

139--A

2015-2016 Regular Sessions

I N S E N A T E

(PREFILED)

January 7, 2015

Introduced by Sen. GALLIVAN -- 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

AN ACT to amend the insurance law, in relation to 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:

1 Section 1. Section 213 of the insurance law, as added by section 1 of
2 part L of chapter 57 of the laws of 2007, is amended to read as follows:
3 S 213. New York state health care quality and cost containment commis-
4 sion. (a) There is hereby established within the department a commis-
5 sion, to be known as the "New York state health care quality and cost
6 containment commission". The commission shall consist of thirteen
7 members appointed by the governor, one of whom shall be the superinten-
8 dent, one of whom shall be the commissioner of health, and six of whom
9 shall be appointed on the recommendation of the legislative leaders, two
10 on the recommendation of the temporary president of the senate, two on
11 the recommendation of the speaker of the assembly, one on the recommen-
12 dation of the minority leader of the senate, and one on the recommenda-
13 tion of the minority leader of the assembly. All members shall serve at
14 the pleasure of the governor, and vacancies shall be appointed in the
15 same manner as original appointments. Members of the commission shall
16 serve without compensation, but shall be reimbursed for reasonable trav-
17 el expenses. In making appointments to the commission, the governor
18 shall ensure that the interests of health care consumers, small busi-
19 nesses, the medical community and health plans are represented on the
20 commission, AND THAT THE COMMISSION INCLUDE AT LEAST ONE ACTUARY, ONE
21 EXPERT ON HEALTH BENEFITS, HAVING NO LESS THAN FIFTEEN YEARS OF DIRECT

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

LBD01044-02-6

1 EXPERIENCE WITH HEALTH BENEFITS, AND ONE PHYSICIAN. ALL MEMBERS OF THE
2 COMMISSION SHALL BE SEATED NO LATER THAN NINETY DAYS AFTER THE EFFECTIVE
3 DATE OF THE CHAPTER OF THE LAWS OF TWO THOUSAND SIXTEEN WHICH AMENDED
4 THIS SECTION AND ALL VACANCIES SHALL BE FILLED AS SOON AS PRACTICABLE.

5 (b)(1) The purpose of the commission shall be to analyze the impact on
6 health insurance costs and quality of proposed legislation which would
7 mandate that health benefits be offered or made available in individual
8 and group health insurance policies, contracts and comprehensive health
9 service plans, including legislation that affects the delivery of health
10 benefits or services or the reimbursement of health care providers.

11 (2) The governor, the chair of the senate insurance committee and the
12 chair of the assembly insurance committee may request in writing that
13 the commission evaluate a proposed mandated benefit. Upon receiving such
14 a request, the commission [may, by a majority vote of its members,]
15 SHALL undertake an evaluation of such proposed mandated benefit.

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

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

20 (B) investigate the potential premium impact of the proposed mandated
21 benefits on all segments of the insurance market, as well as the poten-
22 tial for avoided costs through early detection and treatment of condi-
23 tions, or more cost-effective delivery of medical services; [and]

24 (C) analyze the most current [medical] AND CREDIBLE EVIDENCE BASED
25 MEDICINE literature regarding the proposed mandated benefit PUBLISHED IN
26 PEER REVIEWED MEDICAL LITERATURE GENERALLY RECOGNIZED BY THE RELEVANT
27 MEDICAL COMMUNITY to determine THE EFFECTIVENESS OF THE PROPOSED
28 MANDATED BENEFIT AND its impact on health care quality[.]; AND

29 (D) INVESTIGATE THE POTENTIAL COST TO THE STATE OF THE PROPOSED
30 MANDATED BENEFITS IN LIGHT OF THE IMPLEMENTATION OF THE FEDERAL AFFORDA-
31 BLE CARE ACT.

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

37 (c) To assist the commission in its duties, and upon the direction of
38 the commission, the superintendent is authorized to enter into one or
39 more contracts with independent entities and organizations with demon-
40 strable expertise in health care quality, finance, utilization and actu-
41 arial services. For the purposes of this section, the superintendent
42 shall not enter into contracts with health plans, entities or organiza-
43 tions owned or controlled by health plans, or with significant business
44 relationships with health plans.

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

49 (E)(1) BEGINNING NO LATER THAN NINE MONTHS AFTER THE COMMISSION IS
50 SEATED, AND REOCCURRING NO LESS OFTEN THAN ONCE EVERY THREE YEARS, THE
51 COMMISSION SHALL ANALYZE THE IMPACT ON HEALTH INSURANCE COSTS AND QUALI-
52 TY OF ALL STATE LAWS WHICH MANDATE THAT HEALTH BENEFITS BE OFFERED OR
53 MADE AVAILABLE IN INDIVIDUAL AND GROUP HEALTH INSURANCE POLICIES,
54 CONTRACTS AND COMPREHENSIVE HEALTH SERVICE PLANS, INCLUDING BUT NOT
55 LIMITED TO LAWS THAT AFFECT THE DELIVERY OF HEALTH BENEFITS OR SERVICES
56 OR THE REIMBURSEMENT OF HEALTH CARE PROVIDERS.

1 (2) IN EVALUATING EACH MANDATED BENEFIT, THE COMMISSION SHALL:

2 (A) INVESTIGATE THE CURRENT PRACTICES OF HEALTH PLANS WITH REGARD TO
3 THE MANDATED BENEFIT, AND, TO THE EXTENT POSSIBLE, SELF-FUNDED HEALTH
4 BENEFIT PLANS INCLUDING BUT NOT LIMITED TO AVOIDED COSTS THROUGH EARLY
5 DETECTION AND TREATMENT OF CONDITIONS, OR MORE COST-EFFECTIVE DELIVERY
6 OF MEDICAL SERVICES;

7 (B) INVESTIGATE THE POTENTIAL PREMIUM IMPACT OF REPEALING AND/OR MODI-
8 FYING THE MANDATED BENEFITS ON ALL SEGMENTS OF THE INSURANCE MARKET;

9 (C) ANALYZE THE MOST CURRENT AND CREDIBLE EVIDENCE BASED MEDICINE
10 LITERATURE REGARDING THE MANDATED BENEFIT PUBLISHED IN PEER REVIEWED
11 MEDICAL LITERATURE GENERALLY RECOGNIZED BY THE RELEVANT MEDICAL COMMUNI-
12 TY TO DETERMINE THE EFFECTIVENESS OF THE MANDATED BENEFIT AND ITS IMPACT
13 ON HEALTH CARE QUALITY; AND

14 (D) INVESTIGATE THE POTENTIAL COST TO THE STATE OF THE PROPOSED
15 MANDATED BENEFITS IN LIGHT OF THE IMPLEMENTATION OF THE FEDERAL AFFORDA-
16 BLE CARE ACT.

17 (3) IN EVALUATING MANDATED BENEFITS, THE COMMISSION SHALL HOLD NO LESS
18 THAN TWO PUBLIC HEARINGS, AND SHALL STRIVE TO OBTAIN INDEPENDENT AND
19 VERIFIABLE INFORMATION FROM DIVERSE SOURCES WITHIN THE HEALTH CARE
20 INDUSTRY, MEDICAL COMMUNITY AND AMONG HEALTH CARE CONSUMERS WITH REGARD
21 TO EACH MANDATED BENEFIT.

22 (4)(A) ON OR BEFORE THE FIRST DAY OF FEBRUARY, TWO THOUSAND SEVENTEEN,
23 THE COMMISSION SHALL SUBMIT TO THE LEGISLATURE AND DISSEMINATE TO THE
24 PUBLIC RECOMMENDATIONS FOR THE REPEAL AND/OR MODIFICATION OF STATE LAWS
25 WHICH MANDATE BENEFITS, ALONG WITH A SINGLE PIECE OF LEGISLATION NECES-
26 SARY TO IMPLEMENT SUCH RECOMMENDATIONS. THESE RECOMMENDATIONS SHALL NOT
27 BE EXPECTED TO INCREASE THE AVERAGE PREMIUM IN THE STATE. UPON RECEIPT
28 OF SUCH RECOMMENDATIONS, THE IMPLEMENTING LEGISLATION THEREFOR SHALL BE
29 INTRODUCED IN BOTH HOUSES OF THE LEGISLATURE WITHOUT ANY AMENDMENTS
30 WITHIN FIVE DAYS.

31 (B) THE LEGISLATION INTRODUCED PURSUANT TO SUBPARAGRAPH (A) OF THIS
32 PARAGRAPH SHALL BE VOTED UPON, WITHOUT AMENDMENT, BY BOTH SUCH HOUSES OF
33 THE LEGISLATURE WITHIN NINETY DAYS, BUT NOT SOONER THAN THIRTY DAYS,
34 AFTER THE COMMISSION SUBMITS ITS RECOMMENDATIONS TO THE LEGISLATURE. IF
35 APPROVED, THE LEGISLATURE SHALL FORWARD SUCH LEGISLATION TO THE GOVERNOR
36 WITHIN FIVE DAYS.

37 S 2. This act shall take effect immediately.