

STATE OF NEW YORK

491--A

2021-2022 Regular Sessions

IN ASSEMBLY

(Prefiled)

January 6, 2021

Introduced by M. of A. L. ROSENTHAL, LAVINE, PERRY, THIELE, SANTABARBARA, FRONTUS -- Multi-Sponsored by -- M. of A. BARRON, COOK, CYMBROWITZ -- read once and referred to the Committee on Insurance -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the insurance law, in relation to requiring certain health insurance coverage for lymphedema

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

1 Section 1. Clause (ii) of subparagraph (A) of paragraph 20 of
2 subsection (i) of section 3216 of the insurance law, as added by chapter
3 21 of the laws of 1997, is amended and a new clause (iii) is added to
4 read as follows:

5 (ii) surgery and reconstruction of the other breast to produce a
6 symmetrical appearance; and

7 (iii) prostheses and physical complications of all stages of mastecto-
8 my, including lymphedema;

9 § 2. Subsection (i) of section 3216 of the insurance law is amended by
10 adding two new paragraphs 36 and 37 to read as follows:

11 (36) Every policy which provides hospital, surgical, medical or major
12 medical coverage shall provide coverage for the differential diagnosis
13 and treatment of lymphedema, both primary and secondary lymphedema.
14 Such coverage shall include, in addition to benefits for a course of
15 manual lymph drainage whose frequency and duration is determined by the
16 treating physician or therapist based on medical necessity and not based
17 on physical therapy and rehabilitation standards, benefits for equip-
18 ment, supplies, devices, complex decongestive therapy, and out-patient
19 self-management training and education for the treatment of lymphedema,
20 if prescribed by a health care professional legally authorized to
21 prescribe or provide such items under title eight of the education law.

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

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Lymphedema therapy administered under this section shall be administered only by a therapist certified to perform lymphedema treatment by the Lymphology Association of North America (LANA) or certified in accordance with standards equivalent to the certification standards of LANA. Such equipment, supplies or devices shall include, but not be limited to, bandages, compression garments, pads, orthotic shoes and devices, with replacements when required to maintain compressive function or to accommodate changes in the patient's dimensions. Coverage shall be provided for follow-up treatments when medically required or to periodically validate home techniques, to monitor progress against the written treatment plan and to modify the treatment plan as required. No individual, other than a licensed physician or surgeon competent to evaluate the specific clinical issues involved in the care requested, may deny requests for authorization of health care services pursuant to this section.

(A) A policy which is a managed health care product may require such health care professional be a member of such managed health care plan's provider network, provided that such network includes sufficient health care professionals who are qualified by specific education, experience and credentials to provide the covered benefits described in this paragraph.

(B) No insurer, corporation, or health maintenance organization shall impose upon any person receiving benefits pursuant to this paragraph any copayment, fee, policy year or calendar year, or durational benefit limitation or maximum for benefits or services that is not equally imposed upon all individuals in the same benefit category.

(C) This paragraph shall not apply to short-term travel, accident only, limited or specified disease, or individual conversion policies or contracts, nor to policies or contracts designed for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known as Medicare, or any other similar coverage under state or federal governmental plans.

(D) For purposes of this paragraph, a "managed care product" shall mean a policy which requires that medical or other health care services covered under the policy, other than emergency care services, be provided by, or pursuant to a referral from a primary care provider, and that services provided pursuant to such a referral be rendered by a health care provider participating in the insurer's managed care provider network. In addition, a managed care product shall also mean the in-network portion of a contract which requires that medical or other health care services covered under the contract, other than emergency care services, be provided by, or pursuant to a referral from a primary care provider, and that services provided pursuant to such a referral be rendered by a health care provider participating in the insurer's managed care provider network, in order for the insured to be entitled to the maximum reimbursement under the contract.

(37) Patients undergoing any surgery or radiotherapy procedure shall be provided information on the risk of lymphedema associated with that procedure, and the potential post-procedure symptoms of lymphedema. Informed consent agreements for all surgeries and radiation therapies shall include information on the risk of lymphedema associated with the alternative procedures.

§ 3. Clause (ii) of subparagraph (A) of paragraph 10 of subsection (k) of section 3221 of the insurance law, as added by chapter 21 of the laws of 1997, is amended and a new clause (iii) is added to read as follows:

(ii) surgery and reconstruction of the other breast to produce a symmetrical appearance; and

(iii) prostheses and physical complications of all stages of mastectomy, including lymphedema;

§ 4. Subsection (k) of section 3221 of the insurance law is amended by adding two new paragraphs 22 and 23 to read as follows:

(22) Every group policy issued or issued for delivery in this state which provides hospital, surgical, medical or major medical coverage shall provide coverage for the differential diagnosis and treatment of lymphedema, both primary and secondary lymphedema. Such coverage shall include, in addition to benefits for a course of manual lymph drainage whose frequency and duration is determined by the treating physician or therapist based on medical necessity and not based on physical therapy and rehabilitation standards, benefits for equipment, supplies, devices, complex decongestive therapy, and out-patient self-management training and education for the treatment of lymphedema, if prescribed by a health care professional legally authorized to prescribe or provide such items under title eight of the education law. Lymphedema therapy administered under this section shall be administered only by a therapist certified to perform lymphedema treatment by the Lymphology Association of North America (LANA) or certified in accordance with standards equivalent to the certification standards of LANA. Such equipment, supplies or devices shall include, but not be limited to, bandages, compression garments, pads, orthotic shoes and devices, with replacements when required to maintain compressive function or to accommodate changes in the patient's dimensions. Coverage shall be provided for follow-up treatments when medically required or to periodically validate home techniques, to monitor progress against the written treatment plan and to modify the treatment plan as required. No individual, other than a licensed physician or surgeon competent to evaluate the specific clinical issues involved in the care requested, may deny requests for authorization of health care services pursuant to this section.

(A) A policy which is a managed health care product may require such health care professional be a member of such managed health care plan's provider network, provided that such network includes sufficient health care professionals who are qualified by specific education, experience and credentials to provide the covered benefits described in this paragraph.

(B) No insurer, corporation, or health maintenance organization shall impose upon any person receiving benefits pursuant to this paragraph any copayment, fee, policy year or calendar year, or durational benefit limitation or maximum for benefits or services that is not equally imposed upon all individuals in the same benefit category.

(C) This paragraph shall not apply to short-term travel, accident only, limited or specified disease, or individual conversion policies or contracts, nor to policies or contracts designed for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known as Medicare, or any other similar coverage under state or federal governmental plans.

(D) For purposes of this paragraph, a "managed care product" shall mean a policy which requires that medical or other health care services covered under the policy, other than emergency care services, be provided by, or pursuant to a referral from a primary care provider, and that services provided pursuant to such a referral be rendered by a health care provider participating in the insurer's managed care provider network. In addition, a managed care product shall also mean the

1 in-network portion of a contract which requires that medical or other
2 health care services covered under the contract, other than emergency
3 care services, be provided by, or pursuant to a referral from a primary
4 care provider, and that services provided pursuant to such a referral be
5 rendered by a health care provider participating in the insurer's
6 managed care provider network, in order for the insured to be entitled
7 to the maximum reimbursement under the contract.

8 (23) Patients undergoing any surgery or radiotherapy procedure shall
9 be provided information on the risk of lymphedema associated with that
10 procedure, and the potential post-procedure symptoms of lymphedema.
11 Informed consent agreements for all surgeries and radiation therapies
12 shall include information on the risk of lymphedema associated with the
13 alternative procedures.

14 § 5. Subparagraph (B) of paragraph 1 of subsection (x) of section 4303
15 of the insurance law, as added by chapter 21 of the laws of 1997, is
16 amended and a new subparagraph (C) is added to read as follows:

17 (B) surgery and reconstruction of the other breast to produce a
18 symmetrical appearance; and

19 (C) prostheses and physical complications of all stages of mastectomy,
20 including lymphedema;

21 § 6. Section 4303 of the insurance law is amended by adding two new
22 subsections (ss) and (tt) to read as follows:

23 (ss) Every contract issued by a hospital service corporation or health
24 service corporation which provides hospital, surgical, medical or major
25 medical coverage shall provide coverage for the differential diagnosis
26 and treatment of lymphedema, both primary and secondary lymphedema.
27 Such coverage shall include, in addition to benefits for a course of
28 manual lymph drainage whose frequency and duration is determined by the
29 treating physician or therapist based on medical necessity and not based
30 on physical therapy and rehabilitation standards, benefits for equip-
31 ment, supplies, devices, complex decongestive therapy, and out-patient
32 self-management training and education for the treatment of lymphedema,
33 if prescribed by a health care professional legally authorized to
34 prescribe or provide such items under title eight of the education law.
35 Lymphedema therapy administered under this section shall be administered
36 only by a therapist certified to perform lymphedema treatment by the
37 Lymphology Association of North America (LANA) or certified in accord-
38 ance with standards equivalent to the certification standards of LANA.
39 Such equipment, supplies or devices shall include, but not be limited
40 to, bandages, compression garments, pads, orthotic shoes and devices,
41 with replacements when required to maintain compressive function or to
42 accommodate changes in the patient's dimensions. Coverage shall be
43 provided for follow-up treatments when medically required or to period-
44 ically validate home techniques, to monitor progress against the written
45 treatment plan and to modify the treatment plan as required. No individ-
46 ual, other than a licensed physician or surgeon competent to evaluate
47 the specific clinical issues involved in the care requested, may deny
48 requests for authorization of health care services pursuant to this
49 section.

50 (1) A policy which is a managed health care product may require such
51 health care professional be a member of such managed health care plan's
52 provider network, provided that such network includes sufficient health
53 care professionals who are qualified by specific education, experience
54 and credentials to provide the covered benefits described in this
55 subsection.

1 (2) No insurer, corporation, or health maintenance organization shall
2 impose upon any person receiving benefits pursuant to this subsection
3 any copayment, fee, policy year or calendar year, or durational benefit
4 limitation or maximum for benefits or services that is not equally
5 imposed upon all individuals in the same benefit category.

6 (3) This subsection shall not apply to short-term travel, accident
7 only, limited or specified disease, or individual conversion policies or
8 contracts, nor to policies or contracts designed for issuance to persons
9 eligible for coverage under Title XVIII of the Social Security Act,
10 known as Medicare, or any other similar coverage under state or federal
11 governmental plans.

12 (4) For purposes of this subsection, a "managed care product" shall
13 mean a policy which requires that medical or other health care services
14 covered under the policy, other than emergency care services, be
15 provided by, or pursuant to a referral from a primary care provider, and
16 that services provided pursuant to such a referral be rendered by a
17 health care provider participating in the insurer's managed care provid-
18 er network. In addition, a managed care product shall also mean the
19 in-network portion of a contract which requires that medical or other
20 health care services covered under the contract, other than emergency
21 care services, be provided by, or pursuant to a referral from a primary
22 care provider, and that services provided pursuant to such a referral be
23 rendered by a health care provider participating in the insurer's
24 managed care provider network, in order for the insured to be entitled
25 to the maximum reimbursement under the contract.

26 (tt) Patients undergoing any surgery or radiotherapy procedure shall
27 be provided information on the risk of lymphedema associated with that
28 procedure, and the potential post-procedure symptoms of lymphedema.
29 Informed consent agreements for all surgeries and radiation therapies
30 shall include information on the risk of lymphedema associated with the
31 alternative procedures.

32 § 7. This act shall take effect on the first of January next succeed-
33 ing the date on which it shall have become a law and shall apply to all
34 insurance policies, contracts and plans issued, renewed, modified,
35 altered or amended on or after such effective date.