

STATE OF NEW YORK

6879

2017-2018 Regular Sessions

IN ASSEMBLY

March 22, 2017

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

AN ACT to amend the public health law and the social services law, in relation to allocating monies for dental health services in the medicaid managed care program, the child health insurance program, and the family health plus program

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

1 Section 1. Section 2511 of the public health law is amended by adding
2 a new subdivision 22 to read as follows:

3 22. Every approved organization that provides coverage for any dental
4 service shall spend not less than eighty percent of the capitation or
5 other state funds paid to the approved organization for dental services,
6 whether as a premium or in any other form either directly or indirectly,
7 for the provision of dental services to patients by licensed dentists.
8 In the event the approved organization spends less than eighty percent
9 of the capitation or other state funds paid to it for dental services,
10 whether as a premium or in any other form either directly or indirectly,
11 for the provision of dental services, the difference shall be returned
12 to the department. In no event shall more than twenty percent of the
13 capitation or other state funds paid to the approved organization for
14 dental services, whether as a premium or in any other form either
15 directly or indirectly, be spent by any approved organization on admin-
16 istrative services in lieu of dental services for patients. The depart-
17 ment shall provide an approved organization with a certification letter
18 indicating the amount of capitation or other state funds paid for dental
19 services, whether as a premium or in any other form either directly or
20 indirectly, during each year pursuant to this section.

21 § 2. Section 364-j of the social services law is amended by adding a
22 new subdivision 33 to read as follows:

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

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1 33. Every managed care provider and managed care program that provides
2 coverage for any dental service shall spend not less than eighty percent
3 of the capitation or other state funds paid to the managed care provider
4 or managed care program for dental services, whether as a premium or in
5 any other form either directly or indirectly, for the provision of
6 dental services to patients by licensed dentists. In the event the
7 managed care provider or managed care program spends less than eighty
8 percent of the capitation or other state funds paid to it for dental
9 services, whether as a premium or in any other form either directly or
10 indirectly, for the provision of dental services, the difference shall
11 be returned to the department. In no event shall more than twenty
12 percent of the capitation or other state funds paid to the managed care
13 provider or managed care program for dental services, whether as a
14 premium or in any other form either directly or indirectly, be spent by
15 any managed care provider or managed care program on administrative
16 services in lieu of dental services for patients. The department shall
17 provide a managed care provider and managed care program with a certif-
18 ication letter indicating the amount of capitation or other state funds
19 paid for dental services, whether as a premium or in any other form
20 either directly or indirectly, during each year pursuant to this
21 section.

22 § 3. This act shall take effect January 1, 2018, provided, however,
23 that the amendments to section 364-j of the social services law made by
24 section two of this act shall not affect the repeal of such section and
25 shall be deemed repealed therewith.