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

10677

I N A S S E M B L Y

June 12, 2016

Introduced by COMMITTEE ON RULES -- (at request of M. of A. Barrett, Cahill) -- read once and referred to the Committee on Insurance

AN ACT to amend the insurance law, in relation to meetings and reports of the New York state health care quality and cost containment commission

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

Section 1. Section 213 of the insurance law, as added by section 1 of part L of chapter 57 of the laws of 2007, is amended to read as follows:

S 213. New York state health care quality and cost containment commission. (a) There is hereby established within the department a commission, to be known as the "New York state health care quality and cost containment commission". The commission shall consist of thirteen members appointed by the governor, one of whom shall be the superintendent, one of whom shall be the commissioner of health, and six of whom shall be appointed on the recommendation of the legislative leaders, two on the recommendation of the temporary president of the senate, two on the recommendation of the speaker of the assembly, one on the recommendation of the minority leader of the senate, and one on the recommendation of the minority leader of the assembly. All members shall serve at the pleasure of the governor, and vacancies shall be appointed in the same manner as original appointments. Members of the commission shall serve without compensation, but shall be reimbursed for reasonable travel expenses. In making appointments to the commission, the governor shall ensure that the interests of health care consumers, small businesses, the medical community and health plans are represented on the commission. *THE COMMISSION SHALL BE REQUIRED TO MEET ON THE FIRST MONDAY AFTER THE FIRST OF JANUARY OF EACH CALENDAR YEAR TO CONSIDER OUTSTANDING REQUESTS OR DUTIES. ANY VACANCIES SHALL BE DEEMED WAIVED BY THE APPOINTING AUTHORITY FOR THE PURPOSES OF THE FIRST MEETING. NOTHING IN THIS SECTION SHALL FORFEIT THE RIGHT FOR AN APPOINTMENT AUTHORITY TO FILL VACANCIES WITHIN THEIR STATUTORILY ALLOWED MEMBERS.*

(b)(1) The purpose of the commission shall be to analyze the impact on health insurance costs and quality of proposed legislation which would

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

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mandate that health benefits be offered or made available in individual and group health insurance policies, contracts and comprehensive health service plans, including legislation that affects the delivery of health benefits or services or the reimbursement of health care providers.

(2) [The] NOTWITHSTANDING ANY OTHER PROVISION OF LAW, THE governor, the chair of the senate insurance committee and the chair of the assembly insurance committee may request in writing that the commission evaluate a proposed mandated benefit. Upon receiving such a request, the commission may, by a majority vote of its members, undertake an evaluation of such proposed mandated benefit.

(3) In evaluating a proposed mandated benefit, the commission shall:

(A) investigate the current practices of health plans with regard to the proposed mandated benefit, and, to the extent possible, self-funded health benefit plans;

(B) investigate the potential premium impact of the proposed mandated benefits on all segments of the insurance market, as well as the potential for avoided costs through early detection and treatment of conditions, or more cost-effective delivery of medical services; and

(C) analyze the most current medical literature regarding the proposed mandated benefit to determine its impact on health care quality.

(4) In evaluating a proposed mandated benefit, the commission may hold one or more public hearings, and shall strive to obtain independent and verifiable information from diverse sources within the healthcare industry, medical community and among health care consumers with regard to the proposed mandated benefit.

(c) To assist the commission in its duties, and upon the direction of the commission, the superintendent is authorized to enter into one or more contracts with independent entities and organizations with demonstrable expertise in health care quality, finance, utilization and actuarial services. For the purposes of this section, the superintendent shall not enter into contracts with health plans, entities or organizations owned or controlled by health plans, or with significant business relationships with health plans.

(d) Upon completion of its evaluation of a proposed mandated benefit pursuant to this section, the commission shall deliver a written report of its findings to the chair of the assembly insurance committee and the chair of the senate insurance committee.

(E) THE COMMISSION SHALL ISSUE A REPORT TO THE GOVERNOR, THE MAJORITY LEADER OF THE SENATE, THE SPEAKER OF THE ASSEMBLY, THE CHAIRS OF THE SENATE AND ASSEMBLY INSURANCE COMMITTEES, AND THE CHAIR OF THE SENATE TASK FORCE ON LYME AND TICK-BORNE DISEASES, CONSIDERING THE IMPACT ON HEALTH INSURANCE COSTS AND QUALITY OF LEGISLATION REQUIRING COVERAGE OF LONG-TERM AND CHRONIC LYME DISEASE AND OTHER TICK-BORNE DISEASES. THE COMMISSION SHALL BE REQUIRED TO CONSIDER ISSUES INCLUDING, BUT NOT LIMITED TO, THE SPECIFIC MEDICAL IMPACTS TO PARTICULAR GEOGRAPHIC AREAS IN THE STATE INCLUDING THE HUDSON VALLEY AND LONG ISLAND, BEST PRACTICES DEVELOPED FOR COVERAGE FOR LONG-TERM AND CHRONIC LYME DISEASE IN OTHER STATES, AND THE ASSOCIATED COSTS OF MANDATED COVERAGE IN ADDITION TO PROJECTED COSTS OF UNTREATED SYMPTOMS. THE COMMISSION SHALL DELIVER A WRITTEN REPORT OF ITS FINDINGS BY MAY FIRST, TWO THOUSAND SEVENTEEN.

S 2. This act shall take effect immediately.