STATE OF NEW YORK

10903

IN ASSEMBLY

May 25, 2018

Introduced by M. of A. BARNWELL -- read once and referred to the Committee on Labor

AN ACT to amend the workers' compensation law, in relation to ensuring timely access to high-quality medical care

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Subdivision 5 of section 13-a of the workers' compensation law, as amended by chapter 6 of the laws of 2007 and as further amended by section 104 of part A of chapter 62 of the laws of 2011, is amended to read as follows:

(5) No claim for specialist consultations, surgical operations, physiotherapeutic or occupational therapy procedures, x-ray examinations or special diagnostic laboratory tests costing more than [~~one~~] two thousand dollars shall be valid and enforceable, as against such employer, unless such special services shall have been authorized by the employer or by the board, or unless such authorization has been unreasonably withheld, or withheld for a period of more than [~~thirty~~] seven calendar days from receipt of a request for authorization, or unless such special services are required in an emergency, provided, however, that the basis for a denial of such authorization by the employer must be based on a conflicting second opinion rendered by a physician authorized by the board. The board, with the approval of the superintendent of financial services, shall issue and maintain a list of pre-authorized procedures under this section. **Such list of pre-authorized procedures shall be issued and maintained for the purpose of expediting authorization of treatment of injured workers. Such list of pre-authorized procedures shall not be construed or relied upon to support the premise that procedures not included on the pre-authorized list should be denied. Pre-authorized procedures shall not be given preference over alternative forms of treatment that are not on the pre-authorized procedures list. Such list must include concurrent enrollment in an addiction and/or dependency treatment program for all injured workers subject to opioid weaning.**

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

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§ 2. Paragraph (c) of subdivision 7 of section 13-a of the workers' compensation law, as added by chapter 6 of the laws of 2007, is amended to read as follows:

(c) At the time a request for authorization for special diagnostic tests, x-ray examinations, magnetic resonance imaging or other radiological examinations or tests costing more than [~~one~~] two thousand dollars as required by subdivision five of this section is approved, the insurance carrier, self-insurer or state insurance fund, or if so delegated the network with which the insurance carrier, self-insurer or state insurance fund has contracted, shall notify the physician requesting authorization of the requirement that the claimant obtain or undergo the special diagnostic test, x-ray examination, magnetic resonance imaging or other radiological examination or test with a provider or at a facility affiliated with the network or networks with which it has contracted, the contact information for the network and a list of the providers and facilities within the claimant's geographic location, as defined by regulation of the board. The claimant, in consultation with the provider who requested the special diagnostic test, x-ray examination, magnetic resonance imaging or other radiological test or exam, will determine the provider or facility from within the network which will perform such diagnostic test, x-ray examination, magnetic resonance imaging or other radiological examination or test.

§ 3. This act shall take effect immediately.