

S T A T E O F N E W Y O R K

6466--A

Cal. No. 283

I N S E N A T E

January 13, 2016

Introduced by Sens. KLEIN, CARLUCCI, SAVINO, VALESKY -- read twice and ordered printed, and when printed to be committed to the Committee on Health -- 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 public health law, in relation to including certain respiratory diseases and obesity within disease management demonstration programs; to amend the social services law, in relation to child day care facilities; and to amend the insurance law, in relation to expanding the kinds of qualified wellness programs that can be offered to enrollees

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

1 Section 1. Subdivisions 2 and 4 of section 2111 of the public health
2 law, as added by section 21 of part C of chapter 58 of the laws of 2004,
3 are amended to read as follows:
4 2. The department shall establish the criteria by which individuals
5 will be identified as eligible for enrollment in the demonstration
6 programs. Persons eligible for enrollment in the disease management
7 demonstration program shall be limited to individuals who: receive
8 medical assistance pursuant to title eleven of article five of the
9 social services law and may be eligible for benefits pursuant to title
10 18 of the social security act (Medicare); are not enrolled in a Medicaid
11 managed care plan, including individuals who are not required or not
12 eligible to participate in Medicaid managed care programs pursuant to
13 section three hundred sixty-four-j of the social services law; are diag-
14 nosed with chronic health problems as may be specified by the entity
15 undertaking the demonstration program, including, but not limited to one
16 or more of the following: congestive heart failure, chronic obstructive
17 pulmonary disease, asthma, CHRONIC BRONCHITIS, OTHER CHRONIC RESPIRATORY
18 DISEASES, diabetes, ADULT AND CHILDHOOD OBESITY, or other chronic health
19 conditions as may be specified by the department; or have experienced or
20 are likely to experience one or more hospitalizations or are otherwise

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

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1 expected to incur excessive costs and high utilization of health care
2 services.

3 4. The demonstration program shall offer evidence-based services and
4 interventions designed to ensure that the enrollees receive high quality,
5 preventative and cost-effective care, aimed at reducing the necessity
6 for hospitalization or emergency room care or at reducing lengths of
7 stay when hospitalization is necessary. The demonstration program may
8 include screening of eligible enrollees, developing an individualized
9 care management plan for each enrollee and implementing that plan.
10 Disease management demonstration programs that utilize information technology
11 systems that allow for continuous application of evidence-based
12 guidelines to medical assistance claims data and other available data to
13 identify specific instances in which clinical interventions are justified
14 and communicate indicated interventions to physicians, health care
15 providers and/or patients, and monitor physician and health care provider
16 response to such interventions, shall have the enrollees, or groups
17 of enrollees, approved by the department for participation. The services
18 provided by the demonstration program as part of the care management
19 plan may include, but are not limited to, case management, social work,
20 individualized health counselors, multi-behavioral goals plans, claims
21 data management, health and self-care education, drug therapy management
22 and oversight, personal emergency response systems and other monitoring
23 technologies, SYSTEMATIC CHRONIC HEALTH CONDITIONS IDENTIFIED FOR MONITORING,
24 telehealth services and similar services designed to improve the
25 quality and cost-effectiveness of health care services.

26 S 2. Section 390-a of the social services law is amended by adding a
27 new subdivision 6 to read as follows:

28 6. NO FAMILY DAY CARE HOME, GROUP FAMILY DAY CARE HOME, SCHOOL AGE
29 CHILD CARE PROGRAM OR CHILD DAY CARE CENTER SHALL DISCOURAGE ACTIVITIES
30 RELATING TO BREAST FEEDING A CHILD OR FEEDING A CHILD WITH EXPRESSED
31 BREAST MILK.

32 S 3. Subsections (b) and (c) of section 3239 of the insurance law, as
33 added by chapter 592 of the laws of 2008, paragraphs 6 and 7 of
34 subsection (b) and subparagraphs (C) and (D) of paragraph 2 of
35 subsection (c) as amended, and paragraph 8 of subsection (b) and subparagraphs
36 (E) and (F) of paragraph 2 of subsection (c) as added by chapter
37 519 of the laws of 2013, are amended to read as follows:

38 (b) A wellness program may include, but is not limited to, the following
39 programs or services:

- 40 (1) the use of a health risk assessment tool;
- 41 (2) a smoking cessation program;
- 42 (3) a weight management program;
- 43 (4) a stress AND/OR HYPERTENSION management program;
- 44 (5) a worker injury prevention program;
- 45 (6) a nutrition education program;
- 46 (7) health or fitness incentive programs; [and]
- 47 (8) a coordinated weight management, nutrition, stress management and
48 physical fitness program to combat the high incidence of adult and
49 childhood obesity, asthma and other chronic respiratory conditions[.];
- 50 (9) A SUBSTANCE OR ALCOHOL ABUSE CESSATION PROGRAM; AND
- 51 (10) A PROGRAM TO MANAGE AND COPE WITH CHRONIC PAIN.

52 (c)(1) A wellness program may use rewards and incentives for participation
53 provided that where the group health insurance policy or
54 subscriber contract is required to be community-rated, the rewards and
55 incentives shall not include a discounted premium rate or a rebate or
56 refund of premium.

1 (2) Permissible rewards and incentives MAY include:
2 (A) full or partial reimbursement of the cost of participating in
3 smoking cessation [or], weight management, STRESS AND/OR HYPERTENSION,
4 WORKER INJURY PREVENTION, NUTRITION EDUCATION, SUBSTANCE OR ALCOHOL
5 ABUSE CESSATION, OR CHRONIC PAIN MANAGEMENT AND COPING programs;
6 (B) full or partial reimbursement of the cost of membership in a
7 health club or fitness center;
8 (C) the waiver or reduction of copayments, coinsurance and deductibles
9 for preventive services covered under the group policy or subscriber
10 contract;
11 (D) monetary rewards in the form of gift cards or gift certificates,
12 so long as the recipient of the reward is encouraged to use the reward
13 for a product or a service that promotes good health, such as healthy
14 cook books, over the counter vitamins or exercise equipment;
15 (E) full or partial reimbursement of the cost of participating in a
16 stress management program or activity; and
17 (F) full or partial reimbursement of the cost of participating in a
18 health or fitness program.
19 (3) Where the reward involves a group member's meeting a specified
20 standard based on a health condition, the wellness program must meet the
21 requirements of 45 CFR Part 146.
22 (4) A reward or incentive which involves a discounted premium rate or
23 a rebate or refund of premium shall be based on actuarial demonstration
24 that the wellness program can reasonably be expected to result in the
25 overall good health and well being of the group.
26 S 4. This act shall take effect on the one hundred eightieth day after
27 it shall have become a law; provided that, effective immediately any
28 rules and regulations necessary to implement the provisions of this act
29 on its effective date are authorized and directed to be added, amended
30 and/or repealed on or before such date.