

132nd MAINE LEGISLATURE

FIRST REGULAR SESSION-2025

Legislative Document

No. 178

H.P. 111

House of Representatives, January 14, 2025

An Act Regarding Coverage for Step Therapy for Advanced Metastatic Cancer

Reference to the Committee on Health Coverage, Insurance and Financial Services suggested and ordered printed.

R(+ B. Hunt

ROBERT B. HUNT Clerk

Presented by Representative MATHIESON of Kittery. Cosponsored by Senator TEPLER of Sagadahoc and Representative: CLUCHEY of Bowdoinham.

1	Be it enacted by the People of the State of Maine as follows:
2	Sec. 1. 24-A MRSA §4320-N, sub-§1, ¶A-1 is enacted to read:
3 4 5	A-1. "Advanced metastatic cancer" means cancer that has spread from the primary or original site of the cancer to nearby tissues, lymph nodes or other areas or parts of the body.
6	Sec. 2. 24-A MRSA §4320-N, sub-§1, ¶A-2 is enacted to read:
7 8 9	<u>A-2.</u> "Associated conditions" means the symptoms or side effects associated with advanced metastatic cancer or its treatment and that, in the judgment of the health care practitioner, further jeopardize the health of a patient if left untreated.
10	Sec. 3. 24-A MRSA §4320-N, sub-§8 is enacted to read:
11 12 13 14 15	8. Advanced metastatic cancer; associated conditions. A health plan that provides coverage for advanced metastatic cancer and associated conditions may not require that the enrollee fail to successfully respond to a different drug or prove a history of failure of a different drug before the health plan provides coverage of a prescription drug approved by the United States Food and Drug Administration.
16 17 18 19	This subsection applies only to a drug the use of which is consistent with best practices for the treatment of advanced metastatic cancer or an associated condition; supported by peer-reviewed, evidence-based literature; and approved by the United States Food and Drug Administration.
20	SUMMARY
21 22 23 24	This bill prohibits a health plan that provides coverage for advanced metastatic cancer and associated conditions from requiring an enrollee to fail to successfully respond to a different drug or prove a history of failure of a different drug before providing coverage of a prescription drug approved by the United States Food and Drug Administration.

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