STATE OF NEW YORK

4097--B

Cal. No. 606

2023-2024 Regular Sessions

IN SENATE

February 3, 2023

Introduced by Sen. GOUNARDES -- read twice and ordered printed, and when printed to be committed to the Committee on Civil Service and Pensions -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- reported favorably from said committee, ordered to first and second report, ordered to a third reading, passed by Senate and delivered to the Assembly, recalled, vote reconsidered, restored to third reading, amended and ordered reprinted, retaining its place in the order of third reading

AN ACT to amend the civil service law, in relation to certain reports relating to health benefits for state and retired state employees

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

Section 1. Subdivision 9 of section 162 of the civil service law, as added by chapter 147 of the laws of 2014, is amended to read as follows:

9. **(a) (i)** As soon as is practicable, but no later than the first of September, two thousand fourteen, the department shall, upon request, but no more frequently than semi-annually, provide to any participating employer a standard report which contains data relating to the use of benefits by persons covered under the plan by such employer. Such report shall include: premiums paid by month for each month covered in the report and paid claims by month for the following categories of services: inpatient hospital, outpatient hospital, in network medical, out of network medical, prescription drugs, and treatment of behavioral conditions, each reported separately. To the extent allowed by state and federal privacy laws, such report shall also contain claims information for individual claimants for claims in excess of fifty thousand dollars that were paid in any of the months covered by the report.

(ii) The department shall provide such reports to any participating employer, upon request submitted on or after the first of April for data from the first of January through the thirty-first of December of the prior year, and on or after the first of September for data from the

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

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first of June of the prior year through the thirty-first of May of the current year, within thirty days of receipt of said request. However, requests submitted in the two thousand fourteen calendar year shall be provided as soon as practicable, but no later than the first of September, two thousand fourteen, or within thirty days after said request if request is submitted on or after the first of August, two thousand fourteen.

(b) As soon as practicable, but not later than December first of each year, the department shall collect and analyze health care claims data to develop, and make publicly available, a New York state health benefit plan hospital pricing report. The president must collect health care claims data from both health insurers and health maintenance organizations relating to the "in-network negotiated rate" as such term is defined in, and limited by, the transparency in coverage final rule or successor federal law, as prepared for machine-readable files, as likewise defined by the transparency in coverage final rule or successor federal law, and utilization of hospital services by active employees, retired employees, and their dependents receiving benefits from the prior state fiscal year, in accordance with provisions under this article. The report, which shall not identify the plan by name, shall include, but not be limited to, a comparative analysis of actual hospital in-network negotiated rates and out-of-network allowed amounts, as such terms are defined in this paragraph, by the plan, for each hospital facility identified by name and CMS certification number (CCN) or successor identifier, based on the following service categories: (i) inpatient hospital, (ii) outpatient hospital, (iii) emergency room services, and (iv) physician services provided at the hospital. The report shall also include the in-network negotiated rate and out-of-network allowed amount per service as such terms are defined in this paragraph per hospital facility on the top twenty services by volume within each of the following service categories: (A) inpatient, (B) outpatient, (C) emergency room services, and (D) physician services provided at the hospital. The report shall compare the in-network negotiated rates and out-of-network allowed amounts to the process for similar services reimbursed under title eighteen of the social security act. Such report shall also include a comprehensive analysis of the prior five years of hospital in-network negotiated rates and out-of-network allowed amounts for such services to establish trends in hospital prices. The report shall also include an all-plan aggregated total yearly spend by hospital facility identified by name and CMS certification number (CCN) or successor identifier. In preparing the report, the president shall take appropriate steps to ensure that individual insurer's or health plan's confidential proprietary pricing information is maintained as confidential to the extent permissible by law. Such report shall be delivered to the legislative fiscal committees, the chairs of the legislative health care committees, the chair of the senate civil service and pensions committee, and the chair of the assembly committee on governmental employees, on or before December thirty-first of each year, and such report shall be posted on the department's website no later than January first of the following calendar year. For purposes of this subdivision, "health care claims data" means any claims for inpatient, outpatient, or ambulatory surgical services or other services normally paid by the third-party payer on form UB-04 or successor forms, with UB-04 being the billing form identified by the Centers for Medicare and Medicaid Services.

§ 2. This act shall take effect immediately.