STATE OF NEW YORK

7614

2021-2022 Regular Sessions

IN SENATE

December 17, 2021

Introduced by Sen. KRUEGER -- read twice and ordered printed, and when printed to be committed to the Committee on Rules

AN ACT to amend the public health law and the social services law, in relation to assuring more equitable access to specialized cancer care; and providing for the repeal of such provisions upon expiration thereof

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 "access to comprehensive cancer enhanced services strategy (ACCESS) demonstration project."

§ 2. Subparagraph (vi) of paragraph (b) of subdivision 1 of section 268-d of the public health law, as added by section 2 of part T of chapter 57 of the laws of 2019, is amended to read as follows:

(vi) **contracts with any national cancer institute-designated cancer center licensed by the department within the health plan's service area that is willing to provide cancer-related inpatient, outpatient and medical services to enrollees in all health plans offering Marketplace coverage in such cancer center's service area under the prevailing terms and conditions that the plan requires of other similar providers to be included in the plan's provider network, provided that such terms shall include reimbursement of such center at no less than and in accordance with the fee-for-service Medicaid payment rate and methodology applicable to the center's inpatient and outpatient services; and**

(vii) complies with the insurance law and this chapter requirements applicable to health insurance issued in this state and any regulations promulgated pursuant thereto that do not conflict with or prevent the application of federal requirements; and

§ 3. Subdivision 4 of section 364-j of the social services law is amended by adding a new paragraph (w) to read as follows:

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

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(w) A managed care provider shall provide or arrange, directly or indirectly (including by referral), for access to and coverage of services provided by any national cancer institute-designated cancer center licensed by the department of health within the managed care provider's service area that is willing to agree to provide cancer-related inpatient, outpatient and medical services to participants in all managed care providers offering coverage to medical assistance recipients in such cancer center's service area under the prevailing terms and conditions that the managed care provider requires of other similar providers to be included in the managed care provider's network, provided that such terms shall include reimbursement of such center at no less than and in accordance with the fee-for-service Medicaid payment rate and methodology applicable to the center's inpatient and outpatient services.

§ 4. Paragraph (c) of subdivision 1 of section 369-gg of the social services law, as amended by section 2 of part H of chapter 57 of the laws of 2021, is amended to read as follows:

(c) "Health care services" means (i) the services and supplies as defined by the commissioner in consultation with the superintendent of financial services, and shall be consistent with and subject to the essential health benefits as defined by the commissioner in accordance with the provisions of the patient protection and affordable care act (P.L. 111-148) and consistent with the benefits provided by the reference plan selected by the commissioner for the purposes of defining such benefits, and shall include coverage of and access to the services of any national cancer institute-designated cancer center licensed by the department of health within the service area of the approved organization that is willing to agree to provide cancer-related inpatient, outpatient and medical services to all enrollees in approved organizations' plans in such cancer center's service area under the prevailing terms and conditions that the approved organization requires of other similar providers to be included in the approved organization's network, provided that such terms shall include reimbursement of such center at no less than and in accordance with the fee-for-service payment rate and methodology applicable to basic health insurance plan payments for inpatient and outpatient services; and (ii) dental and vision services as defined by the commissioner.

§ 5. This act shall take effect on the first of January next succeeding the date on which it shall have become a law and shall apply to all coverage or policies issued or renewed on or after such effective date and shall expire and be deemed repealed five years after such date; provided, however, that the amendments to subdivision 4 of section 364-j of the social services law made by section three of this act shall not affect the repeal of such section and shall be deemed repealed therewith; provided, further, that the amendments to paragraph (c) of subdivision 1 of section 369-gg of the social services law made by section four of this act shall not affect the expiration of such paragraph and shall be deemed to expire therewith.