STATE OF NEW YORK

7892--A

R. R. 410

2021-2022 Regular Sessions

IN ASSEMBLY

May 28, 2021

Introduced by M. of A. GUNTHER, SIMON, SAYEGH, ASHBY -- read once and referred to the Committee on Health -- recommitted to the Committee on Health in accordance with Assembly Rule 3, sec. 2 -- reported and referred to the Committee on Ways and Means -- reported and referred to the Committee on Rules -- amended on the special order of third reading, ordered reprinted as amended, retaining its place on the special order of third reading

AN ACT directing the commissioner of health to conduct a study on the rates of reimbursement made through the New York state Medicaid durable medical equipment, orthotics, prosthetics and supplies program for rate adequacy and patient access; and providing for the repeal of such provisions upon expiration thereof

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

Section 1. The commissioner of health shall conduct a study to review the rates of reimbursement made through the New York state Medicaid durable medical equipment, orthotics, prosthetics and supplies program for rate adequacy and patient access, including those made under all capitated and contract coverage models. Such review shall include:

(a) an analysis of rules, regulations and policies for orthotics and prosthetics service/device provisions under the New York Medicaid program, including all contracted and capitated models;

(b) a comprehensive assessment of the existing methodology used to determine payment or nonpayment for prosthetic and orthotic care including but not limited to:

(i) all orthotic and prosthetic codes on the current Medicaid fee schedule, including but not limited to a comparison of prevailing Medicare fee schedule amounts and New York Medicaid amounts;

(ii) codes on the Medicare fee schedule but not included on the New York state Medicaid durable medical equipment, orthotics, prosthetics and supplies program fee schedule;

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

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(iii) recommendations for changing reimbursement methodologies. Recommendations under this subparagraph shall be consistent with federal law and shall include recommendations for appropriate changes in state law and regulations. Such recommendations shall consider appropriate payment methodologies for codes not included on the Medicaid fee schedule;

(c) assessment of barriers to timely service provision as well as racial and socioeconomic disparities in access including, but not limited to, travel time required, geographic variability, access to and cost of technology;

(d) the workforce needed to provide orthotic and prosthetic services in the next five years to eligible children and adults, disaggregated by county;

(e) opportunities for stakeholder input on current rate methodologies; and

(f) assessment of cost savings associated with percentage of Medicaid population returning to work after orthotic and/or prosthetic provision.

§ 2. Within one year after the effective date of this act, the commissioner of health shall submit a report of the findings and recommendations pursuant to this act to the governor, the temporary president of the senate, the minority leader of the senate, the speaker of the assembly, the minority leader of the assembly, and the chairs and ranking members of the senate and assembly committees on health and shall post such report on the department of health's website.

§ 3. The commissioner of health shall be authorized to promulgate rules and regulations to provide for the orderly effectuation of the provisions of this act.

§ 4. This act shall take effect immediately and shall expire and be deemed repealed upon the submission of the report required pursuant to section two of this act.