

STATE OF NEW YORK

250

2023-2024 Regular Sessions

IN ASSEMBLY

(Prefiled)

January 4, 2023

Introduced by M. of A. MAGNARELLI, ZEBROWSKI, STIRPE, COOK, WOERNER, FAHY, SANTABARBARA, PEOPLES-STOKES, COLTON, GUNTHER, OTIS, BRONSON, HUNTER, BUTTENSCHON, McMAHON, CRUZ, SAYEGH, BURDICK, THIELE, DARLING, JACKSON, SIMON, DAVILA, MEEKS, STECK, LUPARDO, CLARK -- 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 (1) to read as follows:

(1) 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 as defined under section three thousand two hundred forty-one of this article, 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 assign-

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

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

16 (2) An insurer shall provide reimbursement for those services
17 prescribed by this section at rates negotiated between the insurer and
18 the provider of such services. In the absence of agreed upon rates, an
19 insurer shall pay for such services at the usual and customary charge as
20 defined under section three thousand two hundred forty-one of this arti-
21 cle, which shall not be excessive or unreasonable.

22 (3) An insurer, organization, or corporation licensed or certified
23 pursuant to article forty-three or forty-seven of this chapter or arti-
24 cle forty-four of the public health law shall ensure that the insured,
25 subscriber, or other covered person shall incur no greater out-of-pocket
26 costs for ambulance services provided by a nonparticipating or nonpre-
27 ferred provider than the insured, subscriber, or other covered person
28 would have incurred with a participating or preferred provider of such
29 services.

30 (4) Nothing contained in this section shall be deemed to prohibit the
31 payment of different levels of benefits or from having differences in
32 coinsurance percentages applicable to benefit levels for services
33 provided by participating or preferred providers and nonparticipating or
34 nonpreferred providers.

35 The provisions of this subsection shall not apply to policies that do
36 not include coverage for ambulance services.

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

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

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

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

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

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

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

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

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

§ 5. This act shall take effect January 1, 2025 and shall apply to health care claims submitted for payment after such date.