

3336

2013-2014 Regular Sessions

I N A S S E M B L Y

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Introduced by M. of A. SCHIMMINGER, GOODELL -- Multi-Sponsored by -- M.
of A. GALEF, GUNTHER, HOOPER, KOLB, MAGEE, MILLMAN, SWEENEY, WRIGHT --
read once and referred to the Committee on Insurance

AN ACT to amend the insurance law, in relation to authorizing the issu-
ance of small business health insurance policies

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

1 Section 1. The insurance law is amended by adding a new article 50 to
2 read as follows:

3 ARTICLE 50

4 SMALL BUSINESS HEALTH INSURANCE ACT

5 SECTION 5001. SHORT TITLE.

6 5002. STATEMENT OF LEGISLATIVE FINDINGS AND INTENT.

7 5003. DEFINITIONS.

8 5004. REQUIREMENTS OF SMALL BUSINESS HEALTH INSURANCE.

9 5005. CORE BENEFITS.

10 5006. NOTICE REQUIREMENTS.

11 5007. REPORTING REQUIREMENTS.

12 S 5001. SHORT TITLE. THIS ARTICLE SHALL BE KNOWN AND MAY BE CITED AS
13 THE "SMALL BUSINESS HEALTH INSURANCE ACT".

14 S 5002. STATEMENT OF LEGISLATIVE FINDINGS AND INTENT. THE LEGISLATURE
15 HEREBY FINDS THAT NEW YORK STATE HAS A SIGNIFICANT NUMBER OF UNINSURED
16 RESIDENTS.

17 THE LEGISLATURE FURTHER FINDS THAT ALTHOUGH MANY OF THE WORKING UNIN-
18 SURED AND THEIR DEPENDENTS ARE FOUND IN SMALL BUSINESSES, THESE FIRMS
19 ARE INTERESTED IN PROVIDING HEALTH BENEFITS TO THEIR EMPLOYEES BUT ARE
20 DETERRED BY THE RISING COST OF HEALTH CARE COVERAGE.

21 THE LEGISLATURE RECOGNIZES THE NEED TO ENABLE AND ENCOURAGE GREATER
22 NUMBERS OF SMALL EMPLOYERS TO PROVIDE HEALTH CARE COVERAGE TO THEIR
23 EMPLOYEES.

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

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1 THE LEGISLATURE THEREFORE DECLARES IT TO BE IN THE PUBLIC INTEREST TO
2 ESTABLISH THE SMALL BUSINESS HEALTH INSURANCE PROGRAM TO HELP REDUCE THE
3 COSTS OF HEALTH INSURANCE.

4 S 5003. DEFINITIONS. FOR PURPOSES OF THIS ARTICLE, THE FOLLOWING TERMS
5 SHALL HAVE THE FOLLOWING MEANINGS:

6 (A) "SMALL BUSINESS" MEANS ANY BUSINESS WHICH IS RESIDENT IN THIS
7 STATE, INDEPENDENTLY OWNED AND OPERATED, NOT DOMINANT IN ITS FIELD AND
8 WHICH EMPLOYS FIFTY OR FEWER EMPLOYEES ON A REGULAR BASIS.

9 (B) "INSURER" MEANS ANY INSURANCE COMPANY LICENSED TO WRITE HEALTH
10 INSURANCE IN THIS STATE, INCLUDING CORPORATIONS ORGANIZED UNDER ARTICLE
11 FORTY-THREE OF THIS CHAPTER AND HEALTH MAINTENANCE ORGANIZATIONS AUTHOR-
12 IZED PURSUANT TO ARTICLE FORTY-THREE OF THIS CHAPTER OR ARTICLE
13 FORTY-FOUR OF THE PUBLIC HEALTH LAW.

14 (C) "SUPERINTENDENT" MEANS THE SUPERINTENDENT OF INSURANCE.

15 (D) "ELIGIBLE EMPLOYEE" MEANS AN EMPLOYEE OF A SMALL BUSINESS WHO HAS
16 WORKED NINETY DAYS OR MORE AT AN AVERAGE OF THIRTY-FIVE HOURS OR MORE
17 PER WEEK. A SMALL BUSINESS MAY, IN ITS SOLE DISCRETION, REDUCE THIS
18 REQUIREMENT OF AN EMPLOYEE WORKING AN AVERAGE OF THIRTY-FIVE HOURS OR
19 MORE PER WEEK IN ORDER FOR ADDITIONAL EMPLOYEES TO QUALIFY AS AN ELIGI-
20 BLE EMPLOYEE. AN ELIGIBLE EMPLOYEE MAY ALSO BE A SOLE PROPRIETOR OR A
21 PARTNER OF A PARTNERSHIP PROVIDED SUCH SOLE PROPRIETOR OR PARTNER IS
22 INCLUDED AS AN EMPLOYEE UNDER THE HEALTH CARE PLAN OF THE SMALL BUSI-
23 NESS.

24 S 5004. REQUIREMENTS OF SMALL BUSINESS HEALTH INSURANCE. (A) ALL
25 INSURERS SHALL BE AUTHORIZED TO WRITE SMALL BUSINESS HEALTH INSURANCE
26 POLICIES FOR QUALIFIED SMALL BUSINESSES TO PROVIDE ONLY SUCH BENEFITS AS
27 ARE REQUIRED BY SECTION FIVE THOUSAND FIVE OF THIS ARTICLE AND AS MAY
28 MUTUALLY BE AGREED UPON BETWEEN THE POLICYHOLDER AND THE INSURER. THE
29 SUPERINTENDENT SHALL ONLY APPROVE A POLICY WHICH MEETS THE FOLLOWING
30 CRITERIA:

31 (1) THE POLICY PROVISIONS ARE NOT MISLEADING OR CONFUSING;

32 (2) THE POLICY CLEARLY STATES THE BENEFITS, LIMITATIONS AND EXCLU-
33 SIONS;

34 (3) THE BENEFITS PROVIDED BY THE POLICY MEET THE STANDARDS SPECIFIED
35 IN THIS SECTION AND SECTION FIVE THOUSAND FIVE OF THIS ARTICLE;

36 (4) THE PREMIUM RATES ARE REASONABLY RELATED TO THE BENEFITS PROVIDED
37 AND ARE SUFFICIENT TO SUPPORT THE POLICY;

38 (5) THE POLICY PROVISIONS INCLUDE CONVERSION AND CONTINUATION RIGHTS
39 AS DEFINED IN SUBSECTIONS (E), (M) AND (N) OF SECTION THREE THOUSAND TWO
40 HUNDRED TWENTY-ONE AND SUBSECTIONS (D), (E) AND (G) OF SECTION FOUR
41 THOUSAND THREE HUNDRED FIVE OF THIS CHAPTER; AND

42 (6) THE POLICY PROVIDES BOTH INDIVIDUAL AND, IF ELECTED BY THE EMPLOY-
43 EE, FAMILY COVERAGE. THE POLICY SHALL COVER ALL ELIGIBLE SPOUSES AND
44 DEPENDENT CHILDREN OF COVERED EMPLOYEES, IN ACCORDANCE WITH POLICY
45 PARTICIPATION REQUIREMENTS, EXCEPT THAT COVERAGE MAY BE WAIVED FOR
46 SPOUSES AND DEPENDENT CHILDREN WHO HAVE COVERAGE UNDER ANOTHER HEALTH
47 PLAN. THE EMPLOYEE SHALL PAY THE ENTIRE PREMIUM COST FOR SUCH DEPENDENT
48 COVERAGE UNLESS THE EMPLOYER, AT HIS OR HER OPTION, CHOOSES TO CONTRIB-
49 UTE TO THE EXPENSE OF SUCH ADDITIONAL PREMIUM.

50 (B) THE PREMIUM FOR A SMALL BUSINESS HEALTH INSURANCE POLICY SHALL BE
51 PAID BY THE SMALL BUSINESS FROM THE EMPLOYER'S FUNDS, FROM FUNDS
52 CONTRIBUTED BY THE INSURED EMPLOYEES OR FROM FUNDS CONTRIBUTED JOINTLY
53 BY THE EMPLOYER AND THE EMPLOYEE.

54 (C) A SMALL BUSINESS SHALL ONLY BE ELIGIBLE TO PURCHASE SMALL BUSINESS
55 HEALTH INSURANCE POLICIES ISSUED PURSUANT TO THE PROVISIONS OF THIS
56 ARTICLE IF SUCH SMALL BUSINESS HAD NOT, WITHIN SIX MONTHS PRECEDING THE

EFFECTIVE DATE OF THIS ARTICLE, PROVIDED ANY HEALTH BENEFIT COVERAGE TO ELIGIBLE EMPLOYEES; PROVIDED, HOWEVER, THAT ANY SMALL BUSINESS WHICH DID PROVIDE ANY SUCH COVERAGE WITHIN THE PRECEDING SIX MONTHS OF THE EFFECTIVE DATE OF THIS ARTICLE, OR WHICH CURRENTLY HAS IN FORCE SUCH COVERAGE SHALL BECOME ELIGIBLE TO PURCHASE A POLICY ESTABLISHED UNDER THIS ARTICLE TWO YEARS AFTER THE EFFECTIVE DATE OF THIS ARTICLE.

S 5005. CORE BENEFITS. (A) NOTWITHSTANDING ANY PROVISION OF LAW TO THE CONTRARY, SMALL BUSINESS HEALTH INSURANCE POLICIES ISSUED PURSUANT TO THIS ARTICLE SHALL NOT BE SUBJECT TO ANY OTHER MANDATED COVERAGES OR SERVICES, EXCEPT FOR:

(1) MATERNITY CARE, AS DEFINED IN PARAGRAPH FIVE OF SUBSECTION (K) OF SECTION THREE THOUSAND TWO HUNDRED TWENTY-ONE AND SUBSECTION (C) OF SECTION FOUR THOUSAND THREE HUNDRED THREE OF THIS CHAPTER;

(2) NEWBORN CARE, AS DEFINED IN PARAGRAPH TWO OF SUBSECTION (F) OF SECTION FOUR THOUSAND TWO HUNDRED THIRTY-FIVE AND PARAGRAPH ONE OF SUBSECTION (C) OF SECTION FOUR THOUSAND THREE HUNDRED FIVE OF THIS CHAPTER;

(3) EMERGENCY MEDICAL SERVICES, AS DEFINED IN PARAGRAPH FOUR OF SUBSECTION (K) OF SECTION THREE THOUSAND TWO HUNDRED TWENTY-ONE AND PARAGRAPH TWO OF SUBSECTION (A) OF SECTION FOUR THOUSAND THREE HUNDRED THREE OF THIS CHAPTER; AND

(4) MAMMOGRAPHY SCREENING, AS DEFINED IN SUBPARAGRAPH (C) OF PARAGRAPH ELEVEN OF SUBSECTION (L) OF SECTION THREE THOUSAND TWO HUNDRED TWENTY-ONE AND PARAGRAPH THREE OF SUBSECTION (P) OF SECTION FOUR THOUSAND THREE HUNDRED THREE OF THIS CHAPTER.

(B) A SMALL BUSINESS HEALTH INSURANCE POLICY ISSUED PURSUANT TO THIS ARTICLE SHALL PROVIDE COVERAGE FOR AMBULATORY CARE AND FOR INPATIENT AND OUTPATIENT ACUTE MEDICAL AND SURGICAL CARE. THE HOSPITAL AND MEDICAL SERVICES TO BE COVERED SHALL INCLUDE, BUT NOT BE LIMITED TO:

(1) NO LESS THAN THIRTY DAYS HOSPITAL CONFINEMENT;

(2) DEDUCTIBLE AND CO-PAYMENT AMOUNTS WHICH MAY BE GREATER THAN THOSE SPECIFIED IN THE DEPARTMENT REGULATIONS, PROVIDED THAT NO ANNUAL DEDUCTIBLE FOR AN INDIVIDUAL SHALL EXCEED ONE THOUSAND TWO HUNDRED DOLLARS, AND NO ANNUAL DEDUCTIBLE FOR A FAMILY SHALL EXCEED TWO THOUSAND DOLLARS; AND

(3) NO FEWER THAN SIX PHYSICIAN OFFICE VISITS PER YEAR.

(C) A SMALL BUSINESS HEALTH INSURANCE POLICY ISSUED PURSUANT TO THIS ARTICLE MAY INCLUDE LIMITATIONS ON BENEFITS GREATER THAN THOSE SPECIFIED IN THE DEPARTMENT REGULATIONS AND MAY INCLUDE PROVISIONS DESIGNED TO CONTROL POLICY COSTS AND ENCOURAGE COST EFFECTIVE UTILIZATION OF MEDICALLY NECESSARY HEALTH CARE SERVICES. SUCH PROVISIONS MAY INCLUDE, BUT NEED NOT BE LIMITED TO:

(1) PREVENTIVE CARE SERVICES;

(2) PRIOR APPROVAL OF ELECTIVE HOSPITAL ADMISSIONS;

(3) SECOND SURGICAL OPINIONS;

(4) UTILIZATION REVIEW OF HEALTH CARE SERVICES;

(5) USE OF A PREFERRED PROVIDER PLAN, WHICH: (I) LIMITS THE PAYMENT OF THE BENEFITS TO PROVIDERS OF SERVICES WHO HAVE SIGNED AN AGREEMENT WITH THE INSURER, OR ANY INTERMEDIARY ORGANIZATION REPRESENTING THOSE PROVIDERS IN NEGOTIATIONS WITH THE INSURER, REGARDING THE AMOUNT OF SUCH PAYMENTS, OR (II) OFFERS DIFFERENT BENEFITS TO THE PERSON COVERED WHEN PROCURED THROUGH SUCH ORGANIZATION;

(6) PRE-ADMISSION TESTING; AND

(7) ANNUAL AND LIFETIME BENEFIT MAXIMUMS AS DETERMINED BY THE INSURER AND THE SMALL BUSINESS.

1 (D) A SMALL BUSINESS MAY SELECT COVERAGE FOR ADDITIONAL BENEFITS,
2 INCLUDING BUT NOT LIMITED TO OPTICAL AND DENTAL CARE, FOR ALL ELIGIBLE
3 EMPLOYEES AND DEPENDENTS, IF AVAILABLE FROM THE INSURER. THE PROVISIONS
4 OF SUBSECTION (B) OF THIS SECTION MAY, AT THE OPTION OF THE INSURER, BE
5 APPLIED TO ANY ADDITIONAL BENEFITS FOR WHICH COVERAGE IS PROVIDED.
6 S 5006. NOTICE REQUIREMENTS. POLICIES APPROVED FOR USE PURSUANT TO
7 THIS ARTICLE SHALL HAVE PROMINENTLY STAMPED ON THE FACE OF EACH POLICY
8 AND CERTIFICATE THE FOLLOWING NOTICE: "THIS IS A SMALL BUSINESS LIMITED
9 BENEFITS HEALTH INSURANCE POLICY AS APPROVED BY THE NEW YORK STATE
10 INSURANCE DEPARTMENT."
11 S 5007. REPORTING REQUIREMENTS. THE SUPERINTENDENT MAY ISSUE REGU-
12 LATIONS TO FACILITATE DATA COLLECTION CONCERNING THE POLICIES ISSUED
13 PURSUANT TO THIS ARTICLE AND SHALL REPORT ANNUALLY TO THE LEGISLATURE ON
14 THE PROGRESS OF POLICIES ISSUED PURSUANT TO THIS ARTICLE.
15 S 2. This act shall take effect on the forty-fifth day after it shall
16 have become a law.