

STATE OF NEW YORK

8365

IN SENATE

May 19, 2020

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

AN ACT to amend the public health law, the debtor and creditor law, the civil practice law and rules and the insurance law, in relation to COVID-19 pandemic medical debt requirements; and to amend the social services law and the public health law, in relation to adverse determination notices to Medicaid recipients

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

1 Section 1. The public health law is amended by adding a new section
2 2828 to read as follows:

3 § 2828. COVID-19 pandemic medical debt requirements. 1. Definitions.
4 The following words or phrases, as used in this section, shall have the
5 following meanings:

6 (a) "Collection action" means any of the following:

7 (i) Selling an individual's debt to another party, except if, prior to
8 the sale, the medical creditor has entered into a legally binding writ-
9 ten agreement with the medical debt buyer of the debt pursuant to which:

10 (1) The medical debt buyer or collector is prohibited from engaging in
11 any collection actions, as defined herein, to obtain payment for the
12 care;

13 (2) The medical debt buyer is prohibited from charging interest on the
14 debt in excess of that described in subdivision three of this section;

15 (3) The debt is returnable to or recallable by the medical creditor
16 upon a determination by the medical creditor or medical debt buyer that
17 the individual is eligible for financial assistance; and

18 (4) If the individual is determined to be eligible for financial
19 assistance and the debt is not returned to or recalled by the medical
20 creditor, the medical debt buyer is required to adhere to procedures
21 which shall be specified in the agreement that ensure that the individ-
22 ual does not pay, and has no obligation to pay, the medical debt buyer
23 and the medical creditor together more than he or she is personally
24 responsible for paying in compliance with this section.

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

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1 (ii) Reporting adverse information about a patient to a consumer
2 reporting agency; or

3 (iii) Actions that require a legal or judicial process, including but
4 not limited to:

5 (1) Placing or executing a lien on the individual's property;

6 (2) Attaching or seizing an individual's bank account or any other
7 personal property;

8 (3) Commencing or prosecuting a civil action against an individual;

9 (4) Garnishing an individual's wages; or

10 (5) Any other involuntary collection activity.

11 (b) "Consumer reporting agency" means any person, which, for monetary
12 fees, dues, or on a cooperative nonprofit basis, regularly engages in
13 whole or in part in the practice of assembling or evaluating consumer
14 credit information or other information on consumers for the purpose of
15 furnishing consumer reports to third parties.

16 (c) "Declared state disaster emergency" means the declaration of a
17 state of emergency pursuant to article two-B of the executive law.

18 (d) "Healthcare professional" means a person licensed or certified
19 pursuant to title eight of the education law.

20 (e) "Healthcare services" means services for the diagnosis,
21 prevention, treatment, cure or relief of a physical, dental, behavioral
22 substance use disorder or mental health condition, illness, injury or
23 disease. These services include, but are not limited to, any procedures,
24 products, devices or medications.

25 (f) "Hospital" means all providers licensed under this article.

26 (g) "Medical debt" means a debt arising from the receipt of healthcare
27 services.

28 (h) "Medical debt buyer" means a person or entity that is engaged in
29 the business of purchasing medical debts for collection purposes, wheth-
30 er it collects the debt itself or hires a third party for collection or
31 an attorney for litigation in order to collect such debt.

32 (i) "Medical debt collector" means any person or entity that regularly
33 collects or attempts to collect, directly or indirectly, medical debts
34 originally owed or due or asserted to be owed or due to another. A
35 medical debt buyer is considered to be a medical debt collector for all
36 purposes.

37 (j) "Patient" means the person who received healthcare services, and
38 for the purposes of this section shall include: a parent if the patient
39 is a minor; a legal guardian if the patient is an adult under guardian-
40 ship; an authorized representative; or a guarantor.

41 (k) "Period of suspension" means a period consisting of the first day
42 of a declared state disaster emergency related to the COVID-19 pandemic
43 and until no less than sixty days after a declared state disaster emer-
44 gency related to the COVID-19 pandemic is no longer in effect anywhere
45 in the state.

46 2. Involuntary collection activity. No hospital or healthcare profes-
47 sional shall engage in any collection actions during the period of
48 suspension.

49 3. No accrual of interest. Interest shall not accrue on any medical
50 debt described under subdivision two for which collection was suspended
51 for the period of suspension.

52 4. Notice. To inform patients of the actions taken in accordance with
53 this section and ensure an effective transition, all hospitals and
54 healthcare professionals shall:

55 (a) Not later than fifteen days after the effective date of this
56 section, notify patients:

(i) of the actions taken in accordance with subdivisions two and three of this section for whom collections have been suspended and interest waived;

(ii) of the option to continue making payments toward any amount due; and

(iii) that the program described in this section is a temporary program.

(b) Beginning on the first day after the expiration of the period of suspension, carry out a program to provide no fewer than six notices by postal mail, telephone or electronic communication to patients indicating:

(i) when the patient's normal payment obligations will resume;

(ii) with respect to notices submitted by hospitals, that the patient may be eligible to enroll in the hospital's financial assistance plan pursuant to section twenty-eight hundred seven-k of this article; and

(iii) with respect to notices submitted by healthcare professionals, that the patient may be eligible to enroll in a financial assistance plan, if the healthcare professional has a financial assistance policy for his or her patients.

5. Proof of submission of claim. With respect to patients who are uninsured on the date that the treating hospital or healthcare professional renders testing or treatment services related to COVID-19, including, but not limited to, diagnostic evaluations, testing or other methods to rule out diseases with similar symptoms to COVID-19, no hospital or healthcare professional may engage in any collection actions to collect payment for such services, unless the treating hospital or healthcare professional produces a sworn affidavit that he, she or it submitted a claim for payment for such services to the federal department of health and human services, health resources and services administration (HRSA), in accordance with federal law, and that HRSA denied the claim.

6. Private right of action. Every violation of this section shall be deemed a deceptive act and practice subject to enforcement under article twenty-two-A of the general business law. Nothing in this section shall be construed to restrict any right which any person may have under any other statute or the common law.

§ 2. The debtor and creditor law is amended by adding a new article 10-B to read as follows:

ARTICLE 10-B

TEMPORARY RELIEF FROM COLLECTION OF MEDICAL DEBT DURING THE COVID-19 PANDEMIC

Section 286. Definitions.

287. Requirements.

§ 286. Definitions. As used in this article, the following terms shall have the following meanings:

1. "Collection action" means any of the following:

(a) Selling an individual's debt to another party, except if, prior to the sale, the medical creditor has entered into a legally binding written agreement with the medical debt buyer of the debt pursuant to which:

(i) The medical debt buyer or collector is prohibited from engaging in any collection actions, as defined herein, to obtain payment for the care;

(ii) The medical debt buyer is prohibited from charging interest on the debt in excess of that described in this section;

1 (iii) The debt is returnable to or recallable by the medical creditor
2 upon a determination by the medical creditor or medical debt buyer that
3 the individual is eligible for financial assistance; and

4 (iv) If the individual is determined to be eligible for financial
5 assistance and the debt is not returned to or recalled by the medical
6 creditor, the medical debt buyer is required to adhere to procedures
7 which shall be specified in the agreement that ensure that the individ-
8 ual does not pay, and has no obligation to pay, the medical debt buyer
9 and the medical creditor together more than he or she is personally
10 responsible for paying in compliance with this section.

11 (b) Reporting adverse information about a patient to a consumer
12 reporting agency; or

13 (c) Actions that require a legal or judicial process, including but
14 not limited to:

15 (i) Placing or executing a lien on the individual's property;

16 (ii) Attaching or seizing an individual's bank account or any other
17 personal property;

18 (iii) Commencing or prosecuting a civil action against an individual;

19 (iv) Garnishing an individual's wages; or

20 (v) Any other involuntary collection activity.

21 2. "Consumer reporting agency" means any person, which, for monetary
22 fees, dues, or on a cooperative nonprofit basis, regularly engages in
23 whole or in part in the practice of assembling or evaluating consumer
24 credit information or other information on consumers for the purpose of
25 furnishing consumer reports to third parties.

26 3. "Declared state disaster emergency" means the declaration of a
27 state of emergency pursuant to article two-B of the executive law.

28 4. "Healthcare professional" means a person licensed or certified
29 pursuant to title eight of the education law.

30 5. "Healthcare services" means services for the diagnosis, prevention,
31 treatment, cure or relief of a physical, dental, behavioral substance
32 use disorder or mental health condition, illness, injury or disease.
33 These services include, but are not limited to, any procedures,
34 products, devices or medications.

35 6. "Hospital" means all hospitals licensed under article twenty-eight
36 of the public health law.

37 7. "Medical debt" means a debt arising from the receipt of healthcare
38 services.

39 8. "Medical debt buyer" means a person or entity that is engaged in
40 the business of purchasing medical debts for collection purposes, wheth-
41 er it collects the debt itself or hires a third party for collection or
42 an attorney for litigation in order to collect such debt.

43 9. "Medical debt collector" means any person or entity that regularly
44 collects or attempts to collect, directly or indirectly, medical debts
45 originally owed or due or asserted to be owed or due to another. A
46 medical debt buyer is considered to be a medical debt collector for all
47 purposes.

48 10. "Patient" means the person who received healthcare services, and
49 for the purposes of this article shall include: a parent if the patient
50 is a minor; a legal guardian if the patient is an adult under guardian-
51 ship; an authorized representative; or a guarantor.

52 11. "Period of suspension" means a period consisting of the first day
53 of a declared state disaster emergency related to the COVID-19 pandemic
54 and until no less than sixty days after a declared state disaster emer-
55 gency related to the COVID-19 pandemic is no longer in effect anywhere
56 in the state.

1 § 287. Requirements. 1. Temporary relief from collection of medical
2 debt. All medical debt buyers and collectors shall suspend all payments
3 due for medical debt through the period of suspension.

4 2. No accrual of interest. Interest shall not accrue on any medical
5 debt described under subdivision one of this section for which payment
6 was suspended for the period of suspension.

7 3. Involuntary collection activity. No medical debt buyer or collector
8 shall engage in any collection actions during the period of suspension.

9 4. Notice. To inform patients of the actions taken in accordance with
10 this section and ensure an effective transition, all medical debt buyers
11 and collectors shall:

12 (a) Not later than fifteen days after the effective date of this
13 section, notify patients:

14 (i) of the actions taken in accordance with subdivisions one and two
15 of this section for whom payments have been suspended and interest
16 waived;

17 (ii) of the actions taken in accordance with subdivision three of this
18 section for whom collections have been suspended;

19 (iii) of the option to continue making payments toward any amount due;
20 and

21 (iv) that the program described under this section is a temporary
22 program.

23 (b) Beginning on the first day after the expiration of the period of
24 suspension, carry out a program to provide no fewer than six notices by
25 postal mail, telephone or electronic communication to patients indicat-
26 ing:

27 (i) when the patient's normal payment obligations will resume; and

28 (ii) that the patient may be eligible to enroll in a financial assist-
29 ance plan pursuant to any applicable and available financial assistance
30 policy of either the medical debt buyer or collector.

31 5. Proof of submission of claim. With respect to patients who are
32 uninsured on the date that the treating hospital or healthcare profes-
33 sional renders testing or treatment services related to COVID-19,
34 including, but not limited to, diagnostic evaluations, testing or other
35 methods to rule out diseases with similar symptoms to COVID-19, no
36 medical debt buyer or collector may engage in any collection actions to
37 collect payment for such services, unless the treating hospital or
38 healthcare professional produces a sworn affidavit that he, she or it
39 submitted a claim for payment for such services to the federal depart-
40 ment of health and human services, health resources and services admin-
41 istration (HRSA), in accordance with federal law, and that HRSA denied
42 the claim.

43 6. Private right of action. Every violation of this section shall be
44 deemed a deceptive act and practice subject to enforcement under article
45 twenty-two-A of the general business law. Nothing in this section shall
46 be construed to restrict any right which any person may have under any
47 other statute or the common law.

48 § 3. Section 5004 of the civil practice law and rules, as amended by
49 chapter 258 of the laws of 1981, is amended to read as follows:

50 § 5004. Rate of interest. Interest shall be at the rate of nine per
51 centum per annum, except where otherwise provided by statute, provided
52 that in medical debt actions by a hospital licensed under article twen-
53 ty-eight of the public health law or a health care professional licensed
54 or certified pursuant to title eight of the education law the interest
55 rate shall be calculated at the one-year United States treasury bill
56 rate. For the purposes of this section, the "one-year United States

1 treasury bill rate" means the weekly average one-year constant maturity
2 treasury yield, as published by the board of governors of the federal
3 reserve system, for the calendar week preceding the date of the entry of
4 the judgment awarding damages. Provided however, that this section shall
5 not apply to any provision of the tax law which provides for the annual
6 rate of interest to be paid on a judgment or accrued claim. The accrual
7 of interest shall be tolled during the period of time when the state
8 disaster emergency order related to the COVID-19 pandemic is in effect.

9 § 4. The insurance law is amended by adding a new section 3244 to read
10 as follows:

11 § 3244. Extension of premium payment periods; COVID-19. (a) Defi-
12 nitions. As used in this section, the following terms shall have the
13 following meanings:

14 (1) "Credit reporting agency" means a reporting agency that regularly
15 engages in the practice of assembling or evaluating and maintaining, for
16 the purpose of furnishing credit reports to third parties bearing on a
17 person's credit worthiness, credit standing, or credit capacity, and
18 credit account information from persons who furnish that information
19 regularly and in the ordinary course of business.

20 (2) "Late fee" means a fee associated with an insurance premium
21 payment that is made at a time later than the premium due date, but
22 prior to both insurance policy or contract termination and the time in
23 which an insurer, HMO, or student health plan may reject premium
24 payment.

25 (3) "Medical debt buyer" means a person or entity that is engaged in
26 the business of purchasing medical debts for collection purposes, wheth-
27 er it collects the debt itself or hires a third-party for collection or
28 an attorney for litigation in order to collect such debt.

29 (4) "Medical debt collector" means any person or entity that regularly
30 collects or attempts to collect, directly or indirectly, medical debts
31 originally owed or due or asserted to be owed or due to another. A
32 medical debt buyer is considered to be a medical debt collector for all
33 purposes.

34 (5) "Student health plan" has the meaning set forth in paragraph five
35 of subsection (a) of section one thousand one hundred twenty-four of
36 this chapter.

37 (6) "Child health plus" means coverage issued pursuant to section two
38 thousand five hundred eleven of the public health law.

39 (7) "HMO" shall mean a health maintenance organization operating in
40 accordance with the provisions of article forty-four of the public
41 health law or article forty-three of this chapter.

42 (b) Extension of premium payment periods. Every issuer of individual,
43 small group and student blanket comprehensive health insurance policies
44 subject to this article, as well as any issuer of a child health plus
45 policy where the policyholder or contract holder pays the entire premi-
46 um, shall, subject to consideration by the superintendent of the liquid-
47 ity and solvency of the applicable insurer, HMO, or student health plan,
48 shall extend the period for the payment of premiums for any policyholder
49 or contract holder who can demonstrate financial hardship as a result of
50 the COVID-19 pandemic to the later of the expiration of the applicable
51 contractual grace period and the date sixty days after a state disaster
52 emergency is no longer in effect with respect to the COVID-19 pandemic
53 anywhere in the state. Such an insurer, HMO, and student health plan
54 shall be responsible for the payment of claims during such period and
55 may not retroactively terminate the insurance policy for non-payment of
56 the premium during such period.

1 (c) Requirements. With regard to an individual, small group, or
2 student blanket comprehensive health insurance policyholder or contract
3 holder who does not make a timely premium payment and can demonstrate
4 financial hardship as a result of the COVID-19 pandemic, the applicable
5 insurer, HMO, or student health plan: (1) shall not impose any late fees
6 relating to such premium payment; (2) shall not report the policyholder
7 or contract holder to a credit reporting agency or refer the policyhold-
8 er or contract holder to a medical debt buyer or collector with respect
9 to such premium payment; (3) shall provide information to the policy-
10 holder or contract holder regarding alternate policies available from
11 the insurer, HMO, or student health plan and provide contact information
12 for the NY state of health established pursuant to title seven of arti-
13 cle two of the public health law; and (4) shall provide information
14 regarding health insurance and medical debt consumer assistance avail-
15 able from the state designated consumer assistance program.

16 (d) Other provisions. (1) Subject to consideration by the superinten-
17 dent of the liquidity and solvency of the applicable insurer, HMO, or
18 student health plan, the insurer, HMO, or student health plan also
19 shall, within ten business days following the effective date of this
20 section:

21 (A) mail or deliver, which may include electronic mail, written notice
22 to every individual, small group, or student blanket comprehensive
23 health insurance policyholder and contract holder of the provisions of
24 this section and a toll-free number that the individual, small group, or
25 student blanket comprehensive health insurance policyholder or contract
26 holder may call to discuss billing and make alternative payment arrange-
27 ments; and

28 (B) notify insurance producers and any third-party administrators with
29 whom or which the insurer does business of the provisions of this
30 section.

31 (2) A licensed insurance producer who procured the individual, small
32 group, or student blanket comprehensive health insurance policy for the
33 policyholder or contract holder shall mail or deliver, which may include
34 electronic mail, notice to the policyholder or contract holder of the
35 provisions of this section within ten business days following the effec-
36 tive date of this section.

37 (3) Solely for the purposes of this section, an insurer, HMO, or
38 student health plan shall accept a written attestation from an individ-
39 ual, small group, or student blanket comprehensive policyholder or
40 contract holder as proof of financial hardship as a result of the
41 COVID-19 pandemic.

42 (4) Nothing in this section shall prohibit an individual, small group,
43 or student blanket comprehensive health insurance policyholder or
44 contract holder from voluntarily cancelling a health insurance policy.

45 (5) The period to pay insurance premiums set forth in this section
46 shall not constitute a waiver or forgiveness of the premium.

47 (6) The period set forth in subsection (b) of this section applies
48 only to terminations attributed to a failure by an individual, small
49 group, or student blanket comprehensive health insurance policyholder or
50 contract holder to pay premiums during such period. If an insurer, HMO,
51 or student health plan terminates a policy for any other reason permit-
52 ted by law, the insurer, HMO, or student health plan shall comply with
53 statutory notice requirements.

54 § 5. The insurance law is amended by adding a new section 4331 to read
55 as follows:

1 § 4331. Extension of premium payment periods; COVID-19. (a) Defi-
2 nitions. As used in this section, the following terms shall have the
3 following meanings:

4 (1) "Credit reporting agency" means a reporting agency that regularly
5 engages in the practice of assembling or evaluating and maintaining, for
6 the purpose of furnishing credit reports to third parties bearing on a
7 person's credit worthiness, credit standing, or credit capacity, and
8 credit account information from persons who furnish that information
9 regularly and in the ordinary course of business.

10 (2) "Late fee" means a fee associated with an insurance premium
11 payment that is made at a time later than the premium due date, but
12 prior to both insurance policy or contract termination and the time in
13 which an insurer, HMO, or student health plan may reject premium
14 payment.

15 (3) "Medical debt buyer" means a person or entity that is engaged in
16 the business of purchasing medical debts for collection purposes, wheth-
17 er it collects the debt itself or hires a third-party for collection or
18 an attorney for litigation in order to collect such debt.

19 (4) "Medical debt collector" means any person or entity that regularly
20 collects or attempts to collect, directly or indirectly, medical debts
21 originally owed or due or asserted to be owed or due to another. A
22 medical debt buyer is considered to be a medical debt collector for all
23 purposes.

24 (5) "Student health plan" has the meaning set forth in paragraph five
25 of subsection (a) of section one thousand one hundred twenty-four of
26 this chapter.

27 (6) "Child health plus" means coverage issued pursuant to section two
28 thousand five hundred eleven of the public health law.

29 (7) "HMO" shall mean a health maintenance organization operating in
30 accordance with the provisions of article forty-four of the public
31 health law or this article.

32 (b) Extension of premium payment periods. Every medical expense indem-
33 nity corporation, HMO, hospital service corporation or health service
34 corporation subject to this article which issues direct pay, small group
35 or student blanket comprehensive contracts, as well as any issuer of
36 child health plus coverage where the subscriber pays the entire premium,
37 subject to consideration by the superintendent of the liquidity and
38 solvency of the applicable medical expense indemnity corporation, HMO,
39 hospital service corporation or health service corporation, shall extend
40 the period for the payment of premiums for any policyholder or contract
41 holder who can demonstrate financial hardship as a result of the COVID-
42 19 pandemic to the later of the expiration of the applicable contractual
43 grace period and the date sixty days after a state disaster emergency is
44 no longer in effect with respect to the COVID-19 pandemic anywhere in
45 the state. Such a medical expense indemnity corporation, HMO, hospital
46 service corporation or health service corporation shall be responsible
47 for the payment of claims during such period and may not retroactively
48 terminate the contract for non-payment of the premium during such peri-
49 od.

50 (c) Requirements. With regard to a direct pay, small group, or student
51 blanket comprehensive health insurance contract holder who does not make
52 a timely premium payment and can demonstrate financial hardship as a
53 result of the COVID-19 pandemic, the applicable medical expense indem-
54 nity corporation, HMO, hospital service corporation or health service
55 corporation: (1) shall not impose any late fees relating to such premium
56 payment; (2) shall not report the contract holder to a credit reporting

1 agency or refer the contract holder to a medical debt buyer or collector
2 with respect to such premium payment; (3) shall provide information to
3 the contract holder regarding alternate policies available from the
4 medical expense indemnity corporation, hospital service corporation or
5 health service corporation; and (4) shall provide information regarding
6 health insurance and medical debt consumer assistance available from the
7 state designated consumer assistance program.

8 (d) Other provisions. (1) Subject to consideration by the superinten-
9 dent of the liquidity and solvency of the applicable medical expense
10 indemnity corporation, HMO, hospital service corporation or health
11 service corporation, medical expense indemnity corporation, hospital
12 service corporation or health service corporation also shall, within ten
13 business days following the effective date of this section:

14 (A) mail or deliver, which may include electronic mail, written notice
15 to every direct pay, small group, or student blanket comprehensive
16 health insurance contract holder of the provisions of this section and a
17 toll-free number that the direct pay small group, or student blanket
18 comprehensive health contract holder may call to discuss billing and
19 make alternative payment arrangements;

20 (B) notify insurance producers and any third-party administrators with
21 whom or which the medical expense indemnity corporation, HMO, hospital
22 service corporation or health service corporation does business of the
23 provisions of this section.

24 (2) A licensed insurance producer who procured the direct pay, small
25 group, or student blanket comprehensive contract for the contract holder
26 shall mail or deliver, which may include electronic mail, notice to the
27 contract holder of the provisions of this section within ten business
28 days following the effective date of this section.

29 (3) Solely for the purposes of this section, a medical expense indem-
30 nity corporation, HMO, hospital service corporation or health service
31 corporation shall accept a written attestation from a direct pay, small
32 group, or student blanket comprehensive contract holder as proof of
33 financial hardship as a result of the COVID-19 pandemic.

34 (4) Nothing in this section shall prohibit a direct pay, small group,
35 or student blanket comprehensive contract holder from voluntarily
36 cancelling a contract.

37 (5) The period to pay premiums set forth in this section shall not
38 constitute a waiver or forgiveness of the premium.

39 (6) The period set forth in subsection (b) of this section applies
40 only to terminations attributed to a failure by a direct pay, small
41 group, or student blanket comprehensive contract holder to pay premiums
42 during such period. If a medical expense indemnity corporation, hospital
43 service corporation or health service corporation terminates a policy
44 for any other reason permitted by law, the insurer medical expense
45 indemnity corporation, hospital service corporation or health service
46 corporation shall comply with statutory notice requirements.

47 § 6. Subdivision 9 of section 364-j of the social services law, as
48 amended by chapter 433 of the laws of 1997, is amended to read as
49 follows:

50 9. Managed care providers shall inform participants of such provider's
51 grievance procedure and utilization review procedures [~~required pursuant~~
52 ~~to sections forty-four hundred eight-e and~~] under article forty-nine
53 [~~hundred~~] of the public health law. A managed care provider or local
54 social services district, as appropriate, shall provide notice to
55 participants of their respective rights to a fair hearing and aid
56 continuing in accordance with applicable state and federal law. Managed

1 care providers shall provide written notice of the name, address, phone
2 number and website of the department of health designated independent
3 consumer assistance program and the independent substance use disorder
4 and mental health ombudsman established by section 33.27 of the mental
5 hygiene law on all notices of adverse determinations, grievances and
6 appeals.

7 § 7. Paragraph (b) of subdivision 2 and subdivision 7 of section
8 4408-a of the public health law, as added by chapter 705 of the laws of
9 1996, are amended to read as follows:

10 (b) The notice to an enrollee describing the grievance process shall
11 explain: (i) the process for filing a grievance with the organization;
12 (ii) the timeframes within which a grievance determination must be made;
13 [and] (iii) the right of an enrollee to designate a representative to
14 file a grievance on behalf of the enrollee; and (iv) notice of the name,
15 address, phone number and website of the department designated consumer
16 assistance program and the independent substance use disorder and mental
17 health ombudsman established by section 33.27 of the mental hygiene law
18 on all notices of adverse determinations, grievances and appeals.

19 7. The notice of a determination shall include: (i) the detailed
20 reasons for the determination; (ii) in cases where the determination has
21 a clinical basis, the clinical rationale for the determination; [and]
22 (iii) the procedures for the filing of an appeal of the determination,
23 including a form for the filing of such an appeal; and (iv) notice of
24 the name, address, phone number and website of the department designated
25 consumer assistance program and the independent substance use disorder
26 and mental health ombudsman established by section 33.27 of the mental
27 hygiene law on all notices of adverse determinations, grievances and
28 appeals.

29 § 8. This act shall take effect immediately; provided, however, the
30 amendments to subdivision 9 of section 364-j of the social services law
31 made by section six of this act shall not affect the repeal of such
32 section and shall be deemed repealed therewith.