

STATE OF NEW YORK

343--A

2017-2018 Regular Sessions

IN ASSEMBLY

January 5, 2017

Introduced by M. of A. MAGNARELLI, ZEBROWSKI, STIRPE, COOK, GOTTFRIED, WOERNER, FAHY, MOSLEY, FINCH, MONTESANO, SANTABARBARA, BLAKE, PEOPLES-STOKES, GALEF, COLTON, JENNE, GUNTHER, OTIS, McDONALD, BRONSON, SKOUFIS, RAIA -- Multi-Sponsored by -- M. of A. ARROYO, CROUCH, GANTT, HEVESI, HOOPER, JOHNS, KOLB, MAGEE, OAKS, PERRY, SEPULVEDA -- read once and referred to the Committee on Insurance -- recommitted to the Committee on Insurance 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 insurance law, in relation to payments to prehospital emergency medical services providers

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

1 Section 1. Section 3224-a of the insurance law is amended by adding a
2 new subsection (k) to read as follows:

3 (k) Payments to nonparticipating or nonpreferred providers of ambu-
4 lance services licensed under article thirty of the public health law.
5 (1) Whenever an insurer or an organization, or corporation licensed or
6 certified pursuant to article forty-three or forty-seven of this chapter
7 or article forty-four of the public health law provides that any health
8 care claims submitted under contracts or agreements issued or entered
9 into pursuant to this article or article forty-two, forty-three or
10 forty-seven of this chapter and article forty-four of the public health
11 law are payable to a participating or preferred provider of ambulance
12 services for services rendered, the insurer, organization, or corpo-
13 ration licensed or certified pursuant to article forty-three or forty-
14 seven of this chapter or article forty-four of the public health law
15 shall be required to pay such benefits either directly to any similarly
16 licensed nonparticipating or nonpreferred provider at the usual and
17 customary charge, which shall not be excessive or unreasonable, when the
18 provider has rendered such services, has on file a duly executed assign-

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

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1 ment of benefits, and has caused notice of such assignment to be given
2 to the insurer, organization, or corporation licensed or certified
3 pursuant to article forty-three or forty-seven of this chapter or arti-
4 cle forty-four of the public health law or jointly to such nonpartic-
5 ipating or nonpreferred provider and to the insured, subscriber, or
6 other covered person; provided, however, that in either case the insur-
7 er, organization, or corporation licensed or certified pursuant to arti-
8 cle forty-three or forty-seven of this chapter or article forty-four of
9 the public health law shall be required to send such benefit payments
10 directly to the provider who has the assignment on file. When payment is
11 made directly to a provider of ambulance services as authorized by this
12 section, the insurer, organization, or corporation licensed or certified
13 pursuant to article forty-three or forty-seven of this chapter or arti-
14 cle forty-four of the public health law shall give written notice of
15 such payment to the insured, subscriber, or other covered person.

16 (2) An insurer shall provide reimbursement for those services
17 prescribed by this section at rates negotiated between the insurer and
18 the provider of such services. In the absence of agreed upon rates, an
19 insurer shall pay for such services at the usual and customary charge,
20 which shall not be excessive or unreasonable.

21 (3) Nothing contained in this section shall be deemed to prohibit the
22 payment of different levels of benefits or from having differences in
23 coinsurance percentages applicable to benefit levels for services
24 provided by participating or preferred providers and nonparticipating or
25 nonpreferred providers.

26 The provisions of this section shall not apply to policies that do not
27 include coverage for ambulance services.

28 § 2. Subparagraphs (C) and (D) of paragraph 24 of subsection (i) of
29 section 3216 of the insurance law, as added by chapter 506 of the laws
30 of 2001, are amended to read as follows:

31 (C) An insurer shall provide reimbursement for those services
32 prescribed by this section at rates negotiated between the insurer and
33 the provider of such services. In the absence of agreed upon rates, an
34 insurer shall pay for such services at the usual and customary charge,
35 which shall not be excessive or unreasonable. The insurer shall send
36 such payments directly to the provider of such ambulance services, if
37 the ambulance service has on file an executed assignment of benefits
38 form with the claim.

39 (D) The provisions of this paragraph shall have no application to
40 transfers of patients between hospitals or health care facilities by an
41 ambulance service as described in subparagraph (A) of this paragraph
42 unless such services are covered under the policy.

43 § 3. Subparagraphs (C) and (D) of paragraph 15 of subsection (1) of
44 section 3221 of the insurance law, as added by chapter 506 of the laws
45 of 2001, are amended to read as follows:

46 (C) An insurer shall provide reimbursement for those services
47 prescribed by this section at rates negotiated between the insurer and
48 the provider of such services. In the absence of agreed upon rates, an
49 insurer shall pay for such services at the usual and customary charge,
50 which shall not be excessive or unreasonable. The insurer shall send
51 such payments directly to the provider of such ambulance services, if
52 the ambulance service has on file an executed assignment of benefits
53 form with the claim.

54 (D) The provisions of this paragraph shall have no application to
55 transfers of patients between hospitals or health care facilities by an

1 ambulance service as described in subparagraph (A) of this paragraph
2 unless such services are covered under the policy.

3 § 4. Paragraphs 3 and 4 of subsection (aa) of section 4303 of the
4 insurance law, as added by chapter 506 of the laws of 2001, are amended
5 to read as follows:

6 (3) An insurer shall provide reimbursement for those services
7 prescribed by this section at rates negotiated between the insurer and
8 the provider of such services. In the absence of agreed upon rates, an
9 insurer shall pay for such services at the usual and customary charge,
10 which shall not be excessive or unreasonable. The insurer shall send
11 such payments directly to the provider of such ambulance services, if
12 the ambulance service has on file an executed assignment of benefits
13 form with the claim.

14 (4) The provisions of this subsection shall have no application to
15 transfers of patients between hospitals or health care facilities by an
16 ambulance service as described in paragraph one of this subsection
17 unless such services are covered under the policy.

18 § 5. This act shall take effect January 1, 2020 and shall apply to
19 health care claims submitted for payment after such date.