

STATE OF NEW YORK

1204--A

2019-2020 Regular Sessions

IN ASSEMBLY

January 14, 2019

Introduced by M. of A. PEOPLES-STOKES, GOTTFRIED, MOSLEY, JAFFEE, GALEF, JEAN-PIERRE, DE LA ROSA, SIMOTAS, WEPRIN, BRONSON, EPSTEIN, CRUZ, RODRIGUEZ, HEVESI -- Multi-Sponsored by -- M. of A. BRAUNSTEIN -- read once and referred to the Committee on Health -- reported and referred to the Committee on Codes -- reported and referred to the Committee on Ways and Means -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law and the executive law, in relation to HIV post-exposure prophylaxis and other health care services for sexual assault victims

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

Section 1. Paragraph (c) of subdivision 1 of section 2805-i of the public health law, as amended by section 1 of part HH of chapter 57 of the laws of 2018, is amended to read as follows:

(c) offering and making available appropriate HIV post-exposure treatment therapies; including a [~~seven-day starter pack~~] full regimen of HIV post-exposure prophylaxis, in cases where it has been determined, in accordance with guidelines issued by the commissioner, that a significant exposure to HIV has occurred[, ~~and informing the victim that payment assistance for such therapies may be available from the office of victim services pursuant to the provisions of article twenty-two of the executive law~~]. With the consent of the victim of a sexual assault, the hospital emergency room department shall provide or arrange for an appointment for medical follow-up related to HIV post-exposure prophylaxis and other care as appropriate, and inform the victim that payment assistance for such care may be available from the office of victim services pursuant to the provisions of article twenty-two of the executive law; and

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

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§ 2. Subdivision 13 of section 631 of the executive law, as amended by section 3 of part HH of chapter 57 of the laws of 2018, is amended to read as follows:

13. Notwithstanding any other provision of law, rule, or regulation to the contrary, when any New York state accredited hospital, accredited sexual assault examiner program, or licensed health care provider furnishes services to any sexual assault survivor, including but not limited to a health care forensic examination in accordance with the sex offense evidence collection protocol and standards established by the department of health, such hospital, sexual assault examiner program, or licensed healthcare provider shall provide such services to the person without charge and shall bill the office directly. The office, in consultation with the department of health, shall define the specific services to be covered by the sexual assault forensic exam reimbursement fee, which must include at a minimum forensic examiner services, hospital or healthcare facility services related to the exam, and related laboratory tests and necessary pharmaceuticals; including but not limited to HIV post-exposure prophylaxis provided by a hospital emergency room at the time of the forensic rape examination pursuant to paragraph (c) of subdivision one of section twenty-eight hundred five-i of the public health law. Follow-up HIV post-exposure prophylaxis costs shall ~~[continue to]~~ be billed by the health care provider to the office directly and reimbursed ~~[according to established office procedure]~~ by the office directly. The office, in consultation with the department of health, shall also generate the necessary regulations and forms for the direct reimbursement procedure. The rate for reimbursement shall be the amount of itemized charges not exceeding eight hundred dollars, ~~[to be reviewed and adjusted annually by the office]~~ provided, however, the office shall, in consultation with the department of health, annually review and determine if a higher rate for reimbursement for itemized charges exceeding eight hundred dollars is feasible and appropriate based on the actual cost of reimbursable expenses, and adjust such rate for reimbursement accordingly. The hospital, sexual assault examiner program, or licensed health care provider must accept this fee as payment in full for these specified services. No additional billing of the survivor for said services is permissible. A sexual assault survivor may voluntarily assign any private insurance benefits to which she or he is entitled for the healthcare forensic examination, in which case the hospital or healthcare provider may not charge the office; provided, however, in the event the sexual assault survivor assigns any private health insurance benefit, such coverage shall not be subject to annual deductibles or coinsurance or balance billing by the hospital, sexual assault examiner program or licensed health care provider. A hospital, sexual assault examiner program or licensed health care provider shall, at the time of the initial visit, request assignment of any private health insurance benefits to which the sexual assault survivor is entitled on a form prescribed by the office; provided, however, such sexual assault survivor shall be advised orally and in writing that he or she may decline to provide such information regarding private health insurance benefits if he or she believes that the provision of such information would substantially interfere with his or her personal privacy or safety and in such event, the sexual assault forensic exam fee shall be paid by the office. Such sexual assault survivor shall also be advised that providing such information may provide additional resources to pay for services to other sexual assault victims. If he or she declines to provide such health insurance information, he or she shall indicate such

1 decision on the form provided by the hospital, sexual assault examiner
2 program or licensed health care provider, which form shall be prescribed
3 by the office.

4 § 3. This act shall take effect on the one hundred eightieth day after
5 it shall have become a law; provided that effective immediately, the
6 commissioner of health and the director of the office of victim services
7 shall make regulations and take other action necessary to implement this
8 act on such date.