

HOUSE BILL 740

C3

7lr2199
CF 7lr3432

By: **Delegates Angel, Carr, Kipke, Morgan, Oaks, and Wilkins**

Introduced and read first time: February 2, 2017

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **President Jimmy Carter Cancer Treatment Access Act**

3 FOR the purpose of prohibiting a certain insurer, nonprofit health service plan, or health
4 maintenance organization from imposing a step therapy or fail–first protocol on an
5 insured or an enrollee for a certain prescription drug used in the treatment of a
6 certain cancer under certain circumstances; providing for the application of this Act;
7 making stylistic and conforming changes; and generally relating to step therapy or
8 fail–first protocols for prescription drugs to treat cancer under health insurance
9 policies and contracts.

10 BY repealing and reenacting, with amendments,
11 Article – Insurance
12 Section 15–142
13 Annotated Code of Maryland
14 (2011 Replacement Volume and 2016 Supplement)

15 Preamble

16 WHEREAS, President Jimmy Carter announced in August 2015 that he had an
17 aggressive form of melanoma skin cancer, and the tumors had spread from his skin into his
18 liver and brain; and

19 WHEREAS, President Carter received treatment with surgery, radiation, and a new
20 immunotherapy drug; and

21 WHEREAS, In December 2015, President Carter revealed that recent tests did not
22 show any signs of the original cancer spots or any new ones; and

23 WHEREAS, Every Maryland resident with health insurance should have the same
24 access to cancer drugs that President Carter had; now, therefore,

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
2 That the Laws of Maryland read as follows:

3 **Article – Insurance**

4 15–142.

5 (a) (1) In this section the following words have the meanings indicated.

6 (2) “Step therapy or fail–first protocol” means a protocol established by an
7 insurer, a nonprofit health service plan, or a health maintenance organization that requires
8 a prescription drug or sequence of prescription drugs to be used by an insured or an enrollee
9 before a prescription drug ordered by a prescriber for the insured or the enrollee is covered.

10 (3) “Step therapy drug” means a prescription drug or sequence of
11 prescription drugs required to be used under a step therapy or fail–first protocol.

12 (4) “Supporting Medical Information” means:

13 (i) a paid claim from an entity subject to this section for an insured
14 or an enrollee;

15 (ii) a pharmacy record that documents that a prescription has been
16 filled and delivered to an insured or an enrollee, or a representative of an insured or an
17 enrollee; or

18 (iii) other information mutually agreed on by an entity subject to this
19 section and the prescriber of an insured or an enrollee.

20 (b) (1) This section applies to:

21 (i) insurers and nonprofit health service plans that provide hospital,
22 medical, or surgical benefits to individuals or groups on an expense–incurred basis under
23 health insurance policies or contracts that are issued or delivered in the State; and

24 (ii) health maintenance organizations that provide hospital,
25 medical, or surgical benefits to individuals or groups under contracts that are issued or
26 delivered in the State.

27 (2) An insurer, a nonprofit health service plan, or a health maintenance
28 organization that provides coverage for prescription drugs through a pharmacy benefits
29 manager is subject to the requirements of this section.

30 (c) An entity subject to this section may not impose a step therapy or fail–first
31 protocol on an insured or AN enrollee if:

1 (1) the step therapy drug has not been approved by the U.S. Food and Drug
2 Administration for the medical condition being treated; or

3 (2) a prescriber provides supporting medical information to the entity that
4 a prescription drug covered by the entity:

5 (i) was ordered by a prescriber for the insured or enrollee within the
6 past 180 days; and

7 (ii) based on the professional judgment of the prescriber, was
8 effective in treating the insured's or enrollee's disease or medical condition.

9 (d) **[This] SUBSECTION (C) OF THIS** section may not be construed to require
10 coverage for a prescription drug that is not:

11 (1) covered by the policy or contract of an entity subject to this section; or

12 (2) otherwise required by law to be covered.

13 **(E) AN ENTITY SUBJECT TO THIS SECTION MAY NOT IMPOSE A STEP**
14 **THERAPY OR FAIL-FIRST PROTOCOL ON AN INSURED OR AN ENROLLEE FOR A**
15 **PRESCRIPTION DRUG APPROVED BY THE U.S. FOOD AND DRUG ADMINISTRATION**
16 **IF:**

17 **(1) THE PRESCRIPTION DRUG IS USED TO TREAT THE INSURED'S OR**
18 **ENROLLEE'S STAGE FOUR ADVANCED METASTATIC CANCER; AND**

19 **(2) USE OF THE PRESCRIPTION DRUG IS:**

20 **(I) CONSISTENT WITH BEST PRACTICES FOR THE TREATMENT**
21 **OF STAGE FOUR ADVANCED METASTATIC CANCER; AND**

22 **(II) SUPPORTED BY PEER-REVIEWED MEDICAL LITERATURE.**

23 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
24 policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or
25 after October 1, 2017.

26 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
27 October 1, 2017.