S T A T E  O F  N E W  Y O R K

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2009-2010 Regular Sessions

I N  S E N A T E

(PREFILED)

January 7, 2009

Introduced by Sen. KRUGER -- read twice and ordered printed, and when printed to be committed to the Committee on Investigations and Government Operations

AN ACT to amend the legislative law, in relation to cost/benefit analysis for mandated health insurance benefit bills

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

Section 1. The legislative law is amended by adding a new section 54-b to read as follows:

S 54-B. COST/BENEFIT ANALYSIS FOR MANDATED HEALTH INSURANCE BENEFIT BILLS. 1. FOR THE PURPOSE OF THIS SECTION, THE TERM "MANDATED HEALTH INSURANCE BENEFIT BILL" MEANS A BILL WHICH MANDATES HEALTH INSURANCE COVERAGE OR THE OFFERING OF HEALTH INSURANCE COVERAGE FOR SPECIFIC HEALTH SERVICES, HEALTH CARE PROVIDERS OR DISEASES AS A PART OF AN INDIVIDUAL ACCIDENT AND HEALTH INSURANCE POLICY, A GROUP OR BLANKET ACCIDENT AND HEALTH INSURANCE POLICY, OR A MEDICAL OR DENTAL EXPENSE INDEMNITY, HEALTH SERVICE OR HOSPITAL SERVICE CONTRACT.

2. THE LEGISLATURE SHALL BY CONCURRENT RESOLUTION OF THE SENATE AND ASSEMBLY PRESCRIBE RULES REQUIRING INDEPENDENT COST/BENEFIT ANALYSES TO ACCOMPANY, ON A SEPARATE FORM, MANDATED HEALTH INSURANCE BILLS AND AMENDMENTS TO SUCH BILLS.

3. SUCH COST/BENEFIT ANALYSIS SHALL BE PREPARED BY THE DEPARTMENT OF INSURANCE AND, TO THE EXTENT THAT SUCH INFORMATION IS AVAILABLE, SHALL INCLUDE, BUT NOT BE LIMITED TO, INFORMATION REGARDING:

A. THE EXTENT TO WHICH THE MEDICAL CARE ADDRESSED IN THE BILL IS AVAILABLE TO AND UTILIZED BY A SIGNIFICANT PORTION OF THE POPULATION;

B. THE EXTENT TO WHICH INSURANCE COVERAGE FOR SUCH MEDICAL CARE IS ALREADY AVAILABLE;

C. IF COVERAGE IS NOT GENERALLY AVAILABLE, THE EXTENT TO WHICH SUCH LACK OF COVERAGE MAY RESULT IN AN INDIVIDUAL NOT RECEIVING NECESSARY

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

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MEDICAL CARE OR INCURRING UNDUE FINANCIAL HARDSHIP UPON RECEIVING SUCH CARE;

D. THE LEVEL OF PUBLIC DEMAND FROM INDIVIDUALS AND/OR PROVIDERS FOR SUCH MEDICAL CARE AND FOR INSURANCE COVERAGE FOR SUCH MEDICAL CARE;

E. THE LEVEL OF INTEREST OF COLLECTIVE BARGAINING ORGANIZATIONS IN NEGOTIATING INCLUSION OF SUCH COVERAGE IN GROUP CONTRACTS;

F. ANY ALTERNATIVES WHICH MEET THE NEED FOR COVERAGE OF SUCH MEDICAL CARE;

G. THE EXTENT TO WHICH SUCH MANDATED COVERAGE MIGHT HAVE AN IMPACT UPON THE COST OF AND THE UTILIZATION LEVEL FOR SUCH MEDICAL CARE IN THE FUTURE;

H. THE EXTENT TO WHICH SUCH MANDATED COVERAGE MIGHT SERVE AS AN ALTERNATIVE TO MORE EXPENSIVE OR LESS EXPENSIVE MEDICAL CARE;

I. THE EXTENT TO WHICH SUCH MANDATED COVERAGE MIGHT AFFECT THE NUMBER AND TYPES OF PROVIDERS OF SUCH MEDICAL CARE IN THE FUTURE;

J. THE EXTENT TO WHICH SUCH MANDATED COVERAGE MIGHT HAVE AN IMPACT UPON THE COST OF INSURANCE PREMIUMS AND/OR ADMINISTRATIVE EXPENSES TO INSUREDS, EMPLOYERS AND INSURERS;

K. THE IMPACT THAT SUCH MANDATED COVERAGE MIGHT HAVE ON THE TOTAL COST OF HEALTH CARE; AND

L. THE EXPERIENCE OF OTHER STATES WHICH HAVE ENACTED A SIMILAR BILL INTO LAW.

4. THE SUPERINTENDENT OF INSURANCE SHALL PROMULGATE RULES AND REGULATIONS NECESSARY FOR THE IMPLEMENTATION OF THIS SECTION.

5. AT THE DISCRETION OF THE SUPERINTENDENT OF INSURANCE, PUBLIC HEARINGS MAY BE CONVENED FOR THE PURPOSE OF GATHERING INFORMATION NECESSARY FOR HIS OR HER COMPLIANCE WITH THE ANALYSIS REQUIREMENTS OF SUBDIVISIONS TWO AND THREE OF THIS SECTION.

6. IF THE COST/BENEFIT ANALYSIS OF A MANDATED HEALTH INSURANCE BENEFIT BILL IS INACCURATE, SUCH INACCURACY SHALL NOT AFFECT, IMPAIR OR INVALIDATE SUCH BILL.

S 2. This act shall take effect on the one hundred twentieth day after it shall have become a law; provided, however, that the superintendent of insurance is hereby authorized to promulgate rules and regulations necessary to effectuate the provisions of this act on or before such effective date.