

STATE OF NEW YORK

7976

2021-2022 Regular Sessions

IN ASSEMBLY

June 4, 2021

Introduced by M. of A. SEAWRIGHT -- read once and referred to the
Committee on Health

AN ACT to amend the public health law and the social services law, in
relation to assuring more equitable access to specialized cancer care;
and providing for the repeal of such provisions upon expiration there-
of

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

1 Section 1. Legislative findings and intent. The Legislature finds that
2 enhancing access to high quality, specialized cancer care is an impor-
3 tant goal, given the fact that cancer remains the second leading cause
4 of death in New York state, and the Legislature further finds that it is
5 important to ensure equitable access to cancer care for all New Yorkers,
6 regardless of the source of their healthcare coverage. Evidence has
7 demonstrated that patients with cancer who are treated at a comprehen-
8 sive cancer center like Memorial Sloan Kettering have better outcomes at
9 a comparable or lower total cost of care.
10 The Legislature further finds that, while most employer-sponsored
11 group health plans in the downstate region include Memorial Sloan
12 Kettering in their networks, nearly all health plans that offer coverage
13 on an individual basis-such as through the health insurance exchange,
14 the Medicaid managed care program or the Essential Plan-have not
15 contracted with Memorial Sloan Kettering for fear of adverse selection:
16 i.e., the plans are concerned that large numbers of individuals with
17 cancer will enroll in a plan that includes Memorial Sloan Kettering in
18 its network when very few, if any, of the other plans contract with the
19 facility. The purpose of this legislation is to assess whether, by
20 requiring all plans in the downstate region to contract with Memorial
21 Sloan Kettering, individuals who rely upon the health insurance
22 exchange, the Medicaid managed care program and the Essential Plan will
23 have improved access to state-of-the-art cancer care.

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

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§ 2. This act shall be known and may be cited as the "access to comprehensive cancer enhanced services strategy (ACCESS) demonstration project."

§ 3. Subparagraph (vi) of paragraph (b) of subdivision 1 of section 268-d of the public health law, as added by section 2 of part T of chapter 57 of the laws of 2019, is amended to read as follows:

(vi) if it provides coverage to persons residing in a city of one million or more or in its contiguous counties, contracts with a National Cancer Institute-designated comprehensive cancer hospital as defined in paragraph (e) of subdivision four of section twenty-eight hundred seven-c of this chapter for services for such persons, provided, however, if the health plan and such hospital are unable to reach agreement on reimbursement or rates, the health plan shall reimburse the hospital at no less than and in accordance with the fee-for-service Medicaid payment rate and methodology applicable to the hospital's inpatient and outpatient services and at no less than and in accordance with the fee-for-service Medicare payment rate and methodology applicable to the hospital-affiliated physician services; and

(vii) complies with the insurance law and this chapter requirements applicable to health insurance issued in this state and any regulations promulgated pursuant thereto that do not conflict with or prevent the application of federal requirements; and

§ 4. Subdivision 4 of section 364-j of the social services law is amended by adding a new paragraph (w) to read as follows:

(w) A managed care provider that provides coverage to persons residing in a city of one million or more or in its contiguous counties shall provide or arrange, directly or indirectly (including by referral), for access to and the provision of services by a National Cancer Institute-designated comprehensive cancer hospital as defined in paragraph (e) of subdivision four of section twenty-eight hundred seven-c of the public health law for services for such persons, provided, however, if the managed care provider and such hospital are unable to reach agreement on reimbursement for these services, the managed care provider shall reimburse the hospital at no less than and in accordance with the fee-for-service Medicaid payment rate and methodology applicable to such hospital's inpatient and outpatient services and at no less than and in accordance with the fee-for-service Medicare payment rate and methodology applicable to the hospital-affiliated physician services.

§ 5. Paragraph (c) of subdivision 1 of section 369-gg of the social services law, as amended by section 2 of part H of chapter 57 of the laws of 2021, is amended to read as follows:

(c) "Health care services" means (i) the services and supplies as defined by the commissioner in consultation with the superintendent of financial services, and shall be consistent with and subject to the essential health benefits as defined by the commissioner in accordance with the provisions of the patient protection and affordable care act (P.L. 111-148) and consistent with the benefits provided by the reference plan selected by the commissioner for the purposes of defining such benefits, and shall include, for enrollees who reside in a city of one million or more or in its contiguous counties, coverage of the services of a National Cancer Institute-designated comprehensive cancer hospital as defined in paragraph (e) of subdivision four of section twenty-eight hundred seven-c of this chapter for services for such enrollees, provided, however, if the approved organization and such hospital are unable to reach agreement on reimbursement for these services, the approved organization shall reimburse the hospital at no less than and

1 in accordance with the fee-for-service Medicaid payment rate and method-
2 ology applicable to such hospital's inpatient and outpatient services
3 and at no less than and in accordance with the fee-for-service Medicare
4 payment rate and methodology applicable to the hospital-affiliated
5 physician services, and (ii) dental and vision services as defined by
6 the commissioner;

7 § 6. This act shall take effect on the first of January next succeed-
8 ing the date on which it shall have become a law and shall apply to all
9 coverage or policies issued or renewed on or after such effective date
10 and shall expire and be deemed repealed five years after such date;
11 provided, however, that the amendments to subdivision 4 of section 364-j
12 of the social services law made by section four of this act shall not
13 affect the repeal of such section and shall be deemed repealed there-
14 with; provided, further, that the amendments to paragraph (c) of subdivi-
15 sion 1 of section 369-gg of the social services law made by section
16 five of this act shall not affect the expiration of such paragraph and
17 shall be deemed to expire therewith.