STATE OF NEW YORK

2652

2023-2024 Regular Sessions

IN SENATE

January 23, 2023

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

AN ACT to amend the public health law and the social services law, in relation to allocating monies for dental health services in the medicaid managed care program, the child health insurance program, and the family health plus program

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

Section 1. Section 2511 of the public health law is amended by adding 2 a new subdivision 23 to read as follows:

23. Every approved organization that provides coverage for any dental service shall spend not less than eighty percent of the capitation or other state funds paid to the approved organization for dental services, whether as a premium or in any other form either directly or indirectly, 7 for the provision of dental services to patients by licensed dentists. In the event the approved organization spends less than eighty percent of the capitation or other state funds paid to it for dental services, 10 whether as a premium or in any other form either directly or indirectly, for the provision of dental services, the difference shall be returned 11 12 to the department. In no event shall more than twenty percent of the 13 capitation or other state funds paid to the approved organization for 14 dental services, whether as a premium or in any other form either 15 directly or indirectly, be spent by any approved organization on administrative services in lieu of dental services for patients. The depart-16 ment shall provide an approved organization with a certification letter 17 18 indicating the amount of capitation or other state funds paid for dental 19 services, whether as a premium or in any other form either directly or 20 indirectly, during each year pursuant to this section. 21

21 § 2. Section 364-j of the social services law is amended by adding a 22 new subdivision 40 to read as follows:

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

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40. Every managed care provider and managed care program that provides coverage for any dental service shall spend not less than eighty percent of the capitation or other state funds paid to the managed care provider or managed care program for dental services, whether as a premium or in any other form either directly or indirectly, for the provision of dental services to patients by licensed dentists. In the event the 7 managed care provider or managed care program spends less than eighty percent of the capitation or other state funds paid to it for dental 9 services, whether as a premium or in any other form either directly or 10 indirectly, for the provision of dental services, the difference shall 11 be returned to the department. In no event shall more than twenty 12 percent of the capitation or other state funds paid to the managed care provider or managed care program for dental services, whether as a 13 14 premium or in any other form either directly or indirectly, be spent by 15 any managed care provider or managed care program on administrative services in lieu of dental services for patients. The department shall 16 17 provide a managed care provider and managed care program with a certification letter indicating the amount of capitation or other state funds 18 paid for dental services, whether as a premium or in any other form 19 either directly or indirectly, during each year pursuant to this 20 21 section.

3. This act shall take effect on the first of January next succeeding the date on which it shall have become a law; provided, however, that the amendments to section 364-j of the social services law made by section two of this act shall not affect the repeal of such section and 26 shall be deemed repealed therewith.