

6233

2011-2012 Regular Sessions

I N   A S S E M B L Y

March 10, 2011

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Introduced by M. of A. V. LOPEZ, SCHROEDER, KELLNER, GUNTHER, COLTON, TITONE, PHEFFER, SPANO, ROSENTHAL, JAFFEE, GIBSON, CASTRO, N. RIVERA, LAVINE, PERRY -- Multi-Sponsored by -- M. of A. BARRON, BING, BRENNAN, CAHILL, CRESPO, CYMBROWITZ, GABRYSZAK, GALEF, GLICK, HOOPER, JACOBS, 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

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:

1     Section 1. Legislative findings. The legislature finds that advances  
2 in medical research have led to significant new developments of various  
3 medical treatments. These treatments offer patients a wide range of new  
4 choices to combat very serious diseases. The area of cancer treatment  
5 has been one of the fields that has seen these significant new medical  
6 advancements. In recent years, oral chemotherapy treatments have been  
7 developed that provide viable alternatives to traditional intravenous  
8 cancer treatments for patients. This oral chemotherapy treatment offers  
9 the treating physician and the patient a choice in relation to treatment  
10 options. However, this choice is sometimes limited as the oral chemoth-  
11 erapy treatments are, in most cases, covered under the prescription drug  
12 benefit of an insurance plan rather than under the major medical insur-  
13 ance benefit of an insurance plan. This discrepancy in coverage can  
14 limit a patient's ability to choose the oral chemotherapy treatment  
15 because of the cost associated with the disparate treatment.

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

18     (12-A) (A) EVERY POLICY DELIVERED OR ISSUED FOR DELIVERY IN THIS STATE  
19 THAT PROVIDES MEDICAL, MAJOR MEDICAL, OR SIMILAR COMPREHENSIVE-TYPE

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

LBD09290-02-1

1 COVERAGE AND PROVIDES COVERAGE FOR PRESCRIPTION DRUGS AND FOR CANCER  
2 CHEMOTHERAPY TREATMENT SHALL PROVIDE COVERAGE FOR A PRESCRIBED, ORALLY  
3 ADMINISTERED ANTICANCER MEDICATION USED TO KILL OR SLOW THE GROWTH OF  
4 CANCEROUS CELLS ON A BASIS NO LESS FAVORABLE THAN: (I) INTRAVENOUSLY  
5 ADMINISTERED OR INJECTED CANCER MEDICATIONS; OR, IF APPLICABLE, (II)  
6 PRESCRIBED DRUGS AS COVERED UNDER THE ENROLLEE'S PRESCRIPTION DRUG BENE-  
7 FIT, WHICHEVER IS LESS.

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

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

14 (9-A) (A) EVERY GROUP OR BLANKET POLICY DELIVERED OR ISSUED FOR DELIV-  
15 ERY IN THIS STATE THAT PROVIDES MEDICAL, MAJOR MEDICAL, OR SIMILAR  
16 COMPREHENSIVE-TYPE COVERAGE AND PROVIDES COVERAGE FOR PRESCRIPTION DRUGS  
17 AND FOR CANCER CHEMOTHERAPY TREATMENT SHALL PROVIDE COVERAGE FOR A  
18 PRESCRIBED, ORALLY ADMINISTERED ANTICANCER MEDICATION USED TO KILL OR  
19 SLOW THE GROWTH OF CANCEROUS CELLS ON A BASIS NO LESS FAVORABLE THAN:  
20 (I) INTRAVENOUSLY ADMINISTERED OR INJECTED CANCER MEDICATIONS; OR, IF  
21 APPLICABLE, (II) PRESCRIBED DRUGS AS COVERED UNDER THE ENROLLEE'S  
22 PRESCRIPTION DRUG BENEFIT, WHICHEVER IS LESS.

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

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

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

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

43 S 5. This act shall take effect on the first of January next succeed-  
44 ing the date on which it shall have become a law and shall apply to all  
45 policies and contracts issued, renewed, modified, altered or amended on  
46 or after such effective date.