

# STATE OF NEW YORK

6211--B

2019-2020 Regular Sessions

## IN ASSEMBLY

March 4, 2019

Introduced by M. of A. MAGNARELLI, ZEBROWSKI, STIRPE, COOK, GOTTFRIED, WOERNER, FAHY, MOSLEY, FINCH, MONTESANO, SANTABARBARA, BLAKE, PEOPLES-STOKES, GALEF, COLTON, GUNTHER, OTIS, BRONSON, RAIA, HUNTER, JAFFEE -- Multi-Sponsored by -- M. of A. ARROYO, CROUCH, GANTT, HEVE-SI, JOHNS, KOLB, PERRY -- read once and referred to the Committee on Insurance -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- reported and referred to the Committee on Rules -- Rules Committee discharged, bill amended, ordered reprinted as amended and recommitted to the Committee on Rules

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 ambulance services licensed under article thirty of the public health law.  
4 (1) Except in a city with a population of one million or more persons,  
5 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 as defined under section three thousand two hundred  
18

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

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1 forty-one of this article, which shall not be excessive or unreasonable,  
2 when the provider has rendered such services, has on file a duly  
3 executed assignment of benefits, and has caused notice of such assign-  
4 ment to be given to the insurer, organization, or corporation licensed  
5 or certified pursuant to article forty-three or forty-seven of this  
6 chapter or article forty-four of the public health law or jointly to  
7 such nonparticipating or nonpreferred provider and to the insured,  
8 subscriber, or other covered person; provided, however, that in either  
9 case the insurer, organization, or corporation licensed or certified  
10 pursuant to article forty-three or forty-seven of this chapter or arti-  
11 cle forty-four of the public health law shall be required to send such  
12 benefit payments directly to the provider who has the assignment on  
13 file. When payment is made directly to a provider of ambulance services  
14 as authorized by this section, the insurer, organization, or corporation  
15 licensed or certified pursuant to article forty-three or forty-seven of  
16 this chapter or article forty-four of the public health law shall give  
17 written notice of such payment to the insured, subscriber, or other  
18 covered person.

19 (2) An insurer shall provide reimbursement for those services  
20 prescribed by this section at rates negotiated between the insurer and  
21 the provider of such services. In the absence of agreed upon rates, an  
22 insurer shall pay for such services at the usual and customary charge as  
23 defined under section three thousand two hundred forty-one of this arti-  
24 cle, which shall not be excessive or unreasonable.

25 (3) An insurer, organization, or corporation licensed or certified  
26 pursuant to article forty-three or forty-seven of this chapter or arti-  
27 cle forty-four of the public health law shall ensure that the insured,  
28 subscriber, or other covered person shall incur no greater out-of-pocket  
29 costs for ambulance services provided by a nonparticipating or nonpre-  
30 ferred provider than the insured, subscriber, or other covered person  
31 would have incurred with a participating or preferred provider of such  
32 services.

33 (4) Nothing contained in this section shall be deemed to prohibit the  
34 payment of different levels of benefits or from having differences in  
35 coinsurance percentages applicable to benefit levels for services  
36 provided by participating or preferred providers and nonparticipating or  
37 nonpreferred providers.

38 The provisions of this subsection shall not apply to policies that do  
39 not include coverage for ambulance services.

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

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

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

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

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

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

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

20 (3) An insurer shall provide reimbursement for those services  
21 prescribed by this section at rates negotiated between the insurer and  
22 the provider of such services. In the absence of agreed upon rates, an  
23 insurer shall pay for such services at the usual and customary charge,  
24 which shall not be excessive or unreasonable. Except in a city with a  
25 population of one million or more persons, the insurer shall send such  
26 payments directly to the provider of such ambulance services, if the  
27 ambulance service has on file an executed assignment of benefits form  
28 with the claim.

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

33 § 5. This act shall take effect January 1, 2021 and shall apply to  
34 health care claims submitted for payment after such date.