

8641

2011-2012 Regular Sessions

I N A S S E M B L Y

September 21, 2011

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

AN ACT to amend the insurance law, in relation to requiring medical  
insurers to permit patients to assign their payment

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

1 Section 1. Subsection (i) of section 3216 of the insurance law is  
2 amended by adding a new paragraph 28 to read as follows:

3 (28) EVERY POLICY WHICH PROVIDES MEDICAL, MAJOR-MEDICAL OR SIMILAR  
4 COMPREHENSIVE-TYPE COVERAGE SHALL PERMIT A PATIENT TO ASSIGN HIS OR HER  
5 PAYMENT TO THE PROVIDER OF SUCH HOSPITAL, SURGICAL OR MEDICAL SERVICES,  
6 REGARDLESS OF WHETHER THE PROVIDER IS IN THE NETWORK OF HEALTH CARE  
7 PROVIDERS OFFERED BY THE INSURER ISSUING THE POLICY, PROVIDED THAT THE  
8 SERVICES RENDERED TO THE PATIENT BY THE PROVIDER ARE OTHERWISE COVERED  
9 UNDER THE POLICY.

10 S 2. Section 3221 of the insurance law is amended by adding a new  
11 subsection (s) to read as follows:

12 (S) EVERY GROUP OR BLANKET POLICY DELIVERED OR ISSUED FOR DELIVERY IN  
13 THIS STATE WHICH PROVIDES HOSPITAL, SURGICAL OR MEDICAL COVERAGE SHALL  
14 PERMIT A PATIENT TO ASSIGN HIS OR HER PAYMENT TO THE PROVIDER OF SUCH  
15 HOSPITAL, SURGICAL OR MEDICAL SERVICES, REGARDLESS OF WHETHER THE  
16 PROVIDER IS IN THE NETWORK OF HEALTH CARE PROVIDERS OFFERED BY THE  
17 INSURER ISSUING THE POLICY, PROVIDED THAT THE SERVICES RENDERED TO THE  
18 PATIENT BY THE PROVIDER ARE OTHERWISE COVERED UNDER THE POLICY.

19 S 3. Section 3224-a of the insurance law is amended by adding a new  
20 subsection (i) to read as follows:

21 (I) WHERE PAYMENT FOR ANY PORTION OF A CLAIM IS MADE DIRECTLY TO A  
22 HEALTH CARE PROVIDER, SUCH INSURER OR ORGANIZATION OR CORPORATION SHALL  
23 PROVIDE AT THE TIME PAYMENT IS MADE WRITTEN NOTIFICATION OF SUCH PAYMENT  
24 TO THE POLICYHOLDER WHO RENDERED THE SERVICE FOR WHICH THE CLAIM WAS  
25 PAID. SUCH NOTIFICATION SHALL INCLUDE, BUT NOT BE LIMITED TO, THE AMOUNT

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

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1 PAID TO THE HEALTH CARE PROVIDER, THE PERCENTAGE OF THE TOTAL CLAIM  
2 REPRESENTED BY THE PAYMENT, THE SERVICES FOR WHICH PAYMENT WAS MADE, THE  
3 HEALTH CARE PROVIDER PROVIDING THOSE SERVICES AND THE CALCULATIONS FOR  
4 PAYMENT, BY SERVICE PROVIDED, INCLUDING CO-PAYMENTS, DEDUCTIBLES,  
5 SURCHARGES AND FEE SCHEDULES.

6 S 4. Section 4303 of the insurance law is amended by adding a new  
7 subsection (a-1) to read as follows:

8 (A-1) EVERY CONTRACT ISSUED BY A MEDICAL EXPENSE INDEMNITY CORPORATION  
9 OR HEALTH SERVICE CORPORATION WHICH PROVIDES MEDICAL, MAJOR MEDICAL OR  
10 SIMILAR COMPREHENSIVE-TYPE COVERAGE SHALL PERMIT A PATIENT TO ASSIGN HIS  
11 OR HER BENEFITS TO THE PROVIDER OF SUCH HOSPITAL, SURGICAL OR MEDICAL  
12 SERVICES, REGARDLESS OF WHETHER THE PROVIDER IS IN THE NETWORK OF HEALTH  
13 CARE PROVIDERS OFFERED BY THE INSURER ISSUING THE POLICY, PROVIDED THAT  
14 THE SERVICES RENDERED TO THE PATIENT BY THE PROVIDER ARE OTHERWISE  
15 COVERED UNDER THE POLICY.

16 S 5. This act shall take effect on the ninetieth day after it shall  
17 have become a law and shall apply to policies and contracts issued,  
18 renewed, modified, altered or amended on or after such date.