

10988

I N A S S E M B L Y

May 6, 2010

Introduced by M. of A. BENJAMIN, MAISEL -- read once and referred to the
Committee on Health

AN ACT to amend the public health law, in relation to providing quality out-patient care for patients of academic medical centers regardless of source of payment or insurance type, and providing improved notification to patients regarding their rights to financial assistance at hospitals; and to amend the social services law, in relation to improving access to specialty care for medical assistance recipients

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. The public health law is amended by adding a new section
2 2805-u to read as follows:

3 S 2805-U. PROHIBITION AGAINST PATIENT STEERING BASED ON SOURCE OF
4 PAYMENT AND INTEGRATION OF OUT-PATIENT CARE. 1. EVERY GENERAL HOSPITAL
5 LOCATED IN A CITY WITH A POPULATION OF ONE MILLION OR MORE SHALL ENSURE
6 THAT EVERY PATIENT SEEKING OUT-PATIENT HOSPITAL SERVICES, REGARDLESS OF
7 SOURCE OF PAYMENT, SHALL RECEIVE CARE IN THE OUT-PATIENT CLINIC OWNED
8 AND OPERATED BY THE GENERAL HOSPITAL PURSUANT TO THIS ARTICLE.

9 2. NO GENERAL HOSPITAL LOCATED IN A CITY WITH A POPULATION OF ONE
10 MILLION OR MORE SHALL REFER, STEER, OR OTHERWISE DIRECT ANY PATIENT
11 SEEKING OUT-PATIENT HOSPITAL SERVICES TO PRIVATE PHYSICIAN PRACTICES
12 THAT ARE NOT LICENSED PURSUANT TO THIS ARTICLE, INCLUDING BUT NOT LIMIT-
13 ED TO UNIVERSITY FACULTY PRACTICE CORPORATIONS AS DEFINED IN SECTION
14 FOURTEEN HUNDRED TWELVE OF THE NOT-FOR-PROFIT CORPORATION LAW, IF THE
15 PATIENT'S INSURANCE IS ACCEPTED BY THE GENERAL HOSPITAL AND APPROPRIATE-
16 LY CREDENTIALLED PHYSICIANS ARE AVAILABLE TO TREAT THE PATIENT IN THE
17 APPROPRIATE OUT-PATIENT CLINIC OWNED AND OPERATED BY THE GENERAL HOSPI-
18 TAL. THE PROVISIONS OF THIS SECTION SHALL APPLY REGARDLESS OF WHETHER
19 THE PATIENT CONTACTS THE GENERAL HOSPITAL VIA A TELEPHONE- OR INTERNET-
20 BASED PHYSICIAN REFERRAL SERVICE, AS A WALK-IN, OR THROUGH THE PATIENT'S
21 PRIMARY CARE PHYSICIAN.

22 3. THE PROVISIONS OF THIS SECTION SHALL NOT APPLY TO THE NEW YORK CITY
23 HEALTH AND HOSPITALS CORPORATION, ESTABLISHED PURSUANT TO CHAPTER ONE
24 THOUSAND SIXTEEN OF THE LAWS OF NINETEEN HUNDRED SIXTY-NINE AS AMENDED.

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

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1 S 2. Paragraph (c) of subdivision 9-a of section 2807-k of the public
2 health law, as added by section 39-a of part A of chapter 57 of the laws
3 of 2006, is amended to read as follows:

4 (c) Such policies and procedures shall be clear, understandable, in
5 writing and publicly available in summary form and each general hospital
6 participating in the pool shall ensure that every patient is made aware
7 of the existence of such policies and procedures and is provided, in a
8 timely manner, with a summary of such policies and procedures upon
9 request. Any summary provided to patients shall, at a minimum, include
10 specific information as to income levels used to determine eligibility
11 for assistance, a description of the primary service area of the hospi-
12 tal and the means of applying for assistance. For general hospitals with
13 twenty-four hour emergency departments, such policies and procedures
14 shall require the notification of patients during the intake and regis-
15 tration process, through the conspicuous posting of language-appropriate
16 information in the general hospital, NOTIFICATION ON WEBSITES AND
17 THROUGH THE GENERAL HOSPITAL'S PATIENT REFERRAL LINE, and information on
18 bills and statements sent to patients, that financial aid may be avail-
19 able to qualified patients and how to obtain further information. For
20 specialty hospitals without twenty-four hour emergency departments, such
21 notification shall take place through written materials provided to
22 patients during the intake and registration process prior to the
23 provision of any health care services or procedures, NOTIFICATION ON
24 WEBSITES AND THROUGH THE SPECIALTY HOSPITAL'S PATIENT REFERRAL LINE, and
25 through information on bills and statements sent to patients, that
26 financial aid may be available to qualified patients and how to obtain
27 further information. Application materials shall include a notice to
28 patients that upon submission of a completed application, including any
29 information or documentation needed to determine the patient's eligibil-
30 ity pursuant to the hospital's financial assistance policy, the patient
31 may disregard any bills until the hospital has rendered a decision on
32 the application in accordance with this paragraph.

33 S 3. Paragraph (a) of subdivision 4 of section 364-j of the social
34 services law, as amended by section 14 of part C of chapter 58 of the
35 laws of 2004, clause E of subparagraph (iii) as added and clause F of
36 subparagraph (iii) as relettered by chapter 37 of the laws of 2010, is
37 amended to read as follows:

38 (a) (i) a managed care provider shall arrange for access to and
39 enrollment of primary care practitioners and other medical services
40 providers. Each managed care provider shall possess the expertise and
41 sufficient resources to assure the delivery of quality medical care to
42 participants in an appropriate and timely manner and may include physi-
43 cians, nurse practitioners, county health departments, providers of
44 comprehensive health service plans licensed pursuant to article forty-
45 four of the public health law, and hospitals and diagnostic and treat-
46 ment centers licensed pursuant to article twenty-eight of the public
47 health law or otherwise authorized by law to offer comprehensive health
48 services or facilities licensed pursuant to articles sixteen, thirty-one
49 and thirty-two of the mental hygiene law.

50 (ii) provided, however, if a major public hospital, as defined in the
51 public health law, is designated by the commissioner of health as a
52 managed care provider in a social services district the commissioner of
53 health shall designate at least one other managed care provider which is
54 not a major public hospital or facility operated by a major public
55 hospital; [and]

1 (iii) under a managed care program, not all managed care providers
2 must be required to provide the same set of medical assistance services.
3 The managed care program shall establish procedures through which
4 participants will be assured access to all medical assistance services
5 to which they are otherwise entitled, other than through the managed
6 care provider, where:

7 (A) the service is not reasonably available directly or indirectly
8 from the managed care provider,

9 (B) it is necessary because of emergency or geographic unavailability,
10 or

11 (C) the services provided are family planning services; or

12 (D) the services are dental services and are provided by a diagnostic
13 and treatment center licensed under article twenty-eight of the public
14 health law which is affiliated with an academic dental center and which
15 has been granted an operating certificate pursuant to article twenty-
16 eight of the public health law to provide such dental services. Any
17 diagnostic and treatment center providing dental services pursuant to
18 this clause shall prior to June first of each year report to the gover-
19 nor, temporary president of the senate and speaker of the assembly on
20 the following: the total number of visits made by medical assistance
21 recipients during the immediately preceding calendar year; the number of
22 visits made by medical assistance recipients during the immediately
23 preceding calendar year by recipients who were enrolled in managed care
24 programs; the number of visits made by medical assistance recipients
25 during the immediately preceding calendar year by recipients who were
26 enrolled in managed care programs that provide dental benefits as a
27 covered service; and the number of visits made by the uninsured during
28 the immediately preceding calendar year; or

29 (E) the services are optometric services, as defined in article one
30 hundred forty-three of the education law, and are provided by a diagnos-
31 tic and treatment center licensed under article twenty-eight of the
32 public health law which is affiliated with the college of optometry of
33 the state university of New York and which has been granted an operating
34 certificate pursuant to article twenty-eight of the public health law to
35 provide such optometric services. Any diagnostic and treatment center
36 providing optometric services pursuant to this clause shall prior to
37 June first of each year report to the governor, temporary president of
38 the senate and speaker of the assembly on the following: the total
39 number of visits made by medical assistance recipients during the imme-
40 diately preceding calendar year; the number of visits made by medical
41 assistance recipients during the immediately preceding calendar year by
42 recipients who were enrolled in managed care programs; the number of
43 visits made by medical assistance recipients during the immediately
44 preceding calendar year by recipients who were enrolled in managed care
45 programs that provide optometric benefits as a covered service; and the
46 number of visits made by the uninsured during the immediately preceding
47 calendar year; or

48 (F) other services as defined by the commissioner of health; AND

49 (IV) EVERY GENERAL HOSPITAL, AS DEFINED BY SECTION 2801 OF THE PUBLIC
50 HEALTH LAW, LOCATED IN A CITY WITH A POPULATION OF ONE MILLION OR MORE
51 MUST USE BEST EFFORTS TO NEGOTIATE WITH MANAGED CARE PROVIDERS LICENSED
52 TO OPERATE IN THE SOCIAL SERVICES DISTRICT IN WHICH SUCH GENERAL HOSPI-
53 TAL IS LOCATED TO CREDENTIAL ALL MEDICAL SERVICES PROVIDERS EMPLOYED BY
54 SUCH GENERAL HOSPITAL. EACH GENERAL HOSPITAL SUBJECT TO THIS SUBSECTION
55 MUST SUBMIT AN ANNUAL REPORT TO THE DEPARTMENT DESCRIBING THE GENERAL

1 HOSPITAL'S STRATEGIC PLAN TO MEET THE REQUIREMENTS OF THIS SUBSECTION
2 AND THE EFFORTS MADE TO FULFILL THE STRATEGIC PLAN.

3 S 4. This act shall take effect on the two hundred seventieth day
4 after it shall have become a law, provided however, that the amendments
5 to subdivision 4 of section 364-j of the social services law, made by
6 section three of this act shall not affect the repeal of such section
7 and shall be deemed repealed therewith, provided further, that effective
8 immediately, the addition, amendment and/or repeal of any rule or regu-
9 lation necessary for the implementation of this act on its effective
10 date are authorized and directed to be made and computed on or before
11 such effective date.