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

11134

I N A S S E M B L Y

May 19, 2010

Introduced by M. of A. BENJAMIN -- 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 to 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:

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

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

2. NO GENERAL HOSPITAL LOCATED IN A CITY WITH A POPULATION OF ONE MILLION OR MORE SHALL REFER, STEER, OR OTHERWISE DIRECT ANY PATIENT SEEKING OUT-PATIENT HOSPITAL SERVICES TO PRIVATE PHYSICIAN PRACTICES THAT ARE NOT LICENSED PURSUANT TO THE PROVISIONS OF THIS ARTICLE, INCLUDING BUT NOT LIMITED TO, UNIVERSITY FACULTY PRACTICE CORPORATIONS AS DEFINED IN SECTION ONE THOUSAND FOUR HUNDRED TWELVE OF THE NOT-FOR-PROFIT CORPORATION LAW, IF THE PATIENT'S INSURANCE IS ACCEPTED BY THE GENERAL HOSPITAL AND APPROPRIATELY CREDENTIALED PHYSICIANS ARE AVAILABLE TO TREAT THE PATIENT IN THE APPROPRIATE OUT-PATIENT CLINIC OWNED AND OPERATED BY THE GENERAL HOSPITAL. THE PROVISIONS OF THIS SECTION SHALL APPLY REGARDLESS OF WHETHER THE PATIENT CONTACTS THE GENERAL HOSPITAL VIA A TELEPHONE-BASED OR INTERNET-BASED PHYSICIAN REFERRAL SERVICE, AS A WALK-IN, OR THROUGH THE PATIENT'S PRIMARY CARE PHYSICIAN.

3. THE PROVISIONS OF THIS SECTION SHALL NOT APPLY TO THE NEW YORK CITY HEALTH AND HOSPITALS CORPORATION, ESTABLISHED BY THE NEW YORK CITY

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

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HEALTH AND HOSPITALS CORPORATION ACT PURSUANT TO CHAPTER ONE THOUSAND SIXTEEN OF THE LAWS OF NINETEEN HUNDRED SIXTY-NINE.

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

(c) Such policies and procedures shall be clear, understandable, in writing and publicly available in summary form and each general hospital participating in the pool shall ensure that every patient is made aware of the existence of such policies and procedures and is provided, in a timely manner, with a summary of such policies and procedures upon request. Any summary provided to patients shall, at a minimum, include specific information as to income levels used to determine eligibility for assistance, a description of the primary service area of the hospital and the means of applying for assistance. For general hospitals with twenty-four hour emergency departments, such policies and procedures shall require the notification of patients during the intake and registration process, through the conspicuous posting of language-appropriate information in the general hospital, NOTIFICATION ON WEBSITES AND THROUGH THE GENERAL HOSPITAL'S PATIENT REFERRAL LINE, and information on bills and statements sent to patients, that financial aid may be available to qualified patients and how to obtain further information. For specialty hospitals without twenty-four hour emergency departments, such notification shall take place through written materials provided to patients during the intake and registration process prior to the provision of any health care services or procedures, NOTIFICATION ON WEBSITES AND THROUGH THE SPECIALTY HOSPITAL'S PATIENT REFERRAL LINE, and through information on bills and statements sent to patients, that financial aid may be available to qualified patients and how to obtain further information. Application materials shall include a notice to patients that upon submission of a completed application, including any information or documentation needed to determine the patient's eligibility pursuant to the hospital's financial assistance policy, the patient may disregard any bills until the hospital has rendered a decision on the application in accordance with this paragraph.

S 3. Paragraph (a) of subdivision 4 of section 364-j of the social services law is amended by adding a new subparagraph (iv) to read as follows:

(IV) EVERY GENERAL HOSPITAL, AS DEFINED BY SECTION TWENTY-EIGHT HUNDRED ONE OF THE PUBLIC HEALTH LAW, LOCATED IN A CITY WITH A POPULATION OF ONE MILLION OR MORE SHALL USE THEIR BEST EFFORTS TO NEGOTIATE WITH MANAGED CARE PROVIDERS LICENSED TO OPERATE IN THE SOCIAL SERVICES DISTRICT IN WHICH SUCH GENERAL HOSPITAL IS LOCATED TO CREDENTIAL ALL MEDICAL SERVICES PROVIDERS EMPLOYED BY SUCH GENERAL HOSPITAL. EVERY GENERAL HOSPITAL SUBJECT TO THIS SECTION SHALL SUBMIT AN ANNUAL REPORT TO THE DEPARTMENT OF HEALTH PURSUANT TO SECTION TWENTY-EIGHT HUNDRED THREE-B OF THE PUBLIC HEALTH LAW DESCRIBING THE GENERAL HOSPITAL'S STRATEGIC PLAN TO MEET THE REQUIREMENTS OF THIS SECTION AND THE EFFORTS MADE TO FULFILL THE STRATEGIC PLAN.

S 4. This act shall take effect on the two hundred seventieth day after it shall have become a law; provided, that the amendments to section 364-j of the social services law made by section three of this act shall not affect the repeal of such section and shall be deemed to be repealed therewith; and provided further, that the department of health may promulgate any rules necessary for implementing and carrying out the provisions of this act prior to its effective date.