# STATE OF NEW YORK

8414--A

# IN SENATE

January 29, 2024

Introduced by Sen. BRESLIN -- read twice and ordered printed, and when printed to be committed to the Committee on Insurance -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the insurance law and the public health law, in relation to required terms for certain insurance contracts

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

Section 1. Paragraph 3 of subsection (e) of section 3217-b of the insurance law, as added by chapter 586 of the laws of 1998, is amended and three new paragraphs 3-a, 3-b and 3-c are added to read as follows:

(3) a description of the records or information relied upon to calculate any such payments and adjustments, **including the date of service, patient identification number, an identification of the service for which the payment is made, the reimbursement paid by the insurer for the service,** and a description of how the provider can access a summary of such calculations and adjustments;

**(3-a) the permissible payment methods as check, direct deposit, debit or credit card or online payment system, provided the health care provider can access the payment in full, without encumbrances, costs, charges, or fees, including a fee for replacement of a lost or stolen check, under at least one payment method offered by the insurer;**

**(3-b) the advance written consent of a provider to the insurer for the method of payment and to directly pay or deposit payments in a bank or other financial institution of the provider's choosing;**

**(3-c) the insurer's annual obligation, beginning on the effective date of this paragraph and continuing every first of January thereafter, to provide the health care provider with an updated payment rate schedule;**

§ 2. Paragraph 3 of subsection (e) of section 4325 of the insurance law, as added by chapter 586 of the laws of 1998, is amended and three new paragraphs 3-a, 3-b and 3-c are added to read as follows:

(3) a description of the records or information relied upon to calculate any such payments and adjustments, **including the date of service, patient identification number, an identification of the service for**

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

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which the payment is made, the reimbursement paid by the corporation for the service, and a description of how the provider can access a summary of such calculations and adjustments;

(3-a) the permissible payment methods as check, direct deposit, debit or credit card or online payment system, provided the health care provider can access the payment in full, without encumbrances, costs, charges, or fees, including a fee for replacement of a lost or stolen check, under at least one payment method offered by the corporation;

(3-b) the advance written consent of a provider to the corporation for the method of payment and to directly pay or deposit payments in a bank or other financial institution of the provider's choosing;

(3-c) the corporation's annual obligation, beginning on the effective date of this paragraph and continuing every first of January thereafter, to provide the health care provider with an updated payment rate schedule, including a description of any services bundled within a single rate;

§ 3. Paragraph (c) of subdivision 5-a of section 4406-c of the public health law, as added by chapter 586 of the laws of 1998, is amended and three new paragraphs (c-1), (c-2) and (c-3) are added to read as follows:

(c) a description of the records or information relied upon to calculate any such payments and adjustments, including the date of service, patient identification number, an identification of the service for which the payment is made, the reimbursement paid by the health care plan for the service, and a description of how the provider can access a summary of such calculations and adjustments;

(c-1) the permissible payment methods as check, direct deposit, debit or credit card or online payment system, provided the health care provider can access the payment in full, without encumbrances, costs charges, or fees, including a fee for replacement of a lost or stolen check, under at least one payment method offered by the health care plan;

(c-2) the advance written consent of a provider to the health care plan for the method of payment and to directly pay or deposit payments in a bank or other financial institution of the provider's choosing;

(c-3) the health care plan's annual obligation, beginning on the effective date of this paragraph and continuing every first of January thereafter, to provide the health care provider with an updated payment rate schedule, including a description of any services bundled within a single rate;

§ 4. This act shall take effect on the thirtieth day after it shall have become a law and shall apply to all contracts entered into, renewed, modified or amended on or after such effective date.