

115TH CONGRESS  
1ST SESSION

# H. R. 1409

To amend the Public Health Service Act to require group and individual health insurance coverage and group health plans to provide for cost sharing for oral anticancer drugs on terms no less favorable than the cost sharing provided for anticancer medications administered by a health care provider.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 7, 2017

Mr. LANCE (for himself, Mr. HIGGINS of New York, Mr. HARPER, Mr. FOSTER, Mr. SESSIONS, Mr. GARAMENDI, Mr. CUMMINGS, Mr. WITTMAN, Mr. RYAN of Ohio, Mr. POE of Texas, Ms. CLARK of Massachusetts, Ms. PINGREE, Mrs. BLACKBURN, Mr. KING of New York, Mrs. COMSTOCK, Mr. KILDEE, Mr. DONOVAN, Mr. CARTER of Georgia, Mr. DEFazio, Mr. GUTHRIE, Mr. POCAN, Mr. LONG, Mr. SWALWELL of California, Mr. FLORES, Mr. SEAN PATRICK MALONEY of New York, Mr. MURPHY of Pennsylvania, Ms. WASSERMAN SCHULTZ, Mr. LATTA, Mr. MACARTHUR, and Mr. KILMER) introduced the following bill; which was referred to the Committee on Energy and Commerce

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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 cost sharing for oral anticancer drugs on terms no less favorable than the cost sharing 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Cancer Drug Parity  
3 Act of 2017”.

4 **SEC. 2. PARITY IN COST SHARING FOR ORAL ANTICANCER  
5 DRUGS.**

6 (a) REQUIREMENT.—

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

11 “(e) PARITY IN COST SHARING FOR ORAL  
12 ANTICANCER DRUGS.—

13 “(1) IN GENERAL.—Subject to paragraph (2), a  
14 group health plan, and a health insurance issuer of-  
15 fering group or individual health insurance coverage,  
16 that provides benefits with respect to anticancer  
17 medications administered by a health care provider  
18 shall provide that any cost sharing for prescribed,  
19 patient-administered anticancer medications that are  
20 used to kill, slow, or prevent the growth of cancerous  
21 cells and that have been approved by the Food and  
22 Drug Administration is no less favorable than the  
23 cost sharing for anticancer medications that is intra-  
24 venously administered or injected by a health care  
25 provider.

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

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

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

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

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

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

22                   “(C) applying more restrictive limitations  
23                   on prescribed orally administered anticancer  
24                   medications than on intravenously administered  
25                   or injected anticancer medications.

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

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

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

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

16           “(5) COST SHARING DEFINED.—In this sub-  
17 section, the term ‘cost sharing’ includes a deductible,  
18 coinsurance, copayment, and any maximum limita-  
19 tion on the application of such a deductible, coinsur-  
20 ance, copayment, and similar out-of-pocket ex-  
21 penses.”.

22           (2) CONFORMING AMENDMENT.—Section  
23 2724(e) of the Public Health Service Act (42 U.S.C.  
24 300gg–23(c)) is amended by striking “section 2704”  
25 and inserting “sections 2719A, 2725, and 2726”.

1 (b) CLARIFYING AMENDMENT REGARDING APPLICA-  
2 TION TO GRANDFATHERED PLANS.—Section  
3 1251(a)(4)(A) of the Patient Protection and Affordable  
4 Care Act (42 U.S.C. 18011(a)(4)(A)) is amended by add-  
5 ing at the end the following new clause:

6 “(v) Section 2719A(e) (relating to  
7 cost sharing for oral anticancer drugs).”.

8 (c) EFFECTIVE DATE.—The amendments made by  
9 this section shall apply with respect to group health plans  
10 for plan years beginning on or after January 1, 2018, and  
11 with respect to health insurance coverage offered, sold,  
12 issued, renewed, in effect, or operated in the individual  
13 or group market on or after such date.

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