

**New York toughens certificate of need rules to promote equity**

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**Average annual healthcare cost in all 50 states**

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**AdventHealth-MultiPlan suit spotlights out-of-network pay fight**

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**MultiPlan's contracts are 'like a mafia enforcer for insurers,' AdventHealth alleges in antitrust lawsuit**

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## **A 7153**

Creates the health insurance guaranty fund. To protect consumers and providers from the failure of a health insurer to perform its contractual obligations due to financial impairment or insolvency.

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## **A 7268 (see companion bill S 3400)**

Relates to utilization review program standards; requires use of evidence-based and peer reviewed clinical review criteria; relates to prescription drug formulary changes and pre-authorization for certain health care services.

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## **S 3400 (see companion bill A 7268)**

Relates to utilization review program standards; requires use of evidence-based and peer reviewed clinical review criteria; relates to prescription drug formulary changes and pre-authorization for certain health care services.

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## **A 7346 (see companion bill S 926)**

Provides that the New York state health care quality and cost containment commission shall: evaluate each mandated benefit; investigate current practices of health plans with regard to the mandated benefit; investigate the potential premium impact of repealing and/or modifying the mandated benefits on all segments of the insurance market; hold at least two public hearings; and submit a report to the legislature; makes related provisions.

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## **S 926 (see companion bill A 7346)**

Provides that the New York state health care quality and cost containment commission shall: evaluate each mandated benefit; investigate current practices of health plans with regard to the mandated benefit; investigate the potential premium impact of repealing and/or modifying the mandated benefits on all segments of the insurance market; hold at least two public hearings; and submit a report to the legislature; makes related provisions.

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## **A 3693 (see companion bill S 1350)**

Relates to brand-name drugs with and without an AB generic equivalent; amends the effective date from January to July next succeeding the date on which it shall have become a law. Sections 1-3 provide that the requirement for insurance companies and pharmacy benefit managers to apply third-party payments or other price reduction instruments for out-of-pocket expenses made on behalf of an insured person when calculating the insured individual's overall contribution shall apply to

prescription drugs that are either: a brand-name drug without an AB rated generic equivalent, a brand-name drug with an AB rated generic equivalent and the insured has access to the brand name drug through prior authorization or through the insurers appeal process, or a generic drug the insurer will cover with or without prior authorization or an appeals process.