

STATE OF NEW YORK

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2023-2024 Regular Sessions

IN ASSEMBLY

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Introduced by M. of A. McDONALD, WOERNER, STECK, SEAWRIGHT, SILLITTI --
read once and referred to the Committee on Insurance

AN ACT to amend the insurance law and the public health law, in relation
to exempting health care professionals from preauthorization require-
ments in certain circumstances

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

1 Section 1. Subsection (a) of section 4902 of the insurance law is
2 amended by adding a new paragraph 14 to read as follows:

3 (14) Establishment of an exemption from preauthorization requirements
4 for health care professionals providing health care services which shall
5 include that:

6 (i) an insurer that uses a preauthorization process for health care
7 services shall not require a health care professional to obtain preau-
8 thorization for a particular health care service if, in the most recent
9 six-month evaluation period, the insurer has approved not less than
10 ninety percent of the preauthorization requests submitted by such health
11 care professional for the particular health care service;

12 (ii) the insurer shall evaluate whether a health care professional
13 qualifies for an exemption from preauthorization requirements under
14 subparagraph (i) of this paragraph once every six months;

15 (iii) the insurer may continue an exemption under subparagraph (i) of
16 this paragraph without evaluating whether the health care professional
17 qualifies for the exemption for a particular evaluation period;

18 (iv) a health care professional shall not be required to request an
19 exemption to qualify for the exemption;

20 (v) a health care professional's exemption from preauthorization
21 requirements under subparagraph (i) of this paragraph shall remain in
22 effect until:

23 (A) the thirtieth day after the date the insurer notifies the health
24 care professional of the insurer's determination to rescind the

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

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1 exemption pursuant to subparagraph (vii) of this paragraph if the health
2 care professional does not appeal such determination; or

3 (B) where the health care professional appeals the determination and
4 the independent review organization affirms the insurer's determination
5 to rescind the exemption, the fifth day after the affirmation of such
6 determination;

7 (vi) where an insurer does not finalize a rescission determination as
8 specified in subparagraph (vii) of this paragraph, the health care
9 professional shall be considered to have met the criteria to continue to
10 qualify for the exemption and such exemption shall remain in effect
11 until the following evaluation period;

12 (vii) an insurer may rescind an exemption from preauthorization
13 requirements under subparagraph (i) of this paragraph only:

14 (A) during January or June of each year; and

15 (B) the insurer makes a determination, on the basis of a retrospective
16 review of a random sample of not fewer than five and no more than twenty
17 claims submitted by the health care professional during the most recent
18 evaluation period that less than ninety percent of the claims for the
19 particular health care service met the medical necessity criteria that
20 would have been used by the insurer when conducting preauthorization
21 review for the particular health care service during the relevant evalu-
22 ation period; and

23 (C) the insurer complies with all other applicable requirements of
24 this paragraph and the insurer notifies the health care professional not
25 less than twenty days before the proposed rescission is to take effect,
26 together with the sample of claims used to make the determination pursu-
27 ant to clause (B) of this subparagraph and a plain language explanation
28 of the health care professional's right to appeal such determination and
29 instructions on how to initiate such appeal;

30 (viii) notwithstanding any contrary provision of subparagraph (i) of
31 this paragraph, an insurer may deny an exemption from preauthorization
32 requirements:

33 (A) if the health care professional does not have the exemption at the
34 time of the relevant evaluation period; and

35 (B) the insurer provides the health care professional with actual
36 statistics and data for the relevant preauthorization request evaluation
37 period and detailed information sufficient to demonstrate that the
38 health care professional does not meet the criteria for an exemption
39 pursuant to subparagraph (i) of this paragraph for the particular health
40 care service;

41 (ix) after a final determination or review affirming the rescission or
42 denial of an exemption for a specific health care service under this
43 paragraph, a health care professional shall be eligible for consider-
44 ation of an exemption for the same health care service after the evalu-
45 ation period following the evaluation period which formed the basis of
46 the rescission or denial of an exemption;

47 (x) the insurer shall, not later than five days after qualifying for
48 an exemption pursuant to subparagraph (i) of this paragraph, provide to
49 a health care professional a notice that shall include:

50 (A) a statement that the health care professional qualifies for an
51 exemption pursuant to this paragraph;

52 (B) a description of the health care services to which such exemption
53 applies; and

54 (C) a statement of the duration that such exemption shall remain in
55 effect; and

(xi) in the event that the health care professional submits a preauthorization request for a health care service for which the health care professional qualifies for an exemption from preauthorization requirements under subparagraph (i) of this paragraph, the insurer shall promptly notify such health care professional that such health care professional has qualified for an exemption for such health care service in accordance with the requirements of subparagraph (x) of this paragraph.

(xii) Nothing in this paragraph may be construed to: (A) authorize a health care professional to provide a health care service outside the scope of such health care professional's applicable license; or (B) prohibit a health insurer from performing a retrospective review of the health care service pursuant to section forty-nine hundred three of this title.

§ 2. Subdivision 1 of section 4902 of the public health law is amended by adding a new paragraph (1) to read as follows:

(1) Establishment of an exemption from preauthorization requirements for health care professionals providing certain health care services which shall include that:

(i) a health care plan that uses a preauthorization process for health care services shall not require a health care professional to obtain preauthorization for a particular health care service if, in the most recent six-month evaluation period, the health care plan has approved not less than ninety percent of the preauthorization requests submitted by such health care professional for the particular health care service;

(ii) such health care plan shall evaluate whether a health care professional qualifies for an exemption from preauthorization requirements under subparagraph (i) of this paragraph once every six months;

(iii) the health care plan may continue an exemption under subparagraph (i) of this paragraph without evaluating whether the health care professional qualifies for the exemption for a particular evaluation period;

(iv) a health care professional shall not be required to request an exemption to qualify for the exemption under this paragraph;

(v) a health care professional's exemption from preauthorization requirements under subparagraph (i) of this paragraph shall remain in effect until:

(A) the thirtieth day after the date the health care plan notifies the health care professional of the health care plan's determination to rescind the exemption pursuant to subparagraph (vii) of this paragraph if the health care professional does not appeal such determination; or

(B) where the health care professional appeals the determination and the independent review organization affirms the health care plan's determination to rescind the exemption, the fifth day after the affirmation of such determination;

(vi) where a health care plan does not finalize a rescission determination as specified in subparagraph (vii) of this paragraph, the health care professional shall be considered to have met the criteria to continue to qualify for the exemption and such exemption shall remain in effect until the following evaluation period;

(vii) a health care plan may rescind an exemption from preauthorization requirements under subparagraph (i) of this paragraph only:

(A) during January or June of each year; and

(B) the health care plan makes a determination, on the basis of a retrospective review of a random sample of not fewer than five and no more than twenty claims submitted by the health care professional during

1 the most recent evaluation period that less than ninety percent of the
2 claims for the particular health care service met the medical necessity
3 criteria that would have been used by the health care plan when
4 conducting preauthorization review for the particular health care
5 service during the relevant evaluation period; and

6 (C) the health care plan complies with all other applicable require-
7 ments of this paragraph and the health care plan notifies the health
8 care professional not less than twenty days before the proposed rescis-
9 sion is to take effect, together with the sample of claims used to make
10 the determination pursuant to clause (B) of this subparagraph and a
11 plain language explanation of the health care professional's right to
12 appeal such determination and instructions on how to initiate such
13 appeal;

14 (viii) notwithstanding any contrary provision of subparagraph (i) of
15 this paragraph, a health care plan may deny an exemption from preauthor-
16 ization requirements:

17 (A) if the health care professional does not have the exemption at the
18 time of the relevant evaluation period; and

19 (B) the health care plan provides the health care professional with
20 actual statistics and data for the relevant preauthorization request
21 evaluation period and detailed information sufficient to demonstrate
22 that the health care professional does not meet the criteria for an
23 exemption pursuant to subparagraph (i) of this paragraph for the partic-
24 ular health care service;

25 (ix) after a final determination or review affirming the rescission or
26 denial of an exemption for a specific health care service under this
27 paragraph, a health care professional shall be eligible for consider-
28 ation of an exemption for the same health care service after the evalu-
29 ation period following the evaluation period which formed the basis of
30 the rescission or denial of an exemption;

31 (x) the health care plan shall, not later than five days after quali-
32 fying for an exemption pursuant to subparagraph (i) of this paragraph,
33 provide to a health care professional a notice that shall include:

34 (A) a statement that the health care professional qualifies for an
35 exemption pursuant to this paragraph;

36 (B) a description of the health care services to which such exemption
37 applies; and

38 (C) a statement of the duration that such exemption shall remain in
39 effect; and

40 (xi) in the event that the health care professional submits a preau-
41 thorization request for a health care service for which the health care
42 professional qualifies for an exemption from preauthorization require-
43 ments under subparagraph (i) of this paragraph, the health care plan
44 shall promptly notify such health care professional that such health
45 care professional has qualified for an exemption for such health care
46 service in accordance with the requirements of subparagraph (x) of this
47 paragraph.

48 (xii) Nothing in this paragraph shall be construed to: (A) authorize a
49 health care professional to provide a health care service outside the
50 scope of such health care professional's applicable license; or (B)
51 prohibit a health care plan from performing a retrospective review of
52 the health care service pursuant to section forty-nine hundred three of
53 this title.

54 § 3. This act shall take effect on the one hundred eightieth day after
55 it shall have become a law.