STATE OF NEW YORK

2802

2019-2020 Regular Sessions

IN SENATE

January 29, 2019

Introduced by Sen. COMRIE -- read twice and ordered printed, and when printed to be committed 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:

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

22. Every approved organization that provides coverage for any dental service shall spend not less than eighty percent of the capitation or other state funds paid to the approved organization for dental services, whether as a premium or in any other form either directly or indirectly, for the provision of dental services to patients by licensed dentists. In the event the approved organization spends less than eighty percent of the capitation or other state funds paid to it for dental services, whether as a premium or in any other form either directly or indirectly, for the provision of dental services, the difference shall be returned to the department. In no event shall more than twenty percent of the capitation or other state funds paid to the approved organization for dental services, whether as a premium or in any other form either directly or indirectly, be spent by any approved organization on administrative services in lieu of dental services for patients. The department shall provide an approved organization with a certification letter indicating the amount of capitation or other state funds paid for dental services, whether as a premium or in any other form either directly or indirectly, during each year pursuant to this section.

§ 2. Section 364-j of the social services law is amended by adding a new subdivision 34 to read as follows:

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

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34. Every managed care provider and managed care program that provides coverage for any dental service shall spend not less than eighty percent of the capitation or other state funds paid to the managed care provider or managed care program for dental services, whether as a premium or in any other form either directly or indirectly, for the provision of dental services to patients by licensed dentists. In the event the managed care provider or managed care program spends less than eighty percent of the capitation or other state funds paid to it for dental services, whether as a premium or in any other form either directly or indirectly, for the provision of dental services, the difference shall be returned to the department. In no event shall more than twenty percent of the capitation or other state funds paid to the managed care provider or managed care program for dental services, whether as a premium or in any other form either directly or indirectly, be spent by any managed care provider or managed care program on administrative services in lieu of dental services for patients. The department shall provide a managed care provider and managed care program with a certification letter indicating the amount of capitation or other state funds paid for dental services, whether as a premium or in any other form either directly or indirectly, during each year pursuant to this section.

§ 3. This act shall take effect January 1, 2020, 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.