

# STATE OF NEW YORK

8856

## IN SENATE

July 29, 2020

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

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:

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

3 § 2. Clause (F) of subparagraph (iii) of paragraph (a) of subdivision  
4 4 of section 364-j of the social services law, as amended by section 14  
5 of part C of chapter 58 of the laws of 2004 and as relettered by chapter  
6 37 of the laws of 2010, is amended to read as follows:

7 (F) a person eligible for or receiving medical assistance under this  
8 article who has established a long term relationship with a health care  
9 professional has requested the managed care provider to approve a single  
10 patient agreement between the patient and the health care professional,  
11 even if the health care professional is not a recurring provider under  
12 the person's managed provider network. The health care professional  
13 shall be paid the managed care provider's in-network rates. As used in  
14 this clause, "long term relationship" means a treatment relationship of  
15 ninety days or longer during which the health care professional provided  
16 medical assistance to the patient at least ten times. The provisions of  
17 this clause shall not apply if there were any reported allegations of  
18 fraud, abuse or malpractice from the health care professional that the  
19 managed care provider has been made aware of. Such coverage shall be  
20 included at the time of application for medical assistance under this  
21 article, or, for coverage already in effect, on any anniversary date of  
22 the coverage subject to evidence of eligibility for medical assistance  
23 under this article. Such coverage may be subject to annual deductibles  
24 and co-insurance as may be deemed appropriate by the commissioner of  
25 health and as are consistent with those established for other benefits  
26 for medical assistance under this article; or

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

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

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