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

727

2009-2010 Regular Sessions

I N A S S E M B L Y

(PREFILED)

January 7, 2009

Introduced by M. of A. GOTTFRIED, JACOBS -- Multi-Sponsored by -- M. of A. HOOPER, JOHN, McENENY -- read once and referred to the Committee on Health

AN ACT to amend the public health law and the social services law, in relation to creating dental health maintenance organizations and including them in medicaid managed care

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

Section 1. Subdivision 1 of section 4401 of the public health law, as added by chapter 938 of the laws of 1976, is amended to read as follows:

1. "Health maintenance organization" or "organization" means any person, natural or corporate, or any groups of such persons who enter into an arrangement, agreement or plan or any combination of arrangements or plans which propose to provide or offer, or which do provide or offer, a comprehensive health services plan, OR ANY OTHER ENTITY CERTIFIED UNDER THIS ARTICLE.

S 2. Section 4401 of the public health law is amended by adding a new subdivision 8 to read as follows:

8. "DENTAL HEALTH MAINTENANCE ORGANIZATION" MEANS ANY HEALTH MAINTENANCE ORGANIZATION CERTIFIED UNDER SECTION FORTY-FOUR HUNDRED THREE-G OF THIS ARTICLE.

S 3. The public health law is amended by adding a new section 4403-g to read as follows:

S 4403-G. DENTAL HEALTH MAINTENANCE ORGANIZATIONS. A HEALTH MAINTENANCE ORGANIZATION MAY BE CERTIFIED UNDER SECTION FORTY-FOUR HUNDRED EIGHT-A OF THIS ARTICLE, AS ADDED BY CHAPTER SIX HUNDRED THIRTY-NINE OF THE LAWS OF NINETEEN HUNDRED NINETY-SIX, TO BE A DENTAL HEALTH MAINTENANCE ORGANIZATION, WHICH SHALL BE SUBJECT TO ALL PROVISIONS OF THIS ARTICLE AND TO ANY OTHER LAW APPLICABLE TO A HEALTH MAINTENANCE ORGANIZATION, EXCEPT THAT THE HEALTH SERVICES PLAN OF A DENTAL HEALTH MAINTE-

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

LBD02580-01-9

NANCE ORGANIZATION SHALL BE LIMITED TO COMPREHENSIVE DENTAL HEALTH SERVICES, INCLUDING DENTISTRY AND HEALTH CARE SERVICES DIRECTLY RELATED TO DENTISTRY. REGULATIONS UNDER THIS ARTICLE SHALL INCLUDE SPECIAL PROVISIONS FOR DENTAL HEALTH MAINTENANCE ORGANIZATIONS, AS APPROPRIATE.

S 4. Subparagraphs (ii) and (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, are amended and a new subparagraph (iv) is added to read as follows:

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

(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

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

(D) the services 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) other services as defined by the commissioner of health[.]; AND

(IV) A MANAGED CARE PROGRAM MAY CONTRACT DIRECTLY WITH A DENTAL HEALTH MAINTENANCE ORGANIZATION (CERTIFIED UNDER SECTION FORTY-FOUR HUNDRED THREE-G OF THE PUBLIC HEALTH LAW) FOR THE PURPOSES OF PROVIDING COMPREHENSIVE DENTAL HEALTH SERVICES.

S 5. This act shall take effect immediately, provided, however, that the amendments to subdivision 4 of section 364-j of the social services law made by section four of this act shall not affect the repeal of such section and shall be deemed repealed therewith.