199

2009-2010 Regular Sessions

IN SENATE

(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:

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- 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:
- 18 A. THE EXTENT TO WHICH THE MEDICAL CARE ADDRESSED IN THE BILL IS 19 AVAILABLE TO AND UTILIZED BY A SIGNIFICANT PORTION OF THE POPULATION;
- 20 B. THE EXTENT TO WHICH INSURANCE COVERAGE FOR SUCH MEDICAL CARE IS 21 ALREADY AVAILABLE;
- 22 C. IF COVERAGE IS NOT GENERALLY AVAILABLE, THE EXTENT TO WHICH SUCH 23 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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1 MEDICAL CARE OR INCURRING UNDUE FINANCIAL HARDSHIP UPON RECEIVING SUCH 2 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;
- 9 G. THE EXTENT TO WHICH SUCH MANDATED COVERAGE MIGHT HAVE AN IMPACT 10 UPON THE COST OF AND THE UTILIZATION LEVEL FOR SUCH MEDICAL CARE IN THE 11 FUTURE;
- 12 H. THE EXTENT TO WHICH SUCH MANDATED COVERAGE MIGHT SERVE AS AN ALTER-13 NATIVE 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;
- 16 J. THE EXTENT TO WHICH SUCH MANDATED COVERAGE MIGHT HAVE AN IMPACT 17 UPON THE COST OF INSURANCE PREMIUMS AND/OR ADMINISTRATIVE EXPENSES TO 18 INSUREDS, EMPLOYERS AND INSURERS;
 - K. THE IMPACT THAT SUCH MANDATED COVERAGE MIGHT HAVE ON THE TOTAL COST OF HEALTH CARE; AND
- 21 L. THE EXPERIENCE OF OTHER STATES WHICH HAVE ENACTED A SIMILAR BILL 22 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 HEAR-INGS 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 INVALIBLE DATE SUCH BILL.
- 32 S 2. This act shall take effect on the one hundred twentieth day after 33 it shall have become a law; provided, however, that the superintendent 34 of insurance is hereby authorized to promulgate rules and regulations 35 necessary to effectuate the provisions of this act on or before such 36 effective date.