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I N S E N A T E

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AN ACT to amend the insurance law, in relation to requiring health insurance coverage for substance abuse disorder treatment services and creating a workgroup to study and make recommendations

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

1 Section 1. The insurance law is amended by adding a new section 3242
2 to read as follows:
3 S 3242. COVERAGE FOR SUBSTANCE ABUSE DISORDER. (A) (1) EVERY POLICY
4 DELIVERED OR ISSUED FOR DELIVERY BY A HEALTH PLAN IN THIS STATE WHICH
5 PROVIDES MEDICAL, MAJOR MEDICAL OR SIMILAR COMPREHENSIVE-TYPE COVERAGE
6 SHALL INCLUDE SPECIFIC COVERAGE FOR DRUG AND ALCOHOL ABUSE AND DEPENDEN-
7 CY TREATMENT SERVICES PURSUANT TO THE FEDERAL PAUL WELLSTONE AND PETE
8 DOMENICI MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008, AND
9 APPLICABLE STATE STATUTES WHICH REQUIRES PARITY BETWEEN MENTAL HEALTH OR
10 SUBSTANCE USE DISORDER BENEFITS AND MEDICAL/SURGICAL BENEFITS WITH
11 RESPECT TO FINANCIAL REQUIREMENTS AND TREATMENT.
12 (2) DETERMINATION OF COVERAGE FOR SUBSTANCE ABUSE OR DEPENDENCY TREAT-
13 MENT SERVICES BY A HEALTH PLAN SHALL BE MADE THROUGH A MEDICAL MANAGE-
14 MENT REVIEW PROCESS WHICH:
15 (A) UTILIZES A HEALTH CARE PROVIDER WHO SPECIALIZES IN SUBSTANCE USE
16 DISORDER; AND
17 (B) UTILIZES ONLY CLINICAL REVIEW CRITERIA CONTAINED IN THE AMERICAN
18 SOCIETY OF ADDICTION MEDICINE'S PATIENT PLACEMENT CRITERIA OR ANOTHER
19 CARE CRITERIA OR COMPENDIA DEEMED APPROPRIATE AND APPROVED FOR SUCH USE
20 BY THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES IN CONSULTATION
21 WITH THE COMMISSIONER OF HEALTH AND THE SUPERINTENDENT OF THE DEPARTMENT
22 OF FINANCIAL SERVICES.
23 (3) THE LOCATION OF COVERED TREATMENT PURSUANT TO THIS SECTION SHALL
24 BE SUBJECT TO THE INSURER'S REQUIREMENTS RELATING TO THE USE OF PARTIC-

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

1 IPATING PROVIDERS, INCLUDING THOSE PROVIDERS LOCATED OUTSIDE OF THE
2 STATE.

3 (B) WHERE AN INSURED'S TREATING HEALTHCARE PROVIDER DETERMINES THAT A
4 DELAY IN PROVIDING CARE OR TREATMENT RELATING TO A SUBSTANCE ABUSE
5 DISORDER WOULD POSE A SERIOUS THREAT TO THE HEALTH OR SAFETY OF THE
6 INSURED, ALL INTERNAL AND EXTERNAL APPEALS OF UTILIZATION REVIEW DETER-
7 MINATIONS SHALL BE CONDUCTED ON AN EXPEDITED BASIS, AS SET FORTH IN
8 SUBSECTION (B) OF SECTION FOUR THOUSAND NINE HUNDRED FOUR OF THIS CHAP-
9 TER AND IN PARAGRAPH THREE OF SUBSECTION (B) OF SECTION FOUR THOUSAND
10 NINE HUNDRED FOURTEEN OF THIS CHAPTER.

11 (C) IN THE EVENT OF AN ADVERSE DETERMINATION FOR SUBSTANCE ABUSE OR
12 DEPENDENCY TREATMENT SERVICES, THE HEALTH PLAN SHALL CONTINUE TO PROVIDE
13 COVERAGE FOR ALL SUCH SERVICES UNTIL THE INSURED HAS EXHAUSTED ALL
14 APPEALS, BOTH INTERNAL AND EXTERNAL, OR OTHERWISE NOTIFIES THE HEALTH
15 PLAN THAT HE OR SHE HAS DECIDED TO NOT MOVE FORWARD WITH THE APPEALS
16 PROCESS.

17 (D) FOR PURPOSES OF THIS SECTION: (1) "SUBSTANCE ABUSE OR DEPENDENCY
18 TREATMENT SERVICES" SHALL INCLUDE, BUT NOT BE LIMITED TO, HOSPITAL AND
19 NON-HOSPITAL BASED DETOXIFICATION, INCLUDING MEDICALLY MANAGED,
20 MEDICALLY SUPERVISED AND MEDICALLY MONITORED WITHDRAWAL, INPATIENT AND
21 INTENSIVE RESIDENTIAL REHABILITATION, AND INTENSIVE AND ROUTINE OUTPA-
22 TIENT TREATMENT; AND

23 (2) "HEALTH PLAN" SHALL MEAN AN INSURER LICENSED TO WRITE ACCIDENT AND
24 HEALTH INSURANCE SUBJECT TO ARTICLE FORTY-TWO OF THIS CHAPTER; A CORPO-
25 RATION ORGANIZED PURSUANT TO ARTICLE FORTY-THREE OF THIS CHAPTER; A
26 MUNICIPAL COOPERATIVE HEALTH BENEFIT PLAN CERTIFIED PURSUANT TO ARTICLE
27 FORTY-SEVEN OF THIS CHAPTER; A HEALTH MAINTENANCE ORGANIZATION CERTIFIED
28 PURSUANT TO ARTICLE FORTY-FOUR OF THE PUBLIC HEALTH LAW; OR A STUDENT
29 HEALTH PLAN ESTABLISHED OR MAINTAINED PURSUANT TO SECTION ONE THOUSAND
30 ONE HUNDRED TWENTY-FOUR OF THIS CHAPTER.

31 S 2. 1. Within thirty days of the effective date of this act, the
32 commissioner of the office of alcoholism and substance abuse services,
33 superintendent of the department of financial services, and the commis-
34 sioner of health, shall jointly convene a workgroup to study and make
35 recommendations on improving access to and availability of substance
36 abuse and dependency treatment services in the state. The workgroup
37 shall be co-chaired by such commissioners and superintendent, and shall
38 include, but not be limited to, a review of the following:

39 a. Identifying barriers to obtaining necessary substance abuse treat-
40 ment services for across the state;

41 b. Recommendations for increasing access to and availability of
42 substance abuse treatment services in the state, including underserved
43 areas of the state;

44 c. Identifying best clinical practices for substance abuse treatment
45 services;

46 d. A review of current insurance coverage requirements and recommenda-
47 tions for improving insurance coverage for substance abuse and dependen-
48 cy treatment;

49 e. Recommendations for improving state agency communication and
50 collaboration relating to substance abuse treatment services in the
51 state; and

52 f. Resources for affected individuals and families who are having
53 difficulties obtaining necessary substance abuse treatment services.

54 2. The workgroup shall submit a report of its findings and recommenda-
55 tions to the governor, the temporary president of the senate, the speak-
56 er of the assembly, the chairs of the senate and assembly insurance

1 committees, and the chairs of the senate and assembly health committees
2 no later than December 31, 2014.
3 S 3. This act shall take effect immediately.