

REVENUE: No revenue impact

FISCAL: No fiscal impact

Action:	Do Pass
Vote:	7 - 0 - 2
Yeas:	Bruun, Cannon, Gelser, Kotek, Maurer, Richardson, Greenlick
Nays:	0
Exc.:	Bonamici, Flores
Prepared By:	Sandy Thiele-Cirka, Administrator
Meeting Dates:	5/2 (Access sub), 5/15 (Full)

WHAT THE MEASURE DOES: Requires health benefit plan that covers chemotherapy to cover orally-administered anticancer medication as part of medical benefit.

ISSUES DISCUSSED:

- Situation of a cancer patient with treatment and cost
- Various cost of cancer treatment and adverse affects of chemotherapy
- Work group on measure
- Insurance coverage for oral and intravenous chemotherapy

EFFECT OF COMMITTEE AMENDMENT: No amendment.

BACKGROUND: Intravenously-administered chemotherapy has been the standard treatment for advanced forms of cancer since its approval by the federal Food and Drug Administration (FDA) in 1962. Most chemotherapy drugs cause tumors to shrink, but may also have serious side effects such as pain, hair loss, nausea, vomiting and anemia.

The Medical News Today article, May 18, 2005 *Xeloda Should Replace Burdensome Intravenous Chemotherapy*, states that oral medication versus intravenous chemotherapy results in a two-thirds reduction in hospital time and greater than 50 percent reduction in costly medical side effects. A patient treated with oral chemotherapy only requires eight hospital visits compared to 30 visits if treated with standard chemotherapy. The oral treatment is more cost-effective, as it may be taken at home, whereas intravenous chemotherapy must be administered and monitored by trained health care providers.

SB 8A states that oral chemotherapy is to be treated by health insurance companies equally to all other forms of chemotherapy.