STATE OF NEW YORK

8466

IN SENATE

February 1, 2024

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

AN ACT to amend the insurance law and the public health law, in relation to setting a minimum reimbursement rate for ambulatory behavioral health services

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

Section 1. Paragraph 35 of subsection (i) of section 3216 of the insurance law is amended by adding a new subparagraph (K) to read as follows:

(K) Every policy which provides medical, major medical, or similar comprehensive-type coverage shall reimburse in network, participating providers licensed pursuant to article twenty-eight of the public health law or article thirty-one or thirty-two of the mental hygiene law for ambulatory behavioral health services provided to its insureds, at a minimum, at a rate equivalent to the payments established for such services under the ambulatory patient group (APG) rate-setting methodology at the time of service, utilized by the department of health or by the office of mental health or offices of addiction services and supports for rate-setting purposes for ambulatory behavioral health services provided to enrollees in the medical assistance program under title eleven of article five of the social services law. Insurers and in network, participating providers may negotiate different rates and methods of payments, however insurers shall pay no less than the equivalent of rates that would be paid for ambulatory behavioral health services pursuant to the medical assistance program under title eleven of article five of the social services law.

§ 2. Paragraph 5 of subsection (l) of section 3221 of the insurance law is amended by adding a new subparagraph (K) to read as follows:

(K) Every insurer delivering a group or blanket policy or issuing a group or blanket policy for delivery in this state that provides coverage for hospital, major medical, or similar comprehensive-type coverage shall reimburse in network, participating providers licensed pursuant to article twenty-eight of the public health law or article

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

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thirty-one or thirty-two of the mental hygiene law for ambulatory behavioral health services provided to its insureds, at a minimum, at a rate equivalent to the payments established for such services under the ambulatory patient group (APG) rate-setting methodology at the time of service, utilized by the department of health or by the office of mental health or offices of addiction services and supports for rate-setting purposes for ambulatory behavioral health services provided to enrollees in the medical assistance program under title eleven of article five of the social services law. Insurers and in network, participating providers may negotiate different rates and methods of payments, however insurers shall pay no less than the equivalent of rates that would be paid for ambulatory behavioral health services pursuant to the medical assistance program under title eleven of article five of the social services law.

§ 3. Subsection (g) of section 4303 of the insurance law is amended by adding a new paragraph 12 to read as follows:

(12) A medical expense indemnity corporation, a hospital service corporation or a health service corporation that provides coverage for medical, major medical, or similar comprehensive-type coverage shall reimburse in network, participating providers licensed pursuant to article twenty-eight of the public health law or article thirty-one or thirty-two of the mental hygiene law for ambulatory behavioral health services provided to its insureds, at a minimum, at a rate equivalent to the payments established for such services under the ambulatory patient group (APG) rate-setting methodology at the time of service, utilized by the department of health or by the office of mental health or offices of addiction services and supports for rate-setting purposes for ambulatory behavioral health services provided to enrollees in the medical assistance program under title eleven of article five of the social services law. Insurers and in network, participating providers may negotiate different rates and methods of payments, however insurers shall pay no less than the equivalent of rates that would be paid for ambulatory behavioral health services pursuant to the medical assistance program under title eleven of article five of the social services law.

§ 4. Section 4403 of the public health law is amended by adding a new subdivision 10 to read as follows:

10. A health maintenance organization shall reimburse in network, participating providers licensed pursuant to article twenty-eight of this chapter or article thirty-one or thirty-two of the mental hygiene law for ambulatory behavioral health services provided to its enrollees, at a minimum, at a rate equivalent to the payments established for such services under the ambulatory patient group (APG) rate-setting methodology at the time of service, utilized by the department or by the office of mental health or offices of addiction services and supports for rate-setting purposes for ambulatory behavioral health services provided to enrollees in the medical assistance program under title eleven of article five of the social services law. Organizations and in network, participating providers may negotiate different rates and methods of payments, however organizations shall pay no less than the equivalent of rates that would be paid for ambulatory behavioral health services pursuant to the medical assistance program under title eleven of article five of the social services law.

§ 5. This act shall take effect September 1, 2024 and shall apply to all policies and contracts issued, renewed, modified, altered or amended on or after such date.