

114TH CONGRESS  
1ST SESSION

# S. 1566

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.

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IN THE SENATE OF THE UNITED STATES

JUNE 11, 2015

Mr. KIRK (for himself and Mr. FRANKEN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## 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,*

3 **SECTION 1. SHORT TITLE.**

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

1 **SEC. 2. PARITY IN COVERAGE FOR ORAL ANTICANCER**  
2 **DRUGS.**

3 (a) REQUIREMENT.—

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

8 “(e) PARITY IN COVERAGE FOR ORAL ANTICANCER  
9 DRUGS.—

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

20 “(A) no less favorable than the coverage  
21 for anticancer medications that are intra-  
22 venously administered or injected by a health  
23 care provider; and

24 “(B) not subject to any prior authoriza-  
25 tion, step therapy, dollar or durational limit, co-  
26 payment, deductible or coinsurance that does

1 not apply to such provider-administered  
2 anticancer medications.

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

7 “(A) is medically necessary for the purpose  
8 of killing, slowing, or preventing the growth of  
9 cancerous cells; or

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

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

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

21 “(B) reclassifying benefits with respect to  
22 anticancer medications in a way that would in-  
23 crease such costs; or

24 “(C) applying more restrictive limitations  
25 on prescribed orally administered anticancer

1 medications than on intravenously administered  
2 or injected anticancer medications.

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

5 “(A) to require the use of orally adminis-  
6 tered anticancer medications as a replacement  
7 for other anticancer medications;

8 “(B) to prohibit a group health plan or  
9 health insurance issuer from requiring prior au-  
10 thorization or imposing other appropriate utili-  
11 zation controls in approving coverage for any  
12 chemotherapy; or

13 “(C) to supersede a State law that pro-  
14 vides greater protections with respect to the  
15 coverage with respect to orally administered  
16 anticancer medications than is provided under  
17 this subsection.”.

18 (2) CONFORMING AMENDMENT.—Section  
19 2724(e) of the Public Health Service Act (42 U.S.C.  
20 300gg–23(c)) is amended by striking “section 2704”  
21 and inserting “sections 2719A, 2725, and 2726”.

22 (b) CLARIFYING AMENDMENT REGARDING APPLICA-  
23 TION TO GRANDFATHERED PLANS.—Section  
24 1251(a)(4)(A) of the Patient Protection and Affordable

1 Care Act (42 U.S.C. 18011(a)(4)(A)) is amended by add-  
2 ing at the end the following new clause:

3 “(v) Section 2719A(e).”.

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

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