

1121

2011-2012 Regular Sessions

I N S E N A T E

January 5, 2011

Introduced by Sen. PARKER -- read twice and ordered printed, and when printed to be committed to the Committee on Insurance

AN ACT to amend the insurance law, in relation to requiring coverage under the Healthy New York program for mental illness

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

1 Section 1. The opening paragraph of subparagraph (A) of paragraph 5 of  
2 subsection (1) of section 3221 of the insurance law, as amended by chap-  
3 ter 502 of the laws of 2007, is amended to read as follows:

4 Every insurer delivering a group or school blanket policy OR A GROUP  
5 OR INDIVIDUAL POLICY PURSUANT TO SECTION FOUR THOUSAND THREE HUNDRED  
6 TWENTY-SIX OF THIS CHAPTER or issuing a group or school blanket policy  
7 OR A GROUP OR INDIVIDUAL POLICY PURSUANT TO SECTION FOUR THOUSAND THREE  
8 HUNDRED TWENTY-SIX OF THIS CHAPTER for delivery, in this state, which  
9 provides coverage for inpatient hospital care or coverage for physician  
10 services shall provide as part of such policy broad-based coverage for  
11 the diagnosis and treatment of mental, nervous or emotional disorders or  
12 ailments, however defined in such policy, at least equal to the coverage  
13 provided for other health conditions and:

14 S 2. Item (i) of subparagraph (B) of paragraph 5 of subsection (1) of  
15 section 3221 of the insurance law, as amended by chapter 502 of the laws  
16 of 2007, is amended to read as follows:

17 (i) Every insurer delivering a group or school blanket policy OR A  
18 GROUP OR INDIVIDUAL POLICY PURSUANT TO SECTION FOUR THOUSAND THREE  
19 HUNDRED TWENTY-SIX OF THIS CHAPTER or issuing a group or school blanket  
20 policy OR A GROUP OR INDIVIDUAL POLICY PURSUANT TO SECTION FOUR THOUSAND  
21 THREE HUNDRED TWENTY-SIX OF THIS CHAPTER for delivery, in this state,  
22 which provides coverage for inpatient hospital care or coverage for  
23 physician services, shall provide comparable coverage for adults and  
24 children with biologically based mental illness. Such group policies  
25 issued or delivered in this state shall also provide such comparable

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

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1 coverage for children with serious emotional disturbances. Such coverage  
2 shall be provided under the terms and conditions otherwise applicable  
3 under the policy, including network limitations or variations, exclu-  
4 sions, co-pays, coinsurance, deductibles or other specific cost sharing  
5 mechanisms. Provided further, where a policy provides both in-network  
6 and out-of-network benefits, the out-of-network benefits may have  
7 different coinsurance, co-pays, or deductibles, than the in-network  
8 benefits, regardless of whether the policy is written under one license  
9 or two licenses.

10 S 3. Subparagraph (D) of paragraph 5 of subsection (l) of section 3221  
11 of the insurance law, as amended by chapter 502 of the laws of 2007,  
12 item (ii) as amended by section 1 of part A of chapter 503 of the laws  
13 of 2009, is amended to read as follows:

14 (D) [(i) The provisions of subparagraph (B) of this paragraph shall  
15 not apply to any group purchaser with fifty or fewer employees that is a  
16 policyholder of a policy that is subject to the provisions of this  
17 section; provided however that an insurer must make available, and if  
18 requested by such group purchaser, provide the coverage as specified in  
19 subparagraph (B) of this paragraph. Written notice of the availability  
20 of the coverage shall be delivered to the policyholder prior to incep-  
21 tion of the group policy and annually thereafter.

22 (ii)] The superintendent shall develop and implement a methodology to  
23 cover the cost to any [such] INDIVIDUAL PURCHASER OR group purchaser  
24 WITH FIFTY OR FEWER EMPLOYEES THAT IS A POLICYHOLDER OF A POLICY THAT IS  
25 SUBJECT TO THE PROVISIONS OF THIS SECTION for providing the coverage  
26 required in subparagraph (A) of this paragraph. Such methodology shall  
27 be financed from moneys appropriated from the General Fund that shall be  
28 made available to the superintendent for such purposes, to the extent of  
29 funds available.

30 S 4. The opening paragraph of paragraph 1 of subsection (g) of section  
31 4303 of the insurance law, as amended by chapter 502 of the laws of  
32 2007, is amended to read as follows:

33 A hospital service corporation or a health service corporation, which  
34 provides group, group remittance or school blanket coverage OR GROUP OR  
35 INDIVIDUAL COVERAGE PURSUANT TO SECTION FOUR THOUSAND THREE HUNDRED  
36 TWENTY-SIX OF THIS ARTICLE for inpatient hospital care, shall provide as  
37 part of its contract broad-based coverage for the diagnosis and treat-  
38 ment of mental, nervous or emotional disorders or ailments, however  
39 defined in such contract, at least equal to the coverage provided for  
40 other health conditions and shall include:

41 S 5. Subparagraph (A) of paragraph 2 of subsection (g) of section 4303  
42 of the insurance law, as amended by chapter 502 of the laws of 2007, is  
43 amended to read as follows:

44 (A) A hospital service corporation or a health service corporation,  
45 which provides group, group remittance or school blanket coverage OR  
46 GROUP OR INDIVIDUAL COVERAGE PURSUANT TO SECTION FOUR THOUSAND THREE  
47 HUNDRED TWENTY-SIX OF THIS ARTICLE for inpatient hospital care, shall  
48 provide comparable coverage for adults and children with biologically  
49 based mental illness. Such hospital service corporation or health  
50 service corporation shall also provide such comparable coverage for  
51 children with serious emotional disturbances. Such coverage shall be  
52 provided under the terms and conditions otherwise applicable under the  
53 contract, including network limitations or variations, exclusions,  
54 co-pays, coinsurance, deductibles or other specific cost sharing mech-  
55 anisms. Provided further, where a contract provides both in-network and  
56 out-of-network benefits, the out-of-network benefits may have different

1 coinsurance, co-pays, or deductibles, than the in-network benefits,  
2 regardless of whether the contract is written under one license or two  
3 licenses.

4 S 6. Paragraph 4 of subsection (g) of section 4303 of the insurance  
5 law, as amended by chapter 502 of the laws of 2007, subparagraph (B) as  
6 amended by section 2 of part A of chapter 503 of the laws of 2009, is  
7 amended to read as follows:

8 (4) [(A) The provisions of paragraph two of this subsection shall not  
9 apply to any group remittance group or group contract holder with fifty  
10 or fewer employees who is a group remittance group or group contract  
11 holder of a policy that is subject to the provisions of this section;  
12 provided however that a hospital service corporation or health service  
13 corporation must make available, and if requested by such group remit-  
14 ting agent or group contract holder, provide the coverage as specified  
15 in paragraph two of this subsection. Written notice of the availability  
16 of such coverage shall be delivered to the remitting agent or group  
17 contract holder prior to inception of such contract and annually there-  
18 after.

19 (B)] The superintendent shall develop and implement a methodology to  
20 cover the cost to any [such] INDIVIDUAL CONTRACT HOLDER OR group  
21 contract holder WITH FIFTY OR FEWER EMPLOYEES THAT IS A GROUP REMITTANCE  
22 GROUP OR GROUP CONTRACT HOLDER OF A POLICY THAT IS SUBJECT TO THE  
23 PROVISIONS OF THIS SECTION for providing the coverage required in para-  
24 graph one of this subsection. Such methodology shall be financed from  
25 moneys appropriated from the General Fund that shall be made available  
26 to the superintendent for such purposes, to the extent of funds avail-  
27 able.

28 S 7. Paragraph 1 of subsection (h) of section 4303 of the insurance  
29 law, as amended by chapter 502 of the laws of 2007, is amended to read  
30 as follows:

31 (1) A medical expense indemnity corporation or a health service corpo-  
32 ration, which provides group, group remittance or school blanket cover-  
33 age OR GROUP OR INDIVIDUAL COVERAGE PURSUANT TO SECTION FOUR THOUSAND  
34 THREE HUNDRED TWENTY-SIX OF THIS ARTICLE for physician services, shall  
35 provide as part of its contract broad-based coverage for the diagnosis  
36 and treatment of mental, nervous or emotional disorders or ailments,  
37 however defined in such contract, at least equal to the coverage  
38 provided for other health conditions and shall include: benefits for  
39 outpatient care provided by a psychiatrist or psychologist licensed to  
40 practice in this state, a licensed clinical social worker who meets the  
41 requirements of subsection (n) of this section, or a professional corpo-  
42 ration or university faculty practice corporation thereof, which bene-  
43 fits may be limited to not less than twenty visits in any contract year,  
44 plan year or calendar year. Such coverage may be provided on a contract  
45 year, plan year or calendar year basis and shall be consistent with the  
46 provision of other benefits under the contract. Such coverage may be  
47 subject to annual deductibles, co-pays and coinsurance as may be deemed  
48 appropriate by the superintendent and shall be consistent with those  
49 imposed on other benefits under the contract. In the event the group  
50 remittance group or contract holder is provided coverage provided under  
51 this paragraph and under subparagraph (B) of paragraph one of subsection  
52 (g) of this section from the same health service corporation, or under a  
53 contract which is jointly underwritten by two health service corpo-  
54 rations or by a health service corporation and a medical expense indem-  
55 nity corporation, the aggregate of the benefits for out-patient care  
56 obtained under subparagraph (B) of paragraph one of subsection (g) of

1 this section and this paragraph may be limited to not less than twenty  
2 visits in any contract year, plan year or calendar year.

3 S 8. Subparagraph (A) of paragraph 2 of subsection (h) of section 4303  
4 of the insurance law, as amended by chapter 502 of the laws of 2007, is  
5 amended to read as follows:

6 (A) A medical expense indemnity corporation or a health service corpo-  
7 ration, which provides group, group remittance or school blanket cover-  
8 age OR GROUP OR INDIVIDUAL COVERAGE PURSUANT TO SECTION FOUR THOUSAND  
9 THREE HUNDRED TWENTY-SIX OF THIS ARTICLE for physician services, shall  
10 provide comparable coverage for adults and children with biologically  
11 based mental illness. Such medical expense indemnity corporation or  
12 health service corporation shall also provide such comparable coverage  
13 for children with serious emotional disturbances. Such coverage shall be  
14 provided under the terms and conditions otherwise applicable under the  
15 contract, including network limitations or variations, exclusions,  
16 co-pays, coinsurance, deductibles or other specific cost sharing mech-  
17 anisms. Provided further, where a contract provides both in-network and  
18 out-of-network benefits, the out-of-network benefits may have different  
19 coinsurance, co-pays, or deductibles, than the in-network benefits,  
20 regardless of whether the contract is written under one license or two  
21 licenses.

22 S 9. Paragraph 4 of subsection (h) of section 4303 of the insurance  
23 law, as amended by chapter 502 of the laws of 2007, subparagraph (B) as  
24 amended by section 3 of part A of chapter 503 of the laws of 2009, is  
25 amended to read as follows:

26 (4) [(A) The provisions of paragraph two of this subsection shall not  
27 apply to any group remittance group or group contract holder with fifty  
28 or fewer employees who is a group remittance group or group contract  
29 holder of a contract that is subject to the provisions of this section;  
30 provided, however, that a hospital service corporation or health service  
31 corporation must make available, and if requested by such group remit-  
32 ting agent or group contract holder, provide the coverage as specified  
33 in paragraph two of this subsection. Written notice of the availability  
34 of the coverage shall be delivered to the group remitting agent or group  
35 contract holder prior to inception of such contract and annually there-  
36 after.

37 (B)] The superintendent shall develop and implement a methodology to  
38 cover the cost to any [such] group remittance group and INDIVIDUAL  
39 CONTRACT HOLDER OR group contract holder WITH FIFTY OR FEWER EMPLOYEES  
40 THAT IS A GROUP REMITTANCE GROUP OR GROUP CONTRACT HOLDER OF A POLICY  
41 THAT IS SUBJECT TO THE PROVISIONS OF THIS SECTION for providing the  
42 coverage required in paragraph one of this subsection. Such methodology  
43 shall be financed from moneys appropriated from the General Fund that  
44 shall be made available to the superintendent for such purposes, to the  
45 extent of funds available.

46 S 10. This act shall take effect immediately.