STATE OF NEW YORK

3779

2021-2022 Regular Sessions

IN ASSEMBLY

January 28, 2021

Introduced by M. of A. BYRNE -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to the New York state of health transparency act

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

Section 1. This act shall be known and may be cited as the "New York State of Health Transparency Act".

§ 2. Section 268-h of the public health law is renumbered section 268-i and a new section 268-h is added to read as follows:

§ 268-h. Marketplace transparency. The following information about each health plan offered for sale to consumers shall be available to consumers on the marketplace in a clear and understandable form for use in comparing plans, plan coverage, and plan premiums:

1. the ability to determine whether specific types of health care practitioners are in-network and to determine whether a named health care practitioner, hospital, or other provider is in network;

2. any exclusions from coverage and any restrictions on use or quantity of covered items and services in each category of benefits;

3. a description of how medications will specifically be included in or excluded from the deductible, including a description of out-of-pocket costs that may not apply to the deductible for a medication;

4. the specific dollar amount of any copay or percentage of coinsurance for each item or service;

5. the ability to determine whether a specific drug is available on formulary, the applicable cost-sharing requirement, whether a specific drug is covered when furnished by a physician or clinic and any clinical prerequisites or authorization requirements for coverage of a drug;

6. the process for a patient to obtain reversal of a health plan decision where an item or service prescribed or ordered by the treating physician has been denied; and

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

LBD06307-01-1

7. an explanation of the amount of coverage for out-of-network providers or non-covered services, and any rights of appeal that exist when out-of-network providers or non-covered services are medically necessary.

§ 3. Severability clause. If any clause, sentence, paragraph, subdivision, or section of this act shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair, or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, subdivision, or section thereof directly involved in the controversy in which such judgment shall have been rendered. It is hereby declared to be the intent of the legislature that this act would have been enacted even if such invalid provisions had not been included herein.

§ 4. This act shall take effect one year after it shall have become a law.