

Senate Bill 421 (Limón): Oral Chemotherapy Fairness Act

Summary:

SB 496 (Limón) will remove the sunset date on existing law that prohibits a health plan or insurer from charging more than \$250 per month on oral chemotherapy prescriptions.

Need for bill:

- In California, there are 178,000 new cancer cases that are reported within a year.
- The emergence of safe, clinically-effective, orally-administered anticancer medications has dramatically improved the quality of life for cancer patients.
- Patients have been routinely charged significantly greater out-of-pocket costs for oral anticancer therapies than traditional IV therapies.
- Since 2013, state law has placed a \$250 per month cap on the out-of-pocket costs for oral anticancer medication. This law is set to sunset on January 1, 2024.
- Since this cap was instituted in state law, 43 states and Washington, DC, have passed oral oncology fairness laws.
- Passage of these laws has made therapies more accessible and equitable to marginalized communities that face greater disparities.

What will SB 496 do?

Senate Bill 421 removes the sunset date, making the cap on out-of-pocket costs to \$250 permanent and maintaining affordability for cancer patients.

Senate Bill 421

Oral Chemotherapy



MONIQUE LIMÓN REPRESENTING SENATE DISTRICT 19

THIS BILL

SB 421 removes the sunset date on existing law that prohibits a health plan or health insurer from requiring more than \$250 per month in out-of-pocket costs for each prescription of up to a 30-day supply for a covered oral anticancer medication.

BACKGROUND

According to the CDC, in 2019, an estimated 1.7 million people in the United States were diagnosed with cancer.¹ In California alone, there are 178,000 new cancer cases that are reported within a year.²

The emergence of safe, clinically-effective, orallyadministered anticancer medications has dramatically improved the quality of life for cancer patients. However, patients are routinely charged significantly greater out-of-pocket costs for oral anticancer therapies than traditional IV therapies.

Out-of-pocket costs become a *de facto* denial of access. According to a study by Prime Therapeutics, 1 in 4 patients who were faced with high costs ultimately abandoned treatment.³ Most oral anticancer drugs do not have an equivalent IV drug. Thus, leaving patients without an alternative and forced to abandon treatment.

Since 2013, state law has placed a \$250 per month cap on the out-of-pocket costs for oral anticancer medication. This law is set to sunset on January 1, 2024.

PURPOSE

Forty-three other states and D.C. have already enacted legislation to make oral anticancer medications more affordable and accessible, ensuring individuals can receive life-changing treatment.

SB 421 removes the sunset date, making the cap on out-of-pocket costs to \$250 permanent.

Since this cap was instituted in state law, 43 states and Washington, DC, have passed oral oncology parity laws⁴ Passage of these laws has made therapies more accessible and equitable to marginalized communities that face greater disparities.

SUPPORT

American Cancer Society Cancer Action Network cosponsor Association of Northern California Oncologists – cosponsor Medical Oncology Association of Southern California – cosponsor

OPPOSE

None on file.

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https://khn.org/news/cancer-drugs-by-pill-instead-of-ivmichelle-andrews-051512/. Published May 14, 2012. Accessed January 24, 2020.

¹ <u>https://www.cdc.gov/cancer/dcpc/data/index.htm</u>

² <u>https://gis.cdc.gov/Cancer/USCS/#/AtAGlance/</u>

³ Washington State Department of Health (2010). Oral Chemotherapy Drug Coverage Mandated Benefit Sunrise Review. Retrieved from: https://www.doh.wa.gov/portals/1/Documents/Pubs/631014.pdf

⁴ Andrews M. Some states mandate better coverage of oral cancer drugs. Kaiser Family Foundation website.