

MAINE STATE LEGISLATURE

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Date: *May 31, 2013*

INSURANCE AND FINANCIAL SERVICES

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**STATE OF MAINE
SENATE
126TH LEGISLATURE
FIRST REGULAR SESSION**

COMMITTEE AMENDMENT "A" to S.P. 217, L.D. 627, Bill, "An Act Relating to Orally Administered Cancer Therapy"

Amend the bill by striking out the title and substituting the following:

'Resolve, Directing a Review of Strategies To Improve the Affordability and Accessibility of Oral Chemotherapy Treatment'

Amend the bill by striking out everything after the title and before the summary and inserting the following:

Sec. 1. Review and report. Resolved: That the Department of Professional and Financial Regulation, Bureau of Insurance and the Department of Health and Human Services, Maine Center for Disease Control and Prevention, referred to in this section as "the conveners," shall jointly convene a work group of stakeholders to review and report on insurance coverage as it relates to the affordability and accessibility of chemotherapy treatment in the State, including coverage disparities between orally administered, intravenously administered and injected chemotherapy. The conveners shall invite stakeholders to participate in the work group, including, but not limited to, oncologists, cancer patients and a hospital cancer center; representatives of the Maine Medical Association, American Cancer Society Cancer Action Network, Susan G. Komen Maine and Maine Cancer Consortium; 2 representatives of health insurance carriers; and the Joint Standing Committee on Insurance and Financial Services. The work group shall convene no later than October 1, 2013. The conveners shall facilitate the duties of the work group required by this resolve within existing resources and may rely on the expertise and resources of work group members to fulfill the duties described in this resolve; and be it further

Sec. 2. Duties. Resolved: That the duties of the work group under section 1 include, but are not limited to, the following:

- 1. Reviewing the federal laws and regulations pertaining to health insurance coverage for chemotherapy administered orally, intravenously and by injection, including the federal Patient Protection and Affordable Care Act, Public Law 111-148, as amended

COMMITTEE AMENDMENT

1 by the federal Health Care and Education Reconciliation Act of 2010, Public Law 111-
2 152, and the regulations pertaining to essential health benefits under that Act;

3 2. Reviewing studies from this State and other states regarding the affordability and
4 accessibility of oral chemotherapy, as well as cost and actuarial analyses of coverage
5 parity for oral chemotherapy;

6 3. Reviewing any available state data on insurance coverage for chemotherapy
7 treatment administered orally, intravenously and by injection, including patient out-of-
8 pocket costs and drug formularies;

9 4. Identifying the advantages and disadvantages of requiring coverage for prescribed,
10 orally administered oral chemotherapy that is equivalent to the coverage provided for
11 intravenously administered or injected oral chemotherapy; and

12 5. Making recommendations regarding requiring coverage for prescribed, orally
13 administered oral chemotherapy; and be it further

14 **Sec. 3. Report. Resolved:** That, by December 1, 2013, the Department of
15 Professional and Financial Regulation, Bureau of Insurance, after consultation with the
16 Department of Health and Human Services, Maine Center for Disease Control and
17 Prevention and work group members, shall submit a written report on behalf of the work
18 group with the findings and any recommendations resulting from the review under
19 section 1 to the Joint Standing Committee on Insurance and Financial Services. The joint
20 standing committee may report out a bill during the Second Regular Session of the 126th
21 Legislature relating to the report; and be it further

22 **Sec. 4. Appropriations and allocations. Resolved:** That the following
23 appropriations and allocations are made.

24 **PROFESSIONAL AND FINANCIAL REGULATION, DEPARTMENT OF**
25 **Insurance - Bureau of 0092**

26 Initiative: Allocates funds for the costs of contractual services to convene the work group
27 and review and report on findings.

28	OTHER SPECIAL REVENUE FUNDS	2013-14	2014-15
29	All Other	\$10,000	\$0
30			
31	OTHER SPECIAL REVENUE FUNDS TOTAL	\$10,000	\$0
32			

33 **SUMMARY**

34 This amendment replaces the bill with a resolve. The amendment directs the
35 Department of Professional and Financial Regulation, Bureau of Insurance and the
36 Department of Health and Human Services, Maine Center for Disease Control and
37 Prevention to jointly convene a work group to review and report on insurance coverage as
38 it relates to the affordability and accessibility of chemotherapy treatment in Maine. The
39 amendment requires the Bureau of Insurance, after consultation with the Maine Center
40 for Disease Control and Prevention and work group members, to submit a written report

R. G. S.

COMMITTEE AMENDMENT "A" to S.P. 217, L.D. 627

1 on behalf of the work group by December 1, 2013 to the Joint Standing Committee on
2 Insurance and Financial Services and authorizes the committee to report out a bill based
3 on the report. The amendment also adds an appropriations and allocations section.

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FISCAL NOTE REQUIRED

(See attached)



126th MAINE LEGISLATURE

LD 627

LR 1498(02)

An Act Relating to Orally Administered Cancer Therapy

Fiscal Note for Bill as Amended by Committee Amendment *A" (S-100)*
 Committee: Insurance and Financial Services
 Fiscal Note Required: Yes

Fiscal Note

	FY 2013-14	FY 2014-15	Projections FY 2015-16	Projections FY 2016-17
Appropriations/Allocations				
Other Special Revenue Funds	\$10,000	\$0	\$0	\$0

Fiscal Detail and Notes

Provides a one-time Other Special Revenue Funds allocation of \$10,000 in 2013-14 for the Bureau of Insurance in the Department of Professional and Financial Regulation for contractual services to convene the work group and review and report on findings. Other costs for the bureau and for the Department of Health and Human Services are expected to be minor and can be absorbed within existing budgeted resources.