

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:

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

3 § 3246. Health care share plan or arrangement reporting requirements.

4 1. Any entity not authorized by the superintendent to offer insurance
5 in the state of New York, who offers or intends to offer a plan or
6 arrangement to facilitate payment or reimbursement of health care costs
7 for residents of New York, regardless of domicile, shall submit the
8 following information to the superintendent by October first, two thou-
9 sand twenty-five, and annually thereafter by March first:

10 (a) participant information, including:

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

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

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

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

19 (c) financial and operational information, including:

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

23 (ii) the dollar amounts of health care reimbursement requests submit-
24 ted 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.

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1 (iii) the number of reimbursement requests denied, including percent-
2 ages and appeals denied; and

3 (iv) the amount the health care sharing ministry spent on medical care
4 versus administration over the past five years of the ministry's opera-
5 tion.

6 (d) disclosure of coverage and exclusions, including:

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

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

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

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

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

19 (e) operational and marketing information, including:

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

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

24 (f) organizational information, including:

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

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

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

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

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

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

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