

448--A

2015-2016 Regular Sessions

I N   A S S E M B L Y

(PREFILED)

January 7, 2015

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Introduced by M. of A. GOTTFRIED, GLICK, ORTIZ, PAULIN -- Multi-Sponsored by -- M. of A. BRENNAN, COLTON, COOK, CYMBROWITZ, GANTT, HOOPER, JAFFEE, LIFTON, MAGNARELLI, PERRY -- 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, in relation to requiring a managed care program to establish procedures through which participants will be assured access to medical assistance dental services to which they are otherwise entitled, other than through the managed care provider

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

1     Section 1. Subparagraph (iii) of paragraph (a) of subdivision 4 of  
2     section 364-j of the social services law, as amended by section 14 of  
3     part C of chapter 58 of the laws of 2004, clause (E) as added and clause  
4     (F) as relettered by chapter 37 of the laws of 2010, clause (E-1) as  
5     added by chapter 449 of the laws of 2013, is amended to read as follows:  
6     (iii) under a managed care program, not all managed care providers  
7     must be required to provide the same set of medical assistance services.  
8     The managed care program shall establish procedures through which  
9     participants will be assured access to all medical assistance services  
10    to which they are otherwise entitled, other than through the managed  
11    care provider, where:  
12    (A) the service is not reasonably available directly or indirectly  
13    from the managed care provider,  
14    (B) it is necessary because of emergency or geographic unavailability,  
15    or  
16    (C) the services provided are family planning services; or

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

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1 (D) the services PROVIDED are dental services [and are provided by a  
2 diagnostic and treatment center licensed under article twenty-eight of  
3 the public health law which is affiliated with an academic dental center  
4 and which has been granted an operating certificate pursuant to article  
5 twenty-eight of the public health law to provide such dental services.  
6 Any diagnostic and treatment center providing dental services pursuant  
7 to this clause shall prior to June first of each year report to the  
8 governor, temporary president of the senate and speaker of the assembly  
9 on the following: the total number of visits made by medical assistance  
10 recipients during the immediately preceding calendar year; the number of  
11 visits made by medical assistance recipients during the immediately  
12 preceding calendar year by recipients who were enrolled in managed care  
13 programs; the number of visits made by medical assistance recipients  
14 during the immediately preceding calendar year by recipients who were  
15 enrolled in managed care programs that provide dental benefits as a  
16 covered service; and the number of visits made by the uninsured during  
17 the immediately preceding calendar year]; or

18 (E) the services are optometric services, as defined in article one  
19 hundred forty-three of the education law, and are provided by a diagnos-  
20 tic and treatment center licensed under article twenty-eight of the  
21 public health law which is affiliated with the college of optometry of  
22 the state university of New York and which has been granted an operating  
23 certificate pursuant to article twenty-eight of the public health law to  
24 provide such optometric services. Any diagnostic and treatment center  
25 providing optometric services pursuant to this clause shall prior to  
26 June first of each year report to the governor, temporary president of  
27 the senate and speaker of the assembly on the following: the total  
28 number of visits made by medical assistance recipients during the imme-  
29 diately preceding calendar year; the number of visits made by medical  
30 assistance recipients during the immediately preceding calendar year by  
31 recipients who were enrolled in managed care programs; the number of  
32 visits made by medical assistance recipients during the immediately  
33 preceding calendar year by recipients who were enrolled in managed care  
34 programs that provide optometric benefits as a covered service; and the  
35 number of visits made by the uninsured during the immediately preceding  
36 calendar year; or

37 (E-1) the services are vision care services rendered to a student at a  
38 school based health center approved by the commissioner pursuant to this  
39 clause. The commissioner may approve up to five pilot programs at school  
40 based health centers in partnership with a charitable foundation that  
41 agrees to provide free of charge eyeglass frames and lenses at the  
42 centers pursuant to a memorandum of agreement approved by the commis-  
43 sioner. The commissioner may approve the rate for such vision care  
44 services at the rate for such services when provided by a federally  
45 qualified health center or when provided by another entity licensed  
46 pursuant to article twenty-eight of the public health law and eligible  
47 for the ambulatory patient group rate approved for vision care services  
48 by the commissioner; or

49 (F) other services as defined by the commissioner of health.

50 S 2. The department of health shall analyze and compare expenditures,  
51 utilization rates and utilization patterns for dental services (along  
52 with any related effects on expenditures, rates and patterns for other  
53 services) for medical assistance recipients; for the period during which  
54 medical assistance reimbursement for such services was included in the  
55 state rate of payment for medicaid managed care and for the period  
56 beginning with the date on which medical assistance reimbursement for

1 such services was no longer included in the state rate of payment for  
2 medicaid managed care.

3 The department of health shall include in its analyses and compar-  
4 isons, the expenditures, utilization rates and utilization patterns for  
5 dental services (along with any related effects on expenditures, rates  
6 and patterns for other services) paid for by private third-party payors.

7 The department of health shall report its findings to the governor,  
8 the temporary president of the senate and the speaker of the assembly by  
9 December first, two thousand seventeen.

10 S 3. This act shall take effect on the one hundred twentieth day after  
11 it shall have become a law, provided, however, that the amendments to  
12 subparagraph (iii) of paragraph (a) of subdivision 4 of section 364-j of  
13 the social services law made by section one of this act shall not affect  
14 the repeal of such section, as provided by section 11 of chapter 710 of  
15 the laws of 1988, as amended, and shall be deemed to be repealed there-  
16 with.