*** § 2795. New York state adult cystic fibrosis assistance program.** 1. Subject to available appropriation for the purpose outlined in this article, the department shall establish an adult cystic fibrosis assistance program, which shall be known as the "New York State Adult Cystic Fibrosis Assistance Program", and which shall consist of administrative support services for the provision of financial assistance for services such as prescription drug costs, device costs, medical care services, behavioral health services, and insurance premiums for the treatment of cystic fibrosis disease and its conditions.

2. The commissioner shall enter into a contract for the operation and promotion of the adult cystic fibrosis assistance program subject to such terms and conditions as may be contained within such contract with an organization that has experience and expertise improving access to healthcare for patients who are underinsured by dispersing financial assistance grants to cover costs of essential treatments and medications. The contractor may subcontract as needed for the effective performance of the contract. All such subcontractors and the terms of such subcontracts shall be subject to approval by the commissioner.

3. The duties of the contractor shall include, but not be limited to, the following:

(a) verification of patient eligibility for financial assistance grants allowable pursuant to paragraph (b) of this subdivision. To be eligible for a financial assistance grant, a patient shall meet criteria determined by the department, which shall include but not be limited to, requiring the patient:

(i) be a New York state resident;

(ii) be at least twenty-one years of age or older;

(iii) have a diagnosis of cystic fibrosis; and

(iv) have some form of primary private health insurance or Medicare and is not eligible for state Medicaid, and shall maintain health insurance during the financial assistance award period;

(b) review of financial assistance grant applications submitted by eligible patients for approval, for services including but not limited to prescription drug costs, device costs, medical care services,

behavioral health services, and medical, vision and dental insurance premiums, for patient treatment of cystic fibrosis;

(c) disbursement of grant funding for applications approved pursuant to paragraph (b) of this subdivision related to the care and treatment of cystic fibrosis not otherwise covered by a health insurance policy;

(d) preparation and submission of a monthly report to the department. Such report shall include but not be limited to:

(i) new grants, which is the number of new grant recipients for initial grant periods;

(ii) renewal grants, which is the number of renewal grant recipients for renewal grant periods;

(iii) total active grant recipient count, which is the total number of active grant recipients;

(iv) grant recipients by insurance type, which is the number of active grant recipients sorted by insurance type;

(v) program expenses, which is the total amount spent sorted by assistance type but does not include administration fees;

(vi) application outcomes report, which is the number of grant recipients who have become inactive, sorted by reason; and

(vii) allotment used, which is the total amount of copayment assistance provided to each grant recipient compared to what is currently used by the grant recipient.

* NB Repealed March 31, 2027