

# STATE OF NEW YORK

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5300

2023-2024 Regular Sessions

## IN SENATE

March 1, 2023

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

AN ACT to amend the insurance law, in relation to providing behavioral health parity (Part A); and to amend the insurance law, in relation to the authorization for certain drugs for the detoxification or maintenance of a substance use disorder (Part B)

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

1 Section 1. This act enacts into law components of legislation which  
2 are necessary to effectuate provisions relating to mental health and  
3 substance use disorder parity. Each component is wholly contained with-  
4 in a Part identified as Parts A through B. The effective date for each  
5 particular provision contained within such Part is set forth in the last  
6 section of such Part. Any provision in any section contained within a  
7 Part, including the effective date of the Part, which makes reference  
8 to a section "of this act", when used in connection with that partic-  
9 ular component, shall be deemed to mean and refer to the correspond-  
10 ing section of the Part in which it is found. Section three of this act  
11 sets forth the general effective date of this act.

### 12 PART A

13 Section 1. Subparagraph (D) of paragraph 30 of subsection (i) of  
14 section 3216 of the insurance law, as amended by section 5 of subpart A  
15 of part BB of chapter 57 of the laws of 2019, is amended to read as  
16 follows:

17 (D) This subparagraph shall apply to facilities in this state that are  
18 licensed, certified or otherwise authorized by the office of [~~alcoholism~~  
19 ~~and substance abuse services~~] addiction services and supports that are  
20 participating in the insurer's provider network. Coverage provided under  
21 this paragraph shall not be subject to preauthorization. Coverage

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

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provided under this paragraph shall also not be subject to concurrent utilization review during the first twenty-eight days of the inpatient admission provided that the facility notifies the insurer of both the admission and the initial treatment plan within two business days of the admission on a standardized form developed by the department in consultation with the department of health and the office of addiction services and supports. The facility shall perform daily clinical review of the patient~~[, including periodic]~~ and consult periodically with the insurer regarding the patient's progress, course of treatment, and discharge plan. Periodic consultation with the insurer ~~[at or just prior to]~~ shall occur no later than the fourteenth day of treatment ~~[to ensure that the facility is using the evidence-based and peer reviewed clinical review tool utilized by the insurer which is designated by the office of alcoholism and substance abuse services and appropriate to the age of the patient, to ensure that the inpatient treatment is medically necessary for the patient]~~. Prior to discharge, the facility shall provide the patient and the insurer with a written discharge plan which shall describe arrangements for additional services needed following discharge from the inpatient facility as determined using the evidence-based and peer-reviewed clinical review tool utilized by the insurer which is designated by the office of ~~[alcoholism and substance abuse services]~~ addiction services and supports. Prior to discharge, the facility shall indicate to the insurer whether services included in the discharge plan are secured or determined to be reasonably available. ~~[Any]~~ Insurers shall actively participate in facility-initiated periodic consultations prior to the patient's discharge and except where the insurer fails to do so, any utilization review of treatment provided under this subparagraph may include a review of all services provided during such inpatient treatment, including all services provided during the first twenty-eight days of such inpatient treatment. Provided, however, the insurer shall be required to process claims for the provision of such services within the timeframes established in subsection (a) of section three thousand two hundred twenty-four-a of this article and shall only deny coverage for any portion of the initial twenty-eight day inpatient treatment on the basis that such treatment was not medically necessary if such inpatient treatment was contrary to the evidence-based and peer reviewed clinical review tool utilized by the insurer which is designated by the office of ~~[alcoholism and substance abuse services]~~ addiction services and supports. An insured shall not have any financial obligation to the facility for any treatment under this subparagraph other than any copayment, coinsurance, or deductible otherwise required under the policy.

§ 2. Subparagraph (E) of paragraph 31 of subsection (i) of section 3216 of the insurance law, as amended by section 6 of subpart A of part BB of chapter 57 of the laws of 2019, is amended to read as follows:

(E) This subparagraph shall apply to facilities in this state that are licensed, certified or otherwise authorized by the office of ~~[alcoholism and substance abuse services]~~ addiction services and supports for the provision of outpatient, intensive outpatient, outpatient rehabilitation and opioid treatment that are participating in the insurer's provider network. Coverage provided under this paragraph shall not be subject to preauthorization. Coverage provided under this paragraph shall not be subject to concurrent review for the first four weeks of continuous treatment, not to exceed twenty-eight visits, provided the facility notifies the insurer of both the start of treatment and the initial treatment plan within two business days on a standardized form developed

1 by the department in consultation with the department of health and the  
2 office of addiction services and supports. The facility shall perform  
3 clinical assessment of the patient at each visit[, ~~including periodic~~  
4 and consult periodically with the insurer regarding the patient's  
5 progress, course of treatment, and discharge plan. Periodic consultation  
6 with the insurer [~~at or just prior to~~] shall occur no later than the  
7 fourteenth day of treatment [~~to ensure that the facility is using the~~  
8 ~~evidence-based and peer-reviewed clinical review tool utilized by the~~  
9 ~~insurer which is designated by the office of alcoholism and substance~~  
10 ~~abuse services and appropriate to the age of the patient, to ensure that~~  
11 ~~the outpatient treatment is medically necessary for the patient~~]. [Any]  
12 Insurers shall actively participate in facility-initiated periodic  
13 consultations prior to the patient's discharge and except where the  
14 insurer fails to do so, any utilization review of the treatment provided  
15 under this subparagraph may include a review of all services provided  
16 during such outpatient treatment, including all services provided during  
17 the first four weeks of continuous treatment, not to exceed twenty-eight  
18 visits, of such outpatient treatment. Provided, however, the insurer  
19 shall only deny coverage for any portion of the initial four weeks of  
20 continuous treatment, not to exceed twenty-eight visits, for outpatient  
21 treatment on the basis that such treatment was not medically necessary  
22 if such outpatient treatment was contrary to the evidence-based and peer  
23 reviewed clinical review tool utilized by the insurer which is desig-  
24 nated by the office of [~~alcoholism and substance abuse services~~]  
25 addiction services and supports. An insured shall not have any finan-  
26 cial obligation to the facility for any treatment under this subpara-  
27 graph other than any copayment, coinsurance, or deductible otherwise  
28 required under the policy.

29 § 3. Subparagraph (G) of paragraph 35 of subsection (i) of section  
30 3216 of the insurance law, as added by section 8 of subpart A of part BB  
31 of chapter 57 of the laws of 2019, is amended to read as follows:

32 (G) This subparagraph shall apply to hospitals in this state that are  
33 licensed, certified or otherwise authorized by the office of mental  
34 health that are participating in the insurer's provider network. Where  
35 the policy provides coverage for inpatient hospital care, benefits for  
36 inpatient hospital care in a hospital as defined by subdivision ten of  
37 section 1.03 of the mental hygiene law [~~provided to individuals who have~~  
38 ~~not attained the age of eighteen~~] shall not be subject to preauthori-  
39 zation. Coverage provided under this subparagraph shall also not be  
40 subject to concurrent utilization review during the first fourteen days  
41 of the inpatient admission, provided the facility notifies the insurer  
42 of both the admission and the initial treatment plan within two business  
43 days of the admission on a standardized form developed by the department  
44 in consultation with the department of health and the office of mental  
45 health, performs daily clinical review of the patient, and [~~participates~~  
46 ~~in periodic consultation with the insurer to ensure that the facility is~~  
47 ~~using the evidence-based and peer-reviewed clinical review criteria~~  
48 ~~utilized by the insurer which is approved by the office of mental health~~  
49 ~~and appropriate to the age of the patient, to ensure that the inpatient~~  
50 ~~care is medically necessary for the patient~~] consults periodically with  
51 the insurer regarding the patient's progress, course of treatment, and  
52 discharge plan. [~~All~~] Insurers shall actively participate in facility-  
53 initiated periodic consultations prior to the patient's discharge and  
54 except where the insurer fails to do so, all treatment provided under  
55 this subparagraph may be reviewed retrospectively. Where care is denied  
56 retrospectively, an insured shall not have any financial obligation to

1 the facility for any treatment under this subparagraph other than any  
2 copayment, coinsurance, or deductible otherwise required under the poli-  
3 cy.

4 § 4. Subparagraph (G) of paragraph 5 of subsection (l) of section 3221  
5 of the insurance law, as added by section 14 of subpart A of part BB of  
6 chapter 57 of the laws of 2019, is amended to read as follows:

7 (G) This subparagraph shall apply to hospitals in this state that are  
8 licensed, certified or otherwise authorized by the office of mental  
9 health that are participating in the insurer's provider network. Where  
10 the policy provides coverage for inpatient hospital care, benefits for  
11 inpatient hospital care in a hospital as defined by subdivision ten of  
12 section 1.03 of the mental hygiene law [~~provided to individuals who have~~  
13 ~~not attained the age of eighteen~~] shall not be subject to preauthori-  
14 zation. Coverage provided under this subparagraph shall also not be  
15 subject to concurrent utilization review during the first fourteen days  
16 of the inpatient admission, provided the facility notifies the insurer  
17 of both the admission and the initial treatment plan within two business  
18 days of the admission on a standardized form developed by the department  
19 in consultation with the department of health and the office of mental  
20 health, performs daily clinical review of the patient, and [~~participates~~  
21 ~~in periodic consultation with the insurer to ensure that the facility is~~  
22 ~~using the evidence based and peer reviewed clinical review criteria~~  
23 ~~utilized by the insurer which is approved by the office of mental health~~  
24 ~~and appropriate to the age of the patient, to ensure that the inpatient~~  
25 ~~care is medically necessary for the patient~~] consults periodically with  
26 the insurer regarding the patient's progress, course of treatment, and  
27 discharge plan. [~~All~~] Insurers shall actively participate in facility-  
28 initiated periodic consultations prior to the patient's discharge and  
29 except where the insurer fails to do so, all treatment provided under  
30 this subparagraph may be reviewed retrospectively. Where care is denied  
31 retrospectively, an insured shall not have any financial obligation to  
32 the facility for any treatment under this subparagraph other than any  
33 copayment, coinsurance, or deductible otherwise required under the poli-  
34 cy.

35 § 5. Subparagraph (D) of paragraph 6 of subsection (l) of section 3221  
36 of the insurance law, as amended by section 15 of subpart A of part BB  
37 of chapter 57 of the laws of 2019, is amended to read as follows:

38 (D) This subparagraph shall apply to facilities in this state that are  
39 licensed, certified or otherwise authorized by the office of [~~alcoholism~~  
40 ~~and substance abuse services~~] addiction services and supports that are  
41 participating in the insurer's provider network. Coverage provided under  
42 this paragraph shall not be subject to preauthorization. Coverage  
43 provided under this paragraph shall also not be subject to concurrent  
44 utilization review during the first twenty-eight days of the inpatient  
45 admission provided that the facility notifies the insurer of both the  
46 admission and the initial treatment plan within two business days of the  
47 admission on a standardized form developed by the department in consul-  
48 tation with the department of health and the office of addiction  
49 services and supports. The facility shall perform daily clinical review  
50 of the patient[, ~~including periodic~~] and consult periodically with the  
51 insurer regarding the patient's progress, course of treatment, and  
52 discharge plan. Periodic consultation with the insurer [~~at or just prior~~  
53 ~~to~~] shall occur no later than the fourteenth day of treatment [~~to ensure~~  
54 ~~that the facility is using the evidence-based and peer reviewed clinical~~  
55 ~~review tool utilized by the insurer which is designated by the office of~~  
56 ~~alcoholism and substance abuse services and appropriate to the age of~~

1 ~~the patient, to ensure that the inpatient treatment is medically neces-~~  
2 ~~sary for the patient~~. Prior to discharge, the facility shall provide  
3 the patient and the insurer with a written discharge plan which shall  
4 describe arrangements for additional services needed following discharge  
5 from the inpatient facility as determined using the evidence-based and  
6 peer-reviewed clinical review tool utilized by the insurer which is  
7 designated by the office of ~~[alcoholism and substance abuse services]~~  
8 addiction services and supports. Prior to discharge, the facility shall  
9 indicate to the insurer whether services included in the discharge plan  
10 are secured or determined to be reasonably available. ~~[Any]~~ Insurers  
11 shall actively participate in facility-initiated periodic consultations  
12 prior to the patient's discharge and except where the insurer fails to  
13 do so, any utilization review of treatment provided under this subpara-  
14 graph may include a review of all services provided during such inpa-  
15 tient treatment, including all services provided during the first twen-  
16 ty-eight days of such inpatient treatment. Provided, however, the  
17 insurer shall be required to process claims for the provision of such  
18 services within the timeframes established in subsection (a) of section  
19 three thousand two hundred twenty-four-a of this article and shall only  
20 deny coverage for any portion of the initial twenty-eight day inpatient  
21 treatment on the basis that such treatment was not medically necessary  
22 if such inpatient treatment was contrary to the evidence-based and peer  
23 reviewed clinical review tool utilized by the insurer which is desig-  
24 nated by the office of ~~[alcoholism and substance abuse services]~~  
25 addiction services and supports. An insured shall not have any financial  
26 obligation to the facility for any treatment under this subparagraph  
27 other than any copayment, coinsurance, or deductible otherwise required  
28 under the policy.

29 § 6. Subparagraph (E) of paragraph 7 of subsection (l) of section 3221  
30 of the insurance law, as amended by section 17 of subpart A of part BB  
31 of chapter 57 of the laws of 2019, is amended to read as follows:

32 (E) This subparagraph shall apply to facilities in this state that are  
33 licensed, certified or otherwise authorized by the office of ~~[alcoholism~~  
34 ~~and substance abuse services]~~ addiction services and supports for the  
35 provision of outpatient, intensive outpatient, outpatient rehabilitation  
36 and opioid treatment that are participating in the insurer's provider  
37 network. Coverage provided under this paragraph shall not be subject to  
38 preauthorization. Coverage provided under this paragraph shall not be  
39 subject to concurrent review for the first four weeks of continuous  
40 treatment, not to exceed twenty-eight visits, provided the facility  
41 notifies the insurer of both the start of treatment and the initial  
42 treatment plan within two business days on a standardized form developed  
43 by the department in consultation with the department of health and the  
44 office of addiction services and supports. The facility shall perform  
45 clinical assessment of the patient at each visit~~[, including periodic]~~  
46 and consult periodically with the insurer regarding the patient's  
47 progress, course of treatment, and discharge plan. Periodic consultation  
48 with the insurer ~~[at or just prior to]~~ shall occur no later than the  
49 fourteenth day of treatment ~~[to ensure that the facility is using the~~  
50 ~~evidence-based and peer reviewed clinical review tool utilized by the~~  
51 ~~insurer which is designated by the office of alcoholism and substance~~  
52 ~~abuse services and appropriate to the age of the patient, to ensure that~~  
53 ~~the outpatient treatment is medically necessary for the patient]~~. ~~[Any]~~  
54 Insurers shall actively participate in facility-initiated periodic  
55 consultations prior to the patient's discharge and except where the  
56 insurer fails to do so, any utilization review of the treatment provided

1 under this subparagraph may include a review of all services provided  
2 during such outpatient treatment, including all services provided during  
3 the first four weeks of continuous treatment, not to exceed twenty-eight  
4 visits, of such outpatient treatment. Provided, however, the insurer  
5 shall only deny coverage for any portion of the initial four weeks of  
6 continuous treatment, not to exceed twenty-eight visits, for outpatient  
7 treatment on the basis that such treatment was not medically necessary  
8 if such outpatient treatment was contrary to the evidence-based and peer  
9 reviewed clinical review tool utilized by the insurer which is design-  
10 nated by the office of ~~[alcoholism and substance abuse services]~~  
11 addiction services and supports. An insured shall not have any finan-  
12 cial obligation to the facility for any treatment under this subpara-  
13 graph other than any copayment, coinsurance, or deductible otherwise  
14 required under the policy.

15 § 7. Subsection (a) of section 3224-a of the insurance law, as amended  
16 by chapter 237 of the laws of 2009, is amended to read as follows:

17 (a) Except in a case where the obligation of an insurer or an organ-  
18 ization or corporation licensed or certified pursuant to article forty-  
19 three or forty-seven of this chapter or article forty-four of the public  
20 health law to pay a claim submitted by a policyholder or person covered  
21 under such policy ("covered person") or make a payment to a health care  
22 provider is not reasonably clear, or when there is a reasonable basis  
23 supported by specific information available for review by the super-  
24 intendent that such claim or bill for health care services rendered was  
25 submitted fraudulently, such insurer or organization or corporation  
26 shall pay the claim to a policyholder or covered person or make a  
27 payment to a health care provider within thirty days of receipt of a  
28 claim or bill for services rendered that is transmitted via the internet  
29 or electronic mail, or forty-five days of receipt of a claim or bill for  
30 services rendered that is submitted by other means, such as paper or  
31 facsimile. The obligation of an insurer or organization to make payment  
32 to a health care provider for mental health or substance use disorder  
33 services that are not subject to preauthorization or concurrent review  
34 pursuant to sections three thousand two hundred sixteen, three thousand  
35 two hundred twenty-one, or four thousand three hundred three of this  
36 chapter shall not be considered not reasonably clear solely because the  
37 insurer or organization intends to perform concurrent review for such  
38 services before or after the expiration of the timeframes established by  
39 this subsection.

40 § 8. Paragraph 8 of subsection (g) of section 4303 of the insurance  
41 law, as added by section 23 of subpart A of part BB of chapter 57 of the  
42 laws of 2019, is amended to read as follows:

43 (8) This paragraph shall apply to hospitals in this state that are  
44 licensed, certified or otherwise authorized by the office of mental  
45 health that are participating in the ~~[corporation's]~~ insurer's provider  
46 network. Where the contract provides coverage for inpatient hospital  
47 care, benefits for inpatient hospital care in a hospital as defined by  
48 subdivision ten of section 1.03 of the mental hygiene law ~~[provided to~~  
49 ~~individuals who have not attained the age of eighteen]~~ shall not be  
50 subject to preauthorization. Coverage provided under this paragraph  
51 shall also not be subject to concurrent utilization review during the  
52 first fourteen days of the inpatient admission, provided the facility  
53 notifies the ~~[corporation]~~ insurer of both the admission and the initial  
54 treatment plan within two business days of the admission on a standard-  
55 ized form developed by the department in consultation with the depart-  
56 ment of health and the office of mental health, performs daily clinical

1 review of the patient, and ~~[participates in periodic consultation with~~  
2 ~~the corporation to ensure that the facility is using the evidence-based~~  
3 ~~and peer-reviewed clinical review criteria utilized by the corporation~~  
4 ~~which is approved by the office of mental health and appropriate to the~~  
5 ~~age of the patient, to ensure that the inpatient care is medically~~  
6 ~~necessary for the patient]~~ consults periodically with the insurer  
7 regarding the patient's progress, course of treatment, and discharge  
8 plan. [All] Insurers shall actively participate in facility-initiated  
9 periodic consultations prior to the patient's discharge and except where  
10 the insurer fails to do so, all treatment provided under this paragraph  
11 may be reviewed retrospectively. Where care is denied retrospectively,  
12 an insured shall not have any financial obligation to the facility for  
13 any treatment under this paragraph other than any copayment, coinsu-  
14 rance, or deductible otherwise required under the contract.

15 § 9. Paragraph 4 of subsection (k) of section 4303 of the insurance  
16 law, as amended by section 26 of subpart A of part BB of chapter 57 of  
17 the laws of 2019, is amended to read as follows:

18 (4) This paragraph shall apply to facilities in this state that are  
19 licensed, certified or otherwise authorized by the office of ~~[alcoholism~~  
20 ~~and substance abuse services]~~ addiction services and supports that are  
21 participating in the ~~[corporation's]~~ insurer's provider network. Cover-  
22 age provided under this subsection shall not be subject to preauthori-  
23 zation. Coverage provided under this subsection shall also not be  
24 subject to concurrent utilization review during the first twenty-eight  
25 days of the inpatient admission provided that the facility notifies the  
26 ~~[corporation]~~ insurer of both the admission and the initial treatment  
27 plan within two business days of the admission on a standardized form  
28 developed by the department in consultation with the department of  
29 health and the office of addiction services and supports. The facility  
30 shall perform daily clinical review of the patient~~[, including periodic~~  
31 ~~consultation]~~ and consult periodically with the insurer regarding the  
32 patient's progress, course of treatment, and discharge plan. Periodic  
33 consultation with the [corporation at or just prior to] insurer shall  
34 occur not later than the fourteenth day of treatment ~~[to ensure that the~~  
35 ~~facility is using the evidence-based and peer-reviewed clinical review~~  
36 ~~tool utilized by the corporation which is designated by the office of~~  
37 ~~alcoholism and substance abuse services and appropriate to the age of~~  
38 ~~the patient, to ensure that the inpatient treatment is medically neces-~~  
39 ~~sary for the patient]~~. Prior to discharge, the facility shall provide  
40 the patient and the ~~[corporation]~~ insurer with a written discharge plan  
41 which shall describe arrangements for additional services needed follow-  
42 ing discharge from the inpatient facility as determined using the  
43 evidence-based and peer-reviewed clinical review tool utilized by the  
44 ~~[corporation]~~ insurer which is designated by the office of ~~[alcoholism~~  
45 ~~and substance abuse services]~~ addiction services and supports. Prior to  
46 discharge, the facility shall indicate to the ~~[corporation]~~ insurer  
47 whether services included in the discharge plan are secured or deter-  
48 mined to be reasonably available. ~~[Any]~~ Insurers shall actively partic-  
49 ipate in facility-initiated periodic consultations prior to the  
50 patient's discharge and except where the insurer fails to do so, any  
51 utilization review of treatment provided under this paragraph may  
52 include a review of all services provided during such inpatient treat-  
53 ment, including all services provided during the first twenty-eight days  
54 of such inpatient treatment. Provided, however, the ~~[corporation]~~ insur-  
55 er shall be required to process claims for the provision of such  
56 services within the timeframes established in subsection (a) of section

1 three thousand two hundred twenty-four-a of this chapter and shall only  
2 deny coverage for any portion of the initial twenty-eight day inpatient  
3 treatment on the basis that such treatment was not medically necessary  
4 if such inpatient treatment was contrary to the evidence-based and peer  
5 reviewed clinical review tool utilized by the ~~[corporation]~~ insurer  
6 which is designated by the office of ~~[alcoholism and substance abuse~~  
7 services] addiction services and supports. An insured shall not have  
8 any financial obligation to the facility for any treatment under this  
9 paragraph other than any copayment, coinsurance, or deductible otherwise  
10 required under the contract.

11 § 10. Paragraph 5 of subsection (l) of section 4303 of the insurance  
12 law, as amended by section 28 of subpart A of part BB of chapter 57 of  
13 the laws of 2019, is amended to read as follows:

14 (5) This paragraph shall apply to facilities in this state that are  
15 licensed, certified or otherwise authorized by the office of ~~[alcoholism~~  
16 ~~and substance abuse services]~~ addiction services and supports for the  
17 provision of outpatient, intensive outpatient, outpatient rehabilitation  
18 and opioid treatment that are participating in the corporation's provid-  
19 er network. Coverage provided under this subsection shall not be subject  
20 to preauthorization. Coverage provided under this subsection shall not  
21 be subject to concurrent review for the first four weeks of continuous  
22 treatment, not to exceed twenty-eight visits, provided the facility  
23 notifies the corporation of both the start of treatment and the initial  
24 treatment plan within two business days on a standardized form developed  
25 by the department in consultation with the department of health and the  
26 office of addiction services and supports. The facility shall perform  
27 clinical assessment of the patient at each visit~~[, including periodic]~~  
28 and consult periodically with the insurer regarding the patient's  
29 progress, course of treatment, and discharge plan. Periodic consultation  
30 with the corporation ~~[at or just prior to]~~ shall occur no later than the  
31 fourteenth day of treatment ~~[to ensure that the facility is using the~~  
32 ~~evidence-based and peer-reviewed clinical review tool utilized by the~~  
33 ~~corporation which is designated by the office of alcoholism and~~  
34 ~~substance abuse services and appropriate to the age of the patient, to~~  
35 ~~ensure that the outpatient treatment is medically necessary for the~~  
36 ~~patient]~~. [Any] Insurers shall actively participate in facility-initiat-  
37 ed periodic consultations prior to the patient's discharge and except  
38 where the insurer fails to do so, any utilization review of the treat-  
39 ment provided under this paragraph may include a review of all services  
40 provided during such outpatient treatment, including all services  
41 provided during the first four weeks of continuous treatment, not to  
42 exceed twenty-eight visits, of such outpatient treatment. Provided,  
43 however, the corporation shall only deny coverage for any portion of the  
44 initial four weeks of continuous treatment, not to exceed twenty-eight  
45 visits, for outpatient treatment on the basis that such treatment was  
46 not medically necessary if such outpatient treatment was contrary to the  
47 evidence-based and peer reviewed clinical review tool utilized by the  
48 corporation which is designated by the office of ~~[alcoholism and~~  
49 ~~substance abuse services]~~ addiction services and supports. ~~[A subscrib-~~  
50 ~~er]~~ An insured shall not have any financial obligation to the facility  
51 for any treatment under this paragraph other than any copayment, coinsu-  
52 rance, or deductible otherwise required under the contract.

53 § 11. Section 109 of the insurance law is amended by adding a new  
54 subsection (e) to read as follows:

55 (e) In addition to any right of action granted to the superintendent  
56 pursuant to this section, any person who has been injured by reason of a

violation of paragraphs thirty, thirty-one, thirty-one-a and thirty-five of subsection (i) of section three thousand two hundred sixteen, paragraphs five, six, seven and seven-a of subsection (l) of section three thousand two hundred twenty-one, and subsections (g), (k), (l) or (l-1) of section four thousand three hundred three of this chapter by an insurer subject to article thirty-two or forty-three of this chapter may bring an action in his or her own name to enjoin such unlawful act or practice, an action to recover his or her actual damages or one thousand dollars, whichever is greater, or both such actions. The court may, in its discretion, award the prevailing plaintiff in such action an additional award not to exceed five thousand dollars, if the court finds the defendant willfully violated the provisions of this section. The court may award reasonable attorneys' fees to a prevailing plaintiff.

§ 12. This act shall take effect January 1, 2025.

#### PART B

Section 1. Subparagraph (A) of paragraph 31-a of subsection (i) of section 3216 of the insurance law, as added by chapter 748 of the laws of 2019, is amended to read as follows:

(A) No policy that provides medical, major medical or similar comprehensive-type coverage and provides coverage for prescription drugs for medication for the treatment of a substance use disorder shall require prior authorization for an initial or renewal prescription for such drugs for the detoxification or maintenance of a substance use disorder, including all buprenorphine products, methadone [✗], long acting injectable naltrexone [for detoxification or maintenance treatment of a substance use disorder] and medication for opioid overdose reversal prescribed or dispensed to an individual covered under the policy, except where otherwise prohibited by law.

§ 2. Subparagraph (A) of paragraph 7-a of subsection (l) of section 3221 of the insurance law, as added by chapter 748 of the laws of 2019, is amended to read as follows:

(A) No policy that provides medical, major medical or similar comprehensive-type small group coverage and provides coverage for prescription drugs for medication for the treatment of a substance use disorder shall require prior authorization for an initial or renewal prescription for such drugs for the detoxification or maintenance of a substance use disorder, including all buprenorphine products, methadone, long acting injectable naltrexone, and medication for opioid overdose reversal prescribed or dispensed to an individual covered under the policy, except where otherwise prohibited by law. Every policy that provides medical, major medical or similar comprehensive-type large group coverage shall provide coverage for prescription drugs for medication for the treatment of a substance use disorder and shall provide immediate coverage for all buprenorphine products, methadone [✗], long acting injectable naltrexone, and medication for opioid overdose reversal prescribed or dispensed to an individual covered under the policy without prior authorization for the detoxification or maintenance treatment of a substance use disorder, except where otherwise prohibited by law.

§ 3. Paragraph (A) of subsection (l-1) of section 4303 of the insurance law, as added by chapter 748 of the laws of 2019, is amended to read as follows:

(A) No contract that provides medical, major medical or similar comprehensive-type individual or small group coverage and provides coverage for prescription drugs for medication for the treatment of a

1 substance use disorder shall require prior authorization for an initial  
2 or renewal prescription for such drugs for the detoxification or mainte-  
3 nance of a substance use disorder, including all buprenorphine products,  
4 methadone, long acting injectable naltrexone, and medication for opioid  
5 overdose reversal prescribed or dispensed to an individual covered under  
6 the contract, except where otherwise prohibited by law. Every contract  
7 that provides medical, major medical, or similar comprehensive-type  
8 large group coverage shall provide coverage for prescription drugs for  
9 medication for the treatment of a substance use disorder and shall  
10 provide immediate coverage for all buprenorphine products, methadone  
11 ~~[✕]~~ long acting injectable naltrexone, and medication for opioid over-  
12 dose reversal prescribed or dispensed to an individual covered under the  
13 contract without prior authorization for the detoxification or mainte-  
14 nance treatment of a substance use disorder, except where otherwise  
15 prohibited by law.

16 § 4. This act shall take effect immediately.

17 § 2. Severability clause. If any clause, sentence, paragraph, subdivi-  
18 sion, section or part of this act shall be adjudged by any court of  
19 competent jurisdiction to be invalid, such judgment shall not affect,  
20 impair, or invalidate the remainder thereof, but shall be confined in  
21 its operation to the clause, sentence, paragraph, subdivision, section  
22 or part thereof directly involved in the controversy in which such judg-  
23 ment shall have been rendered. It is hereby declared to be the intent of  
24 the legislature that this act would have been enacted even if such  
25 invalid provisions had not been included herein.

26 § 3. This act shall take effect immediately provided, however, that  
27 the applicable effective date of Parts A through B of this act shall be  
28 as specifically set forth in the last section of such Parts.