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

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 ASSEMBLY, DO ENACT AS FOLLOWS:

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

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

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

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

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

(I) WHERE PAYMENT FOR ANY PORTION OF A CLAIM IS MADE DIRECTLY TO A HEALTH CARE PROVIDER, SUCH INSURER OR ORGANIZATION OR CORPORATION SHALL PROVIDE AT THE TIME PAYMENT IS MADE WRITTEN NOTIFICATION OF SUCH PAYMENT TO THE POLICYHOLDER WHO RENDERED THE SERVICE FOR WHICH THE CLAIM WAS 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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PAID TO THE HEALTH CARE PROVIDER, THE PERCENTAGE OF THE TOTAL CLAIM REPRESENTED BY THE PAYMENT, THE SERVICES FOR WHICH PAYMENT WAS MADE, THE HEALTH CARE PROVIDER PROVIDING THOSE SERVICES AND THE CALCULATIONS FOR PAYMENT, BY SERVICE PROVIDED, INCLUDING CO-PAYMENTS, DEDUCTIBLES, SURCHARGES AND FEE SCHEDULES.

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

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

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