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MEMORANDUM IN OPPOSITION

FOR IMMEDIATE RELEASE: March 12, 2021

Re: S.2008 (Jackson)/A.1677 (Gottfried) AN ACT to amend the insurance law, in relation to requiring specification between partial approval of medical claims and a denial of medical claims on written notices to an insurer

This legislation, S.2008/A.1677, would require medical insurance notices to "conspicuously state" whether a claim or a bill has been partially approved or entirely denied. While the New York Health Plan Association (HPA) supports effort to provide consumers with information that assists and empowers them, HPA opposes this legislation as it is unnecessary, overly prescriptive and would be costly to implement.

The information required by the bill is already provided through individual plan procedures. Moreover, written communications to health plan members already must meet certain requirements, such as standards for reading comprehension and availability in multiple languages. Statutory requirements for how written notices be presented — including font size and style — would require costly systems changes.

Additionally, all health plans have member services departments that are designed to assist the plan's members with a variety of questions about the plan. Specially trained staff are available to help members with questions as simple as a member's co-payment or benefit coverage, to more complex issues including clarifying information on explanation of benefits notices and processes available for appealing a decision made by the doctor or the health plan. New York State has among the strongest health care consumer protection laws in the nation. This legislation will not materially increase those protections.

For all these reasons, we **OPPOSE** S.2008/A.1671.