

STATE OF NEW YORK

1466

2023-2024 Regular Sessions

IN SENATE

January 12, 2023

Introduced by Sens. BRESLIN, ADDABBO, COONEY, GALLIVAN, HELMING, MANN-
ION, RIVERA, SANDERS, SEPULVEDA, SKOUFIS -- read twice and ordered
printed, and when printed to be committed to the Committee on Insur-
ance

AN ACT to amend the insurance law, in relation to payments to prehospi-
tal emergency medical services providers

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

Section 1. Section 3224-a of the insurance law is amended by adding a
new subsection (1) to read as follows:

(1) Payments to nonparticipating or nonpreferred providers of ambu-
lance services licensed under article thirty of the public health law.
(1) Whenever an insurer or an organization, or corporation licensed or
certified pursuant to article forty-three or forty-seven of this chapter
or article forty-four of the public health law provides that any health
care claims submitted under contracts or agreements issued or entered
into pursuant to this article or article forty-two, forty-three or
forty-seven of this chapter and article forty-four of the public health
law are payable to a participating or preferred provider of ambulance
services for services rendered, the insurer, organization, or corpo-
ration licensed or certified pursuant to article forty-three or forty-
seven of this chapter or article forty-four of the public health law
shall be required to pay such benefits either directly to any similarly
licensed nonparticipating or nonpreferred provider at the usual and
customary charge, which shall not be excessive or unreasonable, when the
provider has rendered such services, has on file a duly executed assign-
ment of benefits, and has caused notice of such assignment to be given
to the insurer, organization, or corporation licensed or certified
pursuant to article forty-three or forty-seven of this chapter or arti-
cle forty-four of the public health law or jointly to such nonpartic-
ipating or nonpreferred provider and to the insured, subscriber, or

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

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other covered person; provided, however, that in either case the insurer, organization, or corporation licensed or certified pursuant to article forty-three or forty-seven of this chapter or article forty-four of the public health law shall be required to send such benefit payments directly to the provider who has the assignment on file. When payment is made directly to a provider of ambulance services as authorized by this section, the insurer, organization, or corporation licensed or certified pursuant to article forty-three or forty-seven of this chapter or article forty-four of the public health law shall give written notice of such payment to the insured, subscriber, or other covered person.

(2) An insurer shall provide reimbursement for those services prescribed by this section at rates negotiated between the insurer and the provider of such services. In the absence of agreed upon rates, an insurer shall pay for such services at the usual and customary charge, which shall not be excessive or unreasonable.

(3) Nothing contained in this section shall be deemed to prohibit the payment of different levels of benefits or from having differences in coinsurance percentages applicable to benefit levels for services provided by participating or preferred providers and nonparticipating or nonpreferred providers.

The provisions of this section shall not apply to policies that do not include coverage for ambulance services.

§ 2. Subparagraphs (C) and (D) of paragraph 24 of subsection (i) of section 3216 of the insurance law, as added by chapter 506 of the laws of 2001, are amended to read as follows:

(C) An insurer shall provide reimbursement for those services prescribed by this section at rates negotiated between the insurer and the provider of such services. In the absence of agreed upon rates, an insurer shall pay for such services at the usual and customary charge, which shall not be excessive or unreasonable. The insurer shall send such payments directly to the provider of such ambulance services, if the ambulance service has on file an executed assignment of benefits form with the claim.

(D) The provisions of this paragraph shall have no application to transfers of patients between hospitals or health care facilities by an ambulance service as described in subparagraph (A) of this paragraph unless such services are covered under the policy.

§ 3. Subparagraphs (C) and (D) of paragraph 15 of subsection (l) of section 3221 of the insurance law, as added by chapter 506 of the laws of 2001, are amended to read as follows:

(C) An insurer shall provide reimbursement for those services prescribed by this section at rates negotiated between the insurer and the provider of such services. In the absence of agreed upon rates, an insurer shall pay for such services at the usual and customary charge, which shall not be excessive or unreasonable. The insurer shall send such payments directly to the provider of such ambulance services, if the ambulance service has on file an executed assignment of benefits form with the claim.

(D) The provisions of this paragraph shall have no application to transfers of patients between hospitals or health care facilities by an ambulance service as described in subparagraph (A) of this paragraph unless such services are covered under the policy.

§ 4. Paragraphs 3 and 4 of subsection (aa) of section 4303 of the insurance law, as added by chapter 506 of the laws of 2001, are amended to read as follows:

1 (3) An insurer shall provide reimbursement for those services
2 prescribed by this section at rates negotiated between the insurer and
3 the provider of such services. In the absence of agreed upon rates, an
4 insurer shall pay for such services at the usual and customary charge,
5 which shall not be excessive or unreasonable. The insurer shall send
6 such payments directly to the provider of such ambulance services, if
7 the ambulance service has on file an executed assignment of benefits
8 form with the claim.

9 (4) The provisions of this subsection shall have no application to
10 transfers of patients between hospitals or health care facilities by an
11 ambulance service as described in paragraph one of this subsection
12 unless such services are covered under the policy.

13 § 5. This act shall take effect January 1, 2025 and shall apply to
14 health care claims submitted for payment after such date.