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

2364

2009-2010 Regular Sessions

I N S E N A T E

February 19, 2009

Introduced by Sen. ONORATO -- read twice and ordered printed, and when printed to be committed to the Committee on Labor

AN ACT to amend the workers' compensation law, in relation to permitting any medical provider authorized by the workers' compensation board to treat injured workers

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

Section 1. Subdivision 7 of section 13-a of the workers' compensation law, as added by chapter 6 of the laws of 2007, is amended to read as follows:

(7)(a) Notwithstanding any other provision of this chapter to the contrary, any insurance carrier authorized to transact the business of workers' compensation insurance in this state, self-insurer or the state insurance fund may contract with a network or networks, legally and properly organized, to perform diagnostic tests, x-ray examinations, magnetic resonance imaging, or other radiological examinations or tests of claimants and may require claimant to obtain or undergo such diagnostic test, x-ray examinations, magnetic resonance imaging or other radiological examinations or tests with a provider or at a facility that is affiliated with the network or networks with which the carrier contracts, except if a medical emergency occurs requiring an immediate diagnostic test, x-ray examination, magnetic resonance imaging or other radiological examination or test or if the network with which the insurance carrier, self-insurer or the state insurance fund contracts does not have a provider or facility able to perform the examination or test within a reasonable distance from the claimant's residence or place of employment, as defined by regulation of the board.

(b) ANY MEDICAL PROVIDER AUTHORIZED BY THE WORKERS' COMPENSATION BOARD TO TREAT INJURED WORKERS IS PERMITTED TO PERFORM DIAGNOSTIC TESTING, X-RAY EXAMINATIONS, MAGNETIC RESONANCE IMAGING, OR OTHER RADIOLOGICAL EXAMINATIONS OR TESTS UNDER ALL CIRCUMSTANCES, PROVIDED, HOWEVER, SUCH

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

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PROVIDER ACCEPTS THE DESIGNATED INSURANCE CARRIER'S PUBLISHED FEE FOR SUCH SERVICES. IF AN INSURANCE CARRIER'S FEE SCHEDULE IS NOT PUBLISHED AND SUBMITTED TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD, THE PREVAILING FEE SCHEDULE SHALL APPLY.

(C) Any insurance carrier, self-insurer or the state insurance fund which requires claimants to obtain or undergo diagnostic tests, x-ray examinations, magnetic resonance imaging or other radiological examinations or tests with a provider or at a facility affiliated with a network or networks with which it contracts, must notify the claimant of the name and contact information for the network or networks at the same time the written statement of the claimant's rights as required by subdivision two of section one hundred ten of this chapter or immediately after imposing such requirement if the time period within which the written statement of the claimant's rights as required by subdivision two of section one hundred ten of this chapter has expired.

[(c)] (D) At the time a request for authorization for special diagnostic tests, x-ray examinations, magnetic resonance imaging or other radiological examinations or tests costing more than one thousand dollars as required by subdivision five of this section is approved, the insurance carrier, self-insurer or state insurance fund, or if so delegated the network with which the insurance carrier, self-insurer or state insurance fund has contracted, shall notify the physician requesting authorization of the requirement that the claimant obtain or undergo the special diagnostic test, x-ray examination, magnetic resonance imaging or other radiological examination or test with a provider or at a facility affiliated with the network or networks with which it has contracted, the contact information for the network and a list of the providers and facilities within the claimant's geographic location, as defined by regulation of the board. The claimant, in consultation with the provider who requested the special diagnostic test, x-ray examination, magnetic resonance imaging or other radiological test or exam, will determine the provider or facility from within the network which will perform such diagnostic test, x-ray examination, magnetic resonance imaging or other radiological examination or test.

[(d)] (E) The results of the special diagnostic test, x-ray examination, magnetic resonance imaging or other radiological test or exam must be sent to the physician who requested the test or exam immediately upon completion of the report detailing the results.

S 2. This act shall take effect immediately.