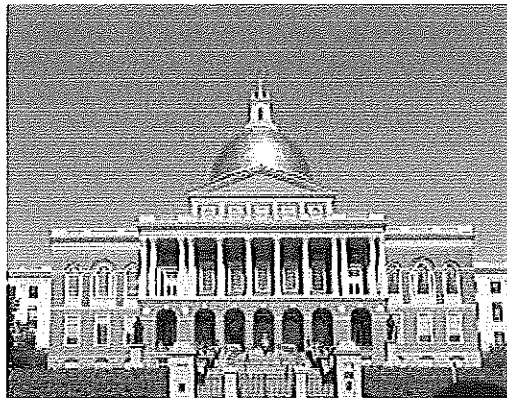


# **Legislative History Project**



**Amanda Maizel**

**American Legislative Practice**

**Spring 2013**

## MEMORANDUM

To: Professor Kealy  
From: Amanda Maizel  
Subject: Legislative History Project -AN ACT RELATIVE TO ORAL CANCER THERAPY  
Date: Spring 2013

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I chose to compile the legislative history of Chapter 403 of the Acts of 2012, "An Act relative to oral cancer therapy." As an intern for the Joint Committee on Public Health, I chose to compile the legislative history for this bill because I wanted to see the type of health care bills that move successfully through this Committee. The Committee's research staff is currently working on some bills for this legislative session, but they are in the early stages of the process. By gathering the legislative history for this newly enacted law, I hoped to see how bills change during the legislative process and eventually become law.

Sponsored by Senator Stephen M. Brewer, this bill, S.1070, was first referred to the Joint Committee on Public Health. After a hearing on June 6, 2011, it was reported out of the Committee favorably and referred to the Joint Committee on Health Care Financing. The Joint Committee on Health Care Financing immediately discharged it to the Senate Committee on Ways and Means. After a new draft, S.2363, and amendment, H.4349, the Legislature eventually enacted it on December 31, 2012 and the Governor signed it into law on January 3, 2013, the last day of the legislative session.

The act requires health benefit plans that cover chemotherapy treatments, to provide coverage parity between orally administered cancer drugs and those that are injected or intravenously administered. Twenty other states have enacted similar laws, which aim to increase the quality of life for cancer patients. Many oral cancer therapies have the same therapeutic effects as those administered intravenously, but many patients did not have access to them

because of their high cost and would have to make frequent trips to clinics or outpatient facilities to receive their cancer treatments.

The next few pages will discuss my search for legislative history pertaining to this law:

#### Massachusetts Legislature Website

I first looked at the enacted law on the Massachusetts Legislature website (<http://www.malegislature.gov/>). I then looked at its legislative history and printed out copies of the different versions of the bill. The current law and the different versions of the bill are all in the first section of this binder.

#### News Media

News articles comprise the second section of my binder. I first searched *State House News Service* to find news articles and press releases pertaining to this law. I found several short articles and press releases discussing the proposed law. I also found a few articles that included this bill in its greater coverage of House and Senate votes.

I then searched the major Boston newspapers, for example *The Boston Globe* and *Boston Herald*, to see if I could find any coverage on this bill. Before my search, I had few expectations as to the number of articles that I would find. Although it can have a potential impact on many commonwealth residents, insurance parity between oral and injectable cancer drugs is not a controversial or headline grabbing topic. Unfortunately, I did not find any news stories in local newspapers, such as the *Jamaica Plain Gazette*, *Berkshire Eagle*, *Worcester Telegram*, or the *Cape Cod Times*.

Additionally, I searched to see if any of the local news channels, such as WHDH, WBZ, WCVB, or Fox 25 covered the story on their morning or evening news programs. None of the major networks seemed to have covered the story.

I also performed a Google search to see if any national news outlet wrote about this law. Massachusetts is a leader in health care legislation, and I anticipated that the big news outlets may have addressed the newly passed law within the context of the national problem of rising health care costs. Unfortunately, I did not find many national news articles either. The *New York Times* had an article that discussed oral cancer therapy costs and the effects that this bill would have on costs.

#### DHCFP Reports on Oral Cancer Therapy

After working for a federal agency and taking Administrative law last semester, I am aware of the significance of agency implementation of a bill. I searched online to determine whether the commonwealth's executive branch had written or taken a position on the bill. The Center for Health Information and Analysis, a Massachusetts executive agency former known as the Division of Health Care Finance and Policy, issued two reports on this bill while it was in the Joint Committee on Public Health. The Center issued "DHCFP Mandated Benefit Review of Senate Bill 1070: An Act Relative to Oral Cancer Therapy" and an in-depth actuarial analysis discussing projected costs of implementation. Both reports I later found in the Joint Committee on Public Health's files, which shows that agencies work with committees during the legislative process. I included both reports in the third section of my binder.

#### Files in Joint Committee on Public Health

When I was interning, I inquired about this particular bill and spoke to the Research Analyst, Torey McNamara, who primarily worked on it last session. Ms. McNamara reviewed the contents of the file cabinet, pulled the files that she knew that I would need, and at that point, I was able to photocopy them. She explained to me Joint Committee housed all of the files from both the House and the Senate in their file cabinets. Ms. McNamara also told me that I could

access the shared drive and print out any information that I found within those electronic files. The hard copy files mainly contained scientific studies and different versions of the bill language. The electronic files had much of the same information, but I also found testimony and constituent petitions supporting the bill.

The Committee maintains both electronic and hard copy records of bills from the current session. Their electronic files begin with the 2010-2011 legislative session, which suggests that the Committee decided at that point in time to scan hard copy files into the shared computer drive. Since their file cabinet space is limited, the Committee removes bills from the previous session of the file cabinet once new bills for current legislative session arrive in committee.

#### Files in Joint Committee on Health Care Financing

Later that day, I went over to the Joint Committee on Health Care Financing and asked the administrative assistant at the front desk if they had any files on my bill. The administrative assistant handed me a thin file that contained the different versions of the bill and summaries. Slightly disappointed that I could not compile much new information, I photocopied the contents of the file and included the materials in the fifth, sixth, and seventh sections of my binder.

#### My Last Thoughts

Although I wished I could have found more news articles, I am satisfied with the results of my legislative history search. I have found a variety of records and I am hopeful that a future legislator, research analyst, or law student will be able to glean the legislative intent of this bill from my findings. I am glad that I had the opportunity to preserve a small aspect of Massachusetts legislative history through this project.



**Bills**

### Bill S.1070

187th (2011 - 2012)

**An Act relative to oral cancer therapy.**

By Mr. Brewer, a petition (accompanied by bill, Senate, No. 1070) of Stephen M. Brewer, Anne M. Gobi and Michael F. Kane for legislation relative to oral cancer therapy. Public Health.

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**Sponsors:** Stephen M. Brewer

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SECTION 1. Notwithstanding the provisions of any general law, rule, or regulation to the contrary, a health benefit plan that provides coverage for cancer chemotherapy treatment must provide coverage for a prescribed, orally administered anticancer medication used to kill or slow the growth of cancerous cells on a basis no less favorable than intravenously administered or injected cancer medications that are covered as medical benefits. An increase in patient cost sharing for anticancer medications is not allowed to achieve compliance with this provision.

**Actions for Bill S.1070**

Date	Branch	Action
1/24/2011	Senate	Referred to the committee on Public Health
1/24/2011	House	House concurred
6/6/2011	Joint	Hearing scheduled for 06/21/2011 from 10:00 AM-01:00 PM in A-1
8/4/2011	Senate	Bill reported favorably by committee and referred to the committee on Health Care Financing
4/30/2012	Senate	Discharged to the committee on Senate Ways and Means
5/3/2012	House	House concurred
7/19/2012	Senate	Committee recommended ought to pass with an amendment, substituting a new draft, see S2363
7/19/2012	Senate	Rules suspended
7/19/2012	Senate	Read second
7/19/2012	Senate	New draft substituted, see S2363

**Petitioners:** Stephen M. Brewer, Anne M. Gobi, Michael F. Kane

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**Bills**

### Bill S.2363

187th (2011 - 2012)

**An Act relative to oral cancer therapy.**

The committee on Ways and Means

**Sponsors:** Senate Committee on Ways and Means

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SECTION 1. Chapter 32A of the General Laws is hereby amended by inserting after section 17I the following section:-

Section 17J. Any coverage offered by the commission to an active or retired employee of the commonwealth insured under the group insurance commission that provides coverage for cancer chemotherapy treatment shall provide coverage for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells on a basis no less favorable than intravenously administered or injected cancer medications that are covered as medical benefits. An increase in patient cost sharing for anticancer medications shall not be allowed to achieve compliance with this section.

SECTION 2. Chapter 175 of the General Laws is hereby amended by inserting after section 47AA the following section:-

Section 47BB. Any policy, contract, agreement, plan or certificate of insurance issued,



7/23/2012	House	Referred to the House committee on Ways and Means
7/30/2012	House	Committee recommended ought to pass with an amendment, striking out all after the enacting clause and inserting in place thereof the text of an amendment, H4349
7/30/2012	House	Referred to the House committee on Steering, Policy and Scheduling with the amendment pending
7/30/2012	House	Committee reported that the matter be placed in the Orders of the Day for the next sitting for a second reading with the amendment pending
7/30/2012	House	Rules suspended
7/30/2012	House	Read second, amended (as recommended by the committee on Ways and Means) and ordered to a third reading
12/31/2012	House	Read third
12/31/2012	House	Amendment adopted
12/31/2012	House	Amendment adopted
12/31/2012	House	Passed to be engrossed
12/31/2012	Senate	Rules suspended

Petitioners: Senate Committee on Ways and Means

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### Acts

**2012**
**CHAPTER 403 AN ACT RELATIVE TO ORAL CANCER THERAPY.**

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*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same as follows:*

SECTION 1. Chapter 32A of the General Laws is hereby amended by inserting after section 17J the following section:-

Section 17K. Any coverage offered by the commission to an active or retired employee of the commonwealth insured under the group insurance commission that provides coverage for cancer chemotherapy treatment shall provide coverage for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells on a basis not less favorable than intravenously administered or injected cancer medications that are covered as medical benefits. An increase in patient cost sharing for anticancer medications shall not be allowed to achieve compliance with this section.

SECTION 2. Chapter 175 of the General Laws is hereby amended by inserting after section 47BB, the second time it appears, the following section:-

Section 47DD. Any policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within the commonwealth that provides medical expense coverage for cancer chemotherapy treatment shall provide coverage for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells on a basis not less favorable than intravenously administered or injected cancer medications that are covered as medical benefits. An increase in patient cost sharing for anticancer medications shall not be allowed to achieve compliance with this section.

SECTION 3. Chapter 176A of the General Laws is hereby amended by inserting after section 8EE the following section:-

Section 8FF. Any contract between a subscriber and the corporation under an individual or group hospital service plan which is delivered, issued or renewed within the commonwealth that provides coverage for cancer chemotherapy treatment shall provide coverage for prescribed, orally administered anticancer medications used to kill or slow the growth of

cancerous cells on a basis not less favorable than intravenously administered or injected cancer medications that are covered as medical benefits. An increase in patient cost sharing for anticancer medications shall not be allowed to achieve compliance with this section.

SECTION 4. Chapter 176B of the General Laws is hereby amended by inserting after section 4EE, the second time it appears, the following section:-

Section 4FF. Any subscription certificate under an individual or group medical service agreement delivered, issued or renewed within the commonwealth that provides coverage for cancer chemotherapy treatment shall provide coverage for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells on a basis not less favorable than intravenously administered or injected cancer medications that are covered as medical benefits. An increase in patient cost sharing for anticancer medications shall not be allowed to achieve compliance with this section.

SECTION 5. Chapter 176G of the General Laws is hereby amended by inserting after section 4W the following section:-

Section 4X. Any individual or group health maintenance contract that provides coverage for cancer chemotherapy treatment shall provide coverage for prescribed, orally administered anticancer medications used to kill or slow the growth of cancerous cells on a basis not less favorable than intravenously administered or injected cancer medications that are covered as medical benefits. An increase in patient cost sharing for anticancer medications shall not be allowed to achieve compliance with this section.

SECTION 6. Sections 1 to 5, inclusive, shall apply to all policies, contracts and certificates of health insurance subject to section 17K of chapter 32A, section 47DD of chapter 175, section 8FF of chapter 176A, section 4FF of chapter 176B and section 4X of chapter 176G of the General Laws which are delivered, issued or renewed on or after January 1, 2013.

SECTION 7. Chapter 244 of the acts of 2012 is hereby amended by inserting, after section 25, the following section:-

SECTION 25A. Section 4 shall take effect on May 1, 2013.

*Approved, January 3, 2013.*

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