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

1846

2015-2016 Regular Sessions

I N S E N A T E

January 15, 2015

Introduced by Sen. HANNON -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the public health law and the insurance law, in relation to requiring health care insurers to offer coverage for health care provided by out-of-network providers

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

Section 1. Section 4403 of the public health law is amended by adding a new subdivision 9 to read as follows:

9. EVERY HEALTH MAINTENANCE ORGANIZATION SHALL OFFER OUT-OF-NETWORK COVERAGE AS AN OPTIONAL RIDER TO ANY CONTRACT AND SHALL OFFER AT LEAST ONE CONTRACT OPTION THAT INCLUDES OUT-OF-NETWORK COVERAGE. THESE OPTIONS SHALL BE MADE AVAILABLE BOTH WITHIN THE STATEWIDE HEALTH BENEFIT EXCHANGE AND OUTSIDE OF THE HEALTH BENEFIT EXCHANGE.

S 2. 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. (A) 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.

(B) EVERY INSURER THAT OFFERS HEALTH INSURANCE AND IS SUBJECT TO THE PROVISIONS OF THIS ARTICLE, SHALL OFFER OUT-OF-NETWORK COVERAGE AS AN OPTIONAL RIDER TO ANY POLICY AND SHALL OFFER AT LEAST ONE POLICY OPTION THAT INCLUDES OUT-OF-NETWORK COVERAGE. THESE OPTIONS SHALL BE MADE AVAILABLE BOTH WITHIN THE STATEWIDE HEALTH BENEFIT EXCHANGE AND OUTSIDE OF THE HEALTH BENEFIT EXCHANGE.

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

LBD04257-02-5

S 3. Section 4306-d of the insurance law, as added by chapter 219 of the laws of 2011, is amended to read as follows:

S 4306-d. Choice of health care provider. (A) A corporation that is subject to the provisions of this article and requires or provides for designation by a subscriber of a participating primary care provider shall permit the subscriber to designate any participating primary care provider who is available to accept such individual, and in the case of a child, shall permit the subscriber 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 corporation.

(B) EVERY CORPORATION THAT IS SUBJECT TO THE PROVISIONS OF THIS ARTICLE, SHALL OFFER OUT-OF-NETWORK COVERAGE AS AN OPTIONAL RIDER TO ANY CONTRACT AND SHALL OFFER AT LEAST ONE CONTRACT OPTION THAT INCLUDES OUT-OF-NETWORK COVERAGE. THESE OPTIONS SHALL BE MADE AVAILABLE BOTH WITHIN THE STATEWIDE HEALTH BENEFIT EXCHANGE AND OUTSIDE OF THE HEALTH BENEFIT EXCHANGE.

S 4. This act shall take effect on the first of January next succeeding the date on which it shall have become a law, and shall apply to contracts and policies issued, renewed, modified or amended on or after such date.