

# STATE OF NEW YORK

2168--A

Cal. No. 227

2017-2018 Regular Sessions

## IN SENATE

January 12, 2017

Introduced by Sens. SERINO, AKSHAR, HELMING, JACOBS, KENNEDY, LARKIN, MARCHIONE, O'MARA, RITCHIE, VALESKY -- 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 -- 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 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:

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 § 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. The commission shall be required to meet on the first  
21 Monday after the first of January of each calendar year to consider  
22 outstanding requests or duties. Any vacancies shall be deemed waived by

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

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1 the appointing authority for the purposes of the first meeting. Nothing  
2 in this section shall forfeit the right for an appointment authority to  
3 fill vacancies within their statutorily allowed members.

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

10 (2) [~~The~~] Notwithstanding any other provision of law, the governor,  
11 the chair of the senate insurance committee and the chair of the assem-  
12 bly insurance committee may request in writing that the commission eval-  
13 uate a proposed mandated benefit. Upon receiving such a request, the  
14 commission may, by a majority vote of its members, undertake an evalu-  
15 ation 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 literature regarding the proposed  
25 mandated benefit to determine its impact on health care quality.

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

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

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

43 (e) The commission shall issue a report to the governor, the majority  
44 leader of the senate, the speaker of the assembly, the chairs of the  
45 senate and assembly insurance committees, and the chair of the senate  
46 task force on Lyme and tick-borne diseases, considering the impact on  
47 health insurance costs and quality of legislation requiring coverage of  
48 long-term and chronic Lyme disease and other tick-borne diseases. The  
49 commission shall be required to consider issues including, but not  
50 limited to, the specific medical impacts to particular geographic areas  
51 in the state including the Hudson Valley and Long Island, best practices  
52 developed for coverage for long-term and chronic Lyme disease in other  
53 states, and the associated costs of mandated coverage in addition to  
54 projected costs of untreated symptoms. The commission shall deliver a  
55 written report of its findings by May first, two thousand nineteen.

56 § 2. This act shall take effect immediately.