

2331--B

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I N S E N A T E

January 16, 2013

Introduced by Sens. KLEIN, AVELLA, CARLUCCI, SAVINO, VALESKY -- read twice and ordered printed, and when printed to be committed to the Committee on Insurance -- recommitted to the Committee on Insurance in accordance with Senate Rule 6, sec. 8 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- reported favorably from said committee, ordered to first and second report, ordered to a third reading, amended and ordered reprinted, retaining its place in the order of third reading

AN ACT to amend the insurance law and the public health law, in relation to making actuarially appropriate reductions in health insurance premiums in return for an enrollee's or insured's participation in a qualified wellness program

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

1 Section 1. Section 3231 of the insurance law, as added by chapter 501  
2 of the laws of 1992, is amended by adding a new subsection (c-1) to read  
3 as follows:  
4 (C-1) SUBJECT TO THE APPROVAL OF THE SUPERINTENDENT, AN INSURER OR  
5 HEALTH MAINTENANCE ORGANIZATION ISSUING AN INDIVIDUAL OR GROUP HEALTH  
6 INSURANCE POLICY PURSUANT TO THIS SECTION MAY PROVIDE FOR AN ACTUARIALLY  
7 APPROPRIATE REDUCTION IN PREMIUM RATES OR OTHER BENEFITS OR ENHANCEMENTS  
8 APPROVED BY THE SUPERINTENDENT TO ENCOURAGE AN ENROLLEE'S OR INSURED'S  
9 ACTIVE PARTICIPATION IN A QUALIFIED WELLNESS PROGRAM. A QUALIFIED WELL-  
10 NESS PROGRAM CAN BE A RISK MANAGEMENT SYSTEM THAT IDENTIFIES AT-RISK  
11 POPULATIONS OR ANY OTHER SYSTEMATIC PROGRAM OR COURSE OF MEDICAL CONDUCT  
12 WHICH HELPS TO PROMOTE PHYSICAL AND MENTAL FITNESS, HEALTH AND WELL-BE-  
13 ING, HELPS TO PREVENT OR MITIGATE THE CONDITIONS OF ACUTE OR CHRONIC  
14 SICKNESS, DISEASE OR PAIN, OR WHICH MINIMIZES ADVERSE HEALTH CONSE-  
15 QUENCES DUE TO LIFESTYLE. SUCH A WELLNESS PROGRAM MAY HAVE SOME OR ALL  
16 OF THE FOLLOWING ELEMENTS TO ADVANCE THE PHYSICAL HEALTH AND MENTAL  
17 WELL-BEING OF ITS PARTICIPANTS:

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

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1 (1) AN EDUCATION PROGRAM TO INCREASE THE AWARENESS OF AND DISSEM-  
2 INATION OF INFORMATION ABOUT PURSUING HEALTHIER LIFESTYLES, AND WHICH  
3 WARNS ABOUT RISKS OF PURSUING ENVIRONMENTAL OR BEHAVIORAL ACTIVITIES  
4 THAT ARE DETRIMENTAL TO HUMAN HEALTH. IN ADDITION, INFORMATION ON THE  
5 AVAILABILITY OF HEALTH SCREENING TESTS TO ASSIST IN THE EARLY IDENTIFI-  
6 CATION AND TREATMENT OF DISEASES SUCH AS CANCER, HEART DISEASE, HYPER-  
7 TENSION, DIABETES, ASTHMA, OBESITY OR OTHER ADVERSE HEALTH AFFLICTIONS;

8 (2) A PROGRAM THAT ENCOURAGES BEHAVIORAL PRACTICES THAT EITHER ENCOUR-  
9 AGES HEALTHY LIVING ACTIVITIES OR DISCOURAGES UNHEALTHY LIVING ACTIV-  
10 ITIES. SUCH ACTIVITIES OR PRACTICES MAY INCLUDE WELLNESS PROGRAMS, AS  
11 PROVIDED UNDER SECTION THREE THOUSAND TWO HUNDRED THIRTY-NINE OF THIS  
12 ARTICLE; AND

13 (3) THE MONITORING OF THE PROGRESS OF EACH COVERED PERSON TO TRACK HIS  
14 OR HER ADHERENCE TO SUCH WELLNESS PROGRAM AND TO PROVIDE ASSISTANCE AND  
15 MORAL SUPPORT TO SUCH COVERED PERSON TO ASSIST HIM OR HER TO ATTAIN THE  
16 GOALS OF THE COVERED PERSON'S WELLNESS PROGRAM.

17 SUCH WELLNESS PROGRAM SHALL DEMONSTRATE ACTUARIALLY THAT IT ENCOURAGES  
18 THE GENERAL GOOD HEALTH AND WELL-BEING OF THE COVERED POPULATION. THE  
19 INSURER OR HEALTH MAINTENANCE ORGANIZATION SHALL NOT REQUIRE SPECIFIC  
20 OUTCOMES AS A RESULT OF AN ENROLLEE'S OR INSURED'S ADHERENCE TO THE  
21 APPROVED WELLNESS PROGRAM.

22 S 2. Subsections (a), (b) and (c) of section 3239 of the insurance  
23 law, as added by chapter 592 of the laws of 2008, paragraphs 6 and 7 of  
24 subsection (b) and subparagraphs (C) and (D) of paragraph 2 of  
25 subsection (c) as amended, and paragraph 8 of subsection (b) and subpar-  
26 agraphs (E) and (F) of paragraph 2 of subsection (c) as added by chapter  
27 519 of the laws of 2013, are amended to read as follows:

28 (a) An insurer licensed to write accident and health insurance, a  
29 corporation organized pursuant to article forty-three of this chapter, a  
30 health maintenance organization certified pursuant to article forty-four  
31 of the public health law and a municipal cooperative health benefits  
32 plan may establish a wellness program in conjunction with its issuance  
33 of a group accident and health insurance policy or group subscriber  
34 contract. A "wellness program" is a program designed to promote health  
35 and prevent disease that may contain rewards and incentives for partic-  
36 ipation. Participation in the wellness program shall be available to  
37 similarly-situated members of the group and shall be voluntary on the  
38 part of the member. The SPECIFIC terms of the wellness program shall be  
39 set forth in the policy or contract, OR IN A SEPARATE DOCUMENT PROVIDED  
40 TO INSUREDS AND MEMBERS WHICH SHALL BE CONSISTENT WITH THE PROVISIONS OF  
41 THIS SECTION.

42 (b) A wellness program may include, but is not limited to, the follow-  
43 ing programs or services:

44 (1) the use of a health risk assessment tool;

45 (2) a smoking cessation program;

46 (3) a weight management program;

47 (4) a stress AND/OR HYPERTENSION management program;

48 (5) a worker injury prevention program;

49 (6) a nutrition education program;

50 (7) health or fitness incentive programs; [and]

51 (8) a coordinated weight management, nutrition, stress management and  
52 physical fitness program to combat the high incidence of adult and  
53 childhood obesity, asthma and other chronic respiratory conditions[.];

54 (9) ASSISTANCE, FINANCIAL OR OTHERWISE, PROVIDED TO AN EMPLOYER FOR  
55 HEALTH PROMOTION AND DISEASE PREVENTION;

1 (10) INCENTIVES FOR INSURED OR MEMBERS TO ACCESS PREVENTIVE SERVICES,  
2 SUCH AS MAMMOGRAPHY SCREENING;

3 (11) A SUBSTANCE OR ALCOHOL ABUSE CESSATION PROGRAM; AND

4 (12) A PROGRAM TO MANAGE AND COPE WITH CHRONIC PAIN.

5 (c)(1) A wellness program may use rewards and incentives for partic-  
6 ipation provided that where the group health insurance policy or  
7 subscriber contract is required to be community-rated, the rewards and  
8 incentives shall not include a discounted premium rate or a rebate or  
9 refund of premium, EXCEPT AS PROVIDED IN SECTION THREE THOUSAND TWO  
10 HUNDRED THIRTY-ONE OF THIS ARTICLE, OR SECTION FOUR THOUSAND TWO HUNDRED  
11 THIRTY-FIVE, FOUR THOUSAND THREE HUNDRED SEVENTEEN OR FOUR THOUSAND  
12 THREE HUNDRED TWENTY-SIX OF THIS CHAPTER, OR SECTION FORTY-FOUR HUNDRED  
13 FIVE OF THE PUBLIC HEALTH LAW.

14 (2) Permissible rewards and incentives MAY include:

15 (A) full or partial reimbursement of the cost of participating in  
16 smoking cessation [or], weight management, STRESS AND/OR HYPERTENSION,  
17 WORKER INJURY PREVENTION, NUTRITION EDUCATION, SUBSTANCE OR ALCOHOL  
18 ABUSE CESSATION, OR CHRONIC PAIN MANAGEMENT AND COPING programs;

19 (B) full or partial reimbursement of the cost of membership in a  
20 health club or fitness center;

21 (C) the waiver or reduction of copayments, coinsurance and deductibles  
22 for preventive services covered under the group policy or subscriber  
23 contract;

24 (D) monetary rewards in the form of gift cards or gift certificates,  
25 so long as the recipient of the reward is encouraged to use the reward  
26 for a product or a service that promotes good health, such as healthy  
27 cook books, over the counter vitamins or exercise equipment;

28 (E) full or partial reimbursement of the cost of participating in a  
29 stress management program or activity; and

30 (F) full or partial reimbursement of the cost of participating in a  
31 health or fitness program.

32 (3) Where the reward involves a group member's meeting a specified  
33 standard based on a health condition, the wellness program must meet the  
34 requirements of 45 CFR Part 146.

35 (4) A reward or incentive which involves a discounted premium rate or  
36 a rebate or refund of premium shall be based on actuarial demonstration  
37 that the wellness program can reasonably be expected to result in the  
38 overall good health and well being of the group AS PROVIDED IN SECTION  
39 THREE THOUSAND TWO HUNDRED THIRTY-ONE OF THIS ARTICLE, SECTIONS FOUR  
40 THOUSAND TWO HUNDRED THIRTY-FIVE, FOUR THOUSAND THREE HUNDRED SEVENTEEN  
41 AND FOUR THOUSAND THREE HUNDRED TWENTY-SIX OF THIS CHAPTER, AND SECTION  
42 FORTY-FOUR HUNDRED FIVE OF THE PUBLIC HEALTH LAW.

43 S 3. Subsection (h) of section 4235 of the insurance law is amended by  
44 adding a new paragraph 5 to read as follows:

45 (5) EACH INSURER DOING BUSINESS IN THIS STATE, WHEN FILING WITH THE  
46 SUPERINTENDENT ITS SCHEDULES OF PREMIUM RATES, RULES AND CLASSIFICATION  
47 OF RISKS FOR USE IN CONNECTION WITH THE ISSUANCE OF ITS POLICIES OF  
48 GROUP ACCIDENT, GROUP HEALTH OR GROUP ACCIDENT AND HEALTH INSURANCE, MAY  
49 PROVIDE FOR AN ACTUARIALLY APPROPRIATE REDUCTION IN PREMIUM RATES OR  
50 OTHER BENEFITS OR ENHANCEMENTS APPROVED BY THE SUPERINTENDENT TO ENCOUR-  
51 AGE AN ENROLLEE'S OR INSURED'S ACTIVE PARTICIPATION IN A QUALIFIED WELL-  
52 NESS PROGRAM. A QUALIFIED WELLNESS PROGRAM CAN BE A RISK MANAGEMENT  
53 SYSTEM THAT IDENTIFIES AT-RISK POPULATIONS OR ANY OTHER SYSTEMATIC  
54 PROGRAM OR COURSE OF MEDICAL CONDUCT WHICH HELPS TO PROMOTE PHYSICAL AND  
55 MENTAL FITNESS, HEALTH AND WELL-BEING, HELPS TO PREVENT OR MITIGATE THE  
56 CONDITIONS OF ACUTE OR CHRONIC SICKNESS, DISEASE OR PAIN, OR WHICH MINI-

1 MIZES ADVERSE HEALTH CONSEQUENCES DUE TO LIFESTYLE. SUCH A WELLNESS  
2 PROGRAM MAY HAVE SOME OR ALL OF THE FOLLOWING ELEMENTS TO ADVANCE THE  
3 PHYSICAL HEALTH AND MENTAL WELL-BEING OF ITS PARTICIPANTS:

4 (A) AN EDUCATION PROGRAM TO INCREASE THE AWARENESS OF AND DISSEM-  
5 INATION OF INFORMATION ABOUT PURSUING HEALTHIER LIFESTYLES, AND WHICH  
6 WARNS ABOUT RISKS OF PURSUING ENVIRONMENTAL OR BEHAVIORAL ACTIVITIES  
7 THAT ARE DETRIMENTAL TO HUMAN HEALTH. IN ADDITION, INFORMATION ON THE  
8 AVAILABILITY OF HEALTH SCREENING TESTS TO ASSIST IN THE EARLY IDENTIFI-  
9 CATION AND TREATMENT OF DISEASES SUCH AS CANCER, HEART DISEASE, HYPER-  
10 TENSION, DIABETES, ASTHMA, OBESITY OR OTHER ADVERSE HEALTH AFFLICTIONS;

11 (B) A PROGRAM THAT ENCOURAGES BEHAVIORAL PRACTICES THAT EITHER ENCOUR-  
12 AGES HEALTHY LIVING ACTIVITIES OR DISCOURAGES UNHEALTHY LIVING ACTIV-  
13 ITIES. SUCH ACTIVITIES OR PRACTICES MAY INCLUDE WELLNESS PROGRAMS, AS  
14 PROVIDED UNDER SECTION THREE THOUSAND TWO HUNDRED THIRTY-NINE OF THIS  
15 CHAPTER;

16 (C) THE MONITORING OF THE PROGRESS OF EACH COVERED PERSON TO TRACK HIS  
17 OR HER ADHERENCE TO SUCH WELLNESS PROGRAM AND TO PROVIDE ASSISTANCE AND  
18 MORAL SUPPORT TO SUCH COVERED PERSON TO ASSIST HIM OR HER TO ATTAIN THE  
19 GOALS OF THE COVERED PERSON'S WELLNESS PROGRAM.

20 SUCH WELLNESS PROGRAM SHALL DEMONSTRATE ACTUARIALLY THAT IT ENCOURAGES  
21 THE GENERAL GOOD HEALTH AND WELL-BEING OF THE COVERED POPULATION. THE  
22 INSURER OR HEALTH MAINTENANCE ORGANIZATION SHALL NOT REQUIRE SPECIFIC  
23 OUTCOMES AS A RESULT OF AN ENROLLEE'S OR INSURED'S ADHERENCE TO THE  
24 APPROVED WELLNESS PROGRAM.

25 S 4. Section 4317 of the insurance law is amended by adding a new  
26 subsection (c-1) to read as follows:

27 (C-1) SUBJECT TO THE APPROVAL OF THE SUPERINTENDENT, AN INSURER OR  
28 HEALTH MAINTENANCE ORGANIZATION ISSUING AN INDIVIDUAL OR GROUP HEALTH  
29 INSURANCE CONTRACT PURSUANT TO THIS SECTION MAY PROVIDE FOR AN ACTUARI-  
30 ALLY APPROPRIATE REDUCTION IN PREMIUM RATES OR OTHER BENEFITS OR  
31 ENHANCEMENTS APPROVED BY THE SUPERINTENDENT TO ENCOURAGE AN ENROLLEE'S  
32 OR INSURED'S ACTIVE PARTICIPATION IN A QUALIFIED WELLNESS PROGRAM. A  
33 QUALIFIED WELLNESS PROGRAM CAN BE A RISK MANAGEMENT SYSTEM THAT IDENTI-  
34 FIES AT-RISK POPULATIONS OR ANY OTHER SYSTEMATIC PROGRAM OR COURSE OF  
35 MEDICAL CONDUCT WHICH HELPS TO PROMOTE PHYSICAL AND MENTAL FITNESS,  
36 HEALTH AND WELL-BEING, HELPS TO PREVENT OR MITIGATE THE CONDITIONS OF  
37 ACUTE OR CHRONIC SICKNESS, DISEASE OR PAIN, OR WHICH MINIMIZES ADVERSE  
38 HEALTH CONSEQUENCES DUE TO LIFESTYLE. SUCH A WELLNESS PROGRAM MAY HAVE  
39 SOME OR ALL OF THE FOLLOWING ELEMENTS TO ADVANCE THE PHYSICAL HEALTH AND  
40 MENTAL WELL-BEING OF ITS PARTICIPANTS:

41 (1) AN EDUCATION PROGRAM TO INCREASE THE AWARENESS OF AND DISSEM-  
42 INATION OF INFORMATION ABOUT PURSUING HEALTHIER LIFESTYLES, AND WHICH  
43 WARNS ABOUT RISKS OF PURSUING ENVIRONMENTAL OR BEHAVIORAL ACTIVITIES  
44 THAT ARE DETRIMENTAL TO HUMAN HEALTH. IN ADDITION, INFORMATION ON THE  
45 AVAILABILITY OF HEALTH SCREENING TESTS TO ASSIST IN THE EARLY IDENTIFI-  
46 CATION AND TREATMENT OF DISEASES SUCH AS CANCER, HEART DISEASE, HYPER-  
47 TENSION, DIABETES, ASTHMA, OBESITY OR OTHER ADVERSE HEALTH AFFLICTIONS;

48 (2) A PROGRAM THAT ENCOURAGES BEHAVIORAL PRACTICES THAT EITHER ENCOUR-  
49 AGES HEALTHY LIVING ACTIVITIES OR DISCOURAGES UNHEALTHY LIVING ACTIV-  
50 ITIES. SUCH ACTIVITIES OR PRACTICES MAY INCLUDE WELLNESS PROGRAMS, AS  
51 PROVIDED UNDER SECTION THREE THOUSAND TWO HUNDRED THIRTY-NINE OF THIS  
52 CHAPTER; AND

53 (3) THE MONITORING OF THE PROGRESS OF EACH COVERED PERSON TO TRACK HIS  
54 OR HER ADHERENCE TO SUCH WELLNESS PROGRAM AND TO PROVIDE ASSISTANCE AND  
55 MORAL SUPPORT TO SUCH COVERED PERSON TO ASSIST HIM OR HER TO ATTAIN THE  
56 GOALS OF THE COVERED PERSON'S WELLNESS PROGRAM.

1 SUCH WELLNESS PROGRAM SHALL DEMONSTRATE ACTUARIALLY THAT IT ENCOURAGES  
2 THE GENERAL GOOD HEALTH AND WELL-BEING OF THE COVERED POPULATION. THE  
3 INSURER OR HEALTH MAINTENANCE ORGANIZATION SHALL NOT REQUIRE SPECIFIC  
4 OUTCOMES AS A RESULT OF AN ENROLLEE'S OR INSURED'S ADHERENCE TO THE  
5 APPROVED WELLNESS PROGRAM.

6 S 5. Subsection (m) of section 4326 of the insurance law is amended by  
7 adding a new paragraph 4 to read as follows:

8 (4) APPROVAL OF THE SUPERINTENDENT, AN INSURER OR HEALTH MAINTENANCE  
9 ORGANIZATION ISSUING A CONTRACT FOR QUALIFYING SMALL EMPLOYERS OR INDI-  
10 VIDUALS PURSUANT TO THIS SECTION MAY PROVIDE FOR AN ACTUARIALLY APPRO-  
11 PRIATE REDUCTION IN PREMIUM RATES OR OTHER BENEFITS OR ENHANCEMENTS  
12 APPROVED BY THE SUPERINTENDENT TO ENCOURAGE AN ENROLLEE'S OR INSURED'S  
13 ACTIVE PARTICIPATION IN A QUALIFIED WELLNESS PROGRAM. A QUALIFIED WELL-  
14 NESS PROGRAM CAN BE A RISK MANAGEMENT SYSTEM THAT IDENTIFIES AT-RISK  
15 POPULATIONS OR ANY OTHER SYSTEMATIC PROGRAM OR COURSE OF MEDICAL CONDUCT  
16 WHICH HELPS TO PROMOTE PHYSICAL AND MENTAL FITNESS, HEALTH AND WELL-BE-  
17 ING, HELPS TO PREVENT OR MITIGATE THE CONDITIONS OF ACUTE OR CHRONIC  
18 SICKNESS, DISEASE OR PAIN, OR WHICH MINIMIZES ADVERSE HEALTH CONSE-  
19 QUENCES DUE TO LIFESTYLE. SUCH A WELLNESS PROGRAM MAY HAVE SOME OR ALL  
20 OF THE FOLLOWING ELEMENTS TO ADVANCE THE PHYSICAL HEALTH AND MENTAL  
21 WELL-BEING OF ITS PARTICIPANTS:

22 (1) AN EDUCATION PROGRAM TO INCREASE THE AWARENESS OF AND DISSEM-  
23 INATION OF INFORMATION ABOUT PURSUING HEALTHIER LIFESTYLES, AND WHICH  
24 WARNS ABOUT RISKS OF PURSUING ENVIRONMENTAL OR BEHAVIORAL ACTIVITIES  
25 THAT ARE DETRIMENTAL TO HUMAN HEALTH. IN ADDITION, INFORMATION ON THE  
26 AVAILABILITY OF HEALTH SCREENING TESTS TO ASSIST IN THE EARLY IDENTIFI-  
27 CATION AND TREATMENT OF DISEASES SUCH AS CANCER, HEART DISEASE, HYPER-  
28 TENSION, DIABETES, ASTHMA, OBESITY OR OTHER ADVERSE HEALTH AFFLICTIONS;

29 (2) A PROGRAM THAT ENCOURAGES BEHAVIORAL PRACTICES THAT EITHER ENCOUR-  
30 AGES HEALTHY LIVING ACTIVITIES OR DISCOURAGES UNHEALTHY LIVING ACTIV-  
31 ITIES. SUCH ACTIVITIES OR PRACTICES MAY INCLUDE WELLNESS PROGRAMS, AS  
32 PROVIDED UNDER SECTION THREE THOUSAND TWO HUNDRED THIRTY-NINE OF THIS  
33 CHAPTER; AND

34 (3) THE MONITORING OF THE PROGRESS OF EACH COVERED PERSON TO TRACK HIS  
35 OR HER ADHERENCE TO SUCH WELLNESS PROGRAM AND TO PROVIDE ASSISTANCE AND  
36 MORAL SUPPORT TO SUCH COVERED PERSON TO ASSIST HIM OR HER TO ATTAIN THE  
37 GOALS OF THE COVERED PERSON'S WELLNESS PROGRAM.

38 SUCH WELLNESS PROGRAM SHALL DEMONSTRATE ACTUARIALLY THAT IT ENCOURAGES  
39 THE GENERAL GOOD HEALTH AND WELL-BEING OF THE COVERED POPULATION. THE  
40 INSURER OR HEALTH MAINTENANCE ORGANIZATION SHALL NOT REQUIRE SPECIFIC  
41 OUTCOMES AS A RESULT OF AN ENROLLEE'S OR INSURED'S ADHERENCE TO THE  
42 APPROVED WELLNESS PROGRAM.

43 S 6. Section 4405 of the public health law is amended by adding a new  
44 subdivision 5-a to read as follows:

45 5-A. SUBJECT TO THE APPROVAL OF THE SUPERINTENDENT OF FINANCIAL  
46 SERVICES, THE POSSIBLE PROVIDING OF AN ACTUARIALLY APPROPRIATE REDUCTION  
47 IN PREMIUM RATES OR OTHER BENEFITS OR ENHANCEMENTS APPROVED BY THE  
48 SUPERINTENDENT OF FINANCIAL SERVICES TO ENCOURAGE AN ENROLLEE'S ACTIVE  
49 PARTICIPATION IN A QUALIFIED WELLNESS PROGRAM. A QUALIFIED WELLNESS  
50 PROGRAM CAN BE A RISK MANAGEMENT SYSTEM THAT IDENTIFIES AT-RISK POPU-  
51 LATIONS OR ANY OTHER SYSTEMATIC PROGRAM OR COURSE OF MEDICAL CONDUCT  
52 WHICH HELPS TO PROMOTE PHYSICAL AND MENTAL FITNESS, HEALTH AND WELL-BE-  
53 ING, HELPS TO PREVENT OR MITIGATE THE CONDITIONS OF ACUTE OR CHRONIC  
54 SICKNESS, DISEASE OR PAIN, OR WHICH MINIMIZES ADVERSE HEALTH CONSE-  
55 QUENCES DUE TO LIFESTYLE. SUCH A WELLNESS PROGRAM MAY HAVE SOME OR ALL

1 OF THE FOLLOWING ELEMENTS TO ADVANCE THE PHYSICAL HEALTH AND MENTAL  
2 WELL-BEING OF ITS PARTICIPANTS:

3 (1) AN EDUCATION PROGRAM TO INCREASE THE AWARENESS OF AND DISSEM-  
4 INATION OF INFORMATION ABOUT PURSUING HEALTHIER LIFESTYLES, AND WHICH  
5 WARNS ABOUT RISKS OF PURSUING ENVIRONMENTAL OR BEHAVIORAL ACTIVITIES  
6 THAT ARE DETRIMENTAL TO HUMAN HEALTH. IN ADDITION, INFORMATION ON THE  
7 AVAILABILITY OF HEALTH SCREENING TESTS TO ASSIST IN THE EARLY IDENTIFI-  
8 CATION AND TREATMENT OF DISEASES SUCH AS CANCER, HEART DISEASE, HYPER-  
9 TENSION, DIABETES, ASTHMA, OBESITY OR OTHER ADVERSE HEALTH AFFLICTIONS;

10 (2) A PROGRAM THAT ENCOURAGES BEHAVIORAL PRACTICES THAT EITHER ENCOUR-  
11 AGES HEALTHY LIVING ACTIVITIES OR DISCOURAGES UNHEALTHY LIVING ACTIV-  
12 ITIES. SUCH ACTIVITIES OR PRACTICES MAY INCLUDE WELLNESS PROGRAMS, AS  
13 PROVIDED UNDER SECTION THREE THOUSAND TWO HUNDRED THIRTY-NINE OF THE  
14 INSURANCE LAW; AND

15 (3) THE MONITORING OF THE PROGRESS OF EACH COVERED PERSON TO TRACK HIS  
16 OR HER ADHERENCE TO SUCH WELLNESS PROGRAM AND TO PROVIDE ASSISTANCE AND  
17 MORAL SUPPORT TO SUCH COVERED PERSON TO ASSIST HIM OR HER TO ATTAIN THE  
18 GOALS OF THE COVERED PERSON'S WELLNESS PROGRAM.

19 SUCH WELLNESS PROGRAM SHALL DEMONSTRATE ACTUARIALLY THAT IT ENCOURAGES  
20 THE GENERAL GOOD HEALTH AND WELL-BEING OF THE COVERED POPULATION. THE  
21 HEALTH MAINTENANCE ORGANIZATION SHALL NOT REQUIRE SPECIFIC OUTCOMES AS A  
22 RESULT OF AN ENROLLEE'S ADHERENCE TO THE APPROVED WELLNESS PROGRAM;

23 S 7. This act shall take effect on the one hundred eightieth day after  
24 it shall have become a law; provided that, effective immediately any  
25 rules and regulations necessary to implement the provisions of this act  
26 on its effective date are authorized and directed to be added, amended  
27 and/or repealed on or before such date.