STATE OF NEW YORK

7199--A

2021-2022 Regular Sessions

IN SENATE

June 7, 2021

Introduced by Sens. GOUNARDES, BAILEY, BIAGGI, BROUK, CLEARE, COMRIE, HINCHEY, HOYLMAN, JACKSON, KAVANAGH, KRUEGER, LIU, MAYER, MYRIE, RAMOS, REICHLIN-MELNICK, RIVERA, SALAZAR, SAVINO, SEPULVEDA, SKOUFIS, STAVISKY -- read twice and ordered printed, and when printed to be committed to the Committee on Rules -- recommitted to the Committee on Insurance in accordance with Senate Rule 6, sec. 8 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the insurance law, in relation to certain prohibited contract provisions

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

Section 1. Section 3217-b of the insurance law is amended by adding a new subsection (o) to read as follows:

(o) (1) No contract or agreement between a health plan subject to this article and a health care provider, other than a residential health care facility as defined by section two thousand eight hundred one of the public health law, shall include a provision that:

(A) contains a most-favored-nation provision; or

(B) restricts the ability of a health plan, an entity that contracts with a health plan for a provider network, or a health care provider to disclose (i) actual claims costs or (ii) price or quality information required to be disclosed under federal law, including the allowed amount, negotiated rates or discounts, or any other claim-related financial obligations, including, but not limited to, patient cost-sharing covered by the provider contract to any insured, group or other entity receiving health care services pursuant to the contract, or to any public compilation of reimbursement data such as the New York all payer database required by law or regulation, provided that no disclosure shall include protected health information or other information covered by statutory or other privilege.

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

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(2) For purposes of this subsection, the term "health plan" shall include (A) an insurer licensed pursuant to the insurance law or a health maintenance organization certified pursuant to article forty-four of the public health law and (B) a third-party administrator, affiliated with an insurer or health maintenance organization, who administers a health benefit plan.

§ 2. This act shall take effect January 1, 2023.