

2791

2015-2016 Regular Sessions

I N S E N A T E

January 29, 2015

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

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

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

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

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

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

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

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

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

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

(4) [(A) The provisions of paragraph two of this subsection shall not apply to any group remittance group or group contract holder with fifty or fewer employees who is a group remittance group or group contract holder of a policy that is subject to the provisions of this section; provided however that a hospital service corporation or health service corporation must make available, and if requested by such group remitting agent or group contract holder, provide the coverage as specified in paragraph two of this subsection. Written notice of the availability of such coverage shall be delivered to the remitting agent or group contract holder prior to inception of such contract and annually thereafter.

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

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

(1) A medical expense indemnity corporation or a health service corporation, which provides group, group remittance or school blanket coverage OR GROUP OR INDIVIDUAL COVERAGE PURSUANT TO SECTION FOUR THOUSAND THREE HUNDRED TWENTY-SIX OF THIS ARTICLE for physician services, shall provide as part of its contract broad-based coverage for the diagnosis and treatment of mental, nervous or emotional disorders or ailments, however defined in such contract, at least equal to the coverage provided for other health conditions and shall include: benefits for outpatient care provided by a psychiatrist or psychologist licensed to practice in this state, a licensed clinical social worker who meets the requirements of subsection (n) of this section, or a professional corporation or university faculty practice corporation thereof, which benefits may be limited to not less than twenty visits in any contract year, plan year or calendar year. Such coverage may be provided on a contract year, plan year or calendar year basis and shall be consistent with the provision of other benefits under the contract. Such coverage may be subject to annual deductibles, co-pays and coinsurance as may be deemed appropriate by the superintendent and shall be consistent with those imposed on other benefits under the contract. In the event the group remittance group or contract holder is provided coverage provided under this paragraph and under subparagraph (B) of paragraph one of subsection (g) of this section from the same health service corporation, or under a contract which is jointly underwritten by two health service corporations or by a health service corporation and a medical expense indemnity corporation, the aggregate of the benefits for out-patient care 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.