STATE OF NEW YORK

2828

2023-2024 Regular Sessions

IN ASSEMBLY

January 27, 2023

Introduced by M. of A. ZEBROWSKI, WALLACE, NORRIS -- read once and referred to the Committee on Local Governments

AN ACT to amend the general municipal law, in relation to authorizing cities, towns, villages, school districts, boards of cooperative educational services, library districts, fire districts, improvement districts and special districts to enter into cooperative agreements for the provision of centralized public employee administrative and personnel services; and to amend the insurance law, in relation to authorizing reduction of premiums for municipal cooperative health benefit plans which offer employee wellness programs

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Section 92-a of the general municipal law is amended by 2 adding a new subdivision 8 to read as follows: 3 8. The provisions of this section shall not apply to any public corpo-4 ration which provides health insurance benefits to its officers and employees pursuant to article forty-seven of the insurance law. 5 § 2. Subdivision a of section 119-n of the general municipal law, б as amended by chapter 413 of the laws of 1991, is amended to read as 7 8 follows: 9 a. The term "municipal corporation" means a county outside the city of 10 New York, a city, a town, a village, a board of cooperative educational services, a public library as defined in section two hundred fifty-three 11 of the education law, a fire district or a school district. 12 13 3. Subdivision 2 of section 119-0 of the general municipal law is S 14 amended by adding a new paragraph b-1 to read as follows: 15 <u>b-1. The establishment of a centralized office to collectively</u> 16 provide: (i) employee payroll, time, attendance and personnel administration 17 18 services; 19 (ii) participation in the New York state health insurance program;

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

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2 insurance and other employee benefits: (iv) employee health insurance benefits from more insurance carrier or organization, which grants each empl of which health insurance plan which will provide coveras (v) employee participation in tax deferred retirement care plans and child care plans; (vi) municipal cooperative health benefit plans purs forty-seven of the insurance law; (vii) adequate and ongoing financial controls and sec ments to ensure that the participating municipal of districts remain solvent: (viii) the preparation and dissemination of information itation materials to facilitate comparison of the v health insurance plans offered by the participating mu rations and districts; (ix) for the enrollment, billing, premium colled disbursement and reconciliation, commission disburseme processing services for health insurance benefits provid employees; (x) contracting with qualified third parties for the pr service necessary to carry out such office's powers and d nance organizations with regard to the administrative e of premium rates chared for health care coverage offered employees by such office. S 4. Subsections (a) and (f) of section 4702 of the in added by chapter 689 of the laws of 1994, are amend subsection (i-1) is added to read as follows: (a) "Community rating" means a rating methodology in wh equivalent rate for all persons covered under a munici health benefit plan is the same, based upon the experienc. pool of risks covered under the plan, without regard to a status or occupation and such that refunds, rebates, cre dends based upon age, sex, health status or occup permitted; provided, however, that, subject to the ar succing in premium rates in return for an enrollee's adherence to a bona fide wellness program. A bona fide x- i encourages the general cood health and well-being of to promote good health, helps to prevent or mitigate as i encourages the general cood health and well-being of to promote good health, helps to prevent on fit general (f) "Municipal corporation" means within the		
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excess of specified loss limits for individual claims and/or for all 1 claims combined, or any similar arrangement. 2 § 5. Paragraphs 2 and 3 of subsection (a) of section 4704 of the 3 4 insurance law, paragraph 2 as amended by section 3 of part A of chapter 5 494 of the laws of 2009 and paragraph 3 as added by chapter 689 of the 6 laws of 1994, are amended to read as follows: 7 (2) except for any plan that provided medical, surgical and hospital 8 services on or before January first, nineteen hundred ninety-three 9 pursuant to a municipal cooperation agreement, the number of municipal 10 corporations participating in the municipal cooperative health benefit 11 plan shall be at least [three] two; 12 (3) except for any plan that provided medical, surgical and hospital 13 services to at least three hundred fifty covered employees (including 14 retirees and not including dependents) on or before January first, nine-15 teen hundred ninety-three pursuant to a municipal cooperation agreement, 16 the number of covered employees (including retirees and not including 17 dependents) of municipal corporations participating in the municipal 18 cooperative health benefit plan shall be at least [two thousand] five 19 hundred; 20 6. Subsection (b) of section 4704 of the insurance law, as added by 3 21 chapter 689 of the laws of 1994, is amended to read as follows: 22 (b) The superintendent shall refuse to grant a certificate of authority to an applicant that fails to meet the requirements of this section. 23 Notice of refusal shall be in writing and shall set forth the basis for 24 25 the refusal. If the applicant submits a written request within [thirty] sixty days after receipt of the notice of refusal, the superintendent 26 27 shall promptly conduct a hearing to give the applicant the opportunity 28 to show cause why the refusal should not be made final. 29 § 7. Paragraphs 1, 2 and 5 of subsection (d) of section 4705 of the insurance law, paragraphs 1 and 5 as added by chapter 689 of the laws of 30 31 1994 and paragraph 2 as amended by chapter 681 of the laws of 2002, are 32 amended to read as follows: 33 shall design the plan <u>or plans</u> of benefits provided <u>or offered</u> by (1)34 the municipal cooperative health benefit plan and prepare the plan docu-35 ment and summary plan description in accordance with section four thou-36 sand seven hundred nine of this article, and shall include a wellness 37 program option; 38 (2) may enter into an agreement with a contract administrator or other 39 service provider, determined by the governing board to be qualified, to receive, investigate, recommend, audit, approve or make payment of 40 claims under the municipal cooperative health benefit plan or plans, 41 42 provided that: 43 (A) the charges, fees and other compensation for any contracted 44 services shall be clearly stated in written administrative services 45 contracts as required in subdivision six of section ninety-two-a of the general municipal law; 46 47 (B) payment for contracted services shall be made only after such 48 services are rendered; and 49 (C) no member of the plan's governing board or any member of such 50 member's immediate family shall be an owner, officer, director, partner, 51 or employee of any contract administrator retained by the plan[+ and 52 (D) all such agreements shall comply with the requirements of subdivision six of section ninety-two-a of the general municipal law]. 53 54 (5) shall prepare an annual budget for the municipal cooperative 55 health benefit plan to determine the premium equivalent rates for

1 participating municipal corporations to be deposited in the plan's joint 2 fund or funds during the fiscal year, provided that:

3 (A) the governing board shall designate the bank or trust company in 4 which joint funds, including reserve funds, are to be deposited and 5 which shall be located in this state, duly chartered under federal law 6 or the laws of this state; and

7 (B) the governing board shall establish premium equivalent rates for 8 participating municipal corporations on the [bases] basis of a community 9 rating methodology filed with and approved by the superintendent and, in 10 determining the annual premium equivalent rates, the governing board:

11 (i) may contract for necessary actuarial services to estimate expected 12 plan expenditures during the fiscal year;

13 (ii) shall maintain reserves in amounts equal to or exceeding the 14 minimum amounts required by section four thousand seven hundred six of 15 this article; and

16 (iii) shall maintain a stop-loss policy or policies, to the extent 17 required by section four thousand seven hundred seven of this article;

18 § 8. Subparagraphs (A) and (B) of paragraph 5 of subsection (a) of 19 section 4706 of the insurance law, as added by chapter 689 of the laws 20 of 1994, are amended to read as follows:

(A) five percent of the annualized earned premium equivalents during the current fiscal year of a municipal cooperative health benefit plan which consists of [five] two or more participating municipal corporations and covers [two thousand] five hundred or more employees and retirees; or

(B) seven percent of the annualized earned premium equivalents during the current fiscal year of the municipal cooperative health benefit plan which consists of [four] two or fewer participating municipal corporations or covers fewer than [two thousand] five hundred employees and retirees.

31 § 9. This act shall take effect on the first of January next succeed-32 ing the date on which it shall have become a law.