

STATE OF NEW YORK

5834

2019-2020 Regular Sessions

IN ASSEMBLY

February 19, 2019

Introduced by M. of A. GIGLIO, DeSTEFANO, KOLB, LAWRENCE, McDONOUGH, MIKULIN, B. MILLER, MORINELLO, RA, REILLY, SMITH, WALSH -- Multi-Sponsored by -- M. of A. SAYEGH, TAGUE -- read once and referred to the Committee on Insurance

AN ACT to amend the insurance law, in relation to requiring health insurance coverage for substance use disorder treatment services

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

Section 1. Paragraph 30 of subsection (i) of section 3216 of the insurance law, as amended by section 1 of part B of chapter 71 of the laws of 2016, is amended by adding a new subparagraph (E) to read as follows:

(E) Coverage provided under this paragraph for detoxification, shall be at a minimum, seven days. Rehabilitation services shall be, at a minimum, thirty days.

§ 2. Subparagraphs (D) and (E) of paragraph 31 of subsection (i) of section 3216 of the insurance law are relettered subparagraphs (E) and (F) and a new subparagraph (D) is added to read as follows:

(D) Coverage provided under this paragraph for detoxification, shall be at a minimum, seven days. Rehabilitation services shall be, at a minimum, thirty days.

§ 3. Paragraph 6 of subsection (1) of section 3221 of the insurance law is amended by adding a new subparagraph (E) to read as follows:

(E) Coverage provided under this paragraph for detoxification, shall be at a minimum, seven days. Rehabilitation services shall be, at a minimum, thirty days.

§ 4. Subparagraphs (D) and (E) of paragraph 7 of subsection (1) of section 3221 of the insurance law are relettered subparagraphs (E) and (F) and a new subparagraph (D) is added to read as follows:

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

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(D) Coverage provided under this paragraph for detoxification, shall be at a minimum, seven days. Rehabilitation services shall be, at a minimum, thirty days.

§ 5. Paragraph 3 of subsection (k) of section 4303 of the insurance law is renumbered paragraph 5 and a new paragraph 3 is added to read as follows:

(3) Coverage provided under this paragraph for detoxification, shall be at a minimum, seven days. Rehabilitation services shall be, at a minimum, thirty days.

§ 6. Paragraphs 3, 4 and 5 of subsection (l) of section 4303 of the insurance law, paragraphs 3 and 4 as amended by chapter 41 of the laws of 2014 and paragraph 5 as added by section 5 of part MM of chapter 57 of the laws of 2018, are amended to read as follows:

(3) Coverage provided under this paragraph for detoxification, shall be at a minimum, seven days. Rehabilitation services shall be, at a minimum, thirty days.

(4) Coverage provided under this subsection may be subject to annual deductibles and co-insurance as deemed appropriate by the superintendent and that are consistent with those imposed on other benefits within a given contract.

~~[(4)]~~ (5) A contract providing coverage for substance use disorder services pursuant to this subsection shall provide up to twenty outpatient visits per contract or calendar year to an individual who identifies him or herself as a family member of a person suffering from substance use disorder and who seeks treatment as a family member who is otherwise covered by the applicable contract pursuant to this subsection. The coverage required by this subsection shall include treatment as a family member pursuant to such family member's own contract provided such family member:

(A) does not exceed the allowable number of family visits provided by the applicable contract pursuant to this subsection; and

(B) is otherwise entitled to coverage pursuant to this subsection and such family member's applicable contract.

~~[(5)]~~ (6) This paragraph shall apply to facilities in this state certified by the office of alcoholism and substance abuse services for the provision of outpatient, intensive outpatient, outpatient rehabilitation and opioid treatment that are participating in the corporation's provider network. Coverage provided under this subsection shall not be subject to preauthorization. Coverage provided under this subsection shall not be subject to concurrent review for the first two weeks of continuous treatment, not to exceed fourteen visits, provided the facility notifies the corporation of both the start of treatment and the initial treatment plan within forty-eight hours. The facility shall perform clinical assessment of the patient at each visit, including the periodic consultation with the corporation to ensure that the facility is using the evidence-based and peer reviewed clinical review tool utilized by the corporation which is designated by the office of alcoholism and substance abuse services and appropriate to the age of the patient, to ensure that the outpatient treatment is medically necessary for the patient. Any utilization review of the treatment provided under this paragraph may include a review of all services provided during such outpatient treatment, including all services provided during the first two weeks of continuous treatment, not to exceed fourteen visits, of such outpatient treatment. Provided, however, the corporation shall only deny coverage for any portion of the initial two weeks of continuous treatment, not to exceed fourteen visits, for outpatient treatment on

1 the basis that such treatment was not medically necessary if such outpa-
2 tient treatment was contrary to the evidence-based and peer reviewed
3 clinical review tool utilized by the corporation which is designated by
4 the office of alcoholism and substance abuse services. A subscriber
5 shall not have any financial obligation to the facility for any treat-
6 ment under this paragraph other than any copayment, coinsurance, or
7 deductible otherwise required under the contract.

8 § 7. This act shall take effect on the thirtieth day after it shall
9 have become a law.