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

8592

2009-2010 Regular Sessions

I N A S S E M B L Y

May 29, 2009

Introduced by M. of A. LANCMAN -- read once and referred to the Committee on Insurance

AN ACT to amend the insurance law, in relation to requiring health insurance companies to provide participating health care providers with a list of health care treatments and services that require preauthorization from the health insurance company; and to amend the public health law, in relation to pre-authorized services

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

Section 1. The insurance law is amended by adding a new section 4242 to read as follows:

S 4242. HEALTH INSURANCE COMPANIES; PREAUTHORIZATION FOR HEALTH CARE SERVICES. EVERY HEALTH CARE INSURANCE COMPANY SHALL BE REQUIRED TO PROVIDE PARTICIPATING PHYSICIANS AND HEALTH CARE PROVIDERS, AS DEFINED IN SUBDIVISION SEVEN OF SECTION TWENTY-NINE HUNDRED EIGHTY OF THE PUBLIC HEALTH LAW, WITH AN UPDATED LIST OF HEALTH CARE TREATMENTS AND SERVICES THAT REQUIRE PREAUTHORIZATION FROM SUCH HEALTH CARE INSURANCE COMPANY.

S 2. The public health law is amended by adding a new section 4905-a to read as follows:

S 4905-A. PRE-AUTHORIZED SERVICES. EVERY HEALTH CARE PLAN SHALL BE REQUIRED TO DEVELOP AND PROVIDE TO PARTICIPATING HEALTH CARE PROVIDERS A LIST OF HEALTH CARE SERVICES THAT REQUIRE PRE-AUTHORIZATION FROM SUCH HEALTH CARE PLAN. SUCH LIST SHALL BE DEVELOPED BASED UPON CONSULTATION WITH MEDICAL GUIDELINES DEVELOPED BY THE RELEVANT MEDICAL SPECIALTY ORGANIZATION AND IN CONSULTATION WITH APPROPRIATELY TRAINED PHYSICIANS PRACTICING WITHIN THE REGION THE HEALTH CARE PLAN SERVES. SUCH LIST SHALL BE UPDATED ANNUALLY OR MORE FREQUENTLY AS APPROPRIATE. ONLY THOSE HEALTH CARE SERVICES WHICH ARE CONTAINED ON SUCH LIST SHALL BE SUBJECT TO PRE-AUTHORIZATION BY THE HEALTH CARE PLAN.

S 3. The insurance law is amended by adding a new section 4905-a to read as follows:

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

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S 4905-A. PRE-AUTHORIZED SERVICES. EVERY HEALTH CARE PLAN SHALL BE REQUIRED TO DEVELOP AND PROVIDE TO PARTICIPATING HEALTH CARE PROVIDERS A LIST OF HEALTH CARE SERVICES THAT REQUIRE PRE-AUTHORIZATION FROM SUCH HEALTH CARE PLAN. SUCH LIST SHALL BE DEVELOPED BASED UPON CONSULTATION WITH MEDICAL GUIDELINES DEVELOPED BY THE RELEVANT MEDICAL SPECIALTY ORGANIZATION AND IN CONSULTATION WITH APPROPRIATELY TRAINED PHYSICIANS PRACTICING WITHIN THE REGION THE HEALTH CARE PLAN SERVES. SUCH LIST SHALL BE UPDATED ANNUALLY OR MORE FREQUENTLY AS APPROPRIATE. ONLY THOSE HEALTH CARE SERVICES WHICH ARE CONTAINED ON SUCH LIST SHALL BE SUBJECT TO PRE-AUTHORIZATION BY THE HEALTH CARE PLAN.

S 4. This act shall take effect on the sixtieth day after it shall have become a law; provided, however that the superintendent of insurance is hereby authorized to promulgate all rules and regulations and take any other measures necessary to implement this act on its effective date.