

STATE OF NEW YORK

6211--A

2019-2020 Regular Sessions

IN ASSEMBLY

March 4, 2019

Introduced by M. of A. MAGNARELLI, ZEBROWSKI, STIRPE, COOK, GOTTFRIED, WOERNER, FAHY, MOSLEY, FINCH, MONTESANO, SANTABARBARA, BLAKE, PEOPLES-STOKES, GALEF, COLTON, GUNTHER, OTIS, BRONSON, RAIA, HUNTER, JAFFEE -- Multi-Sponsored by -- M. of A. ARROYO, CROUCH, GANTT, HEVE-SI, JOHNS, KOLB, PERRY -- read once and referred to the Committee on Insurance -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

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) Except in a city with a population of one million or more persons, 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 on file a duly executed assignment of benefits, and has caused notice of such assignment to be given

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

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

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

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

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

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

30 (C) An insurer shall provide reimbursement for those services
31 prescribed by this section at rates negotiated between the insurer and
32 the provider of such services. In the absence of agreed upon rates, an
33 insurer shall pay for such services at the usual and customary charge,
34 which shall not be excessive or unreasonable. Except in a city with a
35 population of one million or more persons, the insurer shall send such
36 payments directly to the provider of such ambulance services, if the
37 ambulance service has on file an executed assignment of benefits form
38 with the claim.

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

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

46 (C) An insurer shall provide reimbursement for those services
47 prescribed by this section at rates negotiated between the insurer and
48 the provider of such services. In the absence of agreed upon rates, an
49 insurer shall pay for such services at the usual and customary charge,
50 which shall not be excessive or unreasonable. Except in a city with a
51 population of one million or more persons, the insurer shall send such
52 payments directly to the provider of such ambulance services, if the
53 ambulance service has on file an executed assignment of benefits form
54 with the claim.

55 (D) The provisions of this paragraph shall have no application to
56 transfers of patients between hospitals or health care facilities by an

1 ambulance service as described in subparagraph (A) of this paragraph
2 unless such services are covered under the policy.

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

6 (3) An insurer shall provide reimbursement for those services
7 prescribed by this section at rates negotiated between the insurer and
8 the provider of such services. In the absence of agreed upon rates, an
9 insurer shall pay for such services at the usual and customary charge,
10 which shall not be excessive or unreasonable. Except in a city with a
11 population of one million or more persons, the insurer shall send such
12 payments directly to the provider of such ambulance services, if the
13 ambulance service has on file an executed assignment of benefits form
14 with the claim.

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

19 § 5. This act shall take effect January 1, 2021 and shall apply to
20 health care claims submitted for payment after such date.