

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:

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

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

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

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

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

17 (2) An insurer shall, where an insured is receiving treatment for
18 cancer at a hospital, doctor's office or any other provider that
19 provides oncology treatment which such insurer was covering in whole or
20 in part and such insurer and such provider cannot come to an agreement
21 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.

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

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

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

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

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

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

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

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

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

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

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

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

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

9 § 4406-j. Continuity of cancer care. 1. For the purpose of this
10 section:

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

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

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

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

37 § 2404-e. Cancer; duty to continue treatment. 1. For the purpose of
38 this section:

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

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

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

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

8 § 7. This act shall take effect immediately.