STATE OF NEW YORK

5438

2025-2026 Regular Sessions

IN ASSEMBLY

February 14, 2025

Introduced by M. of A. WEPRIN -- read once and referred to the Committee on Insurance

AN ACT to amend the insurance law, in relation to establishing reporting requirements for out of state entities not authorized to facilitate payment or reimbursement of health care costs

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

Section 1. The insurance law is amended by adding a new section 3246 to read as follows:

§ 3246. Health care share plan or arrangement reporting requirements. 1. Any entity not authorized by the superintendent to offer insurance in the state of New York, who offers or intends to offer a plan or arrangement to facilitate payment or reimbursement of health care costs for residents of New York, regardless of domicile, shall submit the following information to the superintendent by October first, two thousand twenty-five, and annually thereafter by March first:

(a) participant information, including:

(i) the total number of individual and household participants in the state of New York for the previous calendar year;

(ii) the total number of employer groups participating, with specific participant numbers for each employer group; and

(iii) the total number of national participants, if offered outside the state of New York.

(b) provider contracts which shall include a list of contacts with New York-based providers delivering health care services to participants.

(c) financial and operational information, including:

(i) the total fees, dues, or other payments collected from New York participants in the previous year, specifying the percentage retained for administrative costs;

(ii) the dollar amounts of health care reimbursement requests submitted and paid within New York for the prior calendar year;

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

LBD07830-01-5

(iii) the number of reimbursement requests denied, including percentages and appeals denied; and

(iv) the amount the health care sharing ministry spent on medical care versus administration over the past five years of the ministry's operation.

(d) disclosure of coverage and exclusions, including:

(i) a comprehensive list of all benefits covered by the ministry and a detailed list of any excluded health procedures, drugs, and devices;

(ii) a list of all health care providers, hospitals, health centers, dentists, laboratories, and pharmacies that participate in the health care sharing ministry;

(iii) a list of any excluded health conditions, including pre-existing conditions or higher fees that may be levied due to an enrollee's existing health condition or status;

(iv) a description of any waiting periods for eligibility for health care sharing ministry payment; and

(v) a description of any enrollment eligibility rules or conditions, such as age limits or requirements to be married.

(e) operational and marketing information, including:

(i) a list of counties in New York where plans were offered in the previous year and are planned for the following year; and

(ii) details of any third-party entities involved in marketing or enrolling participants in New York, including commissions or fees paid.

(f) organizational information, including:

(i) names, addresses, and contact information for key organizational contacts in New York; and

(ii) an organizational chart with officer and director details.

2. An officer of an entity who offers or intends to offer a plan or arrangement to facilitate payment or reimbursement of health care costs for residents of New York shall certify the information required pursuant to subsection one of this section.

3. An entity that fails to provide complete information upon submission as required by subsection one of this section shall have such submission deemed incomplete. The superintendent shall notify an entity of any deficiencies with such entities submission within forty-five days of deeming a submission incomplete. If an entity fails to correct such deficiency within thirty days, a daily fine of five thousand dollars may be imposed, with further penalties for continued non-compliance at the discretion of the superintendent, including, but not limited to issuing an emergency cease-and-desist order.

4. The superintendent shall post an annual report by April first summarizing submissions, along with consumer guidance on filing complaints.

5. The superintendent shall adopt rules and regulations necessary to implement the provisions of this section.

§ 2. This act shall take effect on the ninetieth day after it shall have become a law. Effective immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized to be made and completed on or before such effective date.