STATE OF NEW YORK

9407

2025-2026 Regular Sessions

IN ASSEMBLY

December 19, 2025

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

AN ACT to amend the insurance law, the public health law and the social services law, in relation to not requiring prior authorization for certain cancer treatments

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

Section 1. Section 3217-b of the insurance law is amended by adding a new subsection (p) to read as follows:

(p) No insurer subject to this article shall require a prior authorization determination for cancer treatment meeting category one or category two-A of the National Comprehensive Cancer Network's Categories of Evidence and Consensus, provided that such insurer may require a health care provider to certify that the course of treatment for the oncology patient meets National Comprehensive Cancer Network Guidelines. Nothing in this subsection shall prohibit an insurer from denying a claim for such services if the services are subsequently determined not medically necessary.

§ 2. Section 4325 of the insurance law is amended by adding a new subsection (p) to read as follows:

(p) No corporation organized under this article shall require a prior authorization determination for cancer treatment meeting category one or category two-A of the National Comprehensive Cancer Network's Categories of Evidence and Consensus, provided that such corporation may require a health care provider to certify that the course of treatment for the oncology patient meets National Comprehensive Cancer Network Guidelines. Nothing in this subsection shall prohibit a corporation from denying a claim for such services if the services are subsequently determined not medically necessary.

§ 3. Section 4406-c of the public health law is amended by adding a new subdivision 14 to read as follows:

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

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14. No health care plan shall require a prior authorization determination for cancer treatment meeting category one or category two-A of the National Comprehensive Cancer Network's Categories of Evidence and Consensus, provided that such health care plan may require a health care provider to certify that the course of treatment for the oncology patient meets National Comprehensive Cancer Network Guidelines. Nothing in this subdivision shall prohibit a health care plan from denying a claim for such services if the services are subsequently determined not medically necessary.

§ 4. Section 364-j of the social services law is amended by adding a new subdivision 26-d to read as follows:

26-d. Managed care providers shall not require a prior authorization determination for cancer treatment meeting category one or category two-A of the National Comprehensive Cancer Network's Categories of Evidence and Consensus, provided that the managed care plan may require a health care provider to certify that the course of treatment for the oncology patient meets National Comprehensive Cancer Network Guidelines. Nothing in this subdivision shall prohibit a managed care plan from denying a claim for such services if the services are subsequently determined not medically necessary.

§ 5. This act shall take effect on the one hundred eightieth day after it shall have become a law; provided, however, that the amendments to section 364-j of the social services law made by section four of this act shall be subject to the expiration and repeal of such section and shall expire and be deemed repealed therewith.