

STATE OF NEW YORK

9077

IN SENATE

June 15, 2018

Introduced by Sen. HANNON -- read twice and ordered printed, and when printed to be committed to the Committee on Rules

AN ACT to amend the insurance law, in relation to patient billing for emergency services

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

Section 1. Subsection (c) of section 3241 of the insurance law, as added by section 6 of part H of chapter 60 of the laws of 2014, is amended to read as follows:

(c) (1) When an insured or enrollee under a contract or policy that provides coverage for emergency services receives the services from a health care provider that does not participate in the provider network of an insurer, a corporation organized pursuant to article forty-three of this chapter, a municipal cooperative health benefit plan certified pursuant to article forty-seven of this chapter, a health maintenance organization certified pursuant to article forty-four of the public health law, or a student health plan established or maintained pursuant to section one thousand one hundred twenty-four of this chapter ("health care plan"), the health care plan shall: (A) ensure that the insured or enrollee shall incur no greater out-of-pocket costs for the emergency services than the insured or enrollee would have incurred with a health care provider that participates in the health care plan's provider network; and (B) provide the insured or enrollee the option of assigning the payment of any benefits due under such contract or policy directly to the health care provider. Whenever, in any health insurance claims form, an insured or enrollee specifically authorizes the payment of benefits directly to a health care provider, the health care provider shall submit claims for benefits to the health care plan and the health care plan shall make payment for any benefits to the health care provider.

(2) Whenever an insured or enrollee specifically authorizes the payment of benefits directly to a health care provider, the health care provider shall not bill the insured or enrollee for payment of any

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

LBD16065-02-8

1 amount other than any applicable copayment, coinsurance and/or deduct-
2 ible unless the health plan fails to honor an assignment of benefits.

3 (3) The health care provider shall not further bill the insured or
4 enrollee for any remaining balance once the health care plan has made
5 its initial payment for which the insured or enrollee must be held harm-
6 less by the health plan, but shall, with notice to the insured or enrol-
7 lee of the existing balance, resubmit the balance to the health plan. In
8 the event an insured or enrollee mistakenly reimburses a health care
9 provider for emergency services for which the insured or enrollee has
10 assigned payment of benefits pursuant to paragraph one of this
11 subsection, the health care provider shall promptly refund such payment,
12 less any applicable copayment, coinsurance and/or deductible, to the
13 insured or enrollee.

14 For the purpose of this section, "emergency services" shall have the
15 meaning set forth in subparagraph (D) of paragraph nine of subsection
16 (i) of section three thousand two hundred sixteen of this article,
17 subparagraph (D) of paragraph four of subsection (k) of section three
18 thousand two hundred twenty-one of this article, and subparagraph (D) of
19 paragraph two of subsection (a) of section four thousand three hundred
20 three of this chapter.

21 § 2. This act shall take effect on the ninetieth day after it shall
22 have become a law.