

STATE OF NEW YORK

4914--A

2017-2018 Regular Sessions

IN ASSEMBLY

February 6, 2017

Introduced by M. of A. SCHIMMINGER -- read once and referred to the Committee on Health -- recommitted to the Committee on Health 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 public health law and the insurance law, in relation to improper practices relating to staff membership or professional privileges of a physician and board certification

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

1 Section 1. Subdivision 1 of section 2801-b of the public health law,
2 as amended by chapter 605 of the laws of 2008, is amended to read as
3 follows:
4 1. It shall be an improper practice for the governing body of a hospi-
5 tal to refuse to act upon an application for staff membership or profes-
6 sional privileges or to deny or withhold from a physician, podiatrist,
7 optometrist, dentist or licensed midwife staff membership or profes-
8 sional privileges in a hospital, or to exclude or expel a physician,
9 podiatrist, optometrist, dentist or licensed midwife from staff member-
10 ship in a hospital or curtail, terminate or diminish in any way a physi-
11 cian's, podiatrist's, optometrist's, dentist's or licensed midwife's
12 professional privileges in a hospital, without stating the reasons
13 therefor, or if the reasons stated are unrelated to standards of patient
14 care, patient welfare, the objectives of the institution or the charac-
15 ter or competency of the applicant. It shall be an improper practice for
16 a governing body of a hospital to refuse to act upon an application or
17 to deny or to withhold staff membership or professional privileges to a
18 podiatrist based solely upon a practitioner's category of licensure. It
19 shall be an improper practice for a governing body of a hospital to
20 refuse to act upon an application or to deny or to withhold staff

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

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1 membership or professional privileges of a physician solely because such
2 physician is not board-certified.

3 § 2. Paragraph (a) of subdivision 1 of section 4406-d of the public
4 health law, as amended by chapter 425 of the laws of 2016, is amended to
5 read as follows:

6 (a) A health care plan shall, upon request, make available and
7 disclose to health care professionals written application procedures and
8 minimum qualification requirements which a health care professional must
9 meet in order to be considered by the health care plan. The plan shall
10 consult with appropriately qualified health care professionals in devel-
11 oping its qualification requirements. A health care plan shall complete
12 review of the health care professional's application to participate in
13 the in-network portion of the health care plan's network and shall,
14 within sixty days of receiving a health care professional's completed
15 application to participate in the health care plan's network, notify the
16 health care professional as to: (i) whether he or she is credentialed;
17 or (ii) whether additional time is necessary to make a determination
18 because of a failure of a third party to provide necessary documenta-
19 tion. In such instances where additional time is necessary because of a
20 lack of necessary documentation, a health plan shall make every effort
21 to obtain such information as soon as possible and shall make a final
22 determination within twenty-one days of receiving the necessary documen-
23 tation. A health care plan may not refuse to approve an application from
24 a physician to participate in the in-network portion of the health care
25 plan's network solely because such physician is not board-certified.

26 § 3. Paragraph 1 of subsection (a) of section 4803 of the insurance
27 law, as amended by chapter 425 of the laws of 2016, is amended to read
28 as follows:

29 (1) An insurer which offers a managed care product shall, upon
30 request, make available and disclose to health care professionals writ-
31 ten application procedures and minimum qualification requirements which
32 a health care professional must meet in order to be considered by the
33 insurer for participation in the in-network benefits portion of the
34 insurer's network for the managed care product. The insurer shall
35 consult with appropriately qualified health care professionals in devel-
36 oping its qualification requirements for participation in the in-network
37 benefits portion of the insurer's network for the managed care product.
38 An insurer shall complete review of the health care professional's
39 application to participate in the in-network portion of the insurer's
40 network and, within sixty days of receiving a health care professional's
41 completed application to participate in the insurer's network, will
42 notify the health care professional as to: (A) whether he or she is
43 credentialed; or (B) whether additional time is necessary to make a
44 determination because of a failure of a third party to provide necessary
45 documentation. In such instances where additional time is necessary
46 because of a lack of necessary documentation, an insurer shall make
47 every effort to obtain such information as soon as possible and shall
48 make a final determination within twenty-one days of receiving the
49 necessary documentation. An insurer may not refuse to approve an appli-
50 cation from a physician for participation in the in-network portion of
51 the insurer's network solely because such physician is not board-certi-
52 fied.

53 § 4. This act shall take effect immediately.