

304.17A-172 Requirements for health benefit plans that include anticancer medications that are injected or intravenously administered by a health care provider and patient-administered anticancer medications.

- (1) For purposes of this section:
 - (a) "Anticancer medications" means drugs and biologics that are used to kill, slow, or prevent the growth of cancerous cells; and
 - (b) "Cost sharing" means the cost to an individual insured under an individual or group health benefit plan according to any coverage limit, copayment, coinsurance, deductible, or other out-of-pocket expense requirements imposed by the plan.
- (2) A health benefit plan that covers 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 or self-injected, shall not require a higher copayment, deductible, or coinsurance amount for patient-administered anticancer medications than it requires for injected or intravenously administered anticancer medications, regardless of the formulation or benefit category determination by the health benefit plan.
- (3) A health benefit plan shall not comply with subsection (2) of this section by:
 - (a) Increasing the copayment, deductible, or coinsurance amount required for injected or intravenously administered anticancer medications that are covered under the health benefit plan; or
 - (b) Reclassifying benefits with respect to anticancer medications.
- (4) Notwithstanding any provision of this section to the contrary, an individual or group health benefit plan shall be deemed to be in compliance with this section if the cost sharing imposed under such a policy does not exceed one hundred dollars (\$100) per prescription fill for a thirty (30) day period.
- (5) For a health benefit plan that meets the definition of a high deductible health plan as defined by 26 U.S.C. sec. 223(c)(2), to be used in conjunction with a health savings account as defined by 26 U.S.C. sec. 223(d)(1), the provisions of subsection (4) of this section shall only apply after an insured's deductible has been satisfied for the year.

Effective: January 1, 2015

History: Created 2014 Ky. Acts ch. 119, sec. 11, effective January 1, 2015.