STATE OF NEW YORK

7944--A

2025-2026 Regular Sessions

IN ASSEMBLY

April 16, 2025

Introduced by M. of A. SAYEGH, BUTTENSCHON, P. CARROLL, LEVENBERG, MAGNARELLI, BORES, BRABENEC, McDONOUGH, ANGELINO -- read once and referred to the Committee on Insurance -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the insurance law and the public health law, in relation to ensuring continuity of care for cancer patients during insurance contract negotiations

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

Section 1. This act shall be known and may be cited as the "Continuity of Cancer Care Act" or the "COCCA".

§ 2. Section 3216 of the insurance law is amended by adding a new subsection (n) to read as follows:

(n) (1) For the purpose of this subsection:

(A) "course of treatment" shall mean that the treatment protocol aimed at combating the insured's cancer has been administered and the insured is clinically stable. Additionally, follow-up appointments/care for up to ninety days after the insured is found to be clinically stable shall also be considered part of the insured's course of treatment.

(B) "clinical stability" shall mean ninety days have passed since the treatment has been fully administered and: (i) the insured shows the intended result from their treatment protocol without complications that would require ongoing management by the provider's physicians; or (ii) the insured is receiving maintenance treatment to control the cancer from reoccurring.

(2) An insurer shall, where an insured is receiving treatment for cancer at a hospital, doctor's office or any other provider that provides oncology treatment which such insurer was covering in whole or in part and such insurer and such provider cannot come to an agreement during contract negotiations, continue to cover such treatments, at the

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

LBD10785-02-5

rate payable under the prior contract, for such insured until the conclusion of such insured's entire course of treatment and the individual is found to be clinically stable, provided that the rate payable under the prior contract shall be adjusted by the applicable Medicare Economic Index minus one percentage point applied to payment rates at the start of the next calendar year, and for each succeeding calendar year, for individuals that are continuing to receive treatment pursuant to this provision.

§ 3. Section 3221 of the insurance law is amended by adding a new subsection (v) to read as follows:

(v) (1) For the purpose of this subsection:

(A) "course of treatment" shall mean that the treatment protocol aimed at combating the insured's cancer has been administered and the insured is clinically stable. Additionally, follow-up appointments/care for up to ninety days after the insured is found to be clinically stable shall also be considered part of the insured's course of treatment.

(B) "clinical stability" shall mean ninety days have passed since the treatment has been fully administered and: (i) the insured shows the intended result from their treatment protocol without complications that would require ongoing management by the provider's physicians; or (ii) the insured is receiving maintenance treatment to control the cancer from reoccurring.

(2) An insurer shall, where an insured is receiving treatment for cancer at a hospital, doctor's office or any other provider that provides oncology treatment which such insurer was covering in whole or in part and such insurer and such provider cannot come to an agreement during contract negotiations, continue to cover such treatments, at the rate payable under the prior contract, for such insured until the conclusion of such insured's entire course of treatment and the individual is found to be clinically stable, provided that the rate payable under the prior contract shall be adjusted by the applicable Medicare Economic Index minus one percentage point applied to payment rates at the start of the next calendar year, and for each succeeding calendar year, for individuals that are continuing to receive treatment pursuant to this provision.

§ 4. Section 4303 of the insurance law is amended by adding a new subsection (i) to read as follows:

(i) (1) For the purpose of this subsection:

(A) "course of treatment" shall mean that the treatment protocol aimed at combating the insured's cancer has been administered and the insured is clinically stable. Additionally, follow-up appointments/care for up to ninety days after the insured is found to be clinically stable shall also be considered part of the insured's course of treatment.

(B) "clinical stability" shall mean ninety days have passed since the treatment has been fully administered and: (i) the insured shows the intended result from their treatment protocol without complications that would require ongoing management by the provider's physicians; or (ii) the insured is receiving maintenance treatment to control the cancer from reoccurring.

(2) An insurer shall, where an insured is receiving treatment for cancer at a hospital, doctor's office or any other provider that provides oncology treatment which such insurer was covering in whole or in part and such insurer and such provider cannot come to an agreement during contract negotiations, continue to cover such treatments, at the rate payable under the previous contract, for such insured until the conclusion of such insured's entire course of treatment and the insured

is found to be clinically stable, provided that the rate payable under the prior contract shall be adjusted by the applicable Medicare Economic Index minus one percentage point applied to payment rates at the start of the next calendar year, and for each succeeding calendar year, for individuals that are continuing to receive treatment pursuant to this provision.

§ 5. The public health law is amended by adding a new section 4406-j to read as follows:

§ 4406-j. Continuity of cancer care. 1. For the purpose of this section:

(a) "course of treatment" shall mean that the treatment protocol aimed at combating the insured's cancer has been administered and the insured is clinically stable. Additionally, follow-up appointments/care for up to ninety days after the insured is found to be clinically stable shall also be considered part of the insured's course of treatment.

(b) "clinical stability" shall mean ninety days have passed since the treatment has been fully administered and: (i) the insured shows the intended result from their treatment protocol without complications that would require ongoing management by the provider's physicians; or (ii) the insured is receiving maintenance treatment to control the cancer from reoccurring.

2. An organization shall, where an insured is receiving treatment for cancer at a hospital, doctor's office or any other provider that provides oncology treatment which such organization was covering in whole or in part and such organization and such provider cannot come to an agreement during contract negotiations, continue to cover such treatments, at the rate payable under the prior contract, for such insured until the conclusion of such insured's entire course of treatment and the individual is found to be clinically stable, provided that the rate payable under the prior contract shall be adjusted by the applicable Medicare Economic Index minus one percentage point applied to payment rates at the start of the next calendar year, and for each succeeding calendar year, for individuals that are continuing to receive treatment pursuant to this provision.

§ 6. The public health law is amended by adding a new section 2404-e to read as follows:

§ 2404-e. Cancer; duty to continue treatment. 1. For the purpose of this section:

(a) "course of treatment" shall mean that the treatment protocol aimed at combating the insured's cancer has been administered and the insured is clinically stable. Additionally, follow-up appointments/care for up to ninety days after the insured is found to be clinically stable shall also be considered part of the insured's course of treatment.

(b) "clinical stability" shall mean ninety days have passed since the treatment has been fully administered and: (i) the insured shows the intended result from their treatment protocol without complications that would require ongoing management by the provider's physicians; or (ii) the insured is receiving maintenance treatment to control the cancer from reoccurring.

2. Where a person is receiving treatment for cancer at a hospital, doctor's office or any other provider that provides oncology treatment which is covered by such person's insurance company and such provider and such person's insurance company cannot come to an agreement during contract negotiations, such person shall remain under continuous care of such provider and such person's insurance shall continue to provide such coverage for such treatments, at the rate payable under the prior

contract, until the conclusion of such person's entire course of treatment and the insured is found to be clinically stable, provided that the rate payable under the prior contract shall be adjusted by the applicable Medicare Economic Index minus one percentage point applied to payment rates at the start of the next calendar year, and for each succeeding calendar year, for individuals that are continuing to receive treatment pursuant to this provision.

§ 7. This act shall take effect immediately.