STATE OF NEW YORK

7076

2021-2022 Regular Sessions

IN ASSEMBLY

April 21, 2021

Introduced by M. of A. ABINANTI -- read once and referred to the Committee on Insurance

AN ACT to amend the insurance law, in relation to requiring insurance companies to provide coverage for monoclonal antibody treatment for the novel coronavirus (COVID-19)

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

Section 1. Subsection (i) of section 3216 of the insurance law is amended by adding a new paragraph 36 to read as follows:

(36) (A) Every policy delivered or issued for delivery in this state that provides medical, major medical, or similar comprehensive-type coverage and provides coverage for prescription drugs shall provide coverage for prescribed monoclonal antibody treatment for the novel coronavirus (COVID-19). Such coverage may be subject to co-pays, coinsurance or deductibles, provided that the co-pays, coinsurance or deductibles are at least as favorable to an insured as the co-pays, coinsurance or deductibles that apply to coverage for other treatments for the novel coronavirus (COVID-19).

(B) An insurer providing coverage under this paragraph and any participating entity through which the insurer offers health services shall not:

(i) vary the terms of the policy for the purpose or with the effect of avoiding compliance with this paragraph;

(ii) provide incentives (monetary or otherwise) to encourage a covered person to accept less than the minimum protections available under this paragraph;

(iii) penalize in any way or reduce or limit the compensation of a health care practitioner for recommending or providing care to a covered person in accordance with this paragraph;

(iv) provide incentives (monetary or otherwise) to a health care practitioner relating to the services provided pursuant to this paragraph

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

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intended to induce or have the effect of inducing such practitioner to provide care to a covered person in a manner inconsistent with this paragraph; or

(v) achieve compliance with this paragraph by imposing an increase in cost sharing for an intravenous or injected anticancer medication.

§ 2. Subsection (l) of section 3221 of the insurance law is amended by adding a new paragraph 21 to read as follows:

(21) (A) Every group or blanket policy delivered or issued for delivery in this state that provides medical, major medical, or similar comprehensive-type coverage and provides coverage for prescription drugs shall provide coverage for prescribed monoclonal antibody treatment for the novel coronavirus (COVID-19). Such coverage may be subject to co-pays, coinsurance or deductibles, provided that the co-pays, coinsurance or deductibles are at least as favorable to an insured as the co-pays, coinsurance or deductibles that apply to coverage for other treatments for the novel coronavirus (COVID-19).

(B) An insurer providing coverage under this paragraph and any participating entity through which the insurer offers health services shall not:

(i) vary the terms of the policy for the purpose or with the effect of avoiding compliance with this paragraph;

(ii) provide incentives (monetary or otherwise) to encourage a covered person to accept less than the minimum protections available under this paragraph;

(iii) penalize in any way or reduce or limit the compensation of a health care practitioner for recommending or providing care to a covered person in accordance with this paragraph;

(iv) provide incentives (monetary or otherwise) to a health care practitioner relating to the services provided pursuant to this paragraph intended to induce or have the effect of inducing such practitioner to provide care to a covered person in a manner inconsistent with this paragraph; or

(v) achieve compliance with this paragraph by imposing an increase in cost sharing for an intravenous or injected anticancer medication.

§ 3. Section 4303 of the insurance law is amended by adding a new subsection (ss) to read as follows:

(ss) (1) Every contract issued by a corporation subject to the provisions of this article that provides medical, major medical, or similar comprehensive-type coverage and provides coverage for prescription drugs shall provide coverage for prescribed monoclonal antibody treatment for the novel coronavirus (COVID-19). Such coverage may be subject to co-pays, coinsurance or deductibles, provided that the co-pays, coinsurance or deductibles are at least as favorable to an insured as the co-pays, coinsurance or deductibles that apply to coverage for other treatments for the novel coronavirus (COVID-19).

(2) An insurer providing coverage under this subsection and any participating entity through which the insurer offers health services shall not:

(A) vary the terms of the policy for the purpose or with the effect of avoiding compliance with this subsection;

(B) provide incentives (monetary or otherwise) to encourage a covered person to accept less than the minimum protections available under this subsection;

(C) penalize in any way or reduce or limit the compensation of a health care practitioner for recommending or providing care to a covered person in accordance with this subsection;

(D) provide incentives (monetary or otherwise) to a health care practitioner relating to the services provided pursuant to this subsection intended to induce or have the effect of inducing such practitioner to provide care to a covered person in a manner inconsistent with this subsection; or

(E) achieve compliance with this subsection by imposing an increase in cost sharing for an intravenous or injected anticancer medication.

§ 4. This act shall take effect on the ninetieth day after it shall have become a law. Effective immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized to be made and completed on or before such date.