

STATE OF NEW YORK

7704

2021-2022 Regular Sessions

IN ASSEMBLY

May 20, 2021

Introduced by M. of A. FERNANDEZ -- (at request of the Office of Mental Health) -- read once and referred to the Committee on Insurance

AN ACT to amend the insurance law, in relation to providing behavioral health parity (Part A); and to amend the insurance law, in relation to the authorization for certain drugs for the detoxification or maintenance of a substance use disorder (Part B)

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

1 Section 1. This act enacts into law components of legislation which
2 are necessary to effectuate provisions relating to mental health and
3 substance use disorder parity. Each component is wholly contained with-
4 in a Part identified as Parts A through B. The effective date for each
5 particular provision contained within such Part is set forth in the last
6 section of such Part. Any provision in any section contained within a
7 Part, including the effective date of the Part, which makes reference
8 to a section "of this act", when used in connection with that partic-
9 ular component, shall be deemed to mean and refer to the correspond-
10 ing section of the Part in which it is found. Section three of this act
11 sets forth the general effective date of this act.

12 PART A

13 Section 1. Subparagraph (D) of paragraph 30 of subsection (i) of
14 section 3216 of the insurance law, as amended by section 5 of subpart A
15 of part BB of chapter 57 of the laws of 2019, is amended to read as
16 follows:

17 (D) This subparagraph shall apply to facilities in this state that are
18 licensed, certified or otherwise authorized by the office of [~~alcoholism~~
19 ~~and substance abuse services~~] addiction services and supports that are
20 participating in the insurer's provider network. Coverage provided under
21 this paragraph shall not be subject to preauthorization. Coverage

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

LBD09970-02-1

provided under this paragraph shall also not be subject to concurrent utilization review during the first twenty-eight days of the inpatient admission provided that the facility notifies the insurer of both the admission and the initial treatment plan within two business days of the admission on a standardized form developed by the department in consultation with the department of health and the office of addiction services and supports. The facility shall perform daily clinical review of the patient~~[, including periodic]~~ and consult periodically with the insurer regarding the patient's progress, course of treatment, and discharge plan. Periodic consultation with the insurer ~~[at or just prior to]~~ shall occur no later than the fourteenth day of treatment ~~[to ensure that the facility is using the evidence-based and peer reviewed clinical review tool utilized by the insurer which is designated by the office of alcoholism and substance abuse services and appropriate to the age of the patient, to ensure that the inpatient treatment is medically necessary for the patient]~~. Prior to discharge, the facility shall provide the patient and the insurer with a written discharge plan which shall describe arrangements for additional services needed following discharge from the inpatient facility as determined using the evidence-based and peer-reviewed clinical review tool utilized by the insurer which is designated by the office of ~~[alcoholism and substance abuse services]~~ addiction services and supports. Prior to discharge, the facility shall indicate to the insurer whether services included in the discharge plan are secured or determined to be reasonably available. ~~[Any]~~ Insurers shall actively participate in facility-initiated periodic consultations prior to the patient's discharge and except where the insurer fails to do so, any utilization review of treatment provided under this subparagraph may include a review of all services provided during such inpatient treatment, including all services provided during the first twenty-eight days of such inpatient treatment. Provided, however, the insurer shall be required to process claims for the provision of such services within the timeframes established in subsection (a) of section three thousand two hundred twenty-four-a of this article and shall only deny coverage for any portion of the initial twenty-eight day inpatient treatment on the basis that such treatment was not medically necessary if such inpatient treatment was contrary to the evidence-based and peer reviewed clinical review tool utilized by the insurer which is designated by the office of ~~[alcoholism and substance abuse services]~~ addiction services and supports. An insured shall not have any financial obligation to the facility for any treatment under this subparagraph other than any copayment, coinsurance, or deductible otherwise required under the policy.

§ 2. Subparagraph (E) of paragraph 31 of subsection (i) of section 3216 of the insurance law, as amended by section 6 of subpart A of part BB of chapter 57 of the laws of 2019, is amended to read as follows:

(E) This subparagraph shall apply to facilities in this state that are licensed, certified or otherwise authorized by the office of ~~[alcoholism and substance abuse services]~~ addiction services and supports for the provision of outpatient, intensive outpatient, outpatient rehabilitation and opioid treatment that are participating in the insurer's provider network. Coverage provided under this paragraph shall not be subject to preauthorization. Coverage provided under this paragraph shall not be subject to concurrent review for the first four weeks of continuous treatment, not to exceed twenty-eight visits, provided the facility notifies the insurer of both the start of treatment and the initial treatment plan within two business days on a standardized form developed

1 by the department in consultation with the department of health and the
2 office of addiction services and supports. The facility shall perform
3 clinical assessment of the patient at each visit[, ~~including periodic~~
4 and consult periodically with the insurer regarding the patient's
5 progress, course of treatment, and discharge plan. Periodic consultation
6 with the insurer [~~at or just prior to~~] shall occur no later than the
7 fourteenth day of treatment [~~to ensure that the facility is using the~~
8 ~~evidence-based and peer reviewed clinical review tool utilized by the~~
9 ~~insurer which is designated by the office of alcoholism and substance~~
10 ~~abuse services and appropriate to the age of the patient, to ensure that~~
11 ~~the outpatient treatment is medically necessary for the patient~~]. [Any]
12 Insurers shall actively participate in facility-initiated periodic
13 consultations prior to the patient's discharge and except where the
14 insurer fails to do so, any utilization review of the treatment provided
15 under this subparagraph may include a review of all services provided
16 during such outpatient treatment, including all services provided during
17 the first four weeks of continuous treatment, not to exceed twenty-eight
18 visits, of such outpatient treatment. Provided, however, the insurer
19 shall only deny coverage for any portion of the initial four weeks of
20 continuous treatment, not to exceed twenty-eight visits, for outpatient
21 treatment on the basis that such treatment was not medically necessary
22 if such outpatient treatment was contrary to the evidence-based and peer
23 reviewed clinical review tool utilized by the insurer which is desig-
24 nated by the office of [~~alcoholism and substance abuse services~~
25 addiction services and supports]. An insured shall not have any finan-
26 cial obligation to the facility for any treatment under this subpara-
27 graph other than any copayment, coinsurance, or deductible otherwise
28 required under the policy.

29 § 3. Subparagraph (G) of paragraph 35 of subsection (i) of section
30 3216 of the insurance law, as added by section 8 of subpart A of part BB
31 of chapter 57 of the laws of 2019, is amended to read as follows:

32 (G) This subparagraph shall apply to hospitals in this state that are
33 licensed, certified or otherwise authorized by the office of mental
34 health that are participating in the insurer's provider network. Where
35 the policy provides coverage for inpatient hospital care, benefits for
36 inpatient hospital care in a hospital as defined by subdivision ten of
37 section 1.03 of the mental hygiene law [~~provided to individuals who have~~
38 ~~not attained the age of eighteen~~] shall not be subject to preauthori-
39 zation. Coverage provided under this subparagraph shall also not be
40 subject to concurrent utilization review during the first fourteen days
41 of the inpatient admission, provided the facility notifies the insurer
42 of both the admission and the initial treatment plan within two business
43 days of the admission on a standardized form developed by the department
44 in consultation with the department of health and the office of mental
45 health, performs daily clinical review of the patient, and [~~participates~~
46 ~~in periodic consultation with the insurer to ensure that the facility is~~
47 ~~using the evidence-based and peer reviewed clinical review criteria~~
48 ~~utilized by the insurer which is approved by the office of mental health~~
49 ~~and appropriate to the age of the patient, to ensure that the inpatient~~
50 ~~care is medically necessary for the patient~~] consults periodically with
51 the insurer regarding the patient's progress, course of treatment, and
52 discharge plan. [~~All~~] Insurers shall actively participate in facility-
53 initiated periodic consultations prior to the patient's discharge and
54 except where the insurer fails to do so, all treatment provided under
55 this subparagraph may be reviewed retrospectively. Where care is denied
56 retrospectively, an insured shall not have any financial obligation to

1 the facility for any treatment under this subparagraph other than any
2 copayment, coinsurance, or deductible otherwise required under the poli-
3 cy.

4 § 4. Subparagraph (G) of paragraph 5 of subsection (1) of section 3221
5 of the insurance law, as added by section 14 of subpart A of part BB of
6 chapter 57 of the laws of 2019, is amended to read as follows:

7 (G) This subparagraph shall apply to hospitals in this state that are
8 licensed, certified or otherwise authorized by the office of mental
9 health that are participating in the insurer's provider network. Where
10 the policy provides coverage for inpatient hospital care, benefits for
11 inpatient hospital care in a hospital as defined by subdivision ten of
12 section 1.03 of the mental hygiene law [~~provided to individuals who have~~
13 ~~not attained the age of eighteen~~] shall not be subject to preauthori-
14 zation. Coverage provided under this subparagraph shall also not be
15 subject to concurrent utilization review during the first fourteen days
16 of the inpatient admission, provided the facility notifies the insurer
17 of both the admission and the initial treatment plan within two business
18 days of the admission on a standardized form developed by the department
19 in consultation with the department of health and the office of mental
20 health, performs daily clinical review of the patient, and [~~participates~~
21 ~~in periodic consultation with the insurer to ensure that the facility is~~
22 ~~using the evidence-based and peer reviewed clinical review criteria~~
23 ~~utilized by the insurer which is approved by the office of mental health~~
24 ~~and appropriate to the age of the patient, to ensure that the inpatient~~
25 ~~care is medically necessary for the patient~~] consults periodically with
26 the insurer regarding the patient's progress, course of treatment, and
27 discharge plan. [~~All~~] Insurers shall actively participate in facility-
28 initiated periodic consultations prior to the patient's discharge and
29 except where the insurer fails to do so, all treatment provided under
30 this subparagraph may be reviewed retrospectively. Where care is denied
31 retrospectively, an insured shall not have any financial obligation to
32 the facility for any treatment under this subparagraph other than any
33 copayment, coinsurance, or deductible otherwise required under the poli-
34 cy.

35 § 5. Subparagraph (D) of paragraph 6 of subsection (1) of section 3221
36 of the insurance law, as amended by section 15 of subpart A of part BB
37 of chapter 57 of the laws of 2019, is amended to read as follows:

38 (D) This subparagraph shall apply to facilities in this state that are
39 licensed, certified or otherwise authorized by the office of [~~alcoholism~~
40 ~~and substance abuse services~~] addiction services and supports that are
41 participating in the insurer's provider network. Coverage provided under
42 this paragraph shall not be subject to preauthorization. Coverage
43 provided under this paragraph shall also not be subject to concurrent
44 utilization review during the first twenty-eight days of the inpatient
45 admission provided that the facility notifies the insurer of both the
46 admission and the initial treatment plan within two business days of the
47 admission on a standardized form developed by the department in consul-
48 tation with the department of health and the office of addiction
49 services and supports. The facility shall perform daily clinical review
50 of the patient[, ~~including periodic~~] and consult periodically with the
51 insurer regarding the patient's progress, course of treatment, and
52 discharge plan. Periodic consultation with the insurer [~~at or just prior~~
53 ~~to~~] shall occur no later than the fourteenth day of treatment [~~to ensure~~
54 ~~that the facility is using the evidence-based and peer reviewed clinical~~
55 ~~review tool utilized by the insurer which is designated by the office of~~
56 ~~alcoholism and substance abuse services and appropriate to the age of~~

1 ~~the patient, to ensure that the inpatient treatment is medically neces-~~
2 ~~sary for the patient~~. Prior to discharge, the facility shall provide
3 the patient and the insurer with a written discharge plan which shall
4 describe arrangements for additional services needed following discharge
5 from the inpatient facility as determined using the evidence-based and
6 peer-reviewed clinical review tool utilized by the insurer which is
7 designated by the office of [~~alcoholism and substance abuse services~~]
8 addiction services and supports. Prior to discharge, the facility shall
9 indicate to the insurer whether services included in the discharge plan
10 are secured or determined to be reasonably available. [~~Any~~] Insurers
11 shall actively participate in facility-initiated periodic consultations
12 prior to the patient's discharge and except where the insurer fails to
13 do so, any utilization review of treatment provided under this subpara-
14 graph may include a review of all services provided during such inpa-
15 tient treatment, including all services provided during the first twen-
16 ty-eight days of such inpatient treatment. Provided, however, the
17 insurer shall be required to process claims for the provision of such
18 services within the timeframes established in subsection (a) of section
19 three thousand two hundred twenty-four-a of this article and shall only
20 deny coverage for any portion of the initial twenty-eight day inpatient
21 treatment on the basis that such treatment was not medically necessary
22 if such inpatient treatment was contrary to the evidence-based and peer
23 reviewed clinical review tool utilized by the insurer which is desig-
24 nated by the office of [~~alcoholism and substance abuse services~~]
25 addiction services and supports. An insured shall not have any financial
26 obligation to the facility for any treatment under this subparagraph
27 other than any copayment, coinsurance, or deductible otherwise required
28 under the policy.

29 § 6. Subparagraph (E) of paragraph 7 of subsection (1) of section 3221
30 of the insurance law, as amended by section 17 of subpart A of part BB
31 of chapter 57 of the laws of 2019, is amended to read as follows:

32 (E) This subparagraph shall apply to facilities in this state that are
33 licensed, certified or otherwise authorized by the office of [~~alcoholism~~
34 ~~and substance abuse services~~] addiction services and supports for the
35 provision of outpatient, intensive outpatient, outpatient rehabilitation
36 and opioid treatment that are participating in the insurer's provider
37 network. Coverage provided under this paragraph shall not be subject to
38 preauthorization. Coverage provided under this paragraph shall not be
39 subject to concurrent review for the first four weeks of continuous
40 treatment, not to exceed twenty-eight visits, provided the facility
41 notifies the insurer of both the start of treatment and the initial
42 treatment plan within two business days on a standardized form developed
43 by the department in consultation with the department of health and the
44 office of addiction services and supports. The facility shall perform
45 clinical assessment of the patient at each visit[, ~~including periodic~~]
46 and consult periodically with the insurer regarding the patient's
47 progress, course of treatment, and discharge plan. Periodic consultation
48 with the insurer [~~at or just prior to~~] shall occur no later than the
49 fourteenth day of treatment [~~to ensure that the facility is using the~~
50 ~~evidence-based and peer-reviewed clinical review tool utilized by the~~
51 ~~insurer which is designated by the office of alcoholism and substance~~
52 ~~abuse services and appropriate to the age of the patient, to ensure that~~
53 ~~the outpatient treatment is medically necessary for the patient~~]. [~~Any~~]
54 Insurers shall actively participate in facility-initiated periodic
55 consultations prior to the patient's discharge and except where the
56 insurer fails to do so, any utilization review of the treatment provided

1 under this subparagraph may include a review of all services provided
2 during such outpatient treatment, including all services provided during
3 the first four weeks of continuous treatment, not to exceed twenty-eight
4 visits, of such outpatient treatment. Provided, however, the insurer
5 shall only deny coverage for any portion of the initial four weeks of
6 continuous treatment, not to exceed twenty-eight visits, for outpatient
7 treatment on the basis that such treatment was not medically necessary
8 if such outpatient treatment was contrary to the evidence-based and peer
9 reviewed clinical review tool utilized by the insurer which is desig-
10 nated by the office of [~~alcoholism and substance abuse services~~]
11 addiction services and supports. An insured shall not have any finan-
12 cial obligation to the facility for any treatment under this subpara-
13 graph other than any copayment, coinsurance, or deductible otherwise
14 required under the policy.

15 § 7. Subsection (a) of section 3224-a of the insurance law, as amended
16 by chapter 237 of the laws of 2009, is amended to read as follows:

17 (a) Except in a case where the obligation of an insurer or an organ-
18 ization or corporation licensed or certified pursuant to article forty-
19 three or forty-seven of this chapter or article forty-four of the public
20 health law to pay a claim submitted by a policyholder or person covered
21 under such policy ("covered person") or make a payment to a health care
22 provider is not reasonably clear, or when there is a reasonable basis
23 supported by specific information available for review by the super-
24 intendent that such claim or bill for health care services rendered was
25 submitted fraudulently, such insurer or organization or corporation
26 shall pay the claim to a policyholder or covered person or make a
27 payment to a health care provider within thirty days of receipt of a
28 claim or bill for services rendered that is transmitted via the internet
29 or electronic mail, or forty-five days of receipt of a claim or bill for
30 services rendered that is submitted by other means, such as paper or
31 facsimile. The obligation of an insurer or organization to make payment
32 to a health care provider for mental health or substance use disorder
33 services that are not subject to preauthorization or concurrent review
34 pursuant to sections three thousand two hundred sixteen, three thousand
35 two hundred twenty-one, or four thousand three hundred three of this
36 chapter shall not be considered not reasonably clear solely because the
37 insurer or organization intends to perform concurrent review for such
38 services before or after the expiration of the timeframes established by
39 this subsection.

40 § 8. Paragraph 8 of subsection (g) of section 4303 of the insurance
41 law, as added by section 23 of subpart A of part BB of chapter 57 of the
42 laws of 2019, is amended to read as follows:

43 (8) This paragraph shall apply to hospitals in this state that are
44 licensed, certified or otherwise authorized by the office of mental
45 health that are participating in the [~~corporation's~~] insurer's provider
46 network. Where the contract provides coverage for inpatient hospital
47 care, benefits for inpatient hospital care in a hospital as defined by
48 subdivision ten of section 1.03 of the mental hygiene law [~~provided to~~
49 ~~individuals who have not attained the age of eighteen~~] shall not be
50 subject to preauthorization. Coverage provided under this paragraph
51 shall also not be subject to concurrent utilization review during the
52 first fourteen days of the inpatient admission, provided the facility
53 notifies the [~~corporation~~] insurer of both the admission and the initial
54 treatment plan within two business days of the admission on a standard-
55 ized form developed by the department in consultation with the depart-
56 ment of health and the office of mental health, performs daily clinical

1 review of the patient, and ~~[participates in periodic consultation with~~
2 ~~the corporation to ensure that the facility is using the evidence-based~~
3 ~~and peer-reviewed clinical review criteria utilized by the corporation~~
4 ~~which is approved by the office of mental health and appropriate to the~~
5 ~~age of the patient, to ensure that the inpatient care is medically~~
6 ~~necessary for the patient]~~ consults periodically with the insurer
7 regarding the patient's progress, course of treatment, and discharge
8 plan. [All] Insurers shall actively participate in facility-initiated
9 periodic consultations prior to the patient's discharge and except where
10 the insurer fails to do so, all treatment provided under this paragraph
11 may be reviewed retrospectively. Where care is denied retrospectively,
12 an insured shall not have any financial obligation to the facility for
13 any treatment under this paragraph other than any copayment, coinsu-
14 rance, or deductible otherwise required under the contract.

15 § 9. Paragraph 4 of subsection (k) of section 4303 of the insurance
16 law, as amended by section 26 of subpart A of part BB of chapter 57 of
17 the laws of 2019, is amended to read as follows:

18 (4) This paragraph shall apply to facilities in this state that are
19 licensed, certified or otherwise authorized by the office of alcoholism
20 and substance abuse services that are participating in the ~~[corpo-~~
21 ~~ration's]~~ insurer's provider network. Coverage provided under this
22 subsection shall not be subject to preauthorization. Coverage provided
23 under this subsection shall also not be subject to concurrent utiliza-
24 tion review during the first twenty-eight days of the inpatient admis-
25 sion provided that the facility notifies the ~~[corporation]~~ insurer of
26 both the admission and the initial treatment plan within two business
27 days of the admission on a standardized form developed by the department
28 in consultation with the department of health and the office of
29 addiction services and supports. The facility shall perform daily clin-
30 ical review of the patient~~[, including periodic consultation]~~ and
31 consult periodically with the insurer regarding the patient's progress,
32 course of treatment, and discharge plan. Periodic consultation with the
33 [corporation at or just prior to] insurer shall occur not later than the
34 fourteenth day of treatment ~~[to ensure that the facility is using the~~
35 ~~evidence-based and peer-reviewed clinical review tool utilized by the~~
36 ~~corporation which is designated by the office of alcoholism and~~
37 ~~substance abuse services and appropriate to the age of the patient, to~~
38 ~~ensure that the inpatient treatment is medically necessary for the~~
39 ~~patient]~~. Prior to discharge, the facility shall provide the patient and
40 the ~~[corporation]~~ insurer with a written discharge plan which shall
41 describe arrangements for additional services needed following discharge
42 from the inpatient facility as determined using the evidence-based and
43 peer-reviewed clinical review tool utilized by the ~~[corporation]~~ insurer
44 which is designated by the office of ~~[alcoholism and substance abuse~~
45 ~~services]~~ addiction services and supports. Prior to discharge, the
46 facility shall indicate to the ~~[corporation]~~ insurer whether services
47 included in the discharge plan are secured or determined to be reason-
48 ably available. [Any] Insurers shall actively participate in facility-
49 initiated periodic consultations prior to the patient's discharge and
50 except where the insurer fails to do so, any utilization review of
51 treatment provided under this paragraph may include a review of all
52 services provided during such inpatient treatment, including all
53 services provided during the first twenty-eight days of such inpatient
54 treatment. Provided, however, the ~~[corporation]~~ insurer shall be
55 required to process claims for the provision of such services within the
56 timeframes established in subsection (a) of section three thousand two

1 hundred twenty-four-a of this chapter and shall only deny coverage for
2 any portion of the initial twenty-eight day inpatient treatment on the
3 basis that such treatment was not medically necessary if such inpatient
4 treatment was contrary to the evidence-based and peer reviewed clinical
5 review tool utilized by the [~~corporation~~] insurer which is designated by
6 the office of [~~alcoholism and substance abuse services~~] addiction
7 services and supports. An insured shall not have any financial obli-
8 gation to the facility for any treatment under this paragraph other than
9 any copayment, coinsurance, or deductible otherwise required under the
10 contract.

11 § 10. Paragraph 5 of subsection (1) of section 4303 of the insurance
12 law, as amended by section 28 of subpart A of part BB of chapter 57 of
13 the laws of 2019, is amended to read as follows:

14 (5) This paragraph shall apply to facilities in this state that are
15 licensed, certified or otherwise authorized by the office of [~~alcoholism~~
16 ~~and substance abuse services~~] addiction services and supports for the
17 provision of outpatient, intensive outpatient, outpatient rehabilitation
18 and opioid treatment that are participating in the corporation's provid-
19 er network. Coverage provided under this subsection shall not be subject
20 to preauthorization. Coverage provided under this subsection shall not
21 be subject to concurrent review for the first four weeks of continuous
22 treatment, not to exceed twenty-eight visits, provided the facility
23 notifies the corporation of both the start of treatment and the initial
24 treatment plan within two business days on a standardized form developed
25 by the department in consultation with the department of health and the
26 office of addiction services and supports. The facility shall perform
27 clinical assessment of the patient at each visit[, ~~including periodic~~]
28 and consult periodically with the insurer regarding the patient's
29 progress, course of treatment, and discharge plan. Periodic consultation
30 with the corporation [~~at or just prior to~~] shall occur no later than the
31 fourteenth day of treatment [~~to ensure that the facility is using the~~
32 ~~evidence-based and peer reviewed clinical review tool utilized by the~~
33 ~~corporation which is designated by the office of alcoholism and~~
34 ~~substance abuse services and appropriate to the age of the patient, to~~
35 ~~ensure that the outpatient treatment is medically necessary for the~~
36 ~~patient~~]. [~~Any~~] Insurers shall actively participate in facility-initiat-
37 ed periodic consultations prior to the patient's discharge and except
38 where the insurer fails to do so, any utilization review of the treat-
39 ment provided under this paragraph may include a review of all services
40 provided during such outpatient treatment, including all services
41 provided during the first four weeks of continuous treatment, not to
42 exceed twenty-eight visits, of such outpatient treatment. Provided,
43 however, the corporation shall only deny coverage for any portion of the
44 initial four weeks of continuous treatment, not to exceed twenty-eight
45 visits, for outpatient treatment on the basis that such treatment was
46 not medically necessary if such outpatient treatment was contrary to the
47 evidence-based and peer reviewed clinical review tool utilized by the
48 corporation which is designated by the office of [~~alcoholism and~~
49 ~~substance abuse services~~] addiction services and supports. [~~A subscri-~~
50 ~~er~~] An insured shall not have any financial obligation to the facility
51 for any treatment under this paragraph other than any copayment, coinsu-
52 rance, or deductible otherwise required under the contract.

53 § 11. Section 109 of the insurance law is amended by adding a new
54 subsection (e) to read as follows:

55 (e) In addition to any right of action granted to the superintendent
56 pursuant to this section, any person who has been injured by reason of a

violation of paragraphs thirty, thirty-one, thirty-one-a and thirty-five of subsection (i) of section three thousand two hundred sixteen, paragraphs five, six, seven, seven-a and seven-b of subsection (l) of section three thousand two hundred twenty-one, and subsections (g), (k), (l), (l-1) or (l-2) of section four thousand three hundred three of this chapter by an insurer subject to article thirty-two or forty-three of this chapter may bring an action in his or her own name to enjoin such unlawful act or practice, an action to recover his or her actual damages or one thousand dollars, whichever is greater, or both such actions. The court may, in its discretion, award the prevailing plaintiff in such action an additional award not to exceed five thousand dollars, if the court finds the defendant willfully violated the provisions of this section. The court may award reasonable attorneys' fees to a prevailing plaintiff.

§ 12. This act shall take effect January 1, 2022.

PART B

Section 1. Subparagraph (A) of paragraph 31-a of subsection (i) of section 3216 of the insurance law, as added by chapter 748 of the laws of 2019, is amended to read as follows:

(A) No policy that provides medical, major medical or similar comprehensive-type coverage and provides coverage for prescription drugs for medication for the treatment of a substance use disorder shall require prior authorization for an initial or renewal prescription for such drugs for the detoxification or maintenance of a substance use disorder, including all buprenorphine products, methadone [or], long acting injectable naltrexone [for detoxification or maintenance treatment of a substance use disorder] and medication for opioid overdose reversal prescribed or dispensed to an individual covered under the policy, except where otherwise prohibited by law.

§ 2. Subparagraph (A) of paragraph 7-a of subsection (l) of section 3221 of the insurance law, as added by chapter 748 of the laws of 2019, is amended to read as follows:

(A) No policy that provides medical, major medical or similar comprehensive-type small group coverage and provides coverage for prescription drugs for medication for the treatment of a substance use disorder shall require prior authorization for an initial or renewal prescription for such drugs for the detoxification or maintenance of a substance use disorder, including all buprenorphine products, methadone, long acting injectable naltrexone, and medication for opioid overdose reversal prescribed or dispensed to an individual covered under the policy, except where otherwise prohibited by law. Every policy that provides medical, major medical or similar comprehensive-type large group coverage shall provide coverage for prescription drugs for medication for the treatment of a substance use disorder and shall provide immediate coverage for all buprenorphine products, methadone [or], long acting injectable naltrexone, and medication for opioid overdose reversal prescribed or dispensed to an individual covered under the policy without prior authorization for the detoxification or maintenance treatment of a substance use disorder, except where otherwise prohibited by law.

§ 3. Subparagraph (A) of paragraph (l-1) of section 4303 of the insurance law, as added by chapter 748 of the laws of 2019, is amended to read as follows:

(A) No contract that provides medical, major medical or similar comprehensive-type individual or small group coverage and provides

1 coverage for prescription drugs for medication for the treatment of a
2 substance use disorder shall require prior authorization for an initial
3 or renewal prescription for such drugs for the detoxification or mainte-
4 nance of a substance use disorder, including all buprenorphine products,
5 methadone, long acting injectable naltrexone, and medication for opioid
6 overdose reversal prescribed or dispensed to an individual covered under
7 the contract, except where otherwise prohibited by law. Every contract
8 that provides medical, major medical, or similar comprehensive-type
9 large group coverage shall provide coverage for prescription drugs for
10 medication for the treatment of a substance use disorder and shall
11 provide immediate coverage for all buprenorphine products, methadone
12 ~~[or]~~, long acting injectable naltrexone, and medication for opioid over-
13 dose reversal prescribed or dispensed to an individual covered under the
14 contract without prior authorization for the detoxification or mainte-
15 nance treatment of a substance use disorder, except where otherwise
16 prohibited by law.

17 § 4. This act shall take effect immediately.

18 § 2. Severability clause. If any clause, sentence, paragraph, subdivi-
19 sion, section or part of this act shall be adjudged by any court of
20 competent jurisdiction to be invalid, such judgment shall not affect,
21 impair, or invalidate the remainder thereof, but shall be confined in
22 its operation to the clause, sentence, paragraph, subdivision, section
23 or part thereof directly involved in the controversy in which such judg-
24 ment shall have been rendered. It is hereby declared to be the intent of
25 the legislature that this act would have been enacted even if such
26 invalid provisions had not been included herein.

27 § 3. This act shall take effect immediately provided, however, that
28 the applicable effective date of Parts A through B of this act shall be
29 as specifically set forth in the last section of such Parts.