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

3535

2009-2010 Regular Sessions

I N A S S E M B L Y

January 27, 2009

Introduced by M. of A. BRADLEY -- read once and referred to the Committee on Insurance

AN ACT to amend the public authorities law, in relation to establishing the New York state health insurance authority

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

Section 1. Article 8 of the public authorities law is amended by adding a new title 20 to read as follows:

TITLE 20

NEW YORK STATE HEALTH INSURANCE AUTHORITY

SECTION 2489-A. SHORT TITLE.
2489-B. STATEMENT OF LEGISLATIVE FINDINGS.
2489-C. NEW YORK STATE HEALTH INSURANCE AUTHORITY.
2489-D. GENERAL PURPOSES AND POWERS OF THE AUTHORITY.
2489-E. REPORT AND RECOMMENDATIONS OF THE NEW YORK STATE HEALTH INSURANCE AUTHORITY.

S 2489-A. SHORT TITLE. THIS TITLE SHALL BE KNOWN AND MAY BE CITED AS THE "NEW YORK STATE HEALTH INSURANCE AUTHORITY ACT".

S 2489-B. STATEMENT OF LEGISLATIVE FINDINGS. THE LEGISLATURE HEREBY FINDS AND DETERMINES THAT HEALTH INSURANCE IS A NECESSITY THAT SHOULD BE MAINTAINED BY EVERY CITIZEN OF THE STATE. THAT DUE TO THE EVER ESCALATING COST OF HEALTH INSURANCE, IT HAS BECOME EVER MORE DIFFICULT FOR EMPLOYERS TO OFFER SUCH COVERAGE AS A BENEFIT, AND STILL REMAIN COMPETITIVE IN THE GLOBAL MARKET PLACE. AS A RESULT, THE LEGISLATURE HEREBY FURTHER FINDS AND DETERMINES THAT IT HAS NOW BECOME NECESSARY TO DEVELOP A NEW MECHANISM TO EFFECTIVELY AND EFFICIENTLY DELIVER HIGH QUALITY, PORTABLE HEALTH INSURANCE TO EVERY CITIZEN IN NEW YORK STATE.

THE LEGISLATURE ADDITIONALLY FINDS AND DETERMINES THAT THE PRESENT MATRIX SYSTEM FOR HEALTH INSURANCE AND MEDICAID HAS BECOME BOTH INEFFICIENT AND INEFFECTIVE, LEADING TO UNNECESSARILY HIGH COSTS, THE FAILURE TO PROVIDE SUFFICIENT COVERAGE TO A SIGNIFICANT NUMBER OF PEOPLE, AND A

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

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REDUCED QUALITY OF HEALTH INSURANCE BENEFITS AND HEALTH CARE, IT HAS ESSENTIALLY LED TO A SYSTEM WHERE HEALTH INSURANCE IS NOT SUFFICIENTLY AFFORDABLE, AVAILABLE OR PORTABLE FOR THE CITIZENS OF THE STATE OF NEW YORK.

IN ORDER TO MEET THE NEEDS OF THE STATE'S MODERN SOCIETY, AND IN ORDER TO REMOVE THE HEAVY BURDENS THAT THE CURRENT MATRIX SYSTEM OF PROVIDING HEALTH INSURANCE AND MEDICAID NOW IMPOSES UPON THE STATE'S BUSINESSES, CITIZENS AND TAXPAYERS, AND THEREBY IMPROVE BOTH THE STATE'S BUSINESS AND ECONOMIC CLIMATE, AS WELL AS IMPROVE THE HEALTH CARE OF ALL THE STATE'S CITIZENS, THE LEGISLATURE FINDS AND DETERMINES THAT A NEW HEALTH INSURANCE AND MEDICAID SYSTEM NEEDS TO BE DEVELOPED BY THE STATE OF NEW YORK, TO ASSURE HIGH QUALITY, LOW COST, PORTABLE HEALTH INSURANCE COVERAGE FOR EVERY CITIZEN OF THE STATE.

THE LEGISLATURE ALSO FINDS AND DETERMINES THAT THE BEST AND MOST APPROPRIATE MECHANISM TO ACCOMPLISH THE DELIVERY OF HIGH QUALITY, LOW COST, PORTABLE HEALTH INSURANCE TO ALL THE CITIZENS OF NEW YORK STATE IS A PUBLIC AUTHORITY, INCORPORATED BY THE LEGISLATURE, FOR THE PURPOSE OF PROVIDING THIS PUBLIC BENEFIT. SUCH PUBLIC AUTHORITY SHALL BE KNOWN AS THE NEW YORK STATE HEALTH INSURANCE AUTHORITY.

THE LEGISLATURE FURTHER FINDS AND DETERMINES THAT IN ORDER TO ACCOMPLISH THIS STATE POLICY OF PROVIDING HIGH QUALITY, LOW COST, PORTABLE HEALTH INSURANCE TO EVERY CITIZEN OF NEW YORK, THAT THE NEW YORK STATE HEALTH INSURANCE AUTHORITY SHALL USE ECONOMIES OF SCALE TO PURCHASE HEALTH INSURANCE FROM THE PRIVATE MARKET. IN SO DOING, IT WILL COMBINE THE BENEFITS OF CAPITALISM WITH THE PURCHASING POWER OF THE STATE GOVERNMENT, TO PROMOTE COMPETITION FOR THE PROVISION OF HIGH QUALITY, LOW COST, PORTABLE HEALTH INSURANCE COVERAGE FOR EVERY CITIZEN OF NEW YORK.

THE LEGISLATURE ALSO FINDS AND DETERMINES, THAT IN ORDER TO PROVIDE FOR THE ECONOMIES OF SCALE TO TAKE ADVANTAGE OF THE COMPETITION IN THE PRIVATE MARKETPLACE, THE NEW YORK STATE HEALTH INSURANCE AUTHORITY SHALL DEVELOP AND DESIGN A STANDARDIZED, HIGH QUALITY, UNIFORM, PORTABLE HEALTH INSURANCE POLICY. SUCH POLICY SHALL BE DELIVERED TO EVERY CITIZEN OF NEW YORK WITHOUT DIRECT CHARGE TO THE CITIZEN. SUCH POLICY SHALL CONTAIN ALL THE COVERAGE REQUIREMENTS FOR LARGE GROUP HEALTH INSURANCE POLICIES SET FORTH WITHIN THE INSURANCE LAW, TOGETHER WITH LONG TERM CARE COVERAGE FOR NURSING HOME CARE.

THE LEGISLATURE ADDITIONALLY FINDS AND DETERMINES THAT THE FINANCING OF THE PROVISION OF SUCH HEALTH INSURANCE AND LONG TERM CARE POLICY BENEFITS TO ALL THE CITIZENS OF THE STATE OF NEW YORK SHALL BE DONE THROUGH A COMBINATION OF STATE DIRECTED FEDERAL MEDICAID FUNDS AND A DEDICATED STATE TAX, WITH THE REVENUES DERIVED FROM SUCH BEING APPROPRIATED TO THE NEW YORK STATE HEALTH INSURANCE AUTHORITY. THE DEDICATED STATE TAX SHALL BE A PORTION OF THE STATE AND LOCAL SALES AND USE TAX, AND IF NECESSARY, A PAYROLL TAX BASED UPON EMPLOYEE WAGES. IT IS THE FURTHER INTENT OF THIS LEGISLATURE, THAT THROUGH THE PROVISION OF SUCH HEALTH INSURANCE AND LONG TERM CARE POLICY BENEFITS TO ALL THE CITIZENS OF THE STATE OF NEW YORK, THAT THIS NEW MATRIX DEVELOPED BY THE NEW YORK STATE HEALTH INSURANCE AUTHORITY, SHALL REPLACE THE CURRENT EMPLOYER FUNDED HEALTH INSURANCE AND STATE MEDICAID MATRIX SYSTEMS.

THE LEGISLATURE ALSO FINDS AND DETERMINES THAT IN ORDER TO MAXIMIZE THE COST EFFECTIVENESS OF THE DELIVERY OF THESE DEVELOPED, HIGH QUALITY, UNIFORM, PORTABLE STANDARDIZED HEALTH INSURANCE POLICIES TO ALL CITIZENS OF THE STATE OF NEW YORK, THE NEW YORK STATE HEALTH INSURANCE AUTHORITY SHALL DEVELOP AND DESIGN A STANDARDIZED SCHEDULE OF REIMBURSEMENT PRACTICES AND FORMS TO BE USED BY ALL HEALTH CARE AND NURSING HOME PROVIDERS

IN THE STATE. SUCH PROCEDURES SHALL SEEK TO REDUCE PAPERWORK, ADMINISTRATION AND PROCESSING TIME, AND TO INCREASE EFFICIENCY AND SPEED OF PROCESSING BY BOTH THE INSURERS AND THE HEALTH CARE PROVIDERS.

IN ORDER TO DELIVER AND PROVIDE THE DESIGNATED HIGH QUALITY, UNIFORM, PORTABLE HEALTH INSURANCE COVERAGE TO EVERY CITIZEN OF THE STATE OF NEW YORK, THE LEGISLATURE HEREBY FURTHER FINDS AND DETERMINES THAT THE NEW YORK STATE HEALTH INSURANCE AUTHORITY SHALL SOLICIT OPEN BIDS FROM PRIVATE INSURANCE COMPANIES, FOR THE PURCHASE OF SUCH STANDARDIZED POLICIES, AND THAT SUCH PRIVATE COMPANIES, SUBJECT TO THE DESIGN OF THE STANDARDIZED POLICY, SHALL BE THE UNDERWRITERS AND PROVIDERS OF SUCH HEALTH INSURANCE COVERAGE TO THE CITIZENS OF THE STATE OF NEW YORK. THE NEW YORK STATE HEALTH INSURANCE AUTHORITY MAY ACCEPT MULTIPLE BIDS FROM MULTIPLE INSURERS IN MULTIPLE REGIONS, PURCHASING POLICIES FOR THE CITIZENS OF THOSE REGIONS, SO LONG AS THE INSURERS PROVIDE THE COVERAGE PURSUANT TO THE DESIGNED REQUIREMENTS OF THE STANDARDIZED POLICY.

S 2489-C. NEW YORK STATE HEALTH INSURANCE AUTHORITY. 1. THE NEW YORK STATE HEALTH INSURANCE AUTHORITY. THE NEW YORK STATE HEALTH INSURANCE AUTHORITY IS HEREBY CREATED. SUCH AUTHORITY SHALL BE A BODY CORPORATE AND POLITIC CONSTITUTING A PUBLIC BENEFIT CORPORATION. THE GOVERNING BODY OF THE AUTHORITY SHALL BE A BOARD. THE AUTHORITY SHALL CONSIST OF SEVENTEEN MEMBERS WHO ARE RESIDENTS OF THE STATE OF NEW YORK, APPOINTED BY THE GOVERNOR AS FOLLOWS:

(A) THE SUPERINTENDENT OF INSURANCE;

(B) THE COMMISSIONER OF LABOR;

(C) THE COMMISSIONER OF HEALTH;

(D) THE DIRECTOR OF THE GOVERNOR'S OFFICE OF REGULATORY REFORM;

(E) THE DIRECTOR OF THE GOVERNOR'S OFFICE OF EMPLOYEE RELATIONS;

(F) TWO MEMBERS UPON RECOMMENDATION OF THE TEMPORARY PRESIDENT OF THE SENATE;

(G) TWO MEMBERS UPON RECOMMENDATION OF THE SPEAKER OF THE ASSEMBLY;

(H) ONE MEMBER UPON RECOMMENDATION OF THE SENATE MINORITY LEADER;

(I) ONE MEMBER UPON RECOMMENDATION OF THE ASSEMBLY MINORITY LEADER;

(J) TWO MEMBERS WITH EXPERIENCE IN THE INSURANCE INDUSTRY;

(K) TWO MEMBERS WHO ARE A PRACTICING PHYSICIAN, NURSE, CHIROPRACTOR OR OTHER HEALTH CARE SPECIALIST;

(L) ONE MEMBER WHO IS AFFILIATED WITH ORGANIZED LABOR; AND

(M) ONE MEMBER WHO IS AFFILIATED WITH SMALL BUSINESS ORGANIZATION.

2. BOARD MEMBERS. ALL MEMBERS SHALL SERVE FOR A TERM OF FIVE YEARS, WITH EACH TERM COMMENCING FROM THE FIRST DAY OF JANUARY NEXT SUCCEEDING THEIR APPOINTMENT. EACH MEMBER, UNLESS REMOVED FOR GOOD CAUSE BY A TWO-THIRDS VOTE OF THE SENATE, SHALL HOLD OFFICE UNTIL A SUCCESSOR HAS BEEN APPOINTED AND QUALIFIED.

3. CHAIR AND VICE CHAIR OF THE BOARD. A MEMBER OF THE BOARD SHALL BE DESIGNATED AS CHAIR BY THE GOVERNOR, UPON ADVICE AND CONSENT OF THE SENATE, AND SHALL BE CHAIR OF SUCH BOARD UNTIL HIS OR HER TERM AS MEMBER EXPIRES. THE SUPERINTENDENT OF INSURANCE, THE COMMISSIONER OF LABOR, THE COMMISSIONER OF HEALTH, THE DIRECTOR OF THE GOVERNOR'S OFFICE OF REGULATORY REFORM, AND THE DIRECTOR OF THE GOVERNOR'S OFFICE OF EMPLOYEE RELATIONS SHALL BE INELIGIBLE TO SERVE AS CHAIR OF THE BOARD. THE GOVERNOR SHALL ALSO DESIGNATE, UPON ADVICE AND CONSENT OF THE SENATE, A MEMBER OF THE BOARD, WHO IS ELIGIBLE TO SERVE AS CHAIR, TO SERVE AS VICE-CHAIR OF THE BOARD UNTIL HIS OR HER TERM AS MEMBER EXPIRES.

4. EXECUTIVE DIRECTOR. THE CHAIR OF THE BOARD SHALL BE THE CHIEF EXECUTIVE OFFICER OF THE AUTHORITY AND SHALL BE PRIMARILY RESPONSIBLE FOR THE DISCHARGE OF ITS ADMINISTRATIVE FUNCTIONS. THE CHAIR MAY APPOINT AN EXECUTIVE DIRECTOR OF THE AUTHORITY, UPON ADVICE AND CONSENT OF THE

BOARD, TO WHICH SUCH ADMINISTRATIVE FUNCTIONS MAY BE DELEGATED. THE EXECUTIVE DIRECTOR SHALL BE DEEMED AN EMPLOYEE OF THE AUTHORITY, AND AS SUCH BE AN EXEMPT, MANAGEMENT CONFIDENTIAL EMPLOYEE, WHO IS A PUBLIC OFFICER AND ENTITLED TO AN ANNUAL SALARY AND BENEFITS AS ESTABLISHED BY THE AUTHORITY BOARD.

5. POWER OF THE AUTHORITY. THE POWER OF SUCH CORPORATION SHALL BE VESTED IN AND EXERCISED BY THE BOARD. SUCH BOARD MAY DELEGATE TO ONE OR MORE OF ITS MEMBERS OR ITS OFFICERS, AGENTS AND EMPLOYEES SUCH POWERS AND DUTIES AS IT MAY DEEM PROPER. SUCH BOARD AND ITS CORPORATE EXISTENCE SHALL CONTINUE UNTIL ITS EXISTENCE SHALL BE TERMINATED BY LAW. UPON THE TERMINATION OF THE EXISTENCE OF THE AUTHORITY, ALL ITS RIGHTS AND PROPERTIES SHALL PASS TO AND BE VESTED IN THE STATE OF NEW YORK. NINE MEMBERS OF THE BOARD SHALL CONSTITUTE A QUORUM FOR THE TRANSACTION OF BUSINESS. A MAJORITY OF THE MEMBERS OF THE BOARD PRESENT AT ANY MEETING AT WHICH A QUORUM SHALL BE PRESENT, SHALL BE SUFFICIENT TO PASS ANY RESOLUTION, EXCEPT AS OTHERWISE SPECIFIED IN THIS TITLE.

ALL PROPOSITIONS REQUIRING THE EXPENDITURE OF MONEY OR AFFECTING CONTRACT RIGHTS OR PROPERTY, SHALL BE PRESENTED TO THE BOARD IN WRITING. NO RESOLUTION CONTAINING SUCH A PROPOSITION SHALL PASS UNLESS IT RECEIVES APPROVAL OF AT LEAST NINE BOARD MEMBERS IN OFFICE. THE BOARD SHALL HOLD AT LEAST ONE REGULAR MEETING EVERY MONTH. THE CHAIR, OR IN HIS OR HER ABSENCE THE VICE CHAIR, OR ANY SIX MEMBERS, MAY CALL A SPECIAL MEETING BY NOTICE AS SPECIFIED BY THE BOARD. ALL MEETINGS OF THE BOARD SHALL BE SUBJECT TO ARTICLE SEVEN OF THE PUBLIC OFFICERS LAW.

6. COMPENSATION OF MEMBERS OF THE BOARD. MEMBERS OF THE BOARD SHALL BE ENTITLED TO NO COMPENSATION FOR THEIR SERVICES, BUT SHALL BE ENTITLED TO REIMBURSEMENT FOR THEIR ACTUAL AND NECESSARY EXPENSES INCURRED IN THE PERFORMANCE OF THEIR OFFICIAL DUTIES.

NOTWITHSTANDING ANY INCONSISTENT PROVISION OF ANY GENERAL, SPECIAL OR LOCAL LAW, NO OFFICER OR EMPLOYEE OF THE STATE, OR OF ANY MUNICIPALITY, AS DEFINED IN THE PUBLIC OFFICERS LAW, THE COUNTY LAW OR THE TOWN LAW, SHALL BE DEEMED TO HAVE FORFEITED OR SHALL FORFEIT HIS OR HER PUBLIC OFFICE OR ANY BENEFITS PROVIDED UNDER THE RETIREMENT AND SOCIAL SECURITY LAW OR UNDER ANY PUBLIC RETIREMENT SYSTEM MAINTAINED BY THE STATE OR ANY OF ITS SUBDIVISIONS BY REASON OF HIS OR HER ACCEPTANCE OF MEMBERSHIP ON OR CHAIRMANSHIP OR VICE CHAIRMANSHIP OF THE AUTHORITY; PROVIDED, HOWEVER, A MEMBER WHO HOLDS SUCH OTHER PUBLIC OFFICE SHALL RECEIVE NO ADDITIONAL COMPENSATION FOR SERVICES RENDERED PURSUANT TO THIS TITLE, BUT SHALL BE ENTITLED TO REIMBURSEMENT FOR ACTUAL AND NECESSARY EXPENSES INCURRED IN THE PERFORMANCE OF SUCH SERVICES.

SUBJECT TO THE PROVISIONS OF THIS TITLE, MEMBERS OF THE AUTHORITY MAY ENGAGE IN PRIVATE EMPLOYMENT, OR IN A PROFESSION OR BUSINESS.

7. OFFICES OF THE AUTHORITY. THE PRINCIPAL OFFICE OF THE AUTHORITY SHALL BE LOCATED IN THE CITY OF ALBANY.

8. AUDITS OF THE AUTHORITY. THE COMPTROLLER MAY CONDUCT PERIODIC FINANCIAL AUDITS OF THE AUTHORITY AND REPORT THE RESULTS OF SUCH AUDITS TO THE GOVERNOR, THE CHAIR OF THE SENATE FINANCE COMMITTEE, AND THE CHAIR OF THE ASSEMBLY WAYS AND MEANS COMMITTEE.

S 2489-D. GENERAL PURPOSES AND POWERS OF THE AUTHORITY. 1. THE GENERAL PURPOSES OF THE AUTHORITY SHALL BE TO:

(A) DEVELOP A NEW MECHANISM TO EFFECTIVELY AND EFFICIENTLY DELIVER AND PROVIDE HIGH QUALITY, PORTABLE HEALTH INSURANCE COVERAGE TO EVERY CITIZEN IN NEW YORK STATE. IN SO DOING THE AUTHORITY SHALL SEEK TO:

(I) REPLACE THE STATE'S CURRENT MATRIX MEDICAID AND EMPLOYER AND INDIVIDUAL PROVIDED HEALTH INSURANCE SYSTEM;

(II) REMOVE THE HEAVY BURDEN THAT THE CURRENT MATRIX MEDICAID AND EMPLOYER AND INDIVIDUAL PROVIDED HEALTH INSURANCE SYSTEM NOW IMPOSES UPON THE STATE'S BUSINESSES, CITIZENS AND TAXPAYERS;

(III) IMPROVE THE STATE'S BUSINESS AND ECONOMIC CLIMATE;

(IV) IMPROVE THE HEALTH CARE OF ALL THE STATE'S CITIZENS; AND

(V) ASSURE THE EFFICIENT, LOW COST, EFFECTIVE DELIVERY AND PROVISION OF HIGH QUALITY, PORTABLE, HEALTH INSURANCE COVERAGE FOR EVERY CITIZEN OF NEW YORK; AND

(B) DEVELOP AND DESIGN A STANDARDIZED, HIGH QUALITY, UNIFORM, PORTABLE HEALTH INSURANCE POLICY, WHICH THE AUTHORITY CAN PURCHASE AND PROVIDE FOR EVERY CITIZEN OF THE STATE OF NEW YORK WITHOUT DIRECT CHARGE TO THE CITIZEN. IN SO DOING THE AUTHORITY SHALL SEEK TO:

(I) ASSURE THAT SUCH STANDARDIZED, DESIGNED HEALTH INSURANCE POLICY, TO BE DELIVERED AND PROVIDED TO EVERY CITIZEN, CONTAINS ALL THE COVERAGE REQUIREMENTS FOR LARGE GROUP HEALTH INSURANCE POLICIES SET FORTH BY THE INSURANCE LAW, TOGETHER WITH LONG TERM CARE COVERAGE FOR NURSING HOME CARE;

(II) USE ECONOMIES OF SCALE TO PURCHASE SUCH STANDARDIZED, DESIGNED HEALTH INSURANCE POLICIES FROM THE PRIVATE MARKET FOR EVERY CITIZEN OF THE STATE OF NEW YORK;

(III) USE THE BENEFITS OF CAPITALISM TO PROMOTE COMPETITION FOR HIGH QUALITY, LOW COST AND PORTABLE HEALTH INSURANCE COVERAGE; AND

(IV) TAKE ADVANTAGE OF THE COMPETITION IN THE PRIVATE MARKETPLACE; AND

(C) DEVELOP AND DESIGN A STANDARDIZED SCHEDULE OF REIMBURSEMENT PRACTICES AND FORMS TO BE USED BY ALL HEALTH CARE AND NURSING HOME PROVIDERS IN THE STATE. IN SO DOING THE AUTHORITY SHALL SEEK TO:

(I) MAXIMIZE THE COST EFFECTIVENESS OF THE DELIVERY AND PROVISION OF STANDARDIZED HEALTH INSURANCE POLICIES TO ALL CITIZENS; AND

(II) REDUCE PAPERWORK, ADMINISTRATION AND PROCESSING TIME, TO INCREASE EFFICIENCY AND SPEED OF PROCESSING, BY BOTH THE INSURERS AND THE HEALTH CARE PROVIDERS; AND

(D) RECEIVE STATE DIRECTED FEDERAL MEDICAID FUNDS AND DEDICATED STATE TAX REVENUES FROM APPROPRIATIONS IN ORDER TO PROVIDE THE FINANCING FOR THE PURCHASE, DELIVERY AND PROVISION OF SUCH HEALTH INSURANCE AND LONG TERM CARE POLICY BENEFITS TO ALL THE CITIZENS OF THE STATE OF NEW YORK; AND

(E) DELIVER AND PROVIDE THE DESIGNED, STANDARDIZED, HIGH QUALITY, UNIFORM, PORTABLE HEALTH INSURANCE COVERAGE TO EVERY CITIZEN OF THE STATE OF NEW YORK, BY MEANS OF PURCHASED POLICIES FROM PRIVATE INSURANCE COMPANIES, PURSUANT TO THE SOLICITATION OF OPEN BIDS FROM SUCH COMPANIES. PURSUANT TO SUCH PURCHASES, SUCH COMPANIES SHALL BE THE UNDERWRITERS AND PROVIDERS OF SUCH HEALTH INSURANCE COVERAGE TO THE CITIZENS OF THE STATE OF NEW YORK. IN MAKING SUCH PURCHASES, THE NEW YORK STATE HEALTH INSURANCE AUTHORITY MAY ACCEPT MULTIPLE BIDS FROM MULTIPLE INSURERS IN MULTIPLE REGIONS, PURCHASING POLICIES FOR THE CITIZENS OF THOSE REGIONS, SO LONG AS THE INSURERS SO AWARDED THE BIDS PROVIDE THE COVERAGE PURSUANT TO THE DESIGNED REQUIREMENTS OF THE STANDARDIZED POLICY.

2. TO CARRY OUT SUCH PURPOSES THE AUTHORITY SHALL HAVE THE POWER:

(A) TO SUE AND BE SUED;

(B) TO ACQUIRE, HOLD AND DISPOSE OF REAL AND PERSONAL PROPERTY FOR ITS CORPORATE PURPOSES;

(C) TO HAVE A SEAL AND ALTER THE SAME AT PLEASURE;

(D) TO BORROW MONEY AND ISSUE BONDS FOR ANY OF ITS CORPORATE PURPOSES OR ITS PROJECTS, OR TO REFUND THE SAME, AND TO PROVIDE FOR THE RIGHTS OF THE HOLDERS THEREOF;

(E) TO MAKE BY-LAWS FOR THE MANAGEMENT AND REGULATION OF ITS AFFAIRS SUBJECT TO AGREEMENTS WITH BONDHOLDERS;

(F) TO APPOINT OFFICERS, AGENTS AND EMPLOYEES; AND TO DESCRIBE THEIR QUALIFICATIONS AND FIX THEIR COMPENSATION; SUBJECT, HOWEVER, TO THE PROVISIONS OF THE CIVIL SERVICE LAW AS PROVIDED IN THIS TITLE;

(G) TO MAKE CONTRACTS AND LEASES, AND TO EXECUTE ALL INSTRUMENTS NECESSARY OR CONVENIENT;

(H) TO COLLECT REVENUES, DUES, COSTS, ASSESSMENTS, RENTALS, FEES AND OTHER CHARGES FOR THE USE OF REAL OR PERSONAL PROPERTY AND/OR FACILITIES OF THE AUTHORITY SUBJECT TO AND IN ACCORDANCE WITH SUCH AGREEMENTS WITH BONDHOLDERS AS MAY BE PROVIDED IN THIS TITLE;

(I) TO CONTRACT FOR THE SERVICES OF INSURANCE COMPANIES, HEALTH CARE PROFESSIONALS, ARCHITECTS, ENGINEERS, CONSULTANTS, LAWYERS, FINANCIAL AND OTHER PROFESSIONAL ADVISORS, DEVELOPERS, CONTRACTORS, VENDORS, CONCESSIONERS, TENANTS, FACILITY AND/OR MANAGERS AND OTHER PROFESSIONAL CONSULTANTS AND SERVICE PROVIDERS, AND TO FIX THEIR COMPENSATION;

(J) TO DEVELOP AND DESIGN A STANDARDIZED, HIGH QUALITY, UNIFORM, PORTABLE HEALTH INSURANCE POLICY, WHICH THE AUTHORITY CAN PURCHASE FOR EVERY CITIZEN OF THE STATE OF NEW YORK, WHICH CONTAINS ALL THE COVERAGE REQUIREMENTS FOR LARGE GROUP HEALTH INSURANCE POLICIES CONTAINED WITHIN THE INSURANCE LAW, TOGETHER WITH LONG TERM CARE COVERAGE FOR NURSING HOME CARE;

(K) TO SEEK AND REQUEST MEDICAID FUNDING REIMBURSEMENT FROM THE FEDERAL GOVERNMENT FOR THE PURCHASE OF STANDARDIZED HEALTH INSURANCE AND LONG TERM CARE COVERAGE FOR EVERY CITIZEN OF THE STATE OF NEW YORK;

(L) TO DEVELOP AND DESIGN A STANDARDIZED SCHEDULE OF REIMBURSEMENT PRACTICES AND FORMS TO BE USED BY ALL HEALTH CARE AND NURSING HOME PROVIDERS IN THE STATE;

(M) TO MAXIMIZE THE COST EFFECTIVENESS OF THE DELIVERY OF STANDARDIZED HEALTH INSURANCE POLICIES TO ALL CITIZENS;

(N) TO REDUCE PAPERWORK, ADMINISTRATION AND PROCESSING TIME;

(O) TO INCREASE EFFICIENCY AND SPEED OF PROCESSING INSURANCE CLAIMS BY BOTH THE INSURERS AND THE HEALTH CARE PROVIDERS;

(P) TO SOLICIT OPEN BIDS FROM PRIVATE INSURANCE COMPANIES, SUBJECT TO THE DESIGN OF THE STANDARDIZED POLICY, FOR THE UNDERWRITING AND PROVISION OF HEALTH INSURANCE COVERAGE TO ALL CITIZENS OF THE STATE OF NEW YORK;

(Q) TO ACCEPT BIDS FROM MULTIPLE INSURERS IN MULTIPLE REGIONS, SO LONG AS THE INSURERS PROVIDE THE REQUIRED STANDARDIZED HEALTH INSURANCE AND LONG TERM CARE COVERAGE PURSUANT TO THE DESIGNED POLICY REQUIREMENTS OF THE AUTHORITY;

(R) TO PURCHASE THE DEVELOPED AND DESIGNED STANDARDIZED, HIGH QUALITY UNIFORM, PORTABLE HEALTH INSURANCE POLICY, WHICH CONTAINS ALL THE COVERAGE REQUIREMENTS FOR LARGE GROUP HEALTH INSURANCE POLICIES CONTAINED WITHIN THE INSURANCE LAW, TOGETHER WITH LONG TERM CARE COVERAGE FOR NURSING HOME CARE, FOR EVERY CITIZEN OF THE STATE OF NEW YORK;

(S) TO DESIGNATE THE DEPOSITORIES OF ITS MONEY;

(T) TO ESTABLISH ITS FISCAL YEAR;

(U) TO APPOINT SUCH OFFICERS, EMPLOYEES AND AGENTS AS THE AUTHORITY MAY REQUIRE FOR THE PERFORMANCE OF ITS DUTIES AND TO FIX AND DETERMINE THEIR QUALIFICATIONS, DUTIES, AND COMPENSATION SUBJECT TO THE PROVISIONS OF THE CIVIL SERVICE LAW AND ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT, AND TO RETAIN OR EMPLOY COUNSEL, AUDITORS, ENGINEERS AND PRIVATE CONSULTANTS ON A CONTRACT BASIS OR OTHERWISE FOR RENDERING PROFESSIONAL, MANAGEMENT OR TECHNICAL SERVICES AND ADVICE;

(V) TO RECEIVE AND CONSIDER REPORTS AND RECOMMENDATIONS FROM ANY ADVISORY COUNCILS OR BOARDS AS MAY BE ESTABLISHED; AND

(W) TO DO ALL THINGS NECESSARY, CONVENIENT OR DESIRABLE, INCLUDING ANCILLARY AND INCIDENTAL ACTIVITIES, TO CARRY OUT ITS PURPOSES AND FOR THE EXERCISE OF THE POWERS GRANTED IN THIS TITLE.

S 2489-E. REPORT AND RECOMMENDATIONS OF THE NEW YORK STATE HEALTH INSURANCE AUTHORITY. ON OR BEFORE MARCH THIRTY-FIRST, TWO THOUSAND TEN, THE AUTHORITY BOARD SHALL PREPARE AND PRODUCE A REPORT WITH RECOMMENDATIONS TO THE GOVERNOR, THE TEMPORARY PRESIDENT OF THE SENATE, THE SPEAKER OF THE ASSEMBLY, AND THE CHAIRS OF THE SENATE AND ASSEMBLY STANDING COMMITTEES ON CORPORATIONS, AUTHORITIES AND COMMISSIONS.

THE REPORT WITH RECOMMENDATIONS SHALL INVESTIGATE, EXAMINE AND OFFER PROPOSED SOLUTIONS, CONSISTENT WITH THE PROVISIONS OF THIS TITLE, ON ALL TOPICS THAT THE BOARD DEEMS IMPORTANT TO THE SUCCESSFUL FUTURE OPERATION OF THE AUTHORITY IN THE EXECUTION OF ITS PURPOSES AND MISSION AS DESCRIBED IN THIS TITLE, INCLUDING BUT NOT LIMITED TO, THE FOLLOWING ISSUES:

1. THE DEVELOPMENT OF A NEW MECHANISM TO EFFECTIVELY AND EFFICIENTLY DELIVER AND PROVIDE HIGH QUALITY, PORTABLE HEALTH INSURANCE COVERAGE TO EVERY CITIZEN IN NEW YORK STATE;

2. THE REPLACEMENT OF THE STATE'S CURRENT MATRIX MEDICAID AND EMPLOYER AND INDIVIDUAL PROVIDED HEALTH INSURANCE SYSTEM WITH THE NEW SYSTEM SET FORTH UNDER THIS TITLE;

3. STRATEGIES FOR OBTAINING AND EXPANDING THE RECEIPT OF FEDERAL MEDICAID AND MEDICARE REVENUES INTO THE AUTHORITY FOR THE PURPOSE OF PROVIDING REVENUE FOR THE PURCHASE OF THE HIGH QUALITY, PORTABLE HEALTH INSURANCE COVERAGE FOR EVERY CITIZEN IN NEW YORK STATE THAT THIS TITLE REQUIRES THE AUTHORITY TO PERFORM;

4. PROJECTIONS AND DETAILED EXPLANATIONS OF THE COSTS, EXPENDITURES AND REVENUES THAT WILL BE NECESSARY TO IMPLEMENT THE PURPOSES AND MISSION OF THIS TITLE, TOGETHER WITH AN EXAMINATION AND IMPACT ASSESSMENT OF THE POSSIBLE REVENUE SOURCES NECESSARY TO IMPLEMENT THE PURPOSES AND MISSION OF THIS TITLE;

5. AN EXAMINATION AND ANALYSIS OF THE EFFECTS AND MEASURES NECESSARY TO REMOVE THE HEAVY BURDEN THAT THE CURRENT MATRIX MEDICAID AND EMPLOYER AND INDIVIDUAL PROVIDED HEALTH INSURANCE SYSTEM NOW IMPOSES UPON THE STATE'S BUSINESSES, CITIZENS AND TAXPAYERS;

6. AN EXAMINATION AND ANALYSIS ON HOW TO IMPROVE THE STATE'S BUSINESS AND ECONOMIC CLIMATE, AND WHAT IMPACT AND EFFECTS THE ESTABLISHMENT WOULD HAVE UPON SUCH CLIMATE;

7. AN EXAMINATION AND ANALYSIS ON HOW TO IMPROVE THE HEALTH CARE OF ALL THE STATE'S CITIZENS;

8. AN EXAMINATION AND ANALYSIS ON THE BEST PRACTICES AND PROCEDURES TO ASSURE THE EFFICIENT, LOW COST, EFFECTIVE DELIVERY AND PROVISION OF HIGH QUALITY, PORTABLE, HEALTH INSURANCE COVERAGE FOR EVERY CITIZEN OF NEW YORK, CONSISTENT WITH THE PROVISIONS OF THIS TITLE;

9. AN EXAMINATION AND ANALYSIS OF THE DEVELOPMENT AND DESIGN OF A STANDARDIZED, HIGH QUALITY, UNIFORM, PORTABLE HEALTH INSURANCE POLICY, WHICH CONTAINS ALL THE COVERAGE REQUIREMENTS FOR LARGE GROUP HEALTH INSURANCE POLICIES SET FORTH BY THE INSURANCE LAW, TOGETHER WITH LONG TERM CARE COVERAGE FOR NURSING HOME CARE, WHICH THE AUTHORITY CAN PURCHASE FROM PRIVATE INSURANCE COMPANIES, AND PROVIDE TO EVERY CITIZEN OF THE STATE OF NEW YORK WITHOUT DIRECT CHARGE TO THE CITIZEN;

10. AN EXAMINATION AND ANALYSIS ON THE BEST PRACTICES AND PROCEDURES TO ASSURE THAT SUCH STANDARDIZED, DESIGNED HEALTH INSURANCE POLICY, WILL

BE DELIVERED AND PROVIDED TO EVERY CITIZEN WITHOUT DIRECT CHARGE TO THE CITIZEN;

11. AN EXAMINATION AND ANALYSIS ON THE BEST PRACTICES AND PROCEDURES TO USE AND DEPLOY ECONOMIES OF SCALE TO PURCHASE SUCH STANDARDIZED, DESIGNED HEALTH INSURANCE POLICIES FROM THE PRIVATE MARKET FOR EVERY CITIZEN OF THE STATE OF NEW YORK;

12. AN EXAMINATION AND ANALYSIS ON THE BEST PRACTICES AND PROCEDURES TO USE AND DEPLOY THE BENEFITS OF CAPITALISM SO AS TO PROMOTE COMPETITION FOR HIGH QUALITY, LOW COST AND PORTABLE HEALTH INSURANCE COVERAGE;

13. AN EXAMINATION AND ANALYSIS ON THE BEST PRACTICES AND PROCEDURES TO USE AND DEPLOY TO TAKE ADVANTAGE OF THE COMPETITION IN THE PRIVATE MARKETPLACE;

14. AN EXAMINATION AND ANALYSIS ON THE BEST PRACTICES AND PROCEDURES TO DEVELOP AND DESIGN A STANDARDIZED SCHEDULE OF REIMBURSEMENT PRACTICES AND FORMS TO BE USED BY ALL HEALTH CARE AND NURSING HOME PROVIDERS IN THE STATE;

15. AN EXAMINATION AND ANALYSIS ON THE BEST PRACTICES AND PROCEDURES TO MAXIMIZE THE COST EFFECTIVENESS OF THE DELIVERY AND PROVISION OF STANDARDIZED HEALTH INSURANCE POLICIES TO ALL CITIZENS OF THE STATE OF NEW YORK;

16. AN EXAMINATION AND ANALYSIS ON THE BEST PRACTICES AND PROCEDURES TO REDUCE PAPERWORK, ADMINISTRATION AND PROCESSING TIME, AND TO INCREASE EFFICIENCY AND SPEED OF PROCESSING, BY BOTH THE INSURERS AND THE HEALTH CARE PROVIDERS;

17. AN EXAMINATION AND ANALYSIS ON THE BEST PRACTICES AND PROCEDURES TO RECEIVE STATE DIRECTED FEDERAL MEDICAID FUNDS AND DEDICATED STATE TAX REVENUES FROM APPROPRIATIONS IN ORDER TO PROVIDE THE FINANCING FOR THE PURCHASE, DELIVERY AND PROVISION OF SUCH HEALTH INSURANCE AND LONG TERM CARE POLICY BENEFITS TO ALL THE CITIZENS OF THE STATE OF NEW YORK;

18. AN EXAMINATION AND ANALYSIS ON THE BEST PRACTICES AND PROCEDURES TO DELIVER AND PROVIDE THE DESIGNED, STANDARDIZED, HIGH QUALITY, UNIFORM, PORTABLE HEALTH INSURANCE COVERAGE TO EVERY CITIZEN OF THE STATE OF NEW YORK, BY MEANS OF PURCHASED POLICIES FROM PRIVATE INSURANCE COMPANIES, PURSUANT TO THE SOLICITATION OF OPEN BIDS FROM SUCH COMPANIES;

19. AN EXAMINATION AND ANALYSIS ON THE BEST PRACTICES AND PROCEDURES TO HAVE, PURSUANT TO SUCH PURCHASES, SUCH COMPANIES BE THE UNDERWRITERS AND PROVIDERS OF SUCH HEALTH INSURANCE COVERAGE TO THE CITIZENS OF THE STATE OF NEW YORK;

20. AN EXAMINATION AND ANALYSIS ON THE BEST PRACTICES AND PROCEDURES TO ACCESS AND ACCEPT MULTIPLE BIDS FROM MULTIPLE INSURERS IN MULTIPLE REGIONS, IN PURCHASING POLICIES FOR THE CITIZENS OF THOSE REGIONS, SO LONG AS THE INSURERS SO AWARDED THE BIDS PROVIDE THE COVERAGE PURSUANT TO THE DESIGNED REQUIREMENTS OF THE STANDARDIZED POLICY;

21. AN EXAMINATION AND ANALYSIS ON THE BEST PRACTICES AND PROCEDURES TO OPERATE THE AUTHORITY IN ORDER TO BEST ACHIEVE THE INTENT, PURPOSES AND MISSION OF THIS TITLE.

S 2. This act shall take effect immediately.