

2073

2015-2016 Regular Sessions

I N A S S E M B L Y

January 15, 2015

Introduced by M. of A. CROUCH, FINCH -- Multi-Sponsored by -- M. of A.
HAWLEY -- read once and referred to the Committee on Insurance

AN ACT to amend the insurance law, in relation to creating a New York
health benefit and cost commission

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

1 Section 1. Legislative intent. It is the desire of the legislature to
2 ensure that health coverage provides the care, treatment and service
3 that people need, and to ensure that the coverage is affordable and
4 available. The legislature finds that there is a need for a comprehen-
5 sive review of all current benefits mandated by statute, and for accu-
6 rate cost analysis of proposed mandates.

7 S 2. The insurance law is amended by adding a new section 3221-a to
8 read as follows:

9 S 3221-A. HEALTH BENEFIT AND COST COMMISSION. (A) FOR THE PURPOSES OF
10 THIS SECTION, "MANDATED HEALTH BENEFIT" SHALL MEAN ANY REQUIREMENT THAT
11 INDIVIDUAL, GROUP OR BLANKET ACCIDENT AND HEALTH INSURANCE POLICIES OR
12 CONTRACTS ISSUED BY HOSPITAL OR HEALTH SERVICE CORPORATIONS INCLUDE:

13 (1) COVERAGE FOR SPECIFIC HEALTH SERVICES, TREATMENT, TESTS, DRUGS,
14 SUPPLIES, OR EQUIPMENT TO DIAGNOSE OR TREAT A PARTICULAR DISEASE OR
15 CONDITION; AND

16 (2) COVERAGE FOR SERVICES OF SPECIFIC PROVIDERS OF HEALTH CARE
17 SERVICES.

18 (B) THERE IS HEREBY CREATED A COMMISSION WITHIN THE DEPARTMENT, TO BE
19 KNOWN AS THE "NEW YORK HEALTH BENEFIT AND COST COMMISSION" CONSISTING OF
20 THIRTEEN MEMBERS TO BE APPOINTED AS FOLLOWS: THREE TO BE APPOINTED BY
21 THE GOVERNOR, THREE TO BE APPOINTED BY THE TEMPORARY PRESIDENT OF THE
22 SENATE, THREE TO BE APPOINTED BY THE SPEAKER OF THE ASSEMBLY, AND ONE
23 EACH TO BE APPOINTED BY THE MINORITY LEADER OF THE SENATE AND THE ASSEM-
24 BLY. THE SUPERINTENDENT AND THE COMMISSIONER OF HEALTH, OR THEIR DESIG-

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

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1 NATED REPRESENTATIVES, SHALL ALSO SERVE AS MEMBERS OF THE COMMISSION.
2 THE MEMBERS SHALL ELECT A PERSON TO SERVE AS CHAIR.

3 (C) EACH MEMBER SHALL SERVE FOR A TERM OF FOUR YEARS. VACANCIES SHALL
4 BE APPOINTED IN THE SAME MANNER AS ORIGINAL APPOINTMENTS. THE MEMBERS OF
5 THE COMMISSION SHALL RECEIVE NO COMPENSATION FOR THEIR SERVICES BUT
6 SHALL BE ALLOWED ACTUAL AND NECESSARY EXPENSES INCURRED IN THE PERFORM-
7 ANCE OF THEIR DUTIES. THE COMMISSION MAY REQUEST AND SHALL RECEIVE FROM
8 ANY DEPARTMENT, BOARD, BUREAU, COMMISSION, OFFICE, AGENCY OR OTHER
9 INSTRUMENTALITY OF THE STATE, SUCH FACILITIES, ASSISTANCE AND DATA AS IT
10 DEEMS NECESSARY OR DESIRABLE FOR THE PROPER EXECUTION OF ITS POWERS AND
11 DUTIES. THE COMMISSION MAY SEEK THE ASSISTANCE AND ADVICE OF ANY PERSON,
12 ORGANIZATION OR ENTITY AS MAY BE RELEVANT OR NECESSARY AND MAY HIRE OR
13 CONTRACT WITH ANY SUCH PERSON, ORGANIZATION OR ENTITY. THE COMMISSION
14 SHALL HAVE THE POWER TO HOLD PUBLIC HEARINGS AND SOLICIT TESTIMONY ON
15 ANY MATTER IT DEEMS RELEVANT TO CARRYING OUT ITS MISSION.

16 (D) THE COMMISSION SHALL, UPON THE WRITTEN REQUEST OF THE GOVERNOR,
17 THE TEMPORARY PRESIDENT OF THE SENATE OR THE SPEAKER OF THE ASSEMBLY,
18 CONDUCT A REVIEW AND PUBLIC COMMENT PERIOD, AND ISSUE A REPORT RELATING
19 TO SPECIFIED LEGISLATION WHICH WOULD ENACT A MANDATED HEALTH BENEFIT.
20 SUCH ISSUANCE SHALL:

21 (1) CONSIDER AND SUMMARIZE ALL PUBLIC COMMENT AND ALL SCIENTIFIC,
22 MEDICAL, AND ACTUARIAL DATA AND INFORMATION PROVIDED OR OBTAINED RELAT-
23 ING TO THE PROPOSED MANDATED HEALTH BENEFIT;

24 (2) REPORT ON PUBLIC AND PATIENT HEALTH ISSUES, INCLUDING:

25 (I) THE EXTENT TO WHICH THE PROPOSED MANDATED HEALTH BENEFIT IS AVAIL-
26 ABLE AND UTILIZED BY THE STATE'S POPULATION AND THE LEVEL OF PUBLIC
27 DEMAND FOR THE BENEFIT;

28 (II) THE EXTENT TO WHICH THE PROPOSED MANDATED HEALTH BENEFIT IS
29 ALREADY A COVERED HEALTH BENEFIT;

30 (III) IF COVERAGE IS NOT GENERALLY AVAILABLE, THE EXTENT TO WHICH THE
31 LACK OF COVERAGE RESULTS IN PERSONS BEING UNABLE TO OBTAIN NECESSARY
32 HEALTH CARE AND RESULTS IN FINANCIAL HARDSHIP FOR THOSE NEEDING SUCH
33 CARE;

34 (IV) PROJECTED UTILIZATION RATES AND ACCESS TO SERVICE WHICH WOULD
35 RESULT FROM THE PROPOSED MANDATED HEALTH BENEFIT;

36 (V) WHETHER THE PROPOSED MANDATED HEALTH BENEFIT IS A MEDICAL OR A
37 BROADER SOCIAL NEED AND WHETHER IT IS CONSISTENT WITH THE ROLE OF HEALTH
38 INSURANCE AND MANAGED HEALTH CARE; AND

39 (VI) THE EXTENT TO WHICH THE PROPOSED MANDATED HEALTH BENEFIT IS
40 GENERALLY RECOGNIZED BY THE MEDICAL COMMUNITY AS BEING EFFECTIVE AND
41 EFFICACIOUS, INCLUDING APPROPRIATE REVIEW BY SCIENTIFIC AND MEDICAL PEER
42 REVIEW LITERATURE;

43 (3) REPORT ON ACCESS TO COVERAGE AND ECONOMIC ISSUES INCLUDING:

44 (I) THE IMPACT ON PREMIUMS, RATES AND COSTS OF HEALTH COVERAGE IN ALL
45 AFFECTED MARKETS;

46 (II) THE IMPACT THAT THE PROPOSED MANDATED HEALTH BENEFIT MAY HAVE ON
47 THE AVAILABILITY OF OTHER BENEFITS; AND

48 (III) THE IMPACT THAT THE PROPOSED MANDATED HEALTH BENEFIT MAY HAVE ON
49 THE AVAILABILITY OF HEALTH COVERAGE IN EACH AFFECTED MARKET, AND THE
50 IMPACT ON THE NUMBER OF PERSONS COVERED THROUGH SELF-INSURED PLANS; AND

51 (4) REPORT ON ANY OTHER MATTER, QUESTION OR CONCERN RELATING TO A
52 MANDATED HEALTH BENEFIT AS MAY BE DETERMINED RELEVANT BY THE COMMISSION
53 OR BY THE PERSON HAVING ISSUED THE REQUEST.

54 (E) THE COMMISSION, UPON RECEIPT OF A REQUEST, SHALL ALLOW A THIRTY
55 DAY PUBLIC COMMENT PERIOD AND SHALL ISSUE A REPORT TO THE GOVERNOR AND
56 THE LEGISLATURE WITHIN NINETY DAYS AFTER RECEIPT OF A WRITTEN REQUEST.

1 THE COMMISSION MAY EXTEND ITS REVIEW PERIOD AND REPORTING TIME UPON
2 CONSENT OF THE PERSON HAVING ISSUED THE REQUEST.

3 (F) THE COMMISSION SHALL REVIEW AND REPORT ON UTILIZATION RATES,
4 PUBLIC AND PATIENT HEALTH EFFECTS, AND IMPACT ON PREMIUMS AND ACCESS TO
5 HEALTH CARE AND HEALTH COVERAGE OF ALL MANDATED HEALTH BENEFITS EXISTING
6 ON THE EFFECTIVE DATE OF THIS SECTION.

7 S 3. This act shall take effect immediately.