

7534

2013-2014 Regular Sessions

I N   A S S E M B L Y

May 23, 2013

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Introduced by M. of A. ROBERTS, NOJAY, FINCH, COOK -- Multi-Sponsored by  
-- M. of A. ARROYO, CROUCH, GIBSON, PERRY, SEPULVEDA, SIMANOWITZ --  
read once and referred to the Committee on Insurance

AN ACT to amend the insurance law, in relation to payments to prehospital emergency medical services providers

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

1     Section 1. Section 3224-a of the insurance law is amended by adding a  
2     new subsection (j) to read as follows:  
3     (J) PAYMENTS TO NONPARTICIPATING OR NONPREFERRED PROVIDERS OF AMBU-  
4     LANCE SERVICES LICENSED UNDER ARTICLE THIRTY OF THE PUBLIC HEALTH LAW.  
5     (1) WHENEVER AN INSURER OR AN ORGANIZATION, OR CORPORATION LICENSED OR  
6     CERTIFIED PURSUANT TO ARTICLE FORTY-THREE OR FORTY-SEVEN OF THIS CHAPTER  
7     OR ARTICLE FORTY-FOUR OF THE PUBLIC HEALTH LAW PROVIDES THAT ANY HEALTH  
8     CARE CLAIMS SUBMITTED UNDER CONTRACTS OR AGREEMENTS ISSUED OR ENTERED  
9     INTO PURSUANT TO THIS ARTICLE OR ARTICLE FORTY-TWO, FORTY-THREE OR  
10    FORTY-SEVEN OF THIS CHAPTER AND ARTICLE FORTY-FOUR OF THE PUBLIC HEALTH  
11    LAW ARE PAYABLE TO A PARTICIPATING OR PREFERRED PROVIDER OF AMBULANCE  
12    SERVICES FOR SERVICES RENDERED, THE INSURER, ORGANIZATION, OR CORPO-  
13    RATION LICENSED OR CERTIFIED PURSUANT TO ARTICLE FORTY-THREE OR  
14    FORTY-SEVEN OF THIS CHAPTER OR ARTICLE FORTY-FOUR OF THE PUBLIC HEALTH  
15    LAW SHALL BE REQUIRED TO PAY SUCH BENEFITS EITHER DIRECTLY TO ANY SIMI-  
16    LARLY LICENSED NONPARTICIPATING OR NONPREFERRED PROVIDER AT THE USUAL  
17    AND CUSTOMARY CHARGE, WHICH SHALL NOT BE EXCESSIVE OR UNREASONABLE, WHEN  
18    THE PROVIDER HAS RENDERED SUCH SERVICES, HAS A WRITTEN ASSIGNMENT OF  
19    BENEFITS, AND HAS CAUSED WRITTEN NOTICE OF SUCH ASSIGNMENT TO BE GIVEN  
20    TO THE INSURER, ORGANIZATION, OR CORPORATION LICENSED OR CERTIFIED  
21    PURSUANT TO ARTICLE FORTY-THREE OR FORTY-SEVEN OF THIS CHAPTER OR ARTI-  
22    CLE FORTY-FOUR OF THE PUBLIC HEALTH LAW OR JOINTLY TO SUCH NONPARTIC-  
23    IPATING OR NONPREFERRED PROVIDER AND TO THE INSURED, SUBSCRIBER, OR  
24    OTHER COVERED PERSON; PROVIDED, HOWEVER, THAT IN EITHER CASE THE INSUR-

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

LBD06549-02-3

ER, ORGANIZATION, OR CORPORATION LICENSED OR CERTIFIED PURSUANT TO ARTICLE FORTY-THREE OR FORTY-SEVEN OF THIS CHAPTER OR ARTICLE FORTY-FOUR OF THE PUBLIC HEALTH LAW SHALL BE REQUIRED TO SEND SUCH BENEFIT PAYMENTS DIRECTLY TO THE PROVIDER WHO HAS THE WRITTEN ASSIGNMENT. WHEN PAYMENT IS MADE DIRECTLY TO A PROVIDER OF AMBULANCE SERVICES AS AUTHORIZED BY THIS SECTION, THE INSURER, ORGANIZATION, OR CORPORATION LICENSED OR CERTIFIED PURSUANT TO ARTICLE FORTY-THREE OR FORTY-SEVEN OF THIS CHAPTER OR ARTICLE FORTY-FOUR OF THE PUBLIC HEALTH LAW SHALL GIVE WRITTEN NOTICE OF SUCH PAYMENT TO THE INSURED, SUBSCRIBER, OR OTHER COVERED PERSON.

(2) AN INSURER SHALL PROVIDE REIMBURSEMENT FOR THOSE SERVICES PRESCRIBED BY THIS SECTION AT RATES NEGOTIATED BETWEEN THE INSURER AND THE PROVIDER OF SUCH SERVICES. IN THE ABSENCE OF AGREED UPON RATES, AN INSURER SHALL PAY FOR SUCH SERVICES AT THE USUAL AND CUSTOMARY CHARGE, WHICH SHALL NOT BE EXCESSIVE OR UNREASONABLE.

(3) NOTHING CONTAINED IN THIS SECTION SHALL BE DEEMED TO PROHIBIT THE PAYMENT OF DIFFERENT LEVELS OF BENEFITS OR FROM HAVING DIFFERENCES IN COINSURANCE PERCENTAGES APPLICABLE TO BENEFIT LEVELS FOR SERVICES PROVIDED BY PARTICIPATING OR PREFERRED PROVIDERS AND NONPARTICIPATING OR NONPREFERRED PROVIDERS.

THE PROVISIONS OF THIS SECTION SHALL NOT APPLY TO POLICIES THAT DO NOT INCLUDE COVERAGE FOR AMBULANCE SERVICES.

S 2. Subparagraphs (C) and (D) of paragraph 24 of subsection (i) of section 3216 of the insurance law, as added by chapter 506 of the laws of 2001, are amended to read as follows:

(C) An insurer shall provide reimbursement for those services prescribed by this section at rates negotiated between the insurer and the provider of such services. In the absence of agreed upon rates, an insurer shall pay for such services at the usual and customary charge, which shall not be excessive or unreasonable. THE INSURER SHALL SEND SUCH PAYMENTS DIRECTLY TO THE PROVIDER OF SUCH AMBULANCE SERVICES, IF THE AMBULANCE SERVICE INCLUDES AN EXECUTED ASSIGNMENT OF BENEFITS FORM WITH THE CLAIM.

(D) The provisions of this paragraph shall have no application to transfers of patients between hospitals or health care facilities by an ambulance service as described in subparagraph (A) of this paragraph UNLESS SUCH SERVICES ARE COVERED UNDER THE POLICY.

S 3. Subparagraphs (C) and (D) of paragraph 15 of subsection (l) of section 3221 of the insurance law, as added by chapter 506 of the laws of 2001, are amended to read as follows:

(C) An insurer shall provide reimbursement for those services prescribed by this section at rates negotiated between the insurer and the provider of such services. In the absence of agreed upon rates, an insurer shall pay for such services at the usual and customary charge, which shall not be excessive or unreasonable. THE INSURER SHALL SEND SUCH PAYMENTS DIRECTLY TO THE PROVIDER OF SUCH AMBULANCE SERVICES, IF THE AMBULANCE SERVICE INCLUDES AN EXECUTED ASSIGNMENT OF BENEFITS FORM WITH THE CLAIM.

(D) The provisions of this paragraph shall have no application to transfers of patients between hospitals or health care facilities by an ambulance service as described in subparagraph (A) of this paragraph UNLESS SUCH SERVICES ARE COVERED UNDER THE POLICY.

S 4. Paragraphs 3 and 4 of subsection (aa) of section 4303 of the insurance law, as added by chapter 506 of the laws of 2001, are amended to read as follows:

(3) An insurer shall provide reimbursement for those services prescribed by this section at rates negotiated between the insurer and

1 the provider of such services. In the absence of agreed upon rates, an  
2 insurer shall pay for such services at the usual and customary charge,  
3 which shall not be excessive or unreasonable. THE INSURER SHALL SEND  
4 SUCH PAYMENTS DIRECTLY TO THE PROVIDER OF SUCH AMBULANCE SERVICES, IF  
5 THE AMBULANCE SERVICE INCLUDES AN EXECUTED ASSIGNMENT OF BENEFITS FORM  
6 WITH THE CLAIM.

7 (4) The provisions of this subsection shall have no application to  
8 transfers of patients between hospitals or health care facilities by an  
9 ambulance service as described in paragraph one of this subsection  
10 UNLESS SUCH SERVICES ARE COVERED UNDER THE POLICY.

11 S 5. This act shall take effect January 1, 2014 and shall apply to  
12 health care claims submitted for payment after such date.