

# STATE OF NEW YORK

8366

## 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; to amend the social services law and the public health law, in relation to adverse determination notices to Medicaid recipients; to amend the social services law, in relation to eligibility for the basic health program; and providing for the repeal of certain provisions upon the expiration thereof

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

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

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

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

(i) 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:

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

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

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

(4) If the individual is determined to be eligible for financial assistance and the debt is not returned to or recalled by the medical creditor, the medical debt buyer is required to adhere to procedures which shall be specified in the agreement that ensure that the individual does not pay, and has no obligation to pay, the medical debt buyer

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

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1 and the medical creditor together more than he or she is personally  
2 responsible for paying in compliance with this section.

3 (ii) Reporting adverse information about a patient to a consumer  
4 reporting agency; or

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

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

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

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

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

12 (5) Any other involuntary collection activity.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 5. Proof of submission of claim. With respect to patients who are  
23 uninsured on the date that the treating hospital or healthcare profes-  
24 sional renders testing or treatment services related to COVID-19,  
25 including, but not limited to, diagnostic evaluations, testing or other  
26 methods to rule out diseases with similar symptoms to COVID-19, no  
27 hospital or healthcare professional may engage in any collection actions  
28 to collect payment for such services, unless the treating hospital or  
29 healthcare professional produces a sworn affidavit that he, she or it  
30 submitted a claim for payment for such services to the federal depart-  
31 ment of health and human services, health resources and services admin-  
32 istration (HRSA), in accordance with federal law, and that HRSA denied  
33 the claim.

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

39 § 2. The debtor and creditor law is amended by adding a new article  
40 10-B to read as follows:

#### 41 ARTICLE 10-B

#### 42 TEMPORARY RELIEF FROM COLLECTION OF MEDICAL DEBT DURING THE 43 COVID-19 PANDEMIC

#### 44 Section 286. Definitions.

#### 45 287. Requirements.

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

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

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

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

55 (ii) The medical debt buyer is prohibited from charging interest on  
56 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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

§ 8. Section 369-gg of the social services law is amended by adding a new subdivision 3-a to read as follows:

3-a. Novel coronavirus, COVID-19 eligibility. A person shall also be eligible to receive coverage for health care services under this title, without regard to federal financial participation, if he or she is a resident of the state, has or has had a confirmed or suspected case of novel coronavirus, COVID-19, household income below two hundred percent of the federal poverty line as defined and annually revised by the United States department of health and human services for a household of the same size, and is ineligible for federal financial participation in the basic health program under 42 U.S.C. section 18051 on the basis of immigration status, but otherwise meets the eligibility requirements in paragraphs (b) and (c) of subdivision three of this section. An applicant who fails to make an applicable premium payment shall lose eligibility to receive coverage for health care services in accordance with the time frames and procedures determined by the commissioner.

§ 9. This act shall take effect immediately; provided, however, the amendments to subdivision 9 of section 364-j of the social services law made by section six of this act shall not affect the repeal of such section and shall be deemed repealed therewith, provided further, that section eight of this act shall expire and be deemed repealed 60 days following the conclusion of the state disaster emergency declared pursuant to executive order 202, provided that the commissioner of health shall notify the legislative bill drafting commission upon the occurrence of the conclusion of such executive order in order that the commission may maintain an accurate and timely effective data base of the official text of the laws of the state of New York in furtherance of

1 effectuating the provisions of section 44 of the legislative law and  
2 section 70-b of the public officers law.