

Insurance and Real Estate Committee JOINT FAVORABLE REPORT

Bill No.: SB-33

AN ACT CONCERNING HEALTH INSURANCE COVERAGE OF ORALLY AND
Title: INTRAVENOUSLY ADMINISTERED PRESCRIPTION DRUGS.

Vote Date: 3/14/2019

Vote Action: Joint Favorable

PH Date: 2/7/2019

File No.:

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SPONSORS OF BILL:

Insurance and Real Estate Committee

Sen. Martin M. Looney, 11th Dist.

REASONS FOR BILL:

To require health insurance companies to provide the same coverage for orally administered drugs as intravenously administered drugs.

RESPONSE FROM ADMINISTRATION/AGENCY:

[State of Connecticut Insurance Department](#) states that they cannot provide substantive comments on bills that are in the concept phase but will review bills when they are fully drafted.

NATURE AND SOURCES OF SUPPORT:

[Sen. Martin M. Looney, 11th Dist.](#) supports this bill because it would extend protections to all patients that are extended to cancer patients. Oral drugs can be extraordinarily expensive and are covered under health plans as prescription drugs rather than medical expenses.

[Connecticut State Medical Society](#) supports this bill because it is their policy that any service deemed necessary from a physician should be covered under insurance policies. The decision to treat a patient with oral treatment or intravenous should be made by the physician and not the health insurer. If oral medication is needed it should be covered equally.

[Lisa Freeman, Executive Director, Connecticut Center for Patient Safety](#) supports this bill because “if prescription drugs are covered and the physician determines that the patient needs the drug administered through IV, then the IV drug should be covered.”

[Michelle Noehren](#) supports this bill because it would give cancer patients peace and privacy by allowing them to take oral medication in their own homes rather than going outside of their home for IV treatment.

NATURE AND SOURCES OF OPPOSITION:

[American Health Insurance Plans](#) opposes this bill because it will increase health care costs for consumers. Oral medication is traditionally more expensive than intravenous drugs. In many cases determining parity between oral and intravenous is not possible because there is no intravenous equivalent to an oral drug. Many health insurance carriers cannot meet the actuarial value requirements for the Affordable Care Act plans because of restrictions on benefit limits.

[Christine Cappiello, Anthem Blue Cross and Blue Shield](#) oppose this bill because it seeks to impose a new mandate for individuals and group policies. It also raises concerns about patient safety because taking a medication orally removes the ability for a physician to supervise side effects first hand and address them. The bill will also increase the cost for the patient because health plans structure IV drugs as medical benefits and oral prescriptions as pharmacy benefit.

[Janice Perkins, Connecticare](#) opposes this bill because it would be another unfunded mandate on fully insured plans. Currently, traditional anticancer treatments are covered under a medical plan’s medical benefit while oral anticancer treatment is covered under the health plan’s pharmacy benefit. Given the way that benefits are structured, administration of this would be impossible.

[Connecticut Conference of Municipalities](#) opposes this bill because “state-mandated expansion of health insurance coverage would increase insurance costs for cities and towns”.

[Connecticut Association of Health Plans](#) opposes this bill because oral equivalents can cost excessively more than intravenous medications. They also state that this bill has been proposed and rejected six years in a row because of the fiscal note.

[Michelle Rakebrand, Connecticut Business and Industry Association](#) opposes this bill because “of the enormous cost implications they will have on employers, and in turn suggests the adoption of a health benefit review that would provide full transparency to legislators on the impact of any proposed healthcare mandates”.

Reported by: Greg Castelli

Date: 3/26/19