

2018 Legislative Session Addresses Bills Important to Physicians – Your Help is Needed!

Collective negotiation: S.3663 (Hannon)/A.4472 (Gottfried) - Would let independently practicing physicians collectively negotiate patient care terms with market-dominant health insurers, under close state supervision. Physicians would be able to push back against the insurers' draconian administrative hassles and would be in a better position to stay in independent practice. The bills are in the Senate Health Committee and the Assembly Ways and Means Committee. Please send a letter to your legislators in support. Click here: <https://cqrcengage.com/mssny/app/onestep-write-a-letter?2&engagementId=342513>

Due process for contract termination: S.3943 (Hannon)/A.2704 (Lavine) – Would provide necessary due-process protections, where a health insurer seeks to terminate a physician from its network by failing to renew his or her contract. The bill is on the Assembly floor and in the Senate Health Committee. Please send a letter in support. Click here: <https://cqrcengage.com/mssny/app/onestep-write-a-letter?10&engagementId=340313>

Out-of-network (OON) coverage: S.5675 (Hannon)/A.7671 (Rosenthal) – Would require health insurers to make out-of-network coverage options available through the New York Health Insurance Exchange. Currently, there are no out-of-network coverage options in the Exchange in downstate New York, even though Exchange officials have strongly encouraged insurers to offer these options. The bills are in the Senate Health and Assembly Insurance Committee. Please send a letter to your legislators in support. Click here: <https://cqrcengage.com/mssny/app/onestep-write-a-letter?6&engagementId=349773>

Prior authorization requirements: S.7872 (Hannon)/A.9588 (Gottfried) – Would reduce prior authorization hassles by (1) requiring health plans' utilization review criteria to be evidence-based and peer reviewed; (2) reducing the time frame for reviewing prior authorization requests from 3 business days to 48 hours (and to 24 hours for urgent situations); (3) assuring that a prior authorization, once given, would endure for the duration of the medication or treatment; (4) prohibiting mid-year prescription formulary changes; and (5) assuring that once a prior authorization were given, it could not be withdrawn if eligibility were confirmed on the day of the service. Click here: <https://cqrcengage.com/mssny/app/write-a-letter?7&engagementId=467173>