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

495

2011-2012 Regular Sessions

I N A S S E M B L Y

(PREFILED)

January 5, 2011

Introduced by M. of A. GIBSON, PHEFFER, REILLY, ENGLEBRIGHT, MAISEL, GABRYSZAK, COLTON, MAYERSOHN, COOK, TITONE, SPANO, BOYLAND, SCARBOROUGH, GALEF, CASTRO -- Multi-Sponsored by -- M. of A. AUBRY, BARRON, CLARK, CRESPO, DINOWITZ, HOOPER, M. MILLER, SWEENEY, TOWNS, WEINSTEIN -- read once and referred to the Committee on Insurance

AN ACT to amend the insurance law, in relation to requiring notification to insured persons that an out-of-network physician may be used in their procedure, test or surgery

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

Section 1. Section 3216 of the insurance law is amended by adding a new subsection (m) to read as follows:

(M) (1) EVERY PERSON INSURED UNDER A POLICY OF ACCIDENT AND HEALTH INSURANCE DELIVERED OR ISSUED FOR DELIVERY IN THIS STATE SHALL BE ENTITLED TO NOTIFICATION FROM THE BILLING ENTITY PRIOR TO THE PROCEDURE, TEST OR SURGERY, THAT AN OUT-OF-NETWORK PHYSICIAN MAY BE USED IN SUCH PROCEDURE, TEST OR SURGERY AND SUCH PHYSICIAN'S SERVICES SHALL NOT BE COVERED BY THEIR INSURANCE POLICY.

(2) THE PATIENT COSTS OF OUT-OF-NETWORK PHYSICIAN SERVICES SHALL BE COVERED BY THE INSURANCE POLICY OF AN INSURED PERSON IF HE OR SHE HAS NOT RECEIVED NOTIFICATION OF SUCH SITUATIONS, PRIOR TO THE HEALTH SERVICE OR PROCEDURE, AS PRESCRIBED IN PARAGRAPH ONE OF THIS SUBSECTION.

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

(S) (1) EVERY PERSON INSURED UNDER A POLICY OF ACCIDENT AND HEALTH INSURANCE DELIVERED OR ISSUED FOR DELIVERY IN THIS STATE SHALL BE ENTITLED TO NOTIFICATION FROM THE BILLING ENTITY PRIOR TO THE PROCEDURE, TEST OR SURGERY, THAT AN OUT-OF-NETWORK PHYSICIAN MAY BE USED IN SUCH PROCEDURE, TEST OR SURGERY AND SUCH PHYSICIAN'S SERVICES SHALL NOT BE COVERED BY THEIR INSURANCE POLICY.

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

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(2) THE PATIENT COSTS OF OUT-OF-NETWORK PHYSICIAN SERVICES SHALL BE COVERED BY THE INSURANCE POLICY OF AN INSURED PERSON IF HE OR SHE HAS NOT RECEIVED NOTIFICATION OF SUCH SITUATIONS, PRIOR TO THE HEALTH SERVICE OR PROCEDURE, AS PRESCRIBED IN PARAGRAPH ONE OF THIS SUBSECTION.

S 3. This act shall take effect immediately.