7500--A

IN SENATE

May 15, 2014

Introduced by Sen. HANNON -- read twice and ordered printed, and when printed to be committed to the Committee on Health -- reported favorably from said committee and committed to the Committee on Finance -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law and the insurance law, in relation to requiring health insurers to accept third party payments for coverage

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

Section 1. Section 4406-c of the public health law is amended by adding a new subdivision 9 to read as follows:

9. WITH REGARD TO A SUBSCRIBER CONTRACT OFFERED THROUGH THE INDIVIDUAL

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- 9. WITH REGARD TO A SUBSCRIBER CONTRACT OFFERED THROUGH THE INDIVIDUAL MARKET, A HEALTH MAINTENANCE ORGANIZATION SHALL NOT BY CONTRACT OR IN ANY OTHER MANNER REFUSE TO ACCEPT PREMIUM OR ANY REQUIRED COST SHARING PAYMENTS FROM THIRD-PARTIES IF MADE BY (A) AN INDIAN TRIBE, TRIBAL ORGANIZATION, URBAN INDIAN ORGANIZATION, OR ANY STATE OR FEDERAL GOVERNMENT PROGRAM OR GRANTEE (SUCH AS THE RYAN WHITE HIV/AIDS PROGRAM) ON BEHALF OF AN ENROLLEE, OR (B) A PRIVATE, NOT-FOR-PROFIT FOUNDATION, ON BEHALF OF AN ENROLLEE WHO SATISFIES DEFINED CRITERIA THAT ARE BASED ON FINANCIAL STATUS AND DO NOT CONSIDER HEALTH STATUS, AND THE PAYMENT COVERS THE ENTIRE POLICY YEAR.
- S 2. Section 3217-b of the insurance law is amended by adding a new subsection (k) to read as follows:
- 14 15 (K) WITH REGARD TO AN INSURANCE POLICY OFFERED THROUGH THE 16 MARKET, AN INSURER SHALL NOT BY CONTRACT OR IN ANY OTHER MANNER REFUSE 17 TO ACCEPT PREMIUM OR ANY REQUIRED COST SHARING PAYMENTS FROM THIRD-PAR-IF MADE BY (1) AN INDIAN TRIBE, TRIBAL ORGANIZATION, URBAN INDIAN 18 ORGANIZATION, OR ANY STATE OR FEDERAL GOVERNMENT PROGRAM OR 19 GRANTEE (SUCH AS THE RYAN WHITE HIV/AIDS PROGRAM) ON BEHALF OF AN INSURED, OR 20 21 (2) A PRIVATE, NOT-FOR-PROFIT FOUNDATION, ON BEHALF OF AN INSURED WHO 22 SATISFIES DEFINED CRITERIA THAT ARE BASED ON FINANCIAL STATUS AND DO NOT 23 CONSIDER HEALTH STATUS, AND THE PAYMENT COVERS THE ENTIRE POLICY YEAR.

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

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S 3. Section 4325 of the insurance law is amended by adding a new subsection (1) to read as follows:

- (1) WITH REGARD TO AN INSURANCE CONTRACT OFFERED THROUGH THE INDIVIDUAL MARKET, A CORPORATION ORGANIZED UNDER THIS ARTICLE SHALL NOT BY CONTRACT OR IN ANY OTHER MANNER REFUSE TO ACCEPT PREMIUM OR ANY REQUIRED COST SHARING PAYMENTS FROM THIRD-PARTIES IF MADE BY (1) AN INDIAN TRIBE, TRIBAL ORGANIZATION, URBAN INDIAN ORGANIZATION, OR ANY STATE OR FEDERAL GOVERNMENT PROGRAM OR GRANTEE (SUCH AS THE RYAN WHITE HIV/AIDS PROGRAM) ON BEHALF OF A SUBSCRIBER, OR (2) A PRIVATE, NOT-FOR-PROFIT FOUNDATION, ON BEHALF OF A SUBSCRIBER WHO SATISFIES DEFINED CRITERIA THAT ARE BASED ON FINANCIAL STATUS AND DO NOT CONSIDER HEALTH STATUS, AND PAYMENT
- 12 COVERS THE ENTIRE POLICY YEAR.
 13 S 4. This act shall take effect January 1, 2015.