S T A T E O F N E W Y O R K

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2009-2010 Regular Sessions

I N A S S E M B L Y

March 31, 2009

Introduced by M. of A. V. LOPEZ, SCHROEDER, KELLNER, GUNTHER, COLTON, O'DONNELL, TITONE, STIRPE, PHEFFER, SPANO, ROSENTHAL, JAFFEE, GIBSON, CASTRO, N. RIVERA, POWELL, LAVINE, PERRY -- Multi-Sponsored by -- M. of A. ALESSI, BARRON, BING, BRENNAN, CAHILL, CRESPO, CYMBROWITZ, FIELDS, GABRYSZAK, GALEF, GLICK, HOOPER, HYER-SPENCER, JACOBS, KOON, LANCMAN, LATIMER, LIFTON, LUPARDO, MAGEE, MAISEL, MARKEY, MAYERSOHN, McENENY, MENG, J. MILLER, PRETLOW, REILLY, RUSSELL, SCHIMEL, SWEENEY, TOWNS, WEISENBERG -- read once and referred to the Committee on Insurance -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- recommitted to the Committee on Insurance in accordance with Assembly Rule 3, sec. 2 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the insurance law, in relation to policy coverage of chemotherapy treatment

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Legislative findings. The legislature finds that advances in medical research have led to significant new developments of various medical treatments. These treatments offer patients a wide range of new choices to combat very serious diseases. The area of cancer treatment has been one of the fields that has seen these significant new medical advancements. In recent years, oral chemotherapy treatments have been developed that provide viable alternatives to traditional intravenous cancer treatments for patients. This oral chemotherapy treatment offers the treating physician and the patient a choice in relation to treatment options. However, this choice is sometimes limited as the oral chemotherapy treatments are, in most cases, covered under the prescription drug benefit of an insurance plan rather than under the major medical insurance benefit of an insurance plan. This discrepancy in coverage can

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

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limit a patient's ability to choose the oral chemotherapy treatment because of the cost associated with the disparate treatment.

S 2. Subsection (i) of section 3216 of the insurance law is amended by adding a new paragraph 12-a to read as follows:

(12-A) (A) EVERY POLICY DELIVERED OR ISSUED FOR DELIVERY IN THIS STATE THAT PROVIDES MEDICAL, MAJOR MEDICAL, OR SIMILAR COMPREHENSIVE-TYPE COVERAGE AND PROVIDES COVERAGE FOR CANCER CHEMOTHERAPY TREATMENT SHALL PROVIDE COVERAGE FOR A PRESCRIBED, ORALLY ADMINISTERED ANTICANCER MEDICATION USED TO KILL OR SLOW THE GROWTH OF CANCEROUS CELLS ON A BASIS NO LESS FAVORABLE THAN: (I) INTRAVENOUSLY ADMINISTERED OR INJECTED CANCER MEDICATIONS; OR (II) PRESCRIBED DRUGS AS COVERED UNDER THE ENROLLEE'S PRESCRIPTION DRUG BENEFIT, WHICHEVER IS LESS.

(B) A POLICY SHALL NOT ACHIEVE COMPLIANCE WITH THIS PARAGRAPH BY IMPOSING AN INCREASE IN CO-PAYMENT, DEDUCTIBLE OR CO-INSURANCE AMOUNT FOR AN INTRAVENOUSLY ADMINISTERED OR INJECTED CANCER MEDICATION COVERED UNDER THE POLICY.

S 3. Subsection (k) of section 3221 of the insurance law is amended by adding a new paragraph 9-a to read as follows:

(9-A) (A) EVERY GROUP OR BLANKET POLICY DELIVERED OR ISSUED FOR DELIVERY IN THIS STATE THAT PROVIDES MEDICAL, MAJOR MEDICAL, OR SIMILAR COMPREHENSIVE-TYPE COVERAGE AND PROVIDES COVERAGE FOR CANCER CHEMOTHERAPY TREATMENT SHALL PROVIDE COVERAGE FOR A PRESCRIBED, ORALLY ADMINISTERED ANTICANCER MEDICATION USED TO KILL OR SLOW THE GROWTH OF CANCEROUS CELLS ON A BASIS NO LESS FAVORABLE THAN: (I) INTRAVENOUSLY ADMINISTERED OR INJECTED CANCER MEDICATIONS; OR (II) PRESCRIBED DRUGS AS COVERED UNDER THE ENROLLEE'S PRESCRIPTION DRUG BENEFIT, WHICHEVER IS LESS.

(B) A POLICY SHALL NOT ACHIEVE COMPLIANCE WITH THIS PARAGRAPH BY IMPOSING AN INCREASE IN CO-PAYMENT, DEDUCTIBLE OR CO-INSURANCE AMOUNT FOR AN INTRAVENOUSLY ADMINISTERED OR INJECTED CANCER MEDICATION COVERED UNDER THE POLICY.

S 4. Section 4303 of the insurance law is amended by adding a new subsection (q-1) to read as follows:

(Q-1) (1) EVERY POLICY ISSUED BY A MEDICAL EXPENSE INDEMNITY CORPORATION, A HOSPITAL SERVICE CORPORATION OR A HEALTH SERVICE CORPORATION FOR DELIVERY IN THIS STATE THAT PROVIDES MEDICAL, MAJOR MEDICAL, OR SIMILAR COMPREHENSIVE-TYPE COVERAGE AND PROVIDES COVERAGE FOR CANCER CHEMOTHERAPY TREATMENT SHALL PROVIDE COVERAGE FOR A PRESCRIBED, ORALLY ADMINISTERED ANTICANCER MEDICATION USED TO KILL OR SLOW THE GROWTH OF CANCEROUS CELLS ON A BASIS NO LESS FAVORABLE THAN: (A) INTRAVENOUSLY ADMINISTERED OR INJECTED CANCER MEDICATIONS; OR (B) PRESCRIBED DRUGS AS COVERED UNDER THE ENROLLEE'S PRESCRIPTION DRUG BENEFIT, WHICHEVER IS LESS.

(2) A POLICY SHALL NOT ACHIEVE COMPLIANCE WITH THIS SUBSECTION BY IMPOSING AN INCREASE IN CO-PAYMENT, DEDUCTIBLE OR CO-INSURANCE AMOUNT FOR AN INTRAVENOUSLY ADMINISTERED OR INJECTED CANCER MEDICATION COVERED UNDER THE POLICY.

S 5. This act shall take effect immediately and shall apply to policies issued, modified, or renewed on or after such effective date.