

STATE OF NEW YORK

10679

IN ASSEMBLY

August 28, 2024

Introduced by COMMITTEE ON RULES -- (at request of M. of A. Hunter) --
read once and referred to the Committee on Insurance

AN ACT to amend the insurance law, in relation to establishing a mandated window of five business days for both Medicaid and private insurers to respond to pre-authorization claims for testing and/or treatments made by physicians on behalf of oncology patients

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

1 Section 1. Subsection (a) of section 3238 of the insurance law is
2 amended by adding a new paragraph 7 to read as follows:

3 (7) with regard to claims of pre-authorization filed by a physician
4 with private insurers and/or Medicaid on behalf of an oncology patient,
5 it is hereby mandated that a waiting period of five business days be
6 established in which an insurer must respond to such a claim. If in such
7 a case the insurer does not render a decision and notify the physician
8 within the period of five business days following the filing of a pre-
9 authorization claim, the physician deemed responsible for treating the
10 patient is authorized to conduct the lifesaving testing, treatment, or
11 procedure and as such, the insurer will be made liable for payment
12 covering the prescribed method of care.

13 § 2. This act shall take effect immediately.

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

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