STATE OF NEW YORK

8606

2019-2020 Regular Sessions

IN ASSEMBLY

October 2, 2019

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

AN ACT to amend the social services law, in relation to requiring Medicare and Medicaid managed care providers to provide coverage for out-of-network health care under certain circumstances

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

Section 1. This act shall be known and may be cited as the "patient choice of health care provider protection act".

§ 2. Clause (F) of subparagraph (iii) of paragraph (a) of subdivision 4 of section 364-j of the social services law, as amended by section 14 of part C of chapter 58 of the laws of 2004 and as relettered by chapter 37 of the laws of 2010, is amended to read as follows:

(F) **a person eligible for or receiving medical assistance under this article who has established a long term relationship with a health care professional has requested the managed care provider to approve a single patient agreement between the patient and the health care professional, even if the health care professional is not a recurring provider under the person's managed provider network. The health care professional shall be paid the managed care provider's in-network rates. As used in this clause, "long term relationship" means a treatment relationship of ninety days or longer during which the health care professional provided medical assistance to the patient at least ten times. The provisions of this clause shall not apply if there were any reported allegations of fraud, abuse or malpractice from the health care professional that the managed care provider has been made aware of. Such coverage shall be included at the time of application for medical assistance under this article, or, for coverage already in effect, on any anniversary date of the coverage subject to evidence of eligibility for medical assistance under this article. Such coverage may be subject to annual deductibles and co-insurance as may be deemed appropriate by the commissioner of**

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

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health and as are consistent with those established for other benefits for medical assistance under this article; or

(G) other services as defined by the commissioner of health.

§ 3. This act shall take effect on the ninetieth day after it shall have become a law; provided, however, that the amendments to section 364-j of the social services law made by section two of this act shall not affect the repeal of such section and shall be deemed repealed therewith.