



Oral Chemotherapy Parity Benefit Mandates: Summary of State Requirements

(As of July 21, 2017)

Background: Chemotherapy drugs have historically been administered intravenously in a doctor's office or hospital for a specified period of time. Recent medical advancements, however, have emerged that allow orally administered anticancer medications to be administered to patients in an oral form either for a short-term duration or as longer maintenance therapy. These advancements have increased options for consumers, but are tremendously expensive.

State policymakers are debating legislation that would mandate coverage for oral chemotherapy treatments "in the same manner as" or "no less favorably than" intravenously (IV) administered chemotherapy.

Approaches: Forty-two states (AK, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IL, IN, IA, KS, KY, LA, MD, MA, ME, MN, MO, MS, ND, NE, NH, NV, NJ, NM, NY, OH, OK, OR, RI, SD, TX, UT, VA, VT, WA, WI, WV, WY) plus DC have enacted oral chemotherapy benefit mandates.

Applicability

- CA applies to entities that cover prescribed orally administered anticancer medications.
- NJ applies to designated entities providing hospital and medical expense benefits.

- DC, KS, and RI apply to designated entities providing coverage for prescription drugs.
- FL, HI, IA, KY, LA, NE, MO, NM, NV, OK and TX apply to designated entities providing coverage for the treatment of cancer, while CO, DE, GA, OR, MA, ME, MN, NY, VT, and WA apply to designated entities providing coverage for cancer chemotherapy.
- AK, AZ, CT, IL, IN, MD, MS, ND, NH, OH, UT and VA apply to designated entities providing coverage of both orally-administered and IV-administered cancer chemotherapy. OH also extends these provisions to the Medicaid program.
- WI applies to disability insurance policies and self-insured plans.

Coverage Requirements

- AK, AR, AZ, CO, DC, IN, KY, MN, MO, MS, NJ, OH, OK, WI, WY prohibit the imposition of dollar limits, co-pays, deductibles and/or other cost-sharing obligations for oral chemotherapy in an amount that is less favorable than what is imposed for IV-administered chemotherapy or anticancer medications.
- CA prohibits affected entities from requiring an enrollee or insured pay copayments and/or coinsurance beyond \$200 while OK, OH, NV and WI have a \$100 payment limit for orally administered anticancer medications.

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- HI, IL and VA require parity coverage (e.g., same co-pays and coinsurance) for all medically necessary chemotherapy treatments, including oral and IV chemotherapy.
- IA prohibits discrimination between coverage benefits for orally-administered and IV-administered anti-cancer medication.
- CT, FL, GA, KS, MD, MA, ME, MO, NE, NH, NM, OK, OR, RI, SD, TX, and VT require coverage for oral chemotherapy in an amount or basis that is no less favorable than what is imposed for IV-administered and/or injected anticancer medications or chemotherapy.
- WA requires coverage for prescribed, self-administered anticancer medications on a basis at least as comparable to cancer chemotherapy medications administered by a provider or facility.
- DE and NY require coverage for prescribed, oral anticancer medication and the application of the lower cost sharing of either: (1) anticancer medication under the prescription drug benefit; or (2) IV-administered or injected anticancer medications.
- UT requires coverage that applies either: (1) equal cost sharing of oral chemotherapy and intravenous chemotherapy; or (2) if the insurer imposes different cost sharing for oral and intravenous chemotherapy, cost sharing for oral chemotherapy less the amount of \$300.00.

Chart: The following chart highlights key provisions of state oral chemotherapy parity mandate requirements.

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State	Applicability	Key Provisions
<p>Alaska <i>Alaska Statutes §21.42.430</i> Effective 1/1/2017</p>	<p>Applies to a health care insurer that offers, issues for delivery, delivers, or renews in this state a health care insurance plan that provides coverage for anticancer medications that are injected or intravenously administered by a health care provider and patient-administered anti-cancer medications, including those orally administered or self-injected. Excludes fraternal benefit societies.</p>	<p>Prohibits affected entities from issuing, delivering or renewing contracts or policies which provide coverage for both cancer treatment medications that are injected, IV administered, orally administered or self-injected from requiring a higher copayment, deductible or coinsurance amount for patient-administered cancer treatment medications than what is required for cancer treatment medications that are injected or IV administered by a health care provider regardless of the formulation or benefit category.</p> <p>Prohibits affected entities from increasing the copayment, deductible or coinsurance amount for covered cancer treatment medications that are injected or IV administered in order to avoid compliance, but does permit an increase in copayment, deductible or coinsurance amounts if the increase is applied generally to other medical or pharmaceutical benefits under the policy or contract.</p> <p>Prohibits a reclassification of benefits with respect to cancer treatment medications in any manner that is inconsistent with the provisions of the section.</p>
<p>Arkansas <i>Arkansas Code §23-79-161</i> Effective 1/1/2018</p>	<p>Applies to any group or blanket plan, policy, or contract for health care services issued, renewed, or extended inside or outside the state for an enrollee or certificate holder who is a resident of this state by health care insurers, including indemnity and managed care plans and the plans providing health benefits to state and public-school employees.</p>	<p>Prohibits affected entities from issuing, delivering or renewing contracts or policies which provide coverage for both cancer treatment medications that are injected, IV administered, orally administered or self-injected from requiring a higher copayment, deductible or coinsurance amount for patient-administered cancer treatment medications than what is required for cancer treatment medications that are injected or IV administered by a health care provider regardless of the formulation or benefit category.</p> <p>Prohibits affected entities from increasing the copayment, deductible or coinsurance amount for covered cancer treatment medications that are injected or IV administered in order to avoid compliance, but does permit an increase in copayment, deductible or coinsurance amounts if the increase is applied generally to other medical or pharmaceutical benefits under the policy or contract.</p> <p>Prohibits a reclassification of benefits with respect to cancer treatment medications unless the increase is applied generally to other medical or pharmaceutical benefits</p>

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		covered under the plan and is not done to circumvent these prohibitions; the reclassification of benefits with respect to cancer treatment medications is done in a manner that is consistent with this section; or a health care insurer is applying cost-sharing increases consistent with the annual increases in the cost of health care.
<p>Arizona <i>Ariz. Rev. Stat. §20-1057.14</i></p> <p>Effective 2016</p>	Applies to health care service organizations, disability insurance policies, group or blanket disability policies, and contracts issued, delivered or renewed by a corporation.	<p>Prohibits affected entities from issuing, delivering or renewing contracts or policies which provide coverage for both cancer treatment medications that are injected, IV administered, orally administered or self-injected from requiring a higher copayment, deductible or coinsurance amount for patient-administered cancer treatment medications than what is required for cancer treatment medications that are injected or IV administered by a health care provider regardless of the formulation or benefit category.</p> <p>Prohibits affected entities from increasing the copayment, deductible or coinsurance amount for covered cancer treatment medications that are injected or IV administered in order to avoid compliance, but does permit an increase in copayment, deductible or coinsurance amounts if the increase is applied generally to other medical or pharmaceutical benefits under the policy or contract.</p> <p>Prohibits a reclassification of benefits with respect to cancer treatment medications in any manner that is inconsistent with the provisions of the section.</p>
<p>California <i>Cal. Health & Safety Code § 1367.656</i></p> <p><i>Cal. Ins. Code § 10123.206</i></p> <p>Effective 2015</p>	Applies to individual or group health care service plan contracts or health insurance policies issued, amended, or renewed that provides coverage for prescribed, orally administered anticancer medications.	<p>Prohibits affected entities from requiring an enrollee or insured to pay, (notwithstanding any deductible) a total amount of copayments and coinsurance exceeding \$200 for an individual prescription of up to a 30-day supply of orally administered anticancer medication.</p> <p>Authorizes an increase of the \$200 limit by the percentage increase in the Consumer Price Index (CPI) for that year starting on January 1, 2016, and on January 1 of each year thereafter.</p>

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Sunsets 1/1/2019		
<p>Colorado <i>Colo. Rev. Stat. §10-16-104</i></p> <p>Effective 2011</p>	<p>Applies to any health benefit plan which includes hospital or medical expense policy or certificate, hospital or medical service corporation contract, or HMO subscriber contract or any other similar health contract subject to the jurisdiction of the commissioner available for use, offered, or sold in Colorado.</p> <ul style="list-style-type: none"> Does not apply to accident only, credit, dental, vision, Medicare supplement, benefits for long-term care, home health care, community-based care, or any combination thereof, disability income, liability insurance including general liability insurance and automobile liability insurance, coverage for on-site medical clinics, coverage issued as a supplement to liability insurance, workers' compensation or similar insurance, or automobile medical payment insurance. Also excludes specified disease, hospital confinement indemnity, or limited benefit health insurance if such types of coverage do not provide coordination of benefits and are provided under separate policies or certificates. 	<p>Requires affected entities providing coverage for cancer chemotherapy treatment to provide coverage for prescribed, orally administered anticancer medication that has been approved by the federal Food and Drug Administration (FDA) and is used to kill or slow the growth of cancerous cells at a cost no less favorable than the amount applied to an intravenously administered or an injected cancer medication prescribed for the same purpose.</p> <p>Prohibits an increase in patient out-of-pocket costs with respect to anticancer medications from being imposed beyond the modifications permitted (pursuant to §10-16-105.1(5)) which among other things require (1) modifications to be applied uniformly to all groups and individuals covered by such health benefit plan; and (2) modifications to be provided to policyholders and the commissioner at least 90 days prior to the effective date.</p>
<p>Connecticut <i>Conn. Gen. Stat. §38a-504; §38a-542; §38a-548</i></p> <p>Effective 2011</p>	<p>Applies to an insurance company, hospital service corporation, medical service corporation, health care center or fraternal benefit society.</p> <ul style="list-style-type: none"> Does not apply to accident only, credit, dental, vision, Medicare supplement, 	<p>Policies that provide coverage for intravenously and orally administered anticancer medications prescribed by a prescribing practitioner may not provide coverage for the orally administered medication on a less favorable basis than intravenously administered anticancer medications.</p> <p>Prohibits the reclassification of anticancer medications or an increase in the</p>

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	benefits for long-term care or disability, hospital indemnity, coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law, automobile medical-payments insurance, or insurance under which beneficiaries are payable without regard to fault and which is statutorily required to be contained in any liability insurance policy or equivalent self- insurance, specified disease or limited benefit health insurance.	<p>coinsurance, copayment, deductible or other out-of-pocket expense imposed under such policy for such medications, to achieve compliance.</p> <p>Provides for a penalty for violations of this provision of a fine of not more than one thousand dollars for each offense, and the potential revocation the license of any foreign or alien insurer, or any agent thereof.</p>
<p>Delaware <i>18 Del. C. §§3338A and 3555A</i> Effective 2013</p>	Applies to insurers offering health insurance policies or contracts offered in the individual and group markets providing medical, major medical, or similar comprehensive-type coverage and provides coverage for prescription drugs and coverage for cancer chemotherapy.	<p>Requires affected entities to provide coverage for a prescribed, orally administered anticancer medication used to kill or slow the growth of cancerous cells and apply the lower cost sharing of either:</p> <ul style="list-style-type: none"> • anticancer medication under the prescription drug benefit; or • intravenous or injected anticancer medications. <p>Cost-sharing includes copayments, coinsurance, and deductibles.</p> <p>Prohibits affected entities from:</p> <ul style="list-style-type: none"> • varying the terms of the policy for the purpose or with the effect of avoiding compliance with these requirements; • providing incentives (monetary or otherwise) to encourage a covered person to accept less than the minimum protections available; • penalizing in any way or reduce or limit the compensation of a health care practitioner for recommending or providing care to a covered person in accordance with these requirements; • providing incentives (monetary or otherwise) to a health care practitioner relating to the services required to induce or have the effect of inducing such practitioner to provide care to a covered person; or • achieving compliance by imposing an increase in cost sharing for an intravenous or injected anticancer medication.

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<p>District of Columbia <i>DC Code Ann. §31-2995.02 and §31-2995.01</i></p> <p>Effective 2009</p>	<p>Applies to individual and group health plans, and health insurers that provide coverage for prescription drugs.</p>	<p>Requires coverage for prescribed, orally administered anticancer medication used to kill or slow the growth of cancerous cells. The person receiving such prescribed medication shall have the option of having it dispensed at any appropriately licensed pharmacy.</p> <p>Requires coverage to be on a basis no less favorable than coverage provided for IV-administered or injected cancer medications, for purposes of determining deductibles, benefit year or lifetime durational limits, benefit year or lifetime dollar limits, lifetime episodes or treatment limits, copayment and coinsurance factors, and benefit year maximum for deductibles and copayments and coinsurance factors.</p>
<p>Florida <i>Fla. Stat. ch. §627.42391 and §641.313</i></p> <p>Effective 2014</p>	<p>Applies to HMOs, individual and group insurance policies delivered, issued for delivery, renewed, amended, or continued in this state.</p> <ul style="list-style-type: none"> • Does not apply to grandfathered health plans or to Medicare supplement, dental, vision, long-term care, disability, accident only, specified disease policies, or other supplemental limited-benefit plans. 	<p>Requires affected entities that provide medical, major medical, or similar comprehensive coverage that includes coverage for cancer treatment medications to also cover prescribed orally administered cancer treatment medications.</p> <p>Prohibits cost-sharing for orally administered cancer treatment medications that are less favorable to the covered person than the cost-sharing requirements for intravenous or injected cancer treatment medications covered under the policy or contract.</p> <p>Prohibits affected entities from:</p> <ul style="list-style-type: none"> • varying the terms of the policy to avoid compliance; • providing any incentive or imposing treatment limitations to encourage a covered person to accept less than the minimum protections available; • penalizing a health care practitioner or reducing or limiting the compensation of a health care practitioner for recommending or providing services or care to a covered person as required; • providing any incentive to induce a health care practitioner to provide care or services that do not comply; • changing the classification of any intravenous or injected cancer treatment medication or increasing the amount of cost sharing applicable to any intravenous or injected cancer treatment medication in order to achieve compliance.

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<p>Georgia <i>Ga. Code Ann. §33-24-56.5</i> Effective 2015</p>	<p>Applies to health benefit policies, defined as any individual or group plan, policy, or contract for health care services issued, delivered, issued for delivery, executed, or renewed by an insurer in this state.</p> <ul style="list-style-type: none"> Does not apply to accident only, CHAMPUS supplement, dental, disability income, fixed indemnity, long-term care, Medicaid, Medicare supplement, specified disease, vision, self-insured plans, and nonrenewable individual policies written for a period of fewer than six months. 	<p>Requires affected entities that provide coverage for intravenously administered or injected chemotherapy for the treatment of cancer to also provide coverage for orally administered chemotherapy for the treatment of cancer on a basis no less favorable than the intravenously administered or injected chemotherapy regardless of the formulation or benefit category determination by the insurer.</p> <p>Prohibits affected entities from:</p> <ul style="list-style-type: none"> varying the terms of any health benefit policy to avoid compliance providing any incentive or imposing treatment limitations to encourage a covered person to accept less than the minimum protections available; penalizing a health care practitioner or reducing or limit the compensation of a health care practitioner for recommending or providing services or care to a covered person; providing any incentive to induce a health care practitioner to provide care or services that do not comply this section; or changing the classification of any intravenously administered or injected chemotherapy treatment or increasing the amount of cost sharing applicable to any intravenously administered or injected chemotherapy in effect on January 1, 2015, in order to achieve compliance. <p>Considers insurers that limit the total amount paid by a covered person through all cost sharing requirements to no more than \$200 per filled prescription for any orally administered chemotherapy to be in compliance with this section.</p>
<p>Hawaii <i>Haw. Rev. Stat. §431:10A; §432:1; §432:1-616; and §432D-23</i> Effective 2010</p>	<p>Applies to individual and group accident and health or sickness insurers, hospital and medical service corporations, and HMOs that include coverage or benefits for the treatment of cancer.</p> <ul style="list-style-type: none"> Does not apply to an accident only, specified disease, hospital indemnity, long-term care, or other limited benefit health insurance policy. 	<p>Requires affected entities to provide payment or reimbursement for all chemotherapy that is considered medically necessary, including generic and non-generic oral chemotherapy, with the same or lower percentage of copayments and coinsurance as is applied to IV-administered chemotherapy. However, an insurer cannot increase the cost-share for IV-administered chemotherapy in order to achieve compliance with this mandate.</p> <ul style="list-style-type: none"> Defines <i>intravenously-administered chemotherapy</i> as a physician-prescribed cancer treatment that is administered by injection directly into the patient's circulatory system by a physician, physician assistant, nurse practitioner,

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		<p>nurse, or other medical personnel under the supervision of a physician and in a hospital, medical office, or other clinical setting.</p> <ul style="list-style-type: none"> • Defines <i>oral chemotherapy</i> as an FDA-approved, physician-prescribed cancer treatment that is taken orally in the form of a tablet or capsule and may be administered in a hospital, medical office, or other clinical setting or may be delivered to the patient for self-administration under the direction or supervision of a physician outside of a hospital, medical office, or other clinical setting.
<p>Illinois <i>215 Ill. Comp. Stat. 5/356z.19</i> Effective 2012</p>	<p>Applies to accident and health insurance policies.</p> <ul style="list-style-type: none"> • Does not apply to credit insurance, disability insurance, accidental death and dismemberment insurance, and long-term care insurance. 	<p>Requires a policy to provide the same financial requirements and treatment limitations for prescribed orally-administered cancer medications as those applied to intravenously administered or injected cancer medications.</p>
<p>Indiana <i>Ind. Code §27-8-32 and §27-13-7-20</i> Effective 2009</p>	<p>Applies to group and individual insurers that provide coverage for both orally administered cancer chemotherapy and cancer chemotherapy that is administered intravenously or by injection.</p>	<p>Prohibits affected entities from subjecting coverage for orally-administered cancer chemotherapy to dollar limits, co-payments, deductibles, or coinsurance provisions that are less favorable than those imposed on coverage for cancer chemotherapy that is administered intravenously or by injection.</p> <ul style="list-style-type: none"> • Defines <i>cancer chemotherapy</i> as medication that is prescribed by a physician to kill or slow the growth of cancer cells.
<p>Iowa <i>Iowa Code §514C.24</i> Effective 2009</p>	<p>Applies to individual or group accident and sickness insurers, hospital or medical service organizations, HMOs, Medicare supplemental carriers (except as may be preempted by federal law) providing payment for cancer treatment, and the public employee plan.</p> <ul style="list-style-type: none"> • Does not apply to accident-only, specified disease, short-term hospital or medical, hospital confinement indemnity, credit, dental, vision, long-term care, basic 	<p>Prohibits affected entities from discriminating between coverage benefits for prescribed orally-administered anticancer medication used to kill or slow the growth of cancerous cells and IV-administered or injected cancer medications that are covered, regardless of formulation or benefit category determination by the contract, policy, or plan.</p>

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	hospital, and medical-surgical expense coverage as defined by the commissioner, disability income insurance coverage, coverage issued as a supplement to liability insurance, workers' compensation or similar insurance, or automobile medical payment insurance.	
Kansas <i>Kan. Stat. Ann §40-2,184</i> Effective 2010	Applies to any individual or group health insurance policy, medical service plan, contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society or health maintenance organization, municipal group-funded pool and the state employee health care benefits. <ul style="list-style-type: none"> • Does not apply to policies or certificates covering only accident, credit, dental, disability income, long-term care, hospital indemnity, Medicare supplement, specified disease, vision care, coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law, automobile medical-payment insurance, or insurance under which benefits are payable with or without regard to fault and which is statutorily required to be contained in any liability insurance policy or equivalent self-insurance. 	Requires affected entities providing policies for coverage of prescription drugs and which is delivered, issued for delivery, amended or renewed on and after July 1, 2011, to provide coverage for a prescribed, orally administered anticancer medication used to kill or slow the growth of cancerous cells on a basis no less favorable than intravenously administered or injected cancer medications that are covered as medical benefits. Requires deductibles, coinsurance and other limitations to be applied the same as they do for other covered services.
Kentucky <i>Ky. Rev. Stat. Ann §304.17A-172</i>	Applies to individual and group health benefit plans.	Prohibits affected entities that cover anticancer medications that are injected or intravenously administered from requiring a higher copayment, deductible, or coinsurance amount for patient-administered anticancer medications than it

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Effective 2015		<p>requires for injected or IV administered anticancer medications, regardless of the formulation or benefit category determination.</p> <p>Prohibits increasing the copayment, deductible, or coinsurance amount required for injected or IV administered anticancer medications that are covered under the health benefit plan or reclassifying benefits with respect to anticancer medications in order to comply with the section.</p> <p>Considers an individual or group health benefit plan to be in compliance with this section if the cost sharing imposed under such a policy does not exceed \$100 per prescription fill for a 30- day period.</p>
<p>Louisiana <i>LA Rev. Stat. Ann. §22:999.1</i></p> <p>Effective 2012</p>	<p>Applies to health insurance issuers that provide coverage for cancer treatment.</p> <p>Does not apply to limited benefit health insurance policies or contracts, high deductible health plans, or qualified health plans offered through the Exchange.</p>	<p>Requires affected entities providing coverage for cancer treatment to provide coverage of prescribed orally administered anticancer medications on a basis no less favorable than intravenously administered or injected cancer medications.</p> <p>Prohibits orally administered anti-cancer medications from being subject to any prior authorization, dollar limits, copayments, deductibles, or other out-of-pocket expenses that do not apply to intravenously administered or injected cancer medications, regardless of formulation or benefit category determination by the health insurance issuer.</p>
<p>Maine <i>Me. Rev. Stat. Ann. Tit. 24-A §4317-B</i></p> <p>Effective 2015</p>	<p>Applies to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in the state.</p>	<p>Requires affected entities that provide coverage for cancer chemotherapy treatment to also provide coverage for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells that is equivalent to the coverage provided for intravenously administered or injected anticancer medications.</p> <p>Prohibits an increase in patient cost sharing for anticancer medications to achieve compliance with this section.</p>
<p>Maryland <i>MD Code Ann. (Insurance) §15-</i></p>	<p>Applies to insurers, nonprofit health service plans, and HMOs that provide coverage for both orally administered cancer chemotherapy</p>	<p>Prohibits affected entities providing coverage for both orally administered cancer chemotherapy and cancer chemotherapy that is administered intravenously or by injection from imposing dollar limits, copayments, deductibles, or coinsurance for</p>

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<p><i>846 and (Health) §19-706</i></p> <p>Effective 2012 Amended 2014</p>	<p>and cancer chemotherapy that is administered intravenously.</p> <p>Does not apply to policies or contracts issued under an essential health benefit.</p>	<p>orally administered cancer chemotherapy that is less favorable to an insured or enrollee than those requirements for intravenously administered chemotherapy.</p> <p>Prohibits affected entities from reclassifying cancer chemotherapy or increasing a copayment, deductible, coinsurance requirement, or other out-of-pocket expense imposed on cancer chemotherapy to achieve compliance with this mandate.</p>
<p>Massachusetts <i>Mass. Gen. Laws Ann. ch. 32A, §17K; ch. 175, § 47DD; ch. 176A, §8FF; ch. 176B, §4FF; ch. 176G, § 4X; and ch. 94C §18</i></p> <p>Effective 2013</p>	<p>Applies to any policy, contract, agreement, plan or certificate of insurance, individual or group hospital service plans, individual or group medical service agreements, and individual or group HMO contracts that provide medical expense coverage for cancer chemotherapy treatment.</p>	<p>Requires affected entities providing coverage for cancer chemotherapy treatment to provide coverage for prescribed, orally administered anticancer medication that is used to kill or slow the growth of cancerous cells on a basis no less favorable than the amount applied to intravenously administered or injected cancer medications that are covered as medical benefits.</p> <p>Prohibits an increase in patient cost sharing for anticancer medications to achieve compliance.</p>
<p>Minnesota <i>Minn. Stat. §62A.3075</i></p> <p>Effective 2010</p>	<p>Applies to individual or group accident and sickness insurers, nonprofit health service plan corporations, a health maintenance contract, a health benefit certificate offered by a fraternal benefit society or a joint self-insurance employee health plan.</p> <ul style="list-style-type: none"> • Does not apply to disability, automobile medical payment coverage, supplemental to liability insurance, coverage designed solely to provide payments on a per diem, fixed indemnity, or non-expense-incurred basis, credit accident and health insurance, hearing, dental, vision, blanket accident and sickness insurance, accident-only, long-term care policy, Medicare supplement, and workers' compensation insurance. 	<p>Prohibits affected entities that provide coverage for cancer chemotherapy treatment from requiring a higher co-payment, deductible, or coinsurance amount for a prescribed, orally administered anticancer medication that is used to kill or slow the growth of cancerous cells than what the affected entity requires for an intravenously administered or injected cancer medication that is provided, regardless of formulation or benefit category determination by the health plan company.</p>

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<p>Missouri <i>Mo. Rev. Stat. § 376.1257</i></p> <p>Effective 2015</p>	<p>Applies to health benefit plans that provide coverage and benefits for cancer treatment.</p>	<p>Requires affected entities that provide coverage and benefits for cancer treatment to provide coverage of prescribed orally administered anticancer medication on a basis no less favorable than intravenously administered or injected anticancer medications.</p> <p>Prohibits coverage from being subject to any prior authorization, dollar limit, co-payment, deductible, or other out-of-pocket expense that does not apply to intravenously administered or injected anticancer medication, regardless of formulation or benefit category determination by the company administering the health benefit plan.</p> <p>Prohibits reclassifying or increasing any type of cost-sharing to the covered person for anticancer medications in order to achieve compliance with this section.</p> <p>Requires any change in health insurance coverage – which otherwise increases an out-of-pocket expense to anticancer medications – to be applied to the majority of comparable medical or pharmaceutical benefits covered by the health benefit plan.</p> <p>Considers a health benefit plan that limits the total amounts paid by a covered person through all cost-sharing requirements to no more than 75 dollars per 30-day supply for any orally administered anticancer medication to be in compliance with this section.</p> <p>On January 1, 2016, and on January first of each year thereafter, a health benefit plan may adjust a 75 limit which may not exceed CPI for all urban consumers Midwest region for that year.</p>
<p>Mississippi <i>Miss. Code Ann. §83-9-24</i></p> <p>Effective 2016</p>	<p>Applies to any hospital, health or medical expense insurance policy, hospital or medical service contract, employee welfare benefit plan, contract or agreement with a health maintenance organization or a preferred provider organization, health and accident</p>	<p>Requires any health plan or policy delivered, issued for delivery or renewed in this state on or after January 1, 2016, that covers anti-cancer medications that are injected or intravenously administered by a health care provider, to cover patient-administered anti-cancer medications, including, but not limited to, those orally administered or self-injected at a no less favorable basis than for injected or intravenously administered anticancer medications, regardless of the formulation or</p>

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	insurance policy, or any other insurance contract of this type, including a group insurance plan and the State and School Employees Life and Health Insurance Plan.	benefit category determination by the policy or plan. Prohibits increasing the copayment, deductible or coinsurance amount required for injected or intravenously administered anticancer medications that are covered under the policy or plan; or reclassifying benefits with respect to anti-cancer medications in order to comply with this mandate.
Nebraska <i>Neb. Rev. St. §44-7,104</i> Effective 2012	Applies to any individual or group sickness and accident insurance policy; and any hospital, medical, or surgical expense incurred policy issued or renewed on or after October 1, 2012, that provide coverage for cancer treatment. <ul style="list-style-type: none"> Does not apply to policies that provide coverage for a specified disease or other limited-benefit coverage, and any self-funded employee benefit plan. 	Requires affected entities to provide coverage for prescribed, orally administered anticancer medications on a basis no less favorable than intravenously administered or injected anticancer medications that are covered as medical benefits by the policy, certificate, contract, or plan. Permits affected entities to require prior authorization for a prescribed, orally administered anticancer medication. If authorized, the cost to the covered individual may not exceed the coinsurance payment applied to any other cancer treatment. Prohibits affected entities from reclassifying any anticancer medication or increasing any type of cost sharing to achieve compliance. Any change that otherwise increases an out-of-pocket expense applied to any anticancer medication must also apply to the majority of comparable medical or pharmaceutical benefits under the relevant policy, certificate, contract, or plan. Permits affected entities to increase cost-sharing for all benefits, including cancer treatments.
Nevada <i>Nev. Rev. Stat. §689A.0447; §689B.0362; §695B.1909; §695C.17335;</i>	Applies to an HMO, MCO, insurers that offer individual policies and/or group, a contract for hospital or medical service, and the plans offered to the officers and employees of the governing body of any county, school district, municipal corporation, political subdivision,	Prohibits affected entities that offer or issue a policy of health insurance which provides coverage for the treatment of cancer that is delivered, issued for delivery or renewed in the state from: <ul style="list-style-type: none"> requiring a copayment, deductible or coinsurance amount for oral chemotherapy by means of a prescription drug in a combined amount that is more than \$100 per prescription;

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<p><i>§695G.197; and §287.0278</i></p> <p>Effective 2013</p>	<p>public corporation or other local governmental entity of the state.</p>	<ul style="list-style-type: none"> • making the coverage subject to monetary limits that are less favorable for oral chemotherapy than the monetary limits applicable to injected or IV chemotherapy; and • decreasing the monetary limits applicable to oral chemotherapy or chemotherapy which is administered by injection or IV in order to meet the requirements of this section.
<p>New Jersey <i>NJ Stat. Ann. §17:48-6jj; §17:48A-7gg; §17:48E-35.34; §17B:26-2.1dd; §17B:27-46.1jj; §17B:27A-7.17; §17B:27A-19.21; §26:2J-4.35; §52:14-17.29r; and §52:14-7.46.6c</i></p> <p>Effective 2012</p>	<p>Applies to a hospital service corporation, medical service corporation, health service corporation contract, policies in the group or individual health insurance markets, small group and individual health benefit plans that provides hospital and medical expense benefits; HMO contracts; the State Health Benefits Commission (SHBC); and the School Employees' Health Benefits Commission.</p> <ul style="list-style-type: none"> • Does not apply to affected entity contracts in which the entity has reserved the right to change the premium. 	<p>Requires affected entities to provide coverage for expenses for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells on a basis no less favorable than the contract provides for IV-administered or injected anticancer medications.</p> <p>Prohibits such coverage to be subject to any prior authorization, dollar limit, copayment, deductible or coinsurance provision that does not apply to IV-administered or injected anticancer medications.</p> <p>Prohibits the imposition of increased cost sharing, including copayment, deductible or coinsurance, for anticancer medications, whether IV-administered or injected or orally administered, that are covered under the contract as a way of complying with these requirements.</p>
<p>New Hampshire <i>N.H. Rev. Stat. § 415:6-t; § 415:18-y</i></p> <p>Effective 1/1/17</p>	<p>Applies to an individual policy, plan, or contract of accident or health insurance, or any policies of group or blanket accident or health insurance.</p>	<p>Requires insurers that provide benefits for anticancer medications that are injected or intravenously administered by a health care provider and patient administered anticancer medications, including but not limited to those orally administered to offer coverage for patient administered chemotherapy at no less favorable basis than for provider administered chemotherapy regardless of the formulation or benefit category determination by the policy or plan.</p> <p>Prohibits increasing the copayment, deductible, or coinsurance amount required for injected or intravenously administered anticancer medication that is covered under the policy or plan or reclassifying benefits with respect to anti-cancer medications in order to comply with these provisions.</p>

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State	Applicability	Key Provisions
		Provides that if the cost-sharing requirements for orally administered anti-cancer medications do not exceed \$200 per prescription fill, the health plan shall be deemed in compliance with this section.
<p>New Mexico <i>N. M. S. A. 1978, §§ 59A-23-7.10; 59A-46-50.1; 13-7-12; 59A-22-49.1; 59A-47-45.1</i></p> <p>Effective 2011</p>	<p>Applies to individual and group policies issued or renewed by insurers or HMOs on or after January 1, 2012, that provides coverage for cancer treatment. This includes a nonprofit health service provider, an HMO, and a provider service organization.</p> <ul style="list-style-type: none"> Does not apply to individual policies intended to supplement major medical group-type coverage such as Medicare supplement, long-term care, disability income, specified disease, accident-only, hospital indemnity or other limited-benefit health insurance policies. 	<p>Requires affected entities with policies that include coverage for cancer treatment to provide parity of coverage for prescribed, orally administered cancer medications on a basis no less favorable (including cost-sharing) than as permitted for intravenously administered medications or injected cancer medications.</p> <p>Coverage of orally administered anticancer medication shall not be subject to any prior authorization, dollar limit, copayment, deductible or coinsurance provision that does not apply to intravenously administered or injected anticancer medication used to kill or slow the growth of cancerous cells.</p>
<p>New York <i>NY Law §3216(21); §3221; and §4303</i></p> <p>Effective 2012</p>	<p>Applies to insurers offering accident and sickness policies offered in the individual and group markets and policies issued by a medical expense indemnity corporation, a hospital service corporation, or a health services corporation that provides medical, major medical, or similar comprehensive-type coverage and provides coverage for prescription drugs and coverage for cancer chemotherapy.</p>	<p>Requires affected entities to provide coverage for a prescribed, orally administered anticancer medication used to kill or slow the growth of cancerous cells and apply the lower cost sharing of either:</p> <ul style="list-style-type: none"> anticancer medication under the prescription drug benefit; or intravenous or injected anticancer medications. <p>Cost-sharing includes copayments, coinsurance, and deductibles.</p> <p>Prohibits affected entities from:</p> <ul style="list-style-type: none"> varying the terms of the policy for the purpose or with the effect of avoiding compliance with these requirements; providing incentives (monetary or otherwise) to encourage a covered person to accept less than the minimum protections available; penalizing in any way or reduce or limit the compensation of a health care practitioner for recommending or providing care to a covered person in accordance with these requirements;

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State	Applicability	Key Provisions
		<ul style="list-style-type: none"> • providing incentives (monetary or otherwise) to a health care practitioner relating to the services required to induce or have the effect of inducing such practitioner to provide care to a covered person; or • achieving compliance by imposing an increase in cost sharing for an intravenous or injected anticancer medication.
<p>North Dakota <i>ND ST 26.1-36-09.14</i></p> <p>Effective 2015</p>	<p>Applies to insurance companies, nonprofit health service corporations, or health maintenance organizations.</p>	<p>Prohibits affected entities from providing coverage or imposing cost sharing for a prescribed, orally administered cancer medication on a less favorable basis than the cost sharing it imposes for intravenously administered or injected cancer medications.</p> <p>Prohibits increasing a copayment, deductible, or coinsurance amount for covered cancer treatment medications that are injected or intravenously administered in order to avoid compliance with this provision.</p> <p>Prohibits reclassifying benefits with respect to cancer treatment medications in a manner that is inconsistent with this provision.</p>
<p>Ohio <i>Ohio Rev. Code Ann. §1751.69; §3923.85; §5164.09</i></p> <p>Effective 2015</p>	<p>Applies to individual or group policies of sickness and accident insurance, individual or group health insuring corporation policies, contracts, or agreements providing basic health care services or prescription drug services that are delivered, issued for delivery, or renewed in this state if the policy, contract, or agreement provides coverage for cancer chemotherapy treatment.</p> <p>Also applies to the Medicaid program.</p>	<p>Prohibits affected entities from providing coverage or imposing cost sharing for a prescribed, orally administered cancer medication on a less favorable basis than the coverage it provides or cost sharing it imposes for intravenously administered or injected cancer medications.</p> <p>Prohibits an increase in cost sharing solely for orally administered, intravenously administered, or injected cancer medications. Affected entities are deemed in compliance with this section if the cost sharing imposed for orally administered cancer treatments does not exceed \$100 per prescription fill. However, provisions do not prevent affected entities from requiring an enrollee to obtain prior authorization before orally administered cancer medication is dispensed to the enrollee.</p> <p>Permits affected entities not to comply with provisions of parity if all of the following apply:</p> <ul style="list-style-type: none"> • Documentation is submitted which show that compliance with this section for a period of at least six months independently caused costs for claims and

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State	Applicability	Key Provisions
		<p>administrative expenses for the coverage of basic health care services to increase by more than one per cent per year.</p> <ul style="list-style-type: none"> • A signed letter from an independent member of the American Academy of Actuaries to the Superintendent of Insurance opining that the increase in costs could reasonably justify an increase of more than one per cent in the annual premiums or rates charged for the coverage of basic health care services. • The Superintendent makes the following determinations from the documentation and opinion submitted: (1) compliance for a period of at least six months independently caused costs for claims and administrative expenses for the coverage of basic health care services to increase more than one per cent per year; and (2) the increase in costs reasonably justifies an increase of more than one per cent in the annual premiums or rates charged for the coverage of basic health care services <p>Requires the Medicaid program to cover prescribed, orally administered cancer medications on at least the same basis that it covers intravenously administered or injected cancer medications. Prohibits the Department of Medicaid from instituting cost-sharing requirements for prescribed, orally administered cancer medications that are greater than any cost-sharing requirements for intravenously administered or injected cancer medications. However, these provisions do not prevent the Department from requiring a Medicaid recipient to obtain prior authorization before a prescribed, orally administered cancer medication is dispensed to the recipient.</p>
<p>Oklahoma <i>36 Okl.St. Ann. § 6060.9a</i> Effective 2013</p>	<p>Applies to any health benefit plan providing coverage and benefits for cancer treatment.</p> <ul style="list-style-type: none"> • Does not apply to a plan that provides coverage for: <ul style="list-style-type: none"> ▪ only for a specified disease or diseases or under an individual limited benefit policy; ▪ only for accidental death or dismemberment; ▪ for dental or vision care; ▪ a hospital confinement indemnity 	<p>Requires affected entities to provide coverage for prescribed, orally administered anticancer medications on a basis no less favorable than intravenously administered or injected anticancer medications.</p> <p>Prohibits such coverage from being subject to any prior authorization, dollar limit, copayment, deductible or coinsurance provision that does not apply to intravenous or injected anticancer medication.</p> <p>Prohibits reclassifying or increasing any type of cost-sharing to the covered person for anticancer medications to achieve compliance.</p>

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State	Applicability	Key Provisions
	<p>policy;</p> <ul style="list-style-type: none"> ▪ disability income insurance or a combination of accident-only and disability income insurance; ▪ a Medicare supplemental policy; ▪ a long-term care policy; or ▪ short-term health insurance issued on a nonrenewable basis, with a duration of six months or less. 	<p>Requires any change in health insurance coverage that otherwise increases out-of-pocket expense to anticancer medications to be applied to the majority of comparable medical or pharmaceutical benefits covered by the health benefit plan.</p> <p>Health benefit plans that limit cost-sharing requirements to no more than \$100 per filled prescription of oral anticancer medication are in compliance.</p>
<p>Oregon <i>Or. Rev. Stat. §743A.068 and §743.730</i> Effective 2008</p>	<p>Applies to health benefit plans providing coverage for cancer chemotherapy treatment, including hospital and/or medical expense policies, health care service contractors, HMOs, MEWAs, and any other benefit arrangement defined in ERISA.</p> <ul style="list-style-type: none"> • Does not apply to coverage for accident only, specified disease, disability income, Medicare supplement, long-term care, dental or vision, or other limited benefit coverage. 	<p>Requires affected entities to provide coverage for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells on a basis no less favorable than IV-administered or injected anticancer medications covered as medical benefits.</p>
<p>Rhode Island <i>R.I. Gen. Laws §27-18-79; §27-41-80; §27-19-70; §27-19-71; 27-20-66§; §27-41-83; §27-41-84.</i> Effective 2014</p>	<p>Applies to accident and sickness, individual insurance, nonprofit medical service corporations, and HMOs that offers both medical and prescription drug coverage, and provides coverage for intravenously administered anticancer medication.</p>	<p>Requires affected entities that offer both medical and prescription drug coverage, and provides coverage for intravenously administered anticancer medication, to also provide coverage for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells on a basis no less favorable than intravenously administered or injected cancer medications.</p> <p>Prohibits an increase in patient cost sharing for anticancer medications to achieve compliance with this section. However, requirements are not intended to impose any type of cap on cost-sharing.</p>
<p>South Dakota</p>	<p>Applies to health benefit plans, meaning</p>	<p>Requires affected entities that provide benefits for injected or intravenously</p>

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State	Applicability	Key Provisions
<p><i>SD ST § 58-17-50</i></p> <p>Effective 2016</p>	<p>policies, contracts, certificates, or agreements entered into, offered, or issued by a health carrier to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services. This includes short-term and catastrophic health insurance policies and a policy that pays on a cost-incurred basis.</p> <p>This does not include coverage only for accident, or disability income insurance, or any combination thereof; coverage issued as a supplement to liability insurance; liability insurance, including general liability insurance and automobile liability insurance; workers' compensation or similar insurance; automobile medical payment insurance; credit-only insurance; coverage for on-site medical clinics; and other similar insurance coverage, specified in federal regulations issued pursuant to Public Law No. 104-191, as amended to January 1, 2011, under which benefits for medical care are secondary or incidental to other insurance benefits.</p>	<p>administered cancer treatment medication used to kill or slow the growth of cancerous cells to provide coverage for orally administered anticancer medication covered by the plan, regardless of the formulation or benefit category determination by the health plan on a basis no less favorable than injected or intravenously administered cancer treatment medication.</p>
<p>Texas</p> <p><i>Tex. Ins. §1369.204; §1369.201; §1369.203</i></p> <p>Effective 2011</p>	<p>This applies to individual, group, and small group health benefit plans offered by an insurance company, group hospital service corporation, fraternal benefit society, stipulated premium company, exchange, Lloyd's plan, HMO, multiple employer welfare arrangement, and nonprofit health corporations.</p> <ul style="list-style-type: none"> • This does not apply to basic plan under the state employee plan, state university employee plan, state teacher plan, specified disease plans, accident only, supplemental liability, stand-alone dental, 	<p>Requires affected entities that provide coverage for cancer treatment to provide coverage for prescribed orally administered anticancer medication on the same basis as intravenously administered cancer medications.</p> <p>Allows plans to require prior authorization, and increased out-of-pocket costs for the patient.</p> <p>Prohibits cost-sharing for the payment to exceed the cost of chemotherapy or other cancer treatment visit.</p> <p>Prohibits plans from increasing the cost of anticancer medications unless these increases are associated with a comparable increase in the majority of medical or</p>

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State	Applicability	Key Provisions
	<p>stand alone vision plans, hospital indemnity, Medicare supplement, workers compensation, medical payment automobile insurance, credit insurance, limited benefit policies, long-term care insurance, and disability income.</p> <ul style="list-style-type: none"> • Qualified health plans sold in the exchange are exempt from this mandated benefit. 	<p>pharmaceutical benefits provided by the policy.</p>
<p>Utah <i>Utah Code Ann. §31A-22-641 and Utah Code Ann. §31A-22-600</i> Effective 2013</p>	<p>Applies to health benefit plans and insurers renewed or entered into on or after October 1, 2013, that covers both oral chemotherapy and intravenous chemotherapy.</p> <p>Includes accident and health insurance contracts; group contracts; franchise contracts, HMOs and TPAs.</p>	<p>Requires affected entities to ensure the cost sharing applied to covered oral chemotherapy is no more restrictive than the cost sharing applied to the covered intravenously administered chemotherapy. If oral chemotherapy cost sharing is more restrictive, then the plan may not apply cost sharing for the oral chemotherapy that exceeds \$300 per filled prescription.</p> <p>Prohibits insurers from increasing the cost sharing for such medications to achieve compliance.</p>
<p>Vermont <i>VT. Stat. Ann. tit. 8, §107-4100h</i> Effective 2010</p>	<p>Applies to health insurers, nonprofit hospital and medical service corporations, and HMOs that provide coverage for cancer chemotherapy treatment.</p> <ul style="list-style-type: none"> • Does not apply to coverage for specified disease or other limited benefit coverage. 	<p>Requires affected entities to provide coverage for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells in an amount that is no less favorable on a financial basis than IV-administered or injected anticancer medications covered under the insured's plan.</p>
<p>Virginia <i>Va. Code Ann. §38.2-3407.18</i> Effective 2012 Amended 2014</p>	<p>Applies to individual or group accident and sickness insurance and HMO contracts providing coverage for oral or intravenous cancer chemotherapy drugs. Provisions also apply to state employee health coverage and to employees of local governments, local officers, teachers, and retirees.</p> <ul style="list-style-type: none"> • Does not apply to short-term travel, 	<p>Requires affected entities to consistently apply the criteria for establishing cost sharing, copayments, or coinsurance for orally and intravenously administered cancer chemotherapy drugs be consistently applied within the same plan.</p>

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	accident only, limited or specified disease, individual conversion policies or contracts, or to policies or contracts designed for issuance to persons eligible for coverage under Medicare.	
<p>Washington <i>41.05.175 RCW, 48.20.389 RCW, 48.21.223 RCW, 48.44.323 RCW, and 48.46.274 RCW.</i></p> <p>Effective 2011</p>	<p>Applies to individual and group health plans.</p> <ul style="list-style-type: none"> Does not apply to long-term care, Medicare supplement, limited health care, disability income, coverage incidental to a property/casualty liability insurance policy such as automobile personal injury protection coverage and homeowner guest medical, workers' compensation, accident only, specified disease or illness-triggered fixed payment insurance, hospital confinement fixed payment insurance, employer-sponsored self-funded health plans, dental, vision, plans deemed by the insurance commissioner to have a short-term limited purpose or duration, and a student-only plan that is guaranteed renewable while the covered person is enrolled as a regular full-time undergraduate or graduate student at an accredited higher education institution. 	<p>Requires affected entities providing coverage for cancer chemotherapy to provide coverage for prescribed, self-administered anticancer medication on a basis as least as comparable to cancer chemotherapy medications administered by a health care provider or facility.</p>
<p>Wisconsin <i>Wis. Stat. §609.837, §632.867, §40.51, and §185.983.</i></p> <p>Effective 2015</p>	<p>Applies to disability insurance policies, limited service health organizations, preferred provider plans, defined network plans, self-insured plans, state employee plans, plans purchased through a program offered by the group insurance board, and voluntary nonprofit health care plans operated by a cooperative association.</p>	<p>Prohibits affected entities that cover injected or intravenous chemotherapy and oral chemotherapy from requiring a higher copayment, deductible, or coinsurance amount for oral chemotherapy than it requires for injected or intravenous chemotherapy, regardless of the formulation or benefit category determination by the policy or plan.</p> <p>Considers affected entities that limit copayments paid by a covered individual to no more than \$100 for a 30-day supply of oral chemotherapy medication to be in</p>

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State	Applicability	Key Provisions
		<p>compliance with the section.</p> <p>On January 1, 2016, and on each January 1 thereafter, plans may adjust the \$100 limit by an amount that does not exceed CPI for all urban consumers, U.S. city average, as determined by the U.S. Department of Labor.</p>
<p>West Virginia</p> <p><i>W. Va. Code, § 33-15-4l; W. Va. Code, § 33-16-3x; W. Va. Code, § 33-25A-8l; W. Va. Code, § 33-25-8j; W. Va. Code, § 33-24-7m</i></p> <p>Effective 2015</p>	<p>Applies to individual and group accident and sickness insurance policies and any policy, contract, plan or agreement issued by a health maintenance organization or any regulated entity.</p>	<p>Prohibits affected entities that cover injected or intravenous chemotherapy and oral chemotherapy from requiring a higher copayment, deductible, or coinsurance amount for oral chemotherapy than it requires for injected or intravenous chemotherapy, regardless of the formulation or benefit category determination by the policy or plan.</p> <p>Permits insurers to apply, during a specified period of time, whatever cost containment measures may be necessary to maintain costs below two percent of the total costs for the coverage upon an actuarial showing that its total costs for compliance with this section will exceed or have exceeded two percent of the total costs for all accident and sickness insurance coverage issued by the insurer subject to this article in any experience period.</p> <p>For high deductible plans, the cost-sharing limit is applicable only after the minimum annual deductible specified in section 223(c) (2) (A) of the Internal Revenue Code of 1986 is reached.</p> <p>Prohibits increasing a copayment, deductible, or coinsurance amount for covered cancer treatment medications that are injected or intravenously administered.</p> <p>Prohibits reclassifying benefits with respect to cancer treatment medications in a manner that is inconsistent with this provision.</p>
<p>Wyoming</p> <p><i>W.S. 1977 26-20-501</i></p>	<p>Applies to individual or group health insurance carriers, non-profit corporation health insurance carriers and HMOs Applies both to private and public health benefit plans delivered or issued after July 1, 2015.</p>	<p>Prohibits affected entities from providing coverage or imposing cost sharing for a prescribed, orally administered cancer medication on a less favorable basis than the coverage it provides or cost sharing it imposes for intravenously administered or injected cancer medications.</p>

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State	Applicability	Key Provisions
Effective 2015		Prohibits insurers from increasing the cost sharing for such medications, or reclassifying such medications to achieve compliance.