

1846

2015-2016 Regular Sessions

I N   S E N A T E

January 15, 2015

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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:

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

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

8     S 2. Section 3217-e of the insurance law, as added by chapter 219 of  
9 the laws of 2011, is amended to read as follows:

10     S 3217-e. Choice of health care provider. (A) An insurer that is  
11 subject to this article and requires or provides for designation by an  
12 insured of a participating primary care provider shall permit the  
13 insured to designate any participating primary care provider who is  
14 available to accept such individual, and in the case of a child, shall  
15 permit the insured to designate a physician (allopathic or osteopathic)  
16 who specializes in pediatrics as the child's primary care provider if  
17 such provider participates in the network of the insurer.

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

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

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

3 S 4306-d. Choice of health care provider. (A) A corporation that is  
4 subject to the provisions of this article and requires or provides for  
5 designation by a subscriber of a participating primary care provider  
6 shall permit the subscriber to designate any participating primary care  
7 provider who is available to accept such individual, and in the case of  
8 a child, shall permit the subscriber to designate a physician (allopath-  
9 ic or osteopathic) who specializes in pediatrics as the child's primary  
10 care provider if such provider participates in the network of the corpo-  
11 ration.

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

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