



Morris Auster, Esq.

Senior Vice President /
Chief Legislative Counsel

Division of Governmental Affairs

MEMORANDUM IN SUPPORT

**ON ASSEMBLY HEALTH
COMMITTEE AGENDA**

A.6773 (PAULIN)

AN ACT to amend the public health law, in relation to removing the requirement that consent for the payment of medical services must occur after such services are administered

This legislation would amend Section 18-c of the Public Health Law to revise the timing for the requirement enacted in last year's State Budget that requires all health care practitioners and facilities to obtain a separate "consent for payment" from patients AFTER needed healthcare services are delivered. This bill would enable the consent to be received prior to treatment. **The Medical Society of the State of New York supports this legislation and urges its enactment.**

This legislation would help to fix a well-intended, but completely unworkable law that has been temporarily put "on hold" by the NYS Department of Health due to its impracticality of implementation. There are significant logistical challenges with requesting a patient leaving a medical office after receiving needed treatment to stop to sign a document. That is why historically consents and other paperwork have been requested of the patient when they enter the office, or before they even get to the office. Once the patient leaves the medical care setting, it is often difficult to secure the completion of needed paperwork.

Moreover, this new post-treatment consent requirement essentially conflicts with existing state and federal laws requiring disclosure of professional fees prior to patient services being delivered. Healthcare professionals are already required to provide information to patients regarding charges for service prior to the provision of non-emergency services, and it is unclear how these requirements can both be followed.

Adding to these challenges is that it is unclear which cohort of patients for whom these requirements are applicable. As challenging as it will be to implement this requirement for self-pay patients, it will be even more challenging when patients are insured, as most payors such as Medicare, NYSHIP and commercial health insurance require the physician to bill the patient for cost-sharing responsibilities that are not paid by the patient's health insurance plan. If the patient fails to sign the payment consent, would that mean that the healthcare professional cannot bill the patient for the applicable co-pay or deductible? That would be grossly unfair.

Given all these difficulties, this legislation to change the timing of the receipt of the consent should be enacted. Receiving the consent for payment prior to health care service delivery rather than after is more consonant with medical office workflow. If changes to this unworkable law are not made, and the existing law is required to be implemented, it could have a serious adverse impact on physicians and other care providers' ability to remain in practice to continue to deliver the care expected and deserved by patients.

Based upon the foregoing, the Medical Society of the State of New York supports this legislation and urges its enactment.

3/17/25
MMA – support

Respectfully submitted,

MSSNY DIVISION OF GOVERNMENTAL AFFAIRS