

2331--A

2013-2014 Regular Sessions

I N S E N A T E

January 16, 2013

Introduced by Sens. KLEIN, CARLUCCI, SAVINO, VALESKY -- read twice and ordered printed, and when printed to be committed to the Committee on Insurance -- recommitted to the Committee on Insurance in accordance with Senate Rule 6, sec. 8 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the insurance law and the public health law, in relation to making actuarially appropriate reductions in health insurance premiums in return for an enrollee's or insured's participation in a qualified wellness program

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. Section 3231 of the insurance law, as added by chapter 501
2 of the laws of 1992, is amended by adding a new subsection (c-1) to read
3 as follows:
4 (C-1) SUBJECT TO THE APPROVAL OF THE SUPERINTENDENT, AN INSURER OR
5 HEALTH MAINTENANCE ORGANIZATION ISSUING AN INDIVIDUAL OR GROUP HEALTH
6 INSURANCE POLICY PURSUANT TO THIS SECTION MAY PROVIDE FOR AN ACTUARIALLY
7 APPROPRIATE REDUCTION IN PREMIUM RATES OR OTHER BENEFITS OR ENHANCEMENTS
8 APPROVED BY THE SUPERINTENDENT TO ENCOURAGE AN ENROLLEE'S OR INSURED'S
9 ACTIVE PARTICIPATION IN A QUALIFIED WELLNESS PROGRAM. A QUALIFIED WELL-
10 NESS PROGRAM CAN BE A RISK MANAGEMENT SYSTEM THAT IDENTIFIES AT-RISK
11 POPULATIONS OR ANY OTHER SYSTEMATIC PROGRAM OR COURSE OF MEDICAL CONDUCT
12 WHICH HELPS TO PROMOTE PHYSICAL AND MENTAL FITNESS, HEALTH AND WELL-BE-
13 ING, HELPS TO PREVENT OR MITIGATE THE CONDITIONS OF ACUTE OR CHRONIC
14 SICKNESS, DISEASE OR PAIN, OR WHICH MINIMIZES ADVERSE HEALTH CONSE-
15 QUENCES DUE TO LIFESTYLE. SUCH A WELLNESS PROGRAM MAY HAVE SOME OR ALL
16 OF THE FOLLOWING ELEMENTS TO ADVANCE THE PHYSICAL HEALTH AND MENTAL
17 WELL-BEING OF ITS PARTICIPANTS:
18 (1) AN EDUCATION PROGRAM TO INCREASE THE AWARENESS OF AND DISSEM-
19 INATION OF INFORMATION ABOUT PURSUING HEALTHIER LIFESTYLES, AND WHICH
20 WARNS ABOUT RISKS OF PURSUING ENVIRONMENTAL OR BEHAVIORAL ACTIVITIES

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

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1 THAT ARE DETRIMENTAL TO HUMAN HEALTH. IN ADDITION, INFORMATION ON THE
2 AVAILABILITY OF HEALTH SCREENING TESTS TO ASSIST IN THE EARLY IDENTIFI-
3 CATION AND TREATMENT OF DISEASES SUCH AS CANCER, HEART DISEASE, HYPER-
4 TENSION, DIABETES, ASTHMA, OBESITY OR OTHER ADVERSE HEALTH AFFLICTIONS;

5 (2) A PROGRAM THAT ENCOURAGES BEHAVIORAL PRACTICES THAT EITHER ENCOUR-
6 AGES HEALTHY LIVING ACTIVITIES OR DISCOURAGES UNHEALTHY LIVING ACTIV-
7 ITIES. SUCH ACTIVITIES OR PRACTICES MAY INCLUDE WELLNESS PROGRAMS, AS
8 PROVIDED UNDER SECTION THREE THOUSAND TWO HUNDRED THIRTY-NINE OF THIS
9 ARTICLE; AND

10 (3) THE MONITORING OF THE PROGRESS OF EACH COVERED PERSON TO TRACK HIS
11 OR HER ADHERENCE TO SUCH WELLNESS PROGRAM AND TO PROVIDE ASSISTANCE AND
12 MORAL SUPPORT TO SUCH COVERED PERSON TO ASSIST HIM OR HER TO ATTAIN THE
13 GOALS OF THE COVERED PERSON'S WELLNESS PROGRAM.

14 SUCH WELLNESS PROGRAM SHALL DEMONSTRATE ACTUARIALLY THAT IT ENCOURAGES
15 THE GENERAL GOOD HEALTH AND WELL-BEING OF THE COVERED POPULATION. THE
16 INSURER OR HEALTH MAINTENANCE ORGANIZATION SHALL NOT REQUIRE SPECIFIC
17 OUTCOMES AS A RESULT OF AN ENROLLEE'S OR INSURED'S ADHERENCE TO THE
18 APPROVED WELLNESS PROGRAM.

19 S 2. Subsections (b) and (c) of section 3239 of the insurance law, as
20 added by chapter 592 of the laws of 2008, paragraphs 6 and 7 of
21 subsection (b) and subparagraph (C) and (D) of paragraph 2 of subsection
22 (c) as amended, and paragraph 8 of subsection (b) and subparagraph (E)
23 and (F) of paragraph 2 of subsection (c) as added by chapter 519 of the
24 laws of 2013, are amended to read as follows:

25 (b) A wellness program may include, but is not limited to, the follow-
26 ing programs or services:

- 27 (1) the use of a health risk assessment tool;
- 28 (2) a smoking cessation program;
- 29 (3) a weight management program;
- 30 (4) a stress AND/OR HYPERTENSION management program;
- 31 (5) a worker injury prevention program;
- 32 (6) a nutrition education program;
- 33 (7) health or fitness incentive programs; [and]
- 34 (8) a coordinated weight management, nutrition, stress management and
35 physical fitness program to combat the high incidence of adult and
36 childhood obesity, asthma and other chronic respiratory conditions[.];
- 37 (9) A SUBSTANCE OR ALCOHOL ABUSE CESSATION PROGRAM; AND
- 38 (10) A PROGRAM TO MANAGE AND COPE WITH CHRONIC PAIN.

39 (c)(1) A wellness program may use rewards and incentives for partic-
40 ipation provided that where the group health insurance policy or
41 subscriber contract is required to be community-rated, the rewards and
42 incentives shall not include a discounted premium rate or a rebate or
43 refund of premium, EXCEPT AS PROVIDED IN SECTION THREE THOUSAND TWO
44 HUNDRED THIRTY-ONE OF THIS ARTICLE, OR SECTION FOUR THOUSAND TWO HUNDRED
45 THIRTY-FIVE, FOUR THOUSAND THREE HUNDRED SEVENTEEN OR FOUR THOUSAND
46 THREE HUNDRED TWENTY-SIX OF THIS CHAPTER, OR SECTION FORTY-FOUR HUNDRED
47 FIVE OF THE PUBLIC HEALTH LAW.

48 (2) Permissible rewards and incentives MAY include:

49 (A) full or partial reimbursement of the cost of participating in
50 smoking cessation [or], weight management, STRESS AND/OR HYPERTENSION,
51 WORKER INJURY PREVENTION, NUTRITION EDUCATION, SUBSTANCE OR ALCOHOL
52 ABUSE CESSATION, OR CHRONIC PAIN MANAGEMENT AND COPING programs;

53 (B) full or partial reimbursement of the cost of membership in a
54 health club or fitness center;

(C) the waiver or reduction of copayments, coinsurance and deductibles for preventive services covered under the group policy or subscriber contract;

(D) monetary rewards in the form of gift cards or gift certificates, so long as the recipient of the reward is encouraged to use the reward for a product or a service that promotes good health, such as healthy cook books, over the counter vitamins or exercise equipment;

(E) full or partial reimbursement of the cost of participating in a stress management program or activity; and

(F) full or partial reimbursement of the cost of participating in a health or fitness program.

(3) Where the reward involves a group member's meeting a specified standard based on a health condition, the wellness program must meet the requirements of 45 CFR Part 146.

(4) A reward or incentive which involves a discounted premium rate or a rebate or refund of premium shall be based on actuarial demonstration that the wellness program can reasonably be expected to result in the overall good health and well being of the group AS PROVIDED IN SECTION THREE THOUSAND TWO HUNDRED THIRTY-ONE OF THIS ARTICLE, SECTIONS FOUR THOUSAND TWO HUNDRED THIRTY-FIVE, FOUR THOUSAND THREE HUNDRED SEVENTEEN AND FOUR THOUSAND THREE HUNDRED TWENTY-SIX OF THIS CHAPTER, AND SECTION FORTY-FOUR HUNDRED FIVE OF THE PUBLIC HEALTH LAW.

S 3. Subsection (h) of section 4235 of the insurance law is amended by adding a new paragraph 5 to read as follows:

(5) EACH INSURER DOING BUSINESS IN THIS STATE, WHEN FILING WITH THE SUPERINTENDENT ITS SCHEDULES OF PREMIUM RATES, RULES AND CLASSIFICATION OF RISKS FOR USE IN CONNECTION WITH THE ISSUANCE OF ITS POLICIES OF GROUP ACCIDENT, GROUP HEALTH OR GROUP ACCIDENT AND HEALTH INSURANCE, MAY PROVIDE FOR AN ACTUARIALLY APPROPRIATE REDUCTION IN PREMIUM RATES OR OTHER BENEFITS OR ENHANCEMENTS APPROVED BY THE SUPERINTENDENT TO ENCOURAGE AN ENROLLEE'S OR INSURED'S ACTIVE PARTICIPATION IN A QUALIFIED WELLNESS PROGRAM. A QUALIFIED WELLNESS PROGRAM CAN BE A RISK MANAGEMENT SYSTEM THAT IDENTIFIES AT-RISK POPULATIONS OR ANY OTHER SYSTEMATIC PROGRAM OR COURSE OF MEDICAL CONDUCT WHICH HELPS TO PROMOTE PHYSICAL AND MENTAL FITNESS, HEALTH AND WELL-BEING, HELPS TO PREVENT OR MITIGATE THE CONDITIONS OF ACUTE OR CHRONIC SICKNESS, DISEASE OR PAIN, OR WHICH MINIMIZES ADVERSE HEALTH CONSEQUENCES DUE TO LIFESTYLE. SUCH A WELLNESS PROGRAM MAY HAVE SOME OR ALL OF THE FOLLOWING ELEMENTS TO ADVANCE THE PHYSICAL HEALTH AND MENTAL WELL-BEING OF ITS PARTICIPANTS:

(A) AN EDUCATION PROGRAM TO INCREASE THE AWARENESS OF AND DISSEMINATION OF INFORMATION ABOUT PURSUING HEALTHIER LIFESTYLES, AND WHICH WARNS ABOUT RISKS OF PURSUING ENVIRONMENTAL OR BEHAVIORAL ACTIVITIES THAT ARE DETRIMENTAL TO HUMAN HEALTH. IN ADDITION, INFORMATION ON THE AVAILABILITY OF HEALTH SCREENING TESTS TO ASSIST IN THE EARLY IDENTIFICATION AND TREATMENT OF DISEASES SUCH AS CANCER, HEART DISEASE, HYPERTENSION, DIABETES, ASTHMA, OBESITY OR OTHER ADVERSE HEALTH AFFLICTIONS;

(B) A PROGRAM THAT ENCOURAGES BEHAVIORAL PRACTICES THAT EITHER ENCOURAGES HEALTHY LIVING ACTIVITIES OR DISCOURAGES UNHEALTHY LIVING ACTIVITIES. SUCH ACTIVITIES OR PRACTICES MAY INCLUDE WELLNESS PROGRAMS, AS PROVIDED UNDER SECTION THREE THOUSAND TWO HUNDRED THIRTY-NINE OF THIS CHAPTER;

(C) THE MONITORING OF THE PROGRESS OF EACH COVERED PERSON TO TRACK HIS OR HER ADHERENCE TO SUCH WELLNESS PROGRAM AND TO PROVIDE ASSISTANCE AND MORAL SUPPORT TO SUCH COVERED PERSON TO ASSIST HIM OR HER TO ATTAIN THE GOALS OF THE COVERED PERSON'S WELLNESS PROGRAM.

1 SUCH WELLNESS PROGRAM SHALL DEMONSTRATE ACTUARIALLY THAT IT ENCOURAGES
2 THE GENERAL GOOD HEALTH AND WELL-BEING OF THE COVERED POPULATION. THE
3 INSURER OR HEALTH MAINTENANCE ORGANIZATION SHALL NOT REQUIRE SPECIFIC
4 OUTCOMES AS A RESULT OF AN ENROLLEE'S OR INSURED'S ADHERENCE TO THE
5 APPROVED WELLNESS PROGRAM.

6 S 4. Section 4317 of the insurance law is amended by adding a new
7 subsection (c-1) to read as follows:

8 (C-1) SUBJECT TO THE APPROVAL OF THE SUPERINTENDENT, AN INSURER OR
9 HEALTH MAINTENANCE ORGANIZATION ISSUING AN INDIVIDUAL OR GROUP HEALTH
10 INSURANCE CONTRACT PURSUANT TO THIS SECTION MAY PROVIDE FOR AN ACTUARI-
11 ALLY APPROPRIATE REDUCTION IN PREMIUM RATES OR OTHER BENEFITS OR
12 ENHANCEMENTS APPROVED BY THE SUPERINTENDENT TO ENCOURAGE AN ENROLLEE'S
13 OR INSURED'S ACTIVE PARTICIPATION IN A QUALIFIED WELLNESS PROGRAM. A
14 QUALIFIED WELLNESS PROGRAM CAN BE A RISK MANAGEMENT SYSTEM THAT IDENTI-
15 FIES AT-RISK POPULATIONS OR ANY OTHER SYSTEMATIC PROGRAM OR COURSE OF
16 MEDICAL CONDUCT WHICH HELPS TO PROMOTE PHYSICAL AND MENTAL FITNESS,
17 HEALTH AND WELL-BEING, HELPS TO PREVENT OR MITIGATE THE CONDITIONS OF
18 ACUTE OR CHRONIC SICKNESS, DISEASE OR PAIN, OR WHICH MINIMIZES ADVERSE
19 HEALTH CONSEQUENCES DUE TO LIFESTYLE. SUCH A WELLNESS PROGRAM MAY HAVE
20 SOME OR ALL OF THE FOLLOWING ELEMENTS TO ADVANCE THE PHYSICAL HEALTH AND
21 MENTAL WELL-BEING OF ITS PARTICIPANTS:

22 (1) AN EDUCATION PROGRAM TO INCREASE THE AWARENESS OF AND DISSEM-
23 INATION OF INFORMATION ABOUT PURSUING HEALTHIER LIFESTYLES, AND WHICH
24 WARNS ABOUT RISKS OF PURSUING ENVIRONMENTAL OR BEHAVIORAL ACTIVITIES
25 THAT ARE DETRIMENTAL TO HUMAN HEALTH. IN ADDITION, INFORMATION ON THE
26 AVAILABILITY OF HEALTH SCREENING TESTS TO ASSIST IN THE EARLY IDENTIFI-
27 CATION AND TREATMENT OF DISEASES SUCH AS CANCER, HEART DISEASE, HYPER-
28 TENSION, DIABETES, ASTHMA, OBESITY OR OTHER ADVERSE HEALTH AFFLICTIONS;

29 (2) A PROGRAM THAT ENCOURAGES BEHAVIORAL PRACTICES THAT EITHER ENCOUR-
30 AGES HEALTHY LIVING ACTIVITIES OR DISCOURAGES UNHEALTHY LIVING ACTIV-
31 ITIES. SUCH ACTIVITIES OR PRACTICES MAY INCLUDE WELLNESS PROGRAMS, AS
32 PROVIDED UNDER SECTION THREE THOUSAND TWO HUNDRED THIRTY-NINE OF THIS
33 CHAPTER; AND

34 (3) THE MONITORING OF THE PROGRESS OF EACH COVERED PERSON TO TRACK HIS
35 OR HER ADHERENCE TO SUCH WELLNESS PROGRAM AND TO PROVIDE ASSISTANCE AND
36 MORAL SUPPORT TO SUCH COVERED PERSON TO ASSIST HIM OR HER TO ATTAIN THE
37 GOALS OF THE COVERED PERSON'S WELLNESS PROGRAM.

38 SUCH WELLNESS PROGRAM SHALL DEMONSTRATE ACTUARIALLY THAT IT ENCOURAGES
39 THE GENERAL GOOD HEALTH AND WELL-BEING OF THE COVERED POPULATION. THE
40 INSURER OR HEALTH MAINTENANCE ORGANIZATION SHALL NOT REQUIRE SPECIFIC
41 OUTCOMES AS A RESULT OF AN ENROLLEE'S OR INSURED'S ADHERENCE TO THE
42 APPROVED WELLNESS PROGRAM.

43 S 5. Subsection (m) of section 4326 of the insurance law is amended by
44 adding a new paragraph 4 to read as follows:

45 (4) APPROVAL OF THE SUPERINTENDENT, AN INSURER OR HEALTH MAINTENANCE
46 ORGANIZATION ISSUING A CONTRACT FOR QUALIFYING SMALL EMPLOYERS OR INDIV-
47 IDUALS PURSUANT TO THIS SECTION MAY PROVIDE FOR AN ACTUARIALLY APPRO-
48 PRIATE REDUCTION IN PREMIUM RATES OR OTHER BENEFITS OR ENHANCEMENTS
49 APPROVED BY THE SUPERINTENDENT TO ENCOURAGE AN ENROLLEE'S OR INSURED'S
50 ACTIVE PARTICIPATION IN A QUALIFIED WELLNESS PROGRAM. A QUALIFIED WELL-
51 NESS PROGRAM CAN BE A RISK MANAGEMENT SYSTEM THAT IDENTIFIES AT-RISK
52 POPULATIONS OR ANY OTHER SYSTEMATIC PROGRAM OR COURSE OF MEDICAL CONDUCT
53 WHICH HELPS TO PROMOTE PHYSICAL AND MENTAL FITNESS, HEALTH AND WELL-BE-
54 ING, HELPS TO PREVENT OR MITIGATE THE CONDITIONS OF ACUTE OR CHRONIC
55 SICKNESS, DISEASE OR PAIN, OR WHICH MINIMIZES ADVERSE HEALTH CONSE-
56 QUENCES DUE TO LIFESTYLE. SUCH A WELLNESS PROGRAM MAY HAVE SOME OR ALL

1 OF THE FOLLOWING ELEMENTS TO ADVANCE THE PHYSICAL HEALTH AND MENTAL
2 WELL-BEING OF ITS PARTICIPANTS:

3 (1) AN EDUCATION PROGRAM TO INCREASE THE AWARENESS OF AND DISSEM-
4 INATION OF INFORMATION ABOUT PURSUING HEALTHIER LIFESTYLES, AND WHICH
5 WARNS ABOUT RISKS OF PURSUING ENVIRONMENTAL OR BEHAVIORAL ACTIVITIES
6 THAT ARE DETRIMENTAL TO HUMAN HEALTH. IN ADDITION, INFORMATION ON THE
7 AVAILABILITY OF HEALTH SCREENING TESTS TO ASSIST IN THE EARLY IDENTIFI-
8 CATION AND TREATMENT OF DISEASES SUCH AS CANCER, HEART DISEASE, HYPER-
9 TENSION, DIABETES, ASTHMA, OBESITY OR OTHER ADVERSE HEALTH AFFLICTIONS;

10 (2) A PROGRAM THAT ENCOURAGES BEHAVIORAL PRACTICES THAT EITHER ENCOUR-
11 AGES HEALTHY LIVING ACTIVITIES OR DISCOURAGES UNHEALTHY LIVING ACTIV-
12 ITIES. SUCH ACTIVITIES OR PRACTICES MAY INCLUDE WELLNESS PROGRAMS, AS
13 PROVIDED UNDER SECTION THREE THOUSAND TWO HUNDRED THIRTY-NINE OF THIS
14 CHAPTER; AND

15 (3) THE MONITORING OF THE PROGRESS OF EACH COVERED PERSON TO TRACK HIS
16 OR HER ADHERENCE TO SUCH WELLNESS PROGRAM AND TO PROVIDE ASSISTANCE AND
17 MORAL SUPPORT TO SUCH COVERED PERSON TO ASSIST HIM OR HER TO ATTAIN THE
18 GOALS OF THE COVERED PERSON'S WELLNESS PROGRAM.

19 SUCH WELLNESS PROGRAM SHALL DEMONSTRATE ACTUARIALLY THAT IT ENCOURAGES
20 THE GENERAL GOOD HEALTH AND WELL-BEING OF THE COVERED POPULATION. THE
21 INSURER OR HEALTH MAINTENANCE ORGANIZATION SHALL NOT REQUIRE SPECIFIC
22 OUTCOMES AS A RESULT OF AN ENROLLEE'S OR INSURED'S ADHERENCE TO THE
23 APPROVED WELLNESS PROGRAM.

24 S 6. Section 4405 of the public health law is amended by adding a new
25 subdivision 5-a to read as follows:

26 5-A. SUBJECT TO THE APPROVAL OF THE SUPERINTENDENT OF FINANCIAL
27 SERVICES, THE POSSIBLE PROVIDING OF AN ACTUARIALLY APPROPRIATE REDUCTION
28 IN PREMIUM RATES OR OTHER BENEFITS OR ENHANCEMENTS APPROVED BY THE
29 SUPERINTENDENT OF FINANCIAL SERVICES TO ENCOURAGE AN ENROLLEE'S ACTIVE
30 PARTICIPATION IN A QUALIFIED WELLNESS PROGRAM. A QUALIFIED WELLNESS
31 PROGRAM CAN BE A RISK MANAGEMENT SYSTEM THAT IDENTIFIES AT-RISK POPU-
32 LATIONS OR ANY OTHER SYSTEMATIC PROGRAM OR COURSE OF MEDICAL CONDUCT
33 WHICH HELPS TO PROMOTE PHYSICAL AND MENTAL FITNESS, HEALTH AND WELL-BE-
34 ING, HELPS TO PREVENT OR MITIGATE THE CONDITIONS OF ACUTE OR CHRONIC
35 SICKNESS, DISEASE OR PAIN, OR WHICH MINIMIZES ADVERSE HEALTH CONSE-
36 QUENCES DUE TO LIFESTYLE. SUCH A WELLNESS PROGRAM MAY HAVE SOME OR ALL
37 OF THE FOLLOWING ELEMENTS TO ADVANCE THE PHYSICAL HEALTH AND MENTAL
38 WELL-BEING OF ITS PARTICIPANTS:

39 (1) AN EDUCATION PROGRAM TO INCREASE THE AWARENESS OF AND DISSEM-
40 INATION OF INFORMATION ABOUT PURSUING HEALTHIER LIFESTYLES, AND WHICH
41 WARNS ABOUT RISKS OF PURSUING ENVIRONMENTAL OR BEHAVIORAL ACTIVITIES
42 THAT ARE DETRIMENTAL TO HUMAN HEALTH. IN ADDITION, INFORMATION ON THE
43 AVAILABILITY OF HEALTH SCREENING TESTS TO ASSIST IN THE EARLY IDENTIFI-
44 CATION AND TREATMENT OF DISEASES SUCH AS CANCER, HEART DISEASE, HYPER-
45 TENSION, DIABETES, ASTHMA, OBESITY OR OTHER ADVERSE HEALTH AFFLICTIONS;

46 (2) A PROGRAM THAT ENCOURAGES BEHAVIORAL PRACTICES THAT EITHER ENCOUR-
47 AGES HEALTHY LIVING ACTIVITIES OR DISCOURAGES UNHEALTHY LIVING ACTIV-
48 ITIES. SUCH ACTIVITIES OR PRACTICES MAY INCLUDE WELLNESS PROGRAMS, AS
49 PROVIDED UNDER SECTION THREE THOUSAND TWO HUNDRED THIRTY-NINE OF THE
50 INSURANCE LAW; AND

51 (3) THE MONITORING OF THE PROGRESS OF EACH COVERED PERSON TO TRACK HIS
52 OR HER ADHERENCE TO SUCH WELLNESS PROGRAM AND TO PROVIDE ASSISTANCE AND
53 MORAL SUPPORT TO SUCH COVERED PERSON TO ASSIST HIM OR HER TO ATTAIN THE
54 GOALS OF THE COVERED PERSON'S WELLNESS PROGRAM.

55 SUCH WELLNESS PROGRAM SHALL DEMONSTRATE ACTUARIALLY THAT IT ENCOURAGES
56 THE GENERAL GOOD HEALTH AND WELL-BEING OF THE COVERED POPULATION. THE

1 HEALTH MAINTENANCE ORGANIZATION SHALL NOT REQUIRE SPECIFIC OUTCOMES AS A
2 RESULT OF AN ENROLLEE'S ADHERENCE TO THE APPROVED WELLNESS PROGRAM;
3 S 7. This act shall take effect on the one hundred eightieth day after
4 it shall have become a law; provided that, effective immediately any
5 rules and regulations necessary to implement the provisions of this act
6 on its effective date are authorized and directed to be added, amended
7 and/or repealed on or before such date.