8442

IN ASSEMBLY

January 15, 2014

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

AN ACT to amend the insurance law and the public health law, in relation to shortening time frames during which an insurer has to determine whether a pre-authorization request is medically necessary

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

Section 1. Subsection (b) of section 4903 of the insurance law, as amended by chapter 514 of the laws of 2013, is amended to read as follows:

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- (b) A utilization review agent shall make a utilization review determination involving health care services which require pre-authorization and provide notice of a determination to the insured or insured's designee and the insured's health care provider by telephone and in writing within three [business] days of receipt of the necessary information. To the extent practicable, such written notification to the enrollee's health care provider shall be transmitted electronically, in a manner and in a form agreed upon by the parties.
- 12 S 2. Subdivision 2 of section 4903 of the public health law, as 13 amended by chapter 514 of the laws of 2013, is amended to read as 14 follows:
 - 2. A utilization review agent shall make a utilization review determination involving health care services which require pre-authorization and provide notice of a determination to the enrollee or enrollee's designee and the enrollee's health care provider by telephone and in writing within three [business] days of receipt of the necessary information. To the extent practicable, such written notification to the enrollee's health care provider shall be transmitted electronically, in a manner and in a form agreed upon by the parties.
- 23 S 3. This act shall take effect on the same date and in the same 24 manner as section 5 of chapter 514 of the laws of 2013, takes effect.

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

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