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## IN ASSEMBLY

March 31, 2014

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

AN ACT to amend the insurance law, in relation to allowing for the use of an affiliate company to meet certain obligations of an insurer

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

Section 1. Subparagraph (A) of paragraph 5 of subsection (c) of section 3216 of the insurance law, as amended by section 46-b of part D of chapter 56 of the laws of 2013, is amended to read as follows:

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(A) Any family policy providing hospital or surgical expense insurance (but not including such insurance against accidental injury only) shall provide that, in the event such insurance on any person, other than the policyholder, is terminated because the person is no longer within the definition of the family as set forth in the policy but before such person has attained the limiting age, if any, for coverage of adults specified in the policy, such person shall be entitled to have issued to that person by the insurer, without evidence of insurability, application therefor and payment of the first premium, within sixty days after such insurance shall have terminated, an individual conversion policy that contains the benefits described in paragraph one of section four thousand three hundred twenty-eight of subsection (b) of this chapter. The insurer shall offer one policy at each level of coverage as defined in section 1302(d) of the affordable care act, 42 U.S.C. The individual may choose any such policy offered by the 18022(d). PROVIDED, HOWEVER, THE SUPERINTENDENT MAY, AFTER GIVING DUE CONSIDERATION TO THE PUBLIC INTEREST, APPROVE A REQUEST MADE BY AN INSURER FOR THE INSURER TO SATISFY THE REQUIREMENTS OF THIS SUBPARAGRAPH THROUGH THE OFFERING OF POLICIES THAT COMPLY WITH THIS SUBPARAGRAPH CORPORATION OR HEALTH MAINTENANCE ORGANIZATION WITHIN ANOTHER INSURER, THE INSURER'S HOLDING COMPANY SYSTEM, AS DEFINED IN ARTICLE FIFTEEN THIS CHAPTER. The conversion privilege afforded herein shall also be available upon the divorce or annulment of the marriage of the policy-

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

holder to the former spouse of such policyholder.

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S 2. Paragraph 2 of subsection (g) of section 3216 of the insurance law is amended by adding a new subparagraph (E) to read as follows:

- (E) THE SUPERINTENDENT MAY, AFTER GIVING DUE CONSIDERATION TO THE PUBLIC INTEREST, APPROVE A REQUEST MADE BY AN INSURER FOR THE INSURER TO SATISFY THE REQUIREMENTS OF SUBPARAGRAPH (C) OF THIS PARAGRAPH THROUGH THE OFFERING OF POLICIES AT EACH LEVEL OF COVERAGE AS DEFINED IN SECTION 1302(D) OF THE AFFORDABLE CARE ACT, 42 U.S.C. S 18022(D) THAT CONTAINS THE BENEFITS DESCRIBED IN PARAGRAPH ONE OF SUBSECTION (B) OF SECTION FOUR THOUSAND THREE HUNDRED TWENTY-EIGHT OF THIS CHAPTER BY ANOTHER INSURER, CORPORATION OR HEALTH MAINTENANCE ORGANIZATION WITHIN THE INSURER'S SAME HOLDING COMPANY SYSTEM, AS DEFINED IN ARTICLE FIFTEEN OF THIS CHAPTER.
- S 3. Subsection (g) of section 3221 of the insurance law, as added by section 49 of part D of chapter 56 of the laws of 2013, is amended to read as follows:
- (g) For conversion purposes, an insurer shall offer to the employee or member a policy at each level of coverage as defined in section 1302(d) of the affordable care act, 42 U.S.C. S 18022(d) that contains the benefits described in paragraph one of subsection (b) of section four thousand three hundred twenty-eight of this chapter. PROVIDED, HOWEVER, THE SUPERINTENDENT MAY, AFTER GIVING DUE CONSIDERATION TO THE PUBLIC EST, APPROVE A REQUEST MADE BY AN INSURER FOR THE INSURER TO SATISFY THE REOUIREMENTS OF THIS SUBSECTION AND SUBSECTIONS (E) AND (F) OF THIS SECTION THROUGH THE OFFERING OF POLICIES THAT COMPLY WITH BY ANOTHER INSURER, CORPORATION OR HEALTH MAINTENANCE ORGAN-SUBSECTION IZATION WITHIN THE INSURER'S HOLDING COMPANY SYSTEM, AS DEFINED IN ARTI-CLE FIFTEEN OF THIS CHAPTER.
- S 4. Item (i) of subparagraph (C) of paragraph 2 of subsection (c) of section 4304 of the insurance law, as amended by section 43-a of part D of chapter 56 of the laws of 2013, is amended to read as follows:
- (i) Discontinuance of a class of contract upon not less than months' prior written notice. In exercising the option to discontinue coverage pursuant to this item, the corporation must act uniformly without regard to any health status-related factor of enrolled individuals individuals who may become eligible for such coverage and must offer to subscribers or group remitting agents, as may be appropriate, option to purchase all other individual health insurance coverage currently being offered by the corporation to applicants in that market. PROVIDED, HOWEVER, THE SUPERINTENDENT MAY, AFTER GIVING DUE CONSIDER-TO THE PUBLIC INTEREST, APPROVE A REQUEST MADE BY A CORPORATION FOR THE CORPORATION TO SATISFY THE REQUIREMENTS OF THIS ITEM THROUGH THE OFFERING OF CONTRACTS AT EACH LEVEL OF COVERAGE AS DEFINED IN 1302(D) OF THE AFFORDABLE CARE ACT, 42 U.S.C. S 18022(D) THAT CONTAINS THE BENEFITS DESCRIBED IN PARAGRAPH ONE OF SUBSECTION (B) THOUSAND THREE HUNDRED TWENTY-EIGHT OF THIS CHAPTER BY ANOTHER CORPORATION, INSURER OR HEALTH MAINTENANCE ORGANIZATION WITHIN CORPORATION'S SAME HOLDING COMPANY SYSTEM, AS DEFINED IN ARTICLE FIFTEEN OF THIS CHAPTER.
- S 5. Paragraph 1 of subsection (e) of section 4304 of the insurance law, as amended by section 51 of part D of chapter 56 of the laws of 2013, is amended to read as follows:
- (1) If any such contract is terminated in accordance with the provisions of paragraph one of subsection (c) of this section, or any such contract is terminated because of a default by the remitting agent in the payment of premiums not cured within the grace period and the remitting agent has not replaced the contract with similar and contin-

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uous coverage for the same group whether insured or self-insured, or any such contract is terminated in accordance with the provisions of subpar-3 agraph (E) of paragraph two of subsection (c) of this section, or if individual other than the contract holder is no longer covered under a 5 "family contract" because the individual is no longer within the defi-6 nition set forth in the contract, or a spouse is no longer covered under 7 the contract because of divorce from the contract holder or annulment of 8 the marriage, or any such contract is terminated because of the death of the contract holder, then such individual, former spouse, or in the case 9 10 of the death of the contract holder the surviving spouse or other depen-11 dents of the deceased contract holder covered under the contract, as the 12 case may be, shall be entitled to convert, without evidence of insura-13 bility, upon application therefor and the making of the first payment 14 thereunder within sixty days after the date of termination of such 15 contract, to a contract that contains the benefits described in paragraph one of subsection (b) of section four thousand three hundred twen-16 17 ty-eight of this chapter. The corporation shall offer one contract at 18 each level of coverage as defined in section 1302(d) of the affordable 19 42 U.S.C. S 18022(d). The individual may choose any such contract offered by the corporation. PROVIDED, HOWEVER, THE SUPERINTEN-20 DENT MAY, AFTER GIVING DUE CONSIDERATION TO THE PUBLIC INTEREST, APPROVE 21 22 A REQUEST MADE BY A CORPORATION FOR THE CORPORATION TO SATISFY 23 REQUIREMENTS OF THIS PARAGRAPH THROUGH THE OFFERING OF CONTRACTS THAT 24 COMPLY WITH THIS PARAGRAPH BY ANOTHER CORPORATION, INSURER OR HEALTH 25 ORGANIZATION WITHIN THE CORPORATION'S SAME HOLDING COMPANY MAINTENANCE 26 SYSTEM, AS DEFINED IN ARTICLE FIFTEEN OF THIS CHAPTER. The 27 date of the coverage provided by the converted direct payment contract 28 shall be the date of the termination of coverage under the contract from 29 which conversion was made. 30

- S 6. Subparagraph (A) of paragraph 1 of subsection (d) of section 4305 of the insurance law, as amended by section 52 of part D of chapter 56 of the laws of 2013, is amended to read as follows:
- 33 (A) A group contract issued pursuant to this section shall contain a 34 provision to the effect that in case of a termination of coverage under such contract of any member of the group because of (i) termination for 35 any reason whatsoever of the member's employment or membership, or (ii) 36 37 termination for any reason whatsoever of the group contract itself 38 unless the group contract holder has replaced the group contract with 39 similar and continuous coverage for the same group whether insured or 40 self-insured, the member shall be entitled to have issued to the member the corporation, without evidence of insurability, upon application 41 therefor and payment of the first premium made to the corporation within 42 43 sixty days after termination of the coverage, an individual direct 44 payment contract, covering such member and the member's eligible depen-45 dents who were covered by the group contract, which provides coverage contains the benefits described in paragraph one of subsection (b) 46 47 of section four thousand three hundred twenty-eight of this chapter. The 48 corporation shall offer one contract at each level of coverage as 49 in section 1302(d) of the affordable care act, 42 U.S.C. S 50 18022(d). The member may choose any such contract offered by the corpo-51 PROVIDED, HOWEVER, THE SUPERINTENDENT MAY, AFTER GIVING DUE CONSIDERATION TO THE PUBLIC INTEREST, APPROVE A REQUEST MADE BY A CORPO-52 RATION FOR THE CORPORATION TO SATISFY THE REQUIREMENTS OF THIS 53 54 GRAPH THROUGH THE OFFERING OF CONTRACTS THAT COMPLY WITH THIS SUBPARA-GRAPH BY ANOTHER CORPORATION, INSURER OR HEALTH MAINTENANCE ORGANIZATION

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WITHIN THE CORPORATION'S SAME HOLDING COMPANY SYSTEM, AS DEFINED IN

- 2 ARTICLE FIFTEEN OF THIS CHAPTER.
- 3 S 7. This act shall take effect immediately.