

4789

2015-2016 Regular Sessions

I N S E N A T E

April 17, 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 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:

1 Section 1. Section 4406-c of the public health law is amended by
2 adding a new subdivision 5-e to read as follows:
3 5-E. NO HEALTH CARE PLAN SHALL, BY CONTRACT OR WRITTEN POLICY OR WRIT-
4 TEN PROCEDURE, REQUIRE A HEALTH CARE PROVIDER TO PARTICIPATE IN A PROD-
5 UCT OFFERED AS A QUALIFIED HEALTH PLAN IN A STATE HEALTH BENEFIT
6 EXCHANGE ESTABLISHED PURSUANT TO THE FEDERAL PATIENT PROTECTION AND
7 AFFORDABLE CARE ACT (P.L. 111-148), AS AMENDED BY THE FEDERAL HEALTH
8 CARE AND EDUCATION RECONCILIATION ACT OF 2010 (P.L. 111-152), UNLESS
9 THE HEALTH CARE PROVIDER AND HEALTH CARE PLAN HAVE EXECUTED A SEPARATE
10 AGREEMENT WHEREBY THE HEALTH CARE PROVIDER AGREES TO BE A PARTICIPANT IN
11 THE IN-NETWORK PORTION OF SUCH QUALIFIED HEALTH PLAN.
12 S 2. Section 3217-b of the insurance law is amended by adding a new
13 subsection (d-1) to read as follows:
14 (D-1) NO INSURER SUBJECT TO THIS ARTICLE SHALL, BY CONTRACT OR WRITTEN
15 POLICY OR WRITTEN PROCEDURE, REQUIRE A HEALTH CARE PROVIDER TO PARTIC-
16 IPATE IN A PRODUCT OFFERED AS A QUALIFIED HEALTH PLAN IN A STATE HEALTH
17 BENEFIT EXCHANGE ESTABLISHED PURSUANT TO THE FEDERAL PATIENT PROTECTION
18 AND AFFORDABLE CARE ACT (P.L. 111-148), AS AMENDED BY THE FEDERAL HEALTH
19 CARE AND EDUCATION RECONCILIATION ACT OF 2010 (P.L. 111-152), UNLESS THE
20 HEALTH CARE PROVIDER AND INSURER HAVE EXECUTED A SEPARATE AGREEMENT
21 WHEREBY THE HEALTH CARE PROVIDER AGREES TO BE A PARTICIPANT IN THE
22 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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1 S 3. Section 4325 of the insurance law is amended by adding a new
2 subsection (d-1) to read as follows:
3 (D-1) NO CORPORATION ORGANIZED UNDER THIS ARTICLE SHALL, BY CONTRACT
4 OR WRITTEN POLICY OR WRITTEN PROCEDURE, REQUIRE A HEALTH CARE PROVIDER
5 TO PARTICIPATE IN A PRODUCT OFFERED AS A QUALIFIED HEALTH PLAN IN A
6 STATE HEALTH BENEFIT EXCHANGE ESTABLISHED PURSUANT TO THE FEDERAL
7 PATIENT PROTECTION AND AFFORDABLE CARE ACT (P.L. 111-148), AS AMENDED BY
8 THE FEDERAL HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010 (P.L.
9 111-152), UNLESS THE HEALTH CARE PROVIDER AND CORPORATION HAVE EXECUTED
10 A SEPARATE AGREEMENT WHEREBY THE HEALTH CARE PROVIDER AGREES TO BE A
11 PARTICIPANT IN THE IN-NETWORK PORTION OF SUCH QUALIFIED HEALTH PLAN.
12 S 4. This act shall take effect immediately.