food and Drug
22 Administration that is—

23 “(A) no less favorable than the coverage
24 for anticancer medications that is intravenously
25 administered or injected by a health care pro-
26 vider; and

1 “(B) not subject to any prior authoriza-
2 tion, step therapy, dollar or durational limit, co-
3 payment, deductible or coinsurance that does
4 not apply to such provider-administered
5 anticancer medications.

6 “(2) LIMITATION.—Paragraph (1) shall only
7 apply to an anticancer medication that is prescribed
8 based on a finding by the treating physician that the
9 medication—

10 “(A) is medically necessary for the purpose
11 of killing, slowing, or preventing the growth of
12 cancerous cells; or

13 “(B) is clinically appropriate in terms of
14 type, frequency, extent site, and duration.

15 “(3) RESTRICTION ON CERTAIN CHANGES.—A
16 group health plan or health insurance issuer may
17 not, in order to comply with the requirement of
18 paragraph (1), make changes to benefits or replace
19 existing benefits with new benefits under the plan or
20 health insurance coverage designed to have the effect
21 of—

22 “(A) imposing an increase in out-of-pocket
23 costs with respect to anticancer medications;

1 “(B) reclassifying benefits with respect to
2 anticancer medications in a way that would in-
3 crease such costs; or

4 “(C) applying more restrictive limitations
5 on prescribed orally administered anticancer
6 medications than on intravenously administered
7 or injected anticancer medications.

8 “(4) CONSTRUCTION.—Nothing in this sub-
9 section shall be construed—

10 “(A) to require the use of orally adminis-
11 tered anticancer medications as a replacement
12 for other anticancer medications;

13 “(B) to prohibit a group health plan or
14 health insurance issuer from requiring prior au-
15 thorization or imposing other appropriate utili-
16 zation controls in approving coverage for any
17 chemotherapy; or

18 “(C) to supersede a State law that pro-
19 vides greater protections with respect to the
20 coverage with respect to orally administered
21 anticancer medications than is provided under
22 this subsection.”.

23 (2) CONFORMING AMENDMENT.—Section
24 2724(c) of the Public Health Service Act (42 U.S.C.

1 300gg–23(c)) is amended by striking “section 2704”
2 and inserting “sections 2719A, 2725, and 2726”.

3 (b) CLARIFYING AMENDMENT REGARDING APPLICA-
4 TION TO GRANDFATHERED PLANS.—Section
5 1251(a)(4)(A) of the Patient Protection and Affordable
6 Care Act (42 U.S.C. 18011(a)(4)(A)) is amended by add-
7 ing at the end the following new clause:

8 “(v) Section 2719A(e).”.

9 (c) EFFECTIVE DATE.—The amendments made by
10 this section shall apply with respect to group health plans
11 for plan years beginning on or after January 1, 2016, and
12 with respect to health insurance coverage offered, sold,
13 issued, renewed, in effect, or operated in the individual
14 or group market on or after such date.

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