

New York



New York - AB 1125

Sponsor: Assemblymember Amy Paulin (D)

Actions: 01/07/2021 Introduced; Referred to Assembly Higher Education Committee

Summary: Summary for 1/7/2021 Version

This measure amends statute to amend the requirements on the dispensing of contraceptive drugs.

This measure is applicable to pharmaceutical dispensing.

This measure stipulates that a non-patient specific regimen prescribed and ordered shall be deemed to be a prescription for all purposes of the insurance law. A licensed physician may prescribe and order a non-patient specific regimen to a licensed pharmacist, for dispensing contraceptive drugs and devices that are self-administered and approved by the Federal Food and Drug Administration (FDA).

A licensed pharmacist may dispense a non-patient specific regimen of contraceptive drugs and devices that are self-administered and approved by the FDA, prescribed or ordered by a licensed physician, certified nurse practitioner, or licensed midwife. It further provides that the dispensing of contraceptive drugs shall be in accordance with written procedures and protocols developed by a pharmacist and a licensed physician, certified nurse practitioner, licensed midwife, or a hospital that provides gynecological or family planning services. When drugs are dispensed, the pharmacist shall provide the patient with a fact sheet, to be developed by the Commissioner in consultation with the Department of Health and the American College of Obstetrics and Gynecologists. Prior to dispensing drugs under this section, a pharmacist must complete training.

Additionally, acceptable formal continuing education will include training in contraceptive drugs and devices that are self-administered. A certified nurse practitioner may prescribe and order a non-patient specific regimen to a registered professional nurse for dispensing contraceptive drugs and devices that are self-administered.

This measure will take effect 180 days following enactment.

Bill Links [1/7/2021 Version](#)



New York - AB 2198

Sponsor: Assemblymember Didi Barrett (D)

Actions: 01/05/2022 Re-referred to Assembly Higher Education Committee
01/14/2021 Introduced; Referred to Assembly Higher Education Committee

Summary: Summary for 1/14/2021 Version

This measure amends statute to permit a licensed physician or nurse practitioner to prescribe and order a patient-specific or non-patient specific order to a licensed pharmacist for HIV pre-exposure prophylaxis.

The measure is applicable to pharmacists, physicians, and nurse practitioners.

The measure requires that an HIV pre-exposure prophylaxis prescription authorized to be dispensed by a licensed pharmacist to provide for at least a thirty-day supply but no more than sixty days to a single patient more than once every two years.

The measure requires the pharmacist to inform the patient of the availability of the drug for persons who are at substantial risk of developing HIV.

The measure permits the pharmacist to execute a non-patient specific order for dispensing the drug.

The measure will take effect 180 days after enactment.

Bill Links [1/14/2021 Version](#)



New York - AB 2440

Sponsor: Assemblymember Karines Reyes (D)

Actions: 01/11/2022 Hearing Held; Ordered to Floor
01/19/2021 Introduced; Referred to Assembly Health Committee

Summary: Summary for 1/19/2021 Version

The measure amends statute to permit rescue inhaler treatment devices to be available for life support and emergency assistance to all entities and persons who have access to epinephrine through a non-patient specific prescription.

This measure is applicable to inhalers.

The measure defines "Rescue inhaler treatment device" means a device used for the self-administration of inhaled rescue medications into the human body for the purpose of emergency treatment of a person appearing to experience an asthmatic or other respiratory disease approved by the food and drug administration.

The measure restricts a person from using an inhaler device on behalf of an eligible person or entity unless they have completed a training course in the use of such devices.

The measure permits a health care practitioner who is authorized to prescribe drugs to prescribe an inhaler for eligible persons or entities by a non-patient specific prescription.

The measure permits a pharmacist to dispense a rescue inhaler treatment to a non-patient specific prescription.

The measure will go into effect upon enactment.

Bill Links [1/19/2021 Version](#)



New York - AB 3276

Sponsor: Assemblymember Aileen Gunther (D)

Actions: 01/20/2022 Hearing Held; Passed Committee
01/22/2021 Introduced; referred to Assembly Insurance Committee

Summary: Summary for 1/22/2021 Version

The measure prohibits applying fail-first or step therapy protocols to coverage for the diagnosis and treatment of mental health conditions.

The measure applies to individual health insurance policies, group policies, school blanket policies, and contracts that provide coverage for inpatient hospital care or coverage for physician services. The measure applies to all policies and contracts issued, renewed, modified, altered, or amended on or after the date of enactment.

The measure mandates health insurance policy coverage to not apply to financial requirements or treatment limitations to mental health benefits, including drug coverage, that is more restrictive than the predominant financial requirements, and treatment limitations apply to substantially all medical and surgical benefits covered by the policy. The measure clarifies coverage, including drug coverage, will not apply to any fail-first or step therapy protocol.

The measure removes 'fail-first or step therapy protocols' from the definition of 'treatment limitation.'

If enacted, this measure will take immediate effect.

Bill Links [1/22/2021 Version](#)



New York - AB 5186

Sponsor: Assemblymember Amy Paulin (D)

Actions: 02/11/2021 Referred to Assembly Higher Education Committee

Summary: Summary

This bill permits physicians, pharmacists, midwives and registered nurses to administer or prescribe emergency contraceptives and requires that they provide certain information with the administered medicine. This bill also requires health insurance cover emergency contraceptives.

This bill amends the education law, the insurance law, and the public health law. This is bill is applicable to physicians, nurse practitioners, midwives, nurses, and pharmacists. This bill

permits physicians, pharmacists, and licensed midwives to prescribe and licensed registered nurses to administer emergency contraceptives. Prescription of emergency contraceptives must be in accordance with professional standards and procedures. When administered the nurse or pharmacist must provide written material on recommended use, appropriate methods for use, importance of follow-up care, and information on the health risks, and information on health services for domestic violence and sexual abuse. This bill requires that health insurance policies and plans include coverage of emergency contraceptives.

This bill is effective 180 days after becoming law.

Bill Links [2/11/2021 Version](#)



New York - AB 5742

Sponsor: Assemblymember Latoya Joyner (D)

Actions: 02/24/2021 Introduced; referred to Assembly Higher Education Committee

Summary: Summary for 2/24/2021 Version

The measure creates a new section of New York Code relating to dispensing requirements for glucagon.

The measure applies to pharmacists, health care professionals, and physicians.

The measure permits a pharmacist to dispense any FDA-approved glucagon medication to insulin using person regardless if the person currently has or previously has had a prescription for glucagon.

The measure provides a health care professional may dispense an order of glucagon, through a patient-specific or non-patient-specific prescription, dispense or distribute, directly or indirectly, an order of glucagon to a glucagon recipient.

The measure permits a pharmacist to dispense an order of glucagon through a patient-specific or non-patient-specific prescription, to a glucagon recipient.

The measure clarifies dispensing of glucagon should be done by a physician-approved protocol and specify the minimum required components of the protocol, the person who received the glucagon must be educated by the pharmacist as to the circumstances and mechanism for the administration of glucagon, and a record of the dispensing of glucagon must be made available to the patient's physician and to the physician signing a protocol if required by the physician.

The measure provides the reimbursement is the responsibility of the person obtaining the glucagon consistent with his or her health insurance. The pharmacist must counsel an uninsured person on any existing programs that aid in access to glucagon.

The measure will take effect upon enactment.

Bill Links [2/24/2021 Version](#)



New York - AB 9206

Sponsor: Assemblymember John McDonald (D)

Actions: 02/09/2022 Introduced; Referred to Assembly Insurance Committee

Summary: Summary for 2/9/2022 Version

This measure requires an annual report of step therapy override requests and their outcomes; requires insurers and utilization review agencies to publish findings and any additional or amended step therapy protocols or clinical review criteria on their websites.

This measure applies to utilization review agencies and pertains to step therapy protocols. Every health plan and utilization review agent is required to annually report information regarding step therapy override requests and determinations to the department. The reports must include the number of step therapy override determination requests received, denied, approved, or reversed and the type of healthcare providers submitting requests.

Health care plans and utilization review agents are required to disclose this non-confidential information regarding step therapy override requests and determinations online in a manner accessible to the public.

Insurers, healthcare services corporations, and health maintenance organizations subject to this measure are required to disclose the above information and deny associated clinical review criteria pertaining to specific conditions or diseases. All information must be made publicly available online. If any requirement relating to a step therapy protocol or clinical review criteria is added or amended, the aforementioned organization or entity must assure that the change is not implemented unless the website is updated. They must also notify any enrollee or professional impacted by such new requirements at least 60 days before implementation.

This measure takes effect immediately.

Bill Links [2/9/2022 Version](#)



New York - AB 9250

Sponsor: Assemblymember John McDonald (D)

Actions: 02/09/2022 Introduced; Referred to Assembly Insurance Committee

Summary: Summary of 2/9/2022 Version

This measure relates to restrictions for utilization review agents when applying step therapy protocol.

This measure is applicable to utilization management.

This measure prohibits a utilization review agent from applying the step therapy protocol to medically necessary prescription drugs in the dermatological, hematology, ophthalmologic, rheumatic, gastrointestinal, neurology, and oncology therapeutic classes when establishing step therapy protocol.

This measure shall take effect immediately.

Bill Links [2/9/2022 Version](#)



New York - AB 9265

Sponsor: Assemblymember John McDonald (D)

Actions: 02/09/2022 Introduced, referred to Assembly Insurance Committee

Summary: Summary for 2/9/2022 Version

This measure establishes a standardized notification procedure for adverse determinations regarding step therapy protocol override determination requests.

This measure applies to insurers and utilization review agents.

This measure requires the establishment of a written procedure to assure that the notice of an adverse step therapy determination relative to a step therapy protocol override determination that includes the reasons for the determination including the clinical rationale, instructions on how to initiate standard and expedited appeals, information that includes any applicable alternative covered medications, the clinical review criteria relied upon to make such determination, and any additional necessary information.

Notice of an adverse determination made by a utilization review agent regarding a step therapy protocol override determination request must be made in writing to the insured individual or their authorized representative and the insured individual's prescribing health care professional. This notice must include the reasons for the determination including the clinical rationale, instructions on how to initiate standard and expedited appeals, information that includes any applicable alternative covered medications, the clinical review criteria relied upon to make such determination, and any additional necessary information.

This measure will take effect 19 days after enactment.

Bill Links [2/9/2022 Version](#)



New York - AB 9267

Sponsor: Assemblymember John McDonald (D)

Actions: 02/09/2022 Introduced; Referred to Assembly Insurance Committee

Summary: Summary of 2/9/2022 Version

This measure relates to restrictions in establishing a step therapy protocol by a utilization review agent. The measure prohibits utilization review agents from imposing step therapy protocol on an insured person for a prescription drug that was previously approved for coverage by a plan after the plan implements a formulary change that impacts said prescription drug.

This measure applies to utilization review agents. When establishing step therapy protocol, this measure prohibits utilization review agents from requiring insured persons to utilize a prescription drug that has not been approved by the United States Food and Drug Administration for a medical condition being treated, to try and fail on more than one drug before providing coverage for the prescribed drug, and requiring the use of a step therapy required drug for longer than thirty days. The measure also prohibits utilization review agents from imposing step therapy protocol on insured persons if the insured persons have taken the prescribed drug covered by the plan within the past three hundred sixty-five days. This measure prohibits utilization review agents from requiring newly enrolled insured persons to repeat step therapy for prescribed drugs that insured persons already completed step therapy for under prior plans.

The measure prohibits utilization review agents from imposing step therapy protocol on an insured person for a prescription drug that was previously approved for coverage by a plan after the plan implements a formulary change that impacts said prescription drug. The measure requires utilization review agents to ensure that step therapy protocol accepts an attestation submitted by an insured person's health care professional that a required drug has failed as evidence that the required drug has failed. The measure requires a health plan to honor any approval of a step therapy protocol until the latter of twelve months following the date of the approval or renewal of a plan.

This measure will take effect immediately.

Bill Links [2/9/2022 Version](#)



New York - SB 4935

Sponsor: Senator J. Gustavo Rivera (D)

Actions: 02/01/2022 Hearing Held; Passed Committee
01/05/2022 Died in Assembly; Returned to Senate; Referred to Senate Health Committee
03/31/2021 Passed Senate; referred to Assembly Health Committee
03/09/2021 Hearing held; passed Committee
02/18/2021 Introduced; referred to Senate Health Committee

Summary: Summary for 2/18/2021 Version

The measure outlines eligible persons to purchase rescue inhaler treatments for asthma and the authorized parties to dispense such inhalers.

The measure allows any eligible person or entity to purchase, acquire, possess, and use rescue inhaler treatment devices for emergency treatment of a person appearing to have asthmatic or other respiratory disease symptoms. The eligible person or entity must appoint

one or more individuals who have completed mandated training for the oversight, control, and storage of rescue inhaler treatment devices.

The measure prohibits an individual to use a rescue inhaler treatment device unless they have completed a training course in the use or rescue inhaler treatment devices by an acceptable nationally organized organization which shall include how to recognize the signs of severe attacks or reactions, recommended dosage for adults and children, emergency treatment follow-up procedures, and standards for how to store and administer such treatment.

The measure does not prohibit a health care practitioner, pharmacist, or person acting lawfully in the use of rescue inhaler treatments to a lawful patient-specific prescription.

The measure allows a health care practitioner and pharmacist who can prescribe drugs to prescribe, dispense, or provide a rescue inhaler treatment device to an eligible person or entity by a non-patient-specific prescription.

If enacted, this measure will take immediate effect.

Bill Links [2/18/2021 Version](#)



New York - SB 5909

Sponsor: Senator Todd Kaminsky (D)

Actions: 06/08/2021 Passed Senate; Referred to Assembly Insurance Committee
05/18/2021 Hearing held; passed committee
03/22/2021 Introduced; Referred to Senate Insurance Committee

Summary: Summary for 3/22/2021 Version

The measure prohibits applying fail-first or step therapy protocols to coverage for the diagnosis and treatment of mental health conditions.

The measure applies to individual health insurance policies, group policies, school blanket policies, and contracts that provide coverage for inpatient hospital care or coverage for physician services.

The measure mandates health insurance policy coverage to not apply to financial requirements or treatment limitations to mental health benefits, including drug coverage, that is more restrictive than the predominant financial requirements, and treatment limitations apply to substantially all medical and surgical benefits covered by the policy. The measure clarifies coverage, including drug coverage, will not apply to any fail-first or step therapy protocol.

The measure removes 'fail-first or step therapy protocols' from the definition of 'treatment limitation.'

If enacted, this measure will take immediate effect.

Bill Links [3/22/2021 Version](#)



New York - SB 8191

Sponsor: Senator Neil Breslin (D)

Actions: 02/01/2022 Introduced; Referred to Senate Insurance Committee

Summary: Summary of 2/1/2022 Version

This measure relates to restrictions in establishing a step therapy protocol by a utilization review agent.

This measure applies to utilization review agents. When establishing step therapy protocol, this measure prohibits utilization review agents from requiring insured persons to utilize a prescription drug that has not been approved by the United States Food and Drug Administration for a medical condition being treated, to try and fail on more than one drug before providing coverage for the prescribed drug, and requiring the use of a step therapy required drug for longer than thirty days. The measure also prohibits utilization review agents from imposing step therapy protocol on insured persons if the insured persons have taken the prescribed drug covered by the plan within the past three hundred sixty-five days. This measure prohibits utilization review agents from requiring newly enrolled insured persons to repeat step therapy for prescribed drugs that insured persons already completed step therapy for under prior plans.

The measure prohibits utilization review agents from imposing step therapy protocol on an insured person for a prescription drug that was previously approved for coverage by a plan after the plan implements a formulary change that impacts said prescription drug. The measure requires utilization review agents to ensure that step therapy protocol accepts an attestation submitted by an insured person's health care professional that a required drug has failed as evidence that the required drug has failed. The measure requires a health plan to honor any approval of a step therapy protocol until the latter of twelve months following the date of the approval or renewal of a plan.

This measure will take effect immediately.

Bill Links [2/1/2022 Version](#)



New York - SB 8193

Sponsor: Senator Neil Breslin (D)

Actions: 02/01/2022 Introduced; Referred to Senate Insurance Committee

Summary: Summary of 2/1/2022 Version

This measure relates to restrictions for utilization review agents when applying step therapy protocol.

This measure is applicable to utilization management.

This measure prohibits a utilization review agent from applying the step therapy protocol to medically necessary prescription drugs in the dermatological, hematology, ophthalmologic, rheumatic, gastrointestinal, neurology, and oncology therapeutic classes when establishing step therapy protocol.

This measure shall take effect immediately.

Bill Links [2/1/2022 Version](#)



New York - SB 8194

Sponsor: Senator Neil Breslin (D)

Actions: 02/01/2022 Introduced; Referred to Senate Insurance Committee

Summary: Summary for 2/1/2022 Version

This measure requires establishment of a written procedure for handling adverse determinations for step therapy protocols.

This measure applies to utilization review organizations and health insurers.

This measure requires utilization review organizations and health insurers to establish a written procedure to assure that the notice of an adverse determination for a step therapy protocol overrides determination request includes the reasons for the adverse determination, including the clinical rationale, if any, instructions on how to initiate standard expedited appeals, and provide information that includes, any applicable alternative covered medications, the clinical review criteria relied upon to make such determination, and any additional necessary information that must be provided to, or obtained by, the utilization review organization to make a decision on the appeal.

This measure takes effect 90 days after enactment.

Bill Links [2/1/2022 Version](#)



New York - SB 8299

Sponsor: Senator Neil Breslin (D)

Actions: 02/10/2022 Introduced; Referred to Senate Insurance Committee

Summary: Summary for Version 2/10/2022

This measure establishes a pre-authorization exemption for certain health care

professionals who have had 90% of the authorization requests by the insurance company. It also creates regulations for how an insurer can rescind pre-authorization and deny a request for pre-authorization exemption.

This measure relates to health insurance.

The measure establishes an exemption from pre-authorization requirements for health care professionals providing health care services if an insurer uses a pre-authorization process, the insurer may not require a health care professional to obtain reauthorization if the insurer has approved no less than 90% of the pre-authorization requests by the health care professional. The insurer must evaluate qualifications for health care professionals regarding exemptions, and if the professional is already exempt from pre-authorization requirements, may allow the exemption to continue.

Health care professionals must not be required to request an exemption to qualify for the exemption. Exemptions from pre-authorization requirements will remain in effect until the 30th day after the date the insurer notified the health care professional of its determination to rescind the exemption and the 5th day after a hearing process that is determined to rescind the pre-authorization exemption. Health care professionals may be denied pre-authorization exemptions if they were not exempt prior to this measure and the professional does not meet requirements of necessary request approvals, to which the insurer must provide data to show the health care professional.

Insurers can only rescind exemptions on the basis of reviewing 5-20 claims submitted by the health care professional, it must be January or June, and the insurer notifies the health care professional within 20 days before the proposed revision is to take effect.

This measure takes effect 180 days after passage.

Bill Links [2/10/2022 Version](#)



New York - SB 8423

Sponsor: Senator Brad Hoylman (D)

Actions: 02/28/2022 Introduced; Referred to Senate Health Committee

Summary: Summary for 2/28/2022 Version

This measure prohibits the preferred drug program, managed care programs, contracts issued by a medical expense indemnity corporation, and health insurers from restricting, imposing delays, step therapy, or requiring prior authorization in the distribution of antiretroviral prescription drugs to people being treated for human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS).

This measure applies to health insurance providers.

This measure takes effect 60 days after enactment.

Bill Links [2/28/2022 Version](#)