§ 5605. Review of health maintenance organization arbitration experience. No health maintenance organization shall offer enrollees the option of electing arbitration of claims pursuant to section forty-four hundred six-a of the public health law without notifying the superintendent of an intention to offer the arbitration option and obtaining the superintendent's approval. The superintendent shall approve such requests, subject to the limitations of this section and in a manner that allows for sufficient geographical and program diversity to permit an effective evaluation of the arbitration experience. The superintendent of financial services shall require health maintenance organizations to submit, on a quarterly basis, information concerning the numbers of enrollees who elect the arbitration option, along with such other information as the superintendent may require.
Notwithstanding the provisions of section forty-four hundred six-a of the public health law, no health maintenance organization shall permit new enrollees to elect the arbitration of claims after December first, nineteen hundred ninety-one or after such organizations have been notified by the superintendent that five hundred thousand persons have elected to arbitrate claims, whichever event first occurs. Within one hundred twenty days of such date or event, the superintendent shall submit a report to the governor and the legislature describing the experience of health maintenance organization enrollee arbitration and including any recommendations for the future of such program.