



Coalition to Improve Access to Cancer Care

A Snapshot of Impact of Providing Cancer Patients Affordable Access to Oral Cancer Treatments

STATE	YEAR PARITY LAW ENACTED OR PENDING LEGISLATION	REVIEWED AS MANDATE & FOR FISCAL IMPACT BY POLICYMAKERS	OUTCOME OF REVIEW
California	January 1, 2015	Analysis conducted by California Health Benefits Review Program.	Analysis found a negligible increase in premiums of .00144%.
Colorado	January 1, 2011	An official study was not conducted by the Division of Insurance (DOI), but DOI did respond to an inquiry from a Tennessee legislator, regarding premium increases since enactment of parity law.	In response to the TN legislator, CO Comm. of Insurance stated, "Because of the extent of changes to state and federal law, affecting health insurance premiums and cost sharing, we cannot attribute any change due to this specific provision."
Connecticut	January 1, 2011	Official study not conducted by the CT Insurance Department, but department did respond to an inquiry from a TN legislator, regarding premium increases since enactment of parity law.	In response to the TN legislator, CT Insurance Department Counsel, N. Beth Cook states, "while [health] plans raised concerns during the legislative process, once the law was enacted, we have not had concerns raised."
Illinois	January 1, 2012	An official study was not conducted by the Illinois Department of Insurance, but the department did respond to an inquiry from a Tennessee legislator, regarding premium increases since enactment of parity law.	Q: "Have any health plans raised specific concerns about the oral chemotherapy parity requirement and/or claimed that the new requirement has resulted in an increase in health insurance premiums?" A: "Yes; but that has been a standard defense against any new mandates. To date, such claims have not been supported by actual rate increases."



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Indiana	January 1, 2010	Yes. Bill sponsor sent letter to Indiana Insurance Department, asking if premiums had increased, as a result of enactment of oral chemotherapy parity law.	Indiana Department of Insurance confirmed one year after enactment that "no increase [in premiums] has materialized at this time."
Kansas	April 1, 2010	The Kansas State Employees Health Care Commission conducted a review of impact on premiums.	KS State Employees Health Care Commission found "minimal impact to the health plan finances."
Kentucky	January 1, 2015	Yes. Study conducted by the Kentucky Department of Insurance.	Determined an increase in all premiums between 67-84 cents per month per member.
Maine	January 1, 2015	Yes. Study conducted by the Maine Department of Insurance.	Determined no increase in premiums.
Massachusetts	May 1, 2013	Mandated Benefit Review of SB 1070 (An Act to Relative to Oral Cancer Therapy) conducted by the Division of Health Care Policy and Finance.	Found that bill would cause no more than a 0.044 percent increase in insurance premiums. The five-year total estimated impact on premiums ranges from 0.008 to 0.044 percent of annual premium."
Missouri	January 1, 2015	Report commissioned by Missouri Joint Committee on Legislative Research-Oversight Division.	Report estimated a 0.23%, or \$0.81, per member increase.
Oregon	January 1, 2008	Yes, the Oregon Insurance Division (OID) conducted a review.	OID stated impact on premiums "very MINIMAL." Just 9 out of 79 plans cited a minimal impact on premium rates.
Pennsylvania	January 1, 2016	Yes, reviewed by the Pennsylvania House Appropriations Committee.	Concluded will have no adverse impact on Commonwealth funds.



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Texas	September 1, 2011	Yes. Study conducted by the Texas Department of Insurance, PRIOR to introduction of bill, at the request of Governor Rick Perry.	Study found, "The implication of reducing patient out-of-pocket costs for pharmacy benefits is that costs are effectively shifted from the patient to health plans. The cost of implementing chemotherapy parity is estimated at less than \$0.50 per member per month in most cases, although estimate can increase to \$1.30 per member per month in cases where an enrollee faces high cost sharing requirements for pharmacy benefits and low cost sharing requirements for medical benefits."
Vermont	April 1, 2010	Yes, an analysis was conducted by the Vermont Department of Banking, Insurance, Securities and Health Care Administration (BISHCA).	Final BISHCA analysis concluded, "The Department has not received information indicating that mandating coverage for orally administered anticancer medications will significantly impact premiums."
Washington (State)	January 1, 2012	Review conducted by Washington Department of Insurance.	Review found a nominal increase in premiums of 0.2% as result of



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			enactment of oral chemotherapy parity law.
Wisconsin	January 1, 2015	Bill reviewed by Wisconsin Office of the Commissioner of Insurance (OCI).	Deemed to NOT be a mandate by OCI.