

STATE OF NEW YORK

343

2017-2018 Regular Sessions

IN ASSEMBLY

January 5, 2017

Introduced by M. of A. MAGNARELLI, ZEBROWSKI, STIRPE, COOK, GOTTFRIED, WOERNER, FAHY, MOSLEY, FINCH, MONTESANO, LOPEZ, SANTABARBARA, BLAKE, PEOPLES-STOKES, GALEF, COLTON, JENNE, GUNTHER, OTIS, McDONALD, BRONSON -- Multi-Sponsored by -- M. of A. ARROYO, CROUCH, GANTT, HEVESI, HOOPER, JOHNS, KOLB, LUPINACCI, MAGEE, OAKS, PERRY, RAI, SEPULVEDA, SIMANOWITZ -- read once and referred to the Committee on Insurance

AN ACT to amend the insurance law, in relation to payments to prehospital emergency medical services providers

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

Section 1. Section 3224-a of the insurance law is amended by adding a new subsection (k) to read as follows:

(k) Payments to nonparticipating or nonpreferred providers of ambulance services licensed under article thirty of the public health law. (1) Whenever an insurer or an organization, or corporation licensed or certified pursuant to article forty-three or forty-seven of this chapter or article forty-four of the public health law provides that any health care claims submitted under contracts or agreements issued or entered into pursuant to this article or article forty-two, forty-three or forty-seven of this chapter and article forty-four of the public health law are payable to a participating or preferred provider of ambulance services for services rendered, the insurer, organization, or corporation licensed or certified pursuant to article forty-three or forty-seven of this chapter or article forty-four of the public health law shall be required to pay such benefits either directly to any similarly licensed nonparticipating or nonpreferred provider at the usual and customary charge, which shall not be excessive or unreasonable, when the provider has rendered such services, has a written assignment of benefits, and has caused written notice of such assignment to be given to the insurer, organization, or corporation licensed or certified pursuant to article forty-three or forty-seven of this chapter or article forty-

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

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1 four of the public health law or jointly to such nonparticipating or
2 nonpreferred provider and to the insured, subscriber, or other covered
3 person; provided, however, that in either case the insurer, organiza-
4 tion, or corporation licensed or certified pursuant to article forty-
5 three or forty-seven of this chapter or article forty-four of the public
6 health law shall be required to send such benefit payments directly to
7 the provider who has the written assignment. When payment is made
8 directly to a provider of ambulance services as authorized by this
9 section, the insurer, organization, or corporation licensed or certified
10 pursuant to article forty-three or forty-seven of this chapter or arti-
11 cle forty-four of the public health law shall give written notice of
12 such payment to the insured, subscriber, or other covered person.

13 (2) An insurer shall provide reimbursement for those services
14 prescribed by this section at rates negotiated between the insurer and
15 the provider of such services. In the absence of agreed upon rates, an
16 insurer shall pay for such services at the usual and customary charge,
17 which shall not be excessive or unreasonable.

18 (3) Nothing contained in this section shall be deemed to prohibit the
19 payment of different levels of benefits or from having differences in
20 coinsurance percentages applicable to benefit levels for services
21 provided by participating or preferred providers and nonparticipating or
22 nonpreferred providers.

23 The provisions of this section shall not apply to policies that do not
24 include coverage for ambulance services.

25 § 2. Subparagraphs (C) and (D) of paragraph 24 of subsection (i) of
26 section 3216 of the insurance law, as added by chapter 506 of the laws
27 of 2001, are amended to read as follows:

28 (C) An insurer shall provide reimbursement for those services
29 prescribed by this section at rates negotiated between the insurer and
30 the provider of such services. In the absence of agreed upon rates, an
31 insurer shall pay for such services at the usual and customary charge,
32 which shall not be excessive or unreasonable. The insurer shall send
33 such payments directly to the provider of such ambulance services, if
34 the ambulance service includes an executed assignment of benefits form
35 with the claim.

36 (D) The provisions of this paragraph shall have no application to
37 transfers of patients between hospitals or health care facilities by an
38 ambulance service as described in subparagraph (A) of this paragraph
39 unless such services are covered under the policy.

40 § 3. Subparagraphs (C) and (D) of paragraph 15 of subsection (l) of
41 section 3221 of the insurance law, as added by chapter 506 of the laws
42 of 2001, are amended to read as follows:

43 (C) An insurer shall provide reimbursement for those services
44 prescribed by this section at rates negotiated between the insurer and
45 the provider of such services. In the absence of agreed upon rates, an
46 insurer shall pay for such services at the usual and customary charge,
47 which shall not be excessive or unreasonable. The insurer shall send
48 such payments directly to the provider of such ambulance services, if
49 the ambulance service includes an executed assignment of benefits form
50 with the claim.

51 (D) The provisions of this paragraph shall have no application to
52 transfers of patients between hospitals or health care facilities by an
53 ambulance service as described in subparagraph (A) of this paragraph
54 unless such services are covered under the policy.

1 § 4. Paragraphs 3 and 4 of subsection (aa) of section 4303 of the
2 insurance law, as added by chapter 506 of the laws of 2001, are amended
3 to read as follows:

4 (3) An insurer shall provide reimbursement for those services
5 prescribed by this section at rates negotiated between the insurer and
6 the provider of such services. In the absence of agreed upon rates, an
7 insurer shall pay for such services at the usual and customary charge,
8 which shall not be excessive or unreasonable. The insurer shall send
9 such payments directly to the provider of such ambulance services, if
10 the ambulance service includes an executed assignment of benefits form
11 with the claim.

12 (4) The provisions of this subsection shall have no application to
13 transfers of patients between hospitals or health care facilities by an
14 ambulance service as described in paragraph one of this subsection
15 unless such services are covered under the policy.

16 § 5. This act shall take effect January 1, 2019 and shall apply to
17 health care claims submitted for payment after such date.