STATE OF NEW YORK

5064

2023-2024 Regular Sessions

IN ASSEMBLY

March 2, 2023

Introduced by M. of A. GUNTHER -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to requiring the commissioner of health to promulgate rules and regulations related to the timeframe for increases to patients' bills

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

Section 1. Section 206 of the public health law is amended by adding a new subdivision 32 to read as follows:

32. (a) The commissioner shall, in conjunction with the superintendent of financial services, promulgate rules and regulations providing that no patient shall be held responsible for any amounts for which a patient would otherwise be liable as a result of an increase in any bill from a health insurance company, hospital or health system or health care provider after the date on which all amounts due under the original bill were paid in full unless the health insurance company, hospital or health system or health care provider, as applicable, can show good cause for such increase and sends notice of such increase to the patient no later than ninety days after the amount due by the patient in the original bill was paid in full. No health insurance company, hospital or health system or health care provider may send notice to a patient of any increase in a bill unless such health insurance company, hospital or health system or health care provider sends such notice prior to the expiration of such ninety day period and can show the good cause reason for such increase. The foregoing restrictions in this subdivision shall not apply to an increase which is the result of an action by such patient warranting such increase.

(b) For purposes of this subdivision:

(i) "patient" shall mean the individual receiving medical services or the individual responsible for paying the bill on behalf of the individual receiving medical services; and

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

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(ii) "good cause" shall mean a clerical error, typographical error, scrivener's error or computer error, unless a pattern of such errors exists, fraudulent billing is alleged, or such error is due to gross negligence, recklessness, willful malfeasance or other action taken which is not in good faith.

(c) This subdivision shall not apply to health care services, including emergency services, where physician fees are subject to schedules or other monetary limitations under any other law, including the workers' compensation law and article fifty-one of the insurance law, and shall not preempt any such law.

(d) The rules and regulations required by this subdivision shall include, at a minimum:

(i) a requirement that an explanation for any increase in a patient's bill shall be provided in plain language in conspicuous twelve-point bold face type and shall be available in the top six languages spoken in the hospital's service area; and

(ii) a process to determine responsibility for amounts for which a patient is not responsible by reason of this subdivision.

§ 2. This act shall take effect immediately.