S T A T E O F N E W Y O R K

1720--B

Cal. No. 150

2009-2010 Regular Sessions

I N A S S E M B L Y

January 9, 2009

Introduced by M. of A. GOTTFRIED, GLICK, CLARK, JACOBS, V. LOPEZ, ORTIZ, PAULIN, BROOK-KRASNY -- Multi-Sponsored by -- M. of A. BRENNAN, COLTON, COOK, CYMBROWITZ, ESPAILLAT, GANTT, HOOPER, JAFFEE, JOHN, LIFTON, MAGNARELLI, MAYERSOHN, McENENY, MILLMAN, PHEFFER, WEISENBERG -- read once and referred to the Committee on Social Services -- reported from committee, advanced to a third reading, amended and ordered reprinted, retaining its place on the order of third reading -- reported from committee, advanced to a third reading, amended and ordered reprinted, retaining its place on the order of third reading

AN ACT to amend the social services law, in relation to requiring a managed care program to establish procedures through which participants will be assured access to medical assistance dental services to which they are otherwise entitled, other than through the managed care provider

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

Section 1. Subparagraph (iii) of paragraph (a) of subdivision 4 of section 364-j of the social services law, as amended by section 14 of part C of chapter 58 of the laws of 2004, clause (E) as added and clause (F) as relettered by chapter 37 of the laws of 2010, is amended to read as follows:

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

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

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

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

LBD00779-03-0

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

(D) the services PROVIDED are dental services [and are provided by a diagnostic and treatment center licensed under article twenty-eight of the public health law which is affiliated with an academic dental center and which has been granted an operating certificate pursuant to article twenty-eight of the public health law to provide such dental services. Any diagnostic and treatment center providing dental services pursuant to this clause shall prior to June first of each year report to the governor, temporary president of the senate and speaker of the assembly on the following: the total number of visits made by medical assistance recipients during the immediately preceding calendar year; the number of visits made by medical assistance recipients during the immediately preceding calendar year by recipients who were enrolled in managed care programs; the number of visits made by medical assistance recipients during the immediately preceding calendar year by recipients who were enrolled in managed care programs that provide dental benefits as a covered service; and the number of visits made by the uninsured during the immediately preceding calendar year]; or

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

(F) other services as defined by the commissioner of health.

S 2. The department of health shall analyze and compare expenditures, utilization rates and utilization patterns for dental services (along with any related effects on expenditures, rates and patterns for other services) for medical assistance recipients; for the period during which medical assistance reimbursement for such services was included in the state rate of payment for medicaid managed care and for the period beginning with the date on which medical assistance reimbursement for such services was no longer included in the state rate of payment for medicaid managed care.

The department of health shall include in its analyses and comparisons, the expenditures, utilization rates and utilization patterns for dental services (along with any related effects on expenditures, rates and patterns for other services) paid for by private third-party payors.

The department of health shall report its findings to the governor, the temporary president of the senate and the speaker of the assembly by December first, two thousand eleven.

S 3. This act shall take effect on the one hundred twentieth day after it shall have become a law, provided, however, that the amendments to

subparagraph (iii) of paragraph (a) of subdivision 4 of section 364-j of the social services law made by section one of this act shall not affect the repeal of such section, as provided by section 11 of chapter 710 of the laws of 1988, as amended, and shall be deemed to be repealed therewith.