

STATE OF NEW YORK

3683

2025-2026 Regular Sessions

IN ASSEMBLY

January 29, 2025

Introduced by M. of A. WOERNER, GLICK, BICHOTTE HERMELYN, WEPRIN -- read once and referred to the Committee on Insurance

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:

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

4 (3) a description of the records or information relied upon to calcu-
5 late any such payments and adjustments, including the date of service,
6 patient identification number, an identification of the service for
7 which the payment is made, the reimbursement paid by the insurer for the
8 service, and a description of how the provider can access a summary of
9 such calculations and adjustments;

10 (3-a) the permissible payment methods as check, direct deposit, debit
11 or credit card or online payment system, provided the health care
12 provider can access the payment in full, without encumbrances, costs,
13 charges, or fees, including a fee for replacement of a lost or stolen
14 check, under at least one payment method offered by the insurer;

15 (3-b) the advance written consent of a provider to the insurer for the
16 method of payment and to directly pay or deposit payments in a bank or
17 other financial institution of the provider's choosing;

18 (3-c) the insurer's annual obligation, beginning on the effective date
19 of this paragraph and continuing every first of January thereafter, to
20 provide the health care provider with an updated payment rate schedule;

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

24 (3) a description of the records or information relied upon to calcu-
25 late any such payments and adjustments, including the date of service,

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

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1 patient identification number, an identification of the service for
2 which the payment is made, the reimbursement paid by the corporation for
3 the service, and a description of how the provider can access a summary
4 of such calculations and adjustments;

5 (3-a) the permissible payment methods as check, direct deposit, debit
6 or credit card or online payment system, provided the health care
7 provider can access the payment in full, without encumbrances, costs,
8 charges, or fees, including a fee for replacement of a lost or stolen
9 check, under at least one payment method offered by the corporation;

10 (3-b) the advance written consent of a provider to the corporation for
11 the method of payment and to directly pay or deposit payments in a bank
12 or other financial institution of the provider's choosing;

13 (3-c) the corporation's annual obligation, beginning on the effective
14 date of this paragraph and continuing every first of January thereafter,
15 to provide the health care provider with an updated payment rate sched-
16 ule, including a description of any services bundled within a single
17 rate;

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

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

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

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

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

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