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

7616

2015-2016 Regular Sessions

I N A S S E M B L Y

May 20, 2015

Introduced by M. of A. LAVINE -- read once and referred to the Committee on Health

AN ACT to amend the public health law and the insurance law, in relation to prohibiting health care plans and health insurers from requiring any health care provider to provide services through the state health benefit exchange, unless the health care provider has agreed to participate in the in-network portion of such plan or insurance

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 5-e to read as follows:

5-E. NO HEALTH CARE PLAN SHALL, BY CONTRACT OR WRITTEN POLICY OR WRITTEN PROCEDURE, REQUIRE A HEALTH CARE PROVIDER TO PARTICIPATE IN A PRODUCT OFFERED AS A QUALIFIED HEALTH PLAN IN A STATE HEALTH BENEFIT EXCHANGE ESTABLISHED PURSUANT TO THE FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT (P.L. 111-148), AS AMENDED BY THE FEDERAL HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010 (P.L. 111-152), UNLESS THE HEALTH CARE PROVIDER AND HEALTH CARE PLAN HAVE EXECUTED A SEPARATE AGREEMENT WHEREBY THE HEALTH CARE PROVIDER AGREES TO BE A PARTICIPANT IN THE IN-NETWORK PORTION OF SUCH QUALIFIED HEALTH PLAN.

S 2. Section 3217-b of the insurance law is amended by adding a new subsection (d-1) to read as follows:

(D-1) NO INSURER SUBJECT TO THIS ARTICLE SHALL, BY CONTRACT OR WRITTEN POLICY OR WRITTEN PROCEDURE, REQUIRE A HEALTH CARE PROVIDER TO PARTICIPATE IN A PRODUCT OFFERED AS A QUALIFIED HEALTH PLAN IN A STATE HEALTH BENEFIT EXCHANGE ESTABLISHED PURSUANT TO THE FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT (P.L. 111-148), AS AMENDED BY THE FEDERAL HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010 (P.L. 111-152), UNLESS THE HEALTH CARE PROVIDER AND INSURER HAVE EXECUTED A SEPARATE AGREEMENT WHEREBY THE HEALTH CARE PROVIDER AGREES TO BE A PARTICIPANT IN THE IN-NETWORK PORTION OF SUCH QUALIFIED HEALTH PLAN.

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 (d-1) to read as follows:

(D-1) NO CORPORATION ORGANIZED UNDER THIS ARTICLE SHALL, BY CONTRACT OR WRITTEN POLICY OR WRITTEN PROCEDURE, REQUIRE A HEALTH CARE PROVIDER TO PARTICIPATE IN A PRODUCT OFFERED AS A QUALIFIED HEALTH PLAN IN A STATE HEALTH BENEFIT EXCHANGE ESTABLISHED PURSUANT TO THE FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT (P.L. 111-148), AS AMENDED BY THE FEDERAL HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010 (P.L. 111-152), UNLESS THE HEALTH CARE PROVIDER AND CORPORATION HAVE EXECUTED A SEPARATE AGREEMENT WHEREBY THE HEALTH CARE PROVIDER AGREES TO BE A PARTICIPANT IN THE IN-NETWORK PORTION OF SUCH QUALIFIED HEALTH PLAN.

S 4. This act shall take effect immediately.