STATE OF NEW YORK

4585

2021-2022 Regular Sessions

IN ASSEMBLY

February 4, 2021

Introduced by M. of A. RAJKUMAR, ANDERSON, GLICK, WEPRIN, NOLAN, SEPTIMO, HEVESI, GALEF, EICHENSTEIN, BICHOTTE HERMELYN, BRAUNSTEIN, LAVINE -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to administration of the monoclonal antibody treatment for high risk patients suffering from COVID-19

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Short title. This act shall be known and may be cited as the "COVID-19 Early Intervention Act".

§ 2. Legislative intent. Monoclonal antibody treatment has been shown to prevent people at high risk of severe COVID-19 disease from hospitalization or death if the treatment is administered within 10 days of the patient showing symptoms. Even though this FDA-approved treatment is shown to be life-saving, the treatment is often unused by health care providers. Drug manufacturer Eli Lilly released a study indicating that the treatment decreased the rate of hospitalizations and death by 70%. The intent of this legislation is to require hospitals and other health providers to inform high risk patients of the availability of the monoclonal antibody treatment and to administer it to consenting patients where supplies exist. This can include treatment by any drug company that manufactures the monoclonal antibody treatment, including but not limited to Eli Lily or Regeneron.

§ 3. Section 2182 of the public health law is renumbered section 2183 and a new section 2182 is added to read as follows:

§ 2182. Monoclonal antibody treatment. 1. Hospitals and health care providers shall be required to inform patients at high risk of hospitalization or severe illness due to COVID-19 of the option of monoclonal antibody treatment where such patient has tested positive for COVID-19 and where such treatment is medically appropriate.

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets [-] is old law to be omitted.

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2. For the purposes of this section, "high risk" means patients who have one or more of several qualifying conditions. Qualifying conditions include either age over sixty-five years, or co-morbidities including but not limited to advanced chronic kidney disease, heart failure, pulmonary disease, cystic fibrosis, solid organ or stem cell transplant, active chemotherapy for acute leukemia, lymphoma, or myeloma, Parkinson's disease, use of immunosuppressive therapy, diabetes requiring medication, or a body mass index (BMI) greater than thirty-five.

3. Hospitals and health care providers shall be required to administer the monoclonal antibody treatment to high risk patients who consent to such treatment and where the hospital or provider has access to the treatment. The treatment must be administered to the patient within six hours of the patient receiving a positive COVID-19 test result, and within ten days of the patient's onset of symptoms relating to COVID-19.

4. If a hospital or health care provider does not have the treatment available, they shall assist the patient with the process of obtaining an appointment or referral to another facility or provider who can administer the monoclonal antibody treatment within the timeframes set forth in this section or otherwise specified by the department or the FDA.

5. Each hospital and health care provider shall provide patients with a form, to be developed by the department, requiring his or her signature acknowledging that he or she has been informed of the option for monoclonal antibody treatment and indicating whether or not they elect to receive such treatment.

§ 4. This act shall take effect on the thirtieth day after it shall have become a law.