

7527--A

2013-2014 Regular Sessions

I N A S S E M B L Y

May 23, 2013

Introduced by M. of A. McDONALD, LAVINE, MONTESANO, MILLER, GUNTHER --
Multi-Sponsored by -- M. of A. DUPREY, HOOPER, ROSA, SIMANOWITZ --
read once and referred to the Committee on Health -- recommitted to
the Committee on Health in accordance with Assembly Rule 3, sec. 2 --
committee discharged, bill amended, ordered reprinted as amended and
recommitted to said committee

AN ACT to amend the social services law, the insurance law and the
public health law, in relation to preserving access to quality complex
rehabilitation technology for patients with complex medical needs

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

1 Section 1. Short title. This act shall be known and may be cited as
2 the "complex needs patient act".
3 S 2. Legislative intent. It is the intent of the legislature to:
4 1. protect access for complex needs patients to quality complex reha-
5 bilitation technology;
6 2. establish and improve standards and safeguards relating to the
7 provision of complex rehabilitation technology; and
8 3. provide quality support for complex needs patients to stay in the
9 home or community setting, prevent institutionalization, and prevent
10 hospitalizations and other costly secondary complications.
11 S 3. The social services law is amended by adding a new section 367-j
12 to read as follows:
13 S 367-J. COMPLEX NEEDS PATIENT ACT. 1. DEFINITIONS. AS USED IN THIS
14 SECTION:
15 (A) "COMPLEX NEEDS PATIENT" MEANS AN INDIVIDUAL WITH SIGNIFICANT PHYS-
16 ICAL OR FUNCTIONAL IMPAIRMENT RESULTING FROM A MEDICAL CONDITION OR
17 DISEASE INCLUDING, BUT NOT LIMITED TO: SPINAL CORD INJURY, TRAUMATIC
18 BRAIN INJURY, CEREBRAL PALSY, MUSCULAR DYSTROPHY, SPINA BIFIDA, OSTEO-
19 GENESIS IMPERFECTA, ARTHROGRYPOSIS, AMYOTROPHIC LATERAL SCLEROSIS,
20 MULTIPLE SCLEROSIS, DEMYELINATING DISEASE, MYELOPATHY, MYOPATHY,

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

LBD10590-03-4

1 PROGRESSIVE MUSCULAR ATROPHY, ANTERIOR HORN CELL DISEASE, POST-POLIO
2 SYNDROME, CEREBELLAR DEGENERATION, DYSTONIA, HUNTINGTON'S DISEASE,
3 SPINOCEREBELLAR DISEASE, AND CERTAIN TYPES OF AMPUTATION, PARALYSIS OR
4 PARESIS.

5 (B) "COMPLEX REHABILITATION TECHNOLOGY" MEANS PRODUCTS CLASSIFIED AS
6 DURABLE MEDICAL EQUIPMENT WITHIN THE MEDICARE PROGRAM AS OF JANUARY
7 FIRST, TWO THOUSAND THIRTEEN THAT ARE INDIVIDUALLY CONFIGURED FOR INDI-
8 VIDUALS TO MEET THEIR SPECIFIC AND UNIQUE MEDICAL, PHYSICAL AND FUNC-
9 TIONAL NEEDS AND CAPACITIES FOR BASIC AND FUNCTIONAL ACTIVITIES OF DAILY
10 LIVING. SUCH PRODUCTS INCLUDE, BUT ARE NOT LIMITED TO: MANUAL AND POWER
11 WHEELCHAIRS AND ACCESSORIES, ADAPTIVE SEATING AND POSITIONING ITEMS AND
12 ACCESSORIES, AND OTHER SPECIALIZED EQUIPMENT SUCH AS STANDING FRAMES AND
13 GAIT TRAINERS AND ACCESSORIES.

14 (C) "EMPLOYEE" MEANS A PERSON WHOSE TAXES ARE WITHHELD BY A QUALIFIED
15 COMPLEX REHABILITATION TECHNOLOGY SUPPLIER AND REPORTED TO THE INTERNAL
16 REVENUE SERVICE.

17 (D) "HEALTHCARE COMMON PROCEDURE CODING SYSTEM", OR "HCPCS", MEANS THE
18 BILLING CODES USED BY MEDICARE AND OVERSEEN BY THE FEDERAL CENTERS FOR
19 MEDICARE AND MEDICAID SERVICES THAT ARE BASED ON THE CURRENT PROCEDURAL
20 TECHNOLOGY CODES DEVELOPED BY THE AMERICAN MEDICAL ASSOCIATION.

21 (E) "INDIVIDUALLY CONFIGURED" MEANS A DEVICE WITH A COMBINATION OF
22 SIZES, FEATURES, ADJUSTMENTS OR MODIFICATIONS THAT IS CUSTOMIZED BY A
23 QUALIFIED COMPLEX REHABILITATION TECHNOLOGY SUPPLIER FOR A SPECIFIC
24 INDIVIDUAL BY MEASURING, FITTING, PROGRAMMING, ADJUSTING OR ADAPTING THE
25 DEVICE SO THAT THE DEVICE IS CONSISTENT WITH THE INDIVIDUAL'S MEDICAL
26 CONDITION, PHYSICAL AND FUNCTIONAL NEEDS AND CAPABILITIES, BODY SIZE,
27 PERIOD OF NEED AND INTENDED USE AS DETERMINED BY AN ASSESSMENT OR EVALU-
28 ATION BY A QUALIFIED HEALTH CARE PROFESSIONAL.

29 (F) "MIXED HCPCS CODES" MEANS CODES THAT REFER TO A MIX OF COMPLEX
30 REHABILITATION TECHNOLOGY PRODUCTS AND STANDARD MOBILITY AND ACCESSORY
31 PRODUCTS.

32 (G) "PURE HCPCS CODES" MEANS CODES THAT REFER EXCLUSIVELY TO COMPLEX
33 REHABILITATION TECHNOLOGY PRODUCTS.

34 (H) "QUALIFIED COMPLEX REHABILITATION TECHNOLOGY PROFESSIONAL" MEANS
35 AN INDIVIDUAL WHO IS CERTIFIED AS AN ASSISTIVE TECHNOLOGY PROFESSIONAL
36 (ATP) BY THE REHABILITATION ENGINEERING AND ASSISTIVE TECHNOLOGY SOCIETY
37 OF NORTH AMERICA.

38 (I) "QUALIFIED COMPLEX REHABILITATION TECHNOLOGY SUPPLIER" MEANS A
39 COMPANY OR ENTITY THAT:

40 (I) IS ACCREDITED BY A RECOGNIZED ACCREDITING ORGANIZATION;

41 (II) IS AN ENROLLED MEDICARE SUPPLIER AND MEETS THE SUPPLIER AND QUAL-
42 ITY STANDARDS ESTABLISHED FOR DURABLE MEDICAL EQUIPMENT SUPPLIERS
43 INCLUDING THOSE FOR COMPLEX REHABILITATION TECHNOLOGY UNDER THE MEDICARE
44 PROGRAM;

45 (III) HAS AT LEAST ONE EMPLOYEE WHO IS A QUALIFIED COMPLEX REHABILI-
46 TATION TECHNOLOGY PROFESSIONAL AVAILABLE TO ANALYZE THE NEEDS AND CAPAC-
47 ITIES OF COMPLEX NEEDS PATIENTS IN CONSULTATION WITH A QUALIFIED HEALTH
48 CARE PROFESSIONAL AND PARTICIPATE IN THE SELECTION OF APPROPRIATE
49 COMPLEX REHABILITATION TECHNOLOGY AND PROVIDE TRAINING IN THE PROPER USE
50 OF THE COMPLEX REHABILITATION TECHNOLOGY;

51 (IV) REQUIRES A QUALIFIED COMPLEX REHABILITATION TECHNOLOGY PROFES-
52 SIONAL BE PHYSICALLY PRESENT FOR THE EVALUATION AND DETERMINATION OF
53 APPROPRIATE COMPLEX REHABILITATION TECHNOLOGY FOR COMPLEX NEEDS
54 PATIENTS;

55 (V) HAS THE CAPABILITY TO PROVIDE SERVICE AND REPAIR BY QUALIFIED
56 TECHNICIANS FOR ALL COMPLEX REHABILITATION TECHNOLOGY IT SELLS;

(VI) HAS AT LEAST ONE STOREFRONT LOCATION WITHIN NEW YORK STATE; AND
(VII) PROVIDES WRITTEN INFORMATION REGARDING HOW TO RECEIVE SERVICE
AND REPAIR OF COMPLEX REHABILITATION TECHNOLOGY TO THE COMPLEX NEEDS
PATIENT AT THE TIME SUCH TECHNOLOGY IS DELIVERED.

(J) "QUALIFIED HEALTH CARE PROFESSIONAL" MEANS A HEALTH CARE PROFESSIONAL LICENSED BY THE STATE EDUCATION DEPARTMENT WHO HAS NO FINANCIAL RELATIONSHIP WITH A QUALIFIED COMPLEX REHABILITATION TECHNOLOGY SUPPLIER, INCLUDING BUT NOT LIMITED TO A PHYSICIAN, PHYSICAL THERAPIST, OCCUPATIONAL THERAPIST, OR OTHER LICENSED HEALTH CARE PROFESSIONAL WHO PERFORMS SPECIALTY EVALUATIONS WITHIN THE PROFESSIONAL'S SCOPE OF PRACTICE.

2. REIMBURSEMENT AND BILLING PROCEDURES. (A) TO THE EXTENT PERMISSIBLE UNDER FEDERAL LAW, THE COMMISSIONER SHALL ESTABLISH SPECIFIC REIMBURSEMENT AND BILLING PROCEDURES WITHIN THE STATE MEDICAID PROGRAM FOR COMPLEX REHABILITATION TECHNOLOGY PRODUCTS AND SERVICES TO ENSURE THAT MEDICAID PAYMENTS FOR SUCH PRODUCTS AND SERVICES PERMIT ADEQUATE ACCESS TO COMPLEX NEEDS PATIENTS AND TAKES INTO ACCOUNT THE SIGNIFICANT RESOURCES, INFRASTRUCTURE, AND STAFF NEEDED TO MEET THEIR NEEDS.

(B) WHEN ESTABLISHING REIMBURSEMENT AND BILLING PROCEDURES PURSUANT TO PARAGRAPH (A) OF THIS SUBDIVISION, THE COMMISSIONER SHALL, NOT LATER THAN OCTOBER FIRST, TWO THOUSAND FIFTEEN: (I) DESIGNATE PRODUCTS AND SERVICES INCLUDED IN MIXED AND PURE HCPCS BILLING CODES AS COMPLEX REHABILITATION TECHNOLOGY, AND AS NEEDED, CREATE NEW BILLING CODES OR CODE MODIFIERS FOR SERVICES AND PRODUCTS COVERED FOR COMPLEX NEEDS PATIENTS; (II) SET MINIMUM STANDARDS CONSISTENT WITH PARAGRAPH (I) OF SUBDIVISION ONE OF THIS SECTION IN ORDER FOR SUPPLIERS TO BE CONSIDERED QUALIFIED COMPLEX REHABILITATION TECHNOLOGY SUPPLIERS ELIGIBLE FOR MEDICAID REIMBURSEMENT; (III) EXEMPT PRODUCTS OR SERVICES BILLED UNDER MIXED OR PURE HCPCS CODES FROM INCLUSION IN ANY BIDDING, SELECTIVE CONTRACTING, REQUEST FOR PROPOSAL, OR SIMILAR INITIATIVE; (IV) REQUIRE COMPLEX NEEDS PATIENTS RECEIVING A COMPLEX REHABILITATION MANUAL WHEELCHAIR, POWER WHEELCHAIR, OR SEATING COMPONENT TO BE EVALUATED BY A QUALIFIED HEALTH CARE PROFESSIONAL AND A QUALIFIED COMPLEX REHABILITATION TECHNOLOGY PROFESSIONAL TO QUALIFY FOR REIMBURSEMENT; (V) MAKE OTHER CHANGES AS NEEDED TO PROTECT ACCESS TO COMPLEX REHABILITATION TECHNOLOGY FOR COMPLEX NEEDS PATIENTS; AND (VI) AFFIRM THAT WITH THE EXCEPTION OF THOSE ENROLLEES COVERED UNDER A PAYMENT RATE METHODOLOGY OTHERWISE NEGOTIATED, PAYMENTS FOR COMPLEX REHABILITATION TECHNOLOGY PROVIDED TO PATIENTS ELIGIBLE FOR MEDICAL ASSISTANCE BY ORGANIZATIONS OPERATING IN ACCORDANCE WITH THE PROVISIONS OF ARTICLE FORTY-FOUR OF THE PUBLIC HEALTH LAW OR BY HEALTH MAINTENANCE ORGANIZATIONS ORGANIZED AND OPERATING IN ACCORDANCE WITH ARTICLE FORTY-THREE OF THE INSURANCE LAW, SHALL BE THE RATES OF PAYMENT THAT WOULD BE PAID FOR SUCH PAYMENTS UNDER THE MEDICAL ASSISTANCE PROGRAM AS DETERMINED BY THE COMMISSIONER AND APPLICABLE TO SERVICES AT THE TIME SUCH SERVICES WERE PROVIDED.

S 4. Section 3217-e of the insurance law, as added by chapter 219 of the laws of 2011, is amended to read as follows:

S 3217-e. Choice of health care provider. An insurer that is subject to this article and requires or provides for designation by an insured of a participating primary care provider shall permit the insured to designate any participating primary care provider who is available to accept such individual, and in the case of a child, shall permit the insured to designate a physician (allopathic or osteopathic) who specializes in pediatrics as the child's primary care provider if such provider participates in the network of the insurer. EVERY POLICY WHICH PROVIDES MEDICAL, MAJOR MEDICAL, OR SIMILAR COMPREHENSIVE TYPE COVERAGE

1 SHALL INCLUDE ADEQUATE ACCESS TO SERVICES AND EQUIPMENT PROVIDED BY
2 QUALIFIED COMPLEX REHABILITATION TECHNOLOGY SUPPLIERS, PURSUANT TO
3 SECTION THREE HUNDRED SIXTY-SEVEN-J OF THE SOCIAL SERVICES LAW, AND
4 ADOPT THE SUPPLIER STANDARDS CONTAINED THEREIN.

5 S 5. Section 4306-d of the insurance law, as added by chapter 219 of
6 the laws of 2011, is amended to read as follows:

7 S 4306-d. Choice of health care provider. A corporation that is
8 subject to the provisions of this article and requires or provides for
9 designation by a subscriber of a participating primary care provider
10 shall permit the subscriber to designate any participating primary care
11 provider who is available to accept such individual, and in the case of
12 a child, shall permit the subscriber to designate a physician (allopath-
13 ic or osteopathic) who specializes in pediatrics as the child's primary
14 care provider if such provider participates in the network of the corpo-
15 ration. EVERY POLICY WHICH PROVIDES MEDICAL, MAJOR MEDICAL, OR SIMILAR
16 COMPREHENSIVE TYPE COVERAGE SHALL INCLUDE ADEQUATE ACCESS TO SERVICES
17 AND EQUIPMENT PROVIDED BY QUALIFIED COMPLEX REHABILITATION TECHNOLOGY
18 SUPPLIERS, PURSUANT TO SECTION THREE HUNDRED SIXTY-SEVEN-J OF THE SOCIAL
19 SERVICES LAW, AND ADOPT THE SUPPLIER STANDARDS CONTAINED THEREIN.

20 S 6. Section 4403 of the public health law is amended by adding a new
21 subdivision 9 to read as follows:

22 9. EVERY HEALTH MAINTENANCE ORGANIZATION SHALL INCLUDE ADEQUATE ACCESS
23 TO SERVICES AND EQUIPMENT PROVIDED BY QUALIFIED COMPLEX REHABILITATION
24 TECHNOLOGY SUPPLIERS, PURSUANT TO SECTION THREE HUNDRED SIXTY-SEVEN-J OF
25 THE SOCIAL SERVICES LAW, AND ADOPT THE SUPPLIER STANDARDS CONTAINED
26 THEREIN.

27 S 7. This act shall take effect on the first of January next succeed-
28 ing the date on which it shall have become a law, and shall apply to
29 contracts and policies issued, renewed, modified or amended on or after
30 such effective date.