

New York State Assembly

**Carl E. Heastie**

*Speaker*



Committee on  
**Insurance**

**Kevin A. Cahill**

*Chair*

**2016**

**A N N U A L R E P O R T**



KEVIN A. CAHILL  
Assemblymember 103<sup>rd</sup> District

CHAIR  
Assembly Insurance Committee

THE ASSEMBLY  
STATE OF NEW YORK  
ALBANY

COMMITTEES  
Ways and Means  
Economic Development, Job Creation,  
Commerce & Industry  
Ethics and Guidance  
Health  
Higher Education

December 15, 2016

The Honorable Carl Heastie  
Speaker of the Assembly  
Room 932 – Legislative Office Building  
Albany, New York 12248

Dear Speaker Heastie:

I hereby submit to you the 2016 Annual Report for the Committee on Insurance. I am pleased to report that thanks to the due diligence and dedication of the members of the committee and with the help of your leadership, the Committee had a productive session.

Throughout the session, the Committee strived to ensure that the essential health benefits required by the Affordable Care Act remain available to all policy holders. To that end, the Committee supported, and the Assembly passed, legislation which would require health insurance policies to include coverage of contraceptive drugs, devices, and products, as well as voluntary sterilization procedures, contraceptive education and counseling and related follow up services. This bill also would prohibit any cost-sharing requirements or other restrictions or delays with respect to this coverage. The Assembly also passed crucial legislation which will expand access to breast cancer screenings by prohibiting cost-sharing for screening and diagnostic imaging for the detection of breast cancer with diagnostic mammograms, breast ultrasounds and MRIs. The Committee also reported strong consumer protection measures including legislation which would protect policyholders from claim denials by expanding the current prior authorization exception for surgical and invasive procedures to include concurrent symptoms and side effects.

In the Assembly's continued efforts to combat heroin and opioid addiction, the Assembly Standing Committee on Insurance worked with the Committees on Alcoholism & Substance Abuse and Health to facilitate the implementation of a package of bills which empower the Office of Alcoholism and Substance Abuse Services

(OASAS) to approve one or more diagnostic tools for the assessment of individuals with substance use disorder in order to ensure that all tools utilized by providers and insurance companies are consistent with treatment service levels defined by OASAS and provide that individuals receive up to 14 days of inpatient medically necessary treatment for substance use disorder without prior authorization. The Committee worked to limit initial prescriptions of opioids for acute pain to a 7 day supply and to ensure that patients have access to a five day emergency supply of medication without prior authorization to address symptoms related to withdrawal. The Assembly also passed legislation which would require insurers to cover a minimum of one opioid abuse-deterrent opioid analgesic drug per opioid analgesic active ingredient. The bill would help enhance the treatment of individuals struggling to overcome opioid addictions by ensuring that abuse-deterrent drugs approved by the FDA are accessible to patients and are covered by health insurance companies.

The Committee continued to advocate for the rights of consumers for affordable insurance of all kinds, regardless of where they live, what they do, or their level of education. The Committee reported several bills which would guarantee that a homeowner's insurance policy cannot be subject to "red-lining," and that an insurer cannot raise auto insurance rates because of a policy holder's occupation or education. The Committee also reported legislation protecting consumers from unwarranted requests for private information by insurance companies.

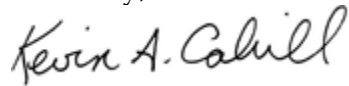
The Assembly passed legislation which would establish a State Insurance Advisory Board Services to assist in the development and growth of the insurance industry. The Board would identify methods to maintain and grow the insurance industry of NYS and would report to the Superintendent of the Department of Financial Services (DFS) ways to encourage insurers to offer a diversity of affordable insurance & financial products throughout the state.

The Committee reported legislation which would authorize Transportation Network Companies (TNCs) to maintain adequate insurance requirements and provide longstanding consumer protections to both drivers and passengers. The Assembly also passed legislation requiring insurers to notify policyholders, in a copy of its repair estimate, of their right to have their vehicle repaired at the shop of their choice.

Though the Insurance Committee deliberates and considers all points of view, our efforts are often held up by external forces. It is worthy of note that progressive and forward looking policies and much of the pro-consumer Assembly agenda has been thwarted by a failure of the Senate to act or, in several instances, the Governor's veto pen.

While with that caveat, the 2016 Session has been productive, we are already preparing for the important work that lies ahead. Under your leadership, the Assembly Insurance Committee stands ready to meet the upcoming 2017 legislative session with a commitment to legislative proposals that will further aid consumers and improve the insurance industry within the state of New York. I thank the members and staff of the Committee for their hard work during this past session. Furthermore, I again thank you, Mr. Speaker, for your leadership and continued support of legislation that protects New York's consumers.

Sincerely,

A handwritten signature in cursive script that reads "Kevin A. Cahill".

Kevin A. Cahill  
Chairman  
New York State Assembly  
Standing Committee on Insurance

NEW YORK STATE ASSEMBLY  
STANDING COMMITTEE ON INSURANCE

Kevin A. Cahill, Chair

▪ MEMBERS ▪

Majority

Vivian E. Cook  
Gary J. Pretlow  
José Rivera  
Crystal D. Peoples-Stokes  
Steven Cymbrowitz  
Charles D. Lavine  
Francisco P. Moya  
Andrew D. Hevesi  
James G. Skoufis  
Phillip G. Steck  
Marcos A. Crespo  
Phillip Goldfeder  
John T. McDonald  
Latoya Joyner  
Erik M. Dilan  
Pamela J. Hunter

Minority

William A. Barclay,  
Ranker  
Marc W. Butler  
Gary D. Finch  
Stephen M. Hawley  
Kenneth D. Blankenbush  
Brian F. Curran  
Raymond W. Walter

▪ COMMITTEE STAFF ▪

Jennifer Best, Assistant Secretary for Program and Policy  
Christopher Greenidge, Associate Counsel  
Fletcher Whyland, Analyst  
Omar McGill, Committee Assistant  
Vincent Rossetti, Legislative Director  
Sarah Conklin, Program and Counsel Secretary

▪ **TABLE OF CONTENTS** ▪

	<u>Page</u>
I. 2016 - 17 Budget.....	1
II. Health Insurance.....	2
III. Property / Casualty Insurance .....	8
IV. Auto Insurance .....	11
V. Life Insurance .....	15
VI. Miscellaneous .....	17
VII. Public Forums .....	19
VIII. Outlook for 2017 .....	21
Appendix A: Summary of Action on All Bills in 2016 .....	23
Appendix B: Chapters of 2016 .....	24
Appendix C: Bills Reported in 2016 .....	26
Appendix D: Bills Vetoed in 2016 .....	31

## ▪ 2016 - 17 Budget ▪

The Committee worked earnestly during negotiations for the 2016-17 Budget to ensure that the New York State of Health insurance exchange remained funded without making it a charge to policyholders. At the same time, the Assembly fought to permit the Department of Financial Services to provide an actuarially appropriate reduction in homeowner's insurance premiums upon a homeowner's completion of a home safety and loss prevention course. The Assembly also preserved the Entertainment Workers Healthcare Subsidy, which provides affordable healthcare for workers in this important sector of the New York State economy as these workers transition into the Health Exchange.

In order to protect medical providers and keep healthcare affordable for New Yorkers, the Assembly also supported provisions which facilitate access for providers to medical malpractice coverage. The Enacted Budget extended the Hospital Excess Liability Pool for an additional year and provided that all the providers in the Pool remained eligible for coverage until June 30<sup>th</sup> 2017.

## ▪ HEALTH INSURANCE ▪

### A. Prosthetics

*A.1178-C (Gunther) / S.1708-C Bonacic*

This bill would clarify that coverage for prosthetic limbs must be provided as an essential health benefit consistent with the Affordable Care Act, if such devices are deemed medically necessary by a patient's physician. This coverage would include the replacement as well as the repair of such devices.

This bill passed the Assembly.

### B. Extrapolation

*A.1193 Lavine / S.2303 Hannon*

This bill would require health care plans that use extrapolation in determining whether health care providers have received overpayments to comply with the following requirements:

- Provide written notice to the health care provider that extrapolation will be utilized;
- Apply a valid statistical methodology that uses stratified random sampling methods to assure a fair evaluation of the claims subject to audit;
- Inform the health care provider as to the type of methodology used;
- Provide the health care provider sixty business days to appeal the audit findings; and,
- In the event of an appeal of the audit findings, allow the health care provider to seek a review of the findings by a mutually agreed upon independent third party auditor whose costs shall be shared equally between the parties.

This bill passed the Assembly.

### C. Step Therapy

*A.2834-D Titone / S.3419-C Young*  
*Chapter 512 of the Laws of 2016*

Step therapy is a cost savings tool implemented by insurers that requires patients to take and fail on medications other than what their doctor has prescribed, before their insurer will cover the cost of the original medication. This bill gives doctors a transparent process to seek exceptions for step therapy for patients needing a particular treatment by:

- Requiring health insurance plans to disclose their clinical review criteria related to step therapy/fail first protocol override determinations to



- providers and patients, upon request;
- Requiring plan utilization review agents to utilize recognized evidenced-based and peer reviewed clinical review criteria in establishing a step therapy or fail first protocol and to use such evidenced-based criteria for override; and,
  - Establishing a clear override process.

This bill passed both Houses.

*D. Mental Health Practitioners*

*A.6376-A Bronson / S.2065-A Young*

This bill would require health insurers to provide coverage for outpatient treatment by licensed mental health counselors, marriage and family therapists, creative arts therapists, and psychoanalysts.

This bill passed the Assembly.

*E. Mail Order Pharmacies*

*A.6194 Joyner / S.2530 Golden*

New York's Insurance Law currently allows consumers to purchase medication at participating local retail pharmacies at the same cost-sharing amount as mail-order pharmacy coverage under their health insurance policies. Insureds may purchase their prescription drugs at an in-network non-mail order retail pharmacy without any additional cost-sharing, provided that the pharmacy agrees to the same contractual terms and conditions that the insurer has established with the in-network mail order and non-retail specialty pharmacies.

This bill would clarify that a health insurer cannot limit an insured to only using a mail order pharmacy if the local retail pharmacy agrees to the same reimbursement amount as the mail order pharmacies. This bill would also remove the existing requirement that the local retail pharmacy also agree to the same terms and conditions as the mail order pharmacies before an insured can use the local retail pharmacy.

This bill passed the Assembly.

F. Prosthetic Devices for Veterans  
A.7545-C Crespo / No Same As

This bill would require health insurers that cover durable medical equipment include coverage for prosthetic devices for veterans of the armed forces on parity with the coverage for durable medical equipment. Additionally, the bill would establish a definition of “prosthetic devices” which would include an artificial limb, but shall not include shoes or any other article considered as ordinary wearing apparel and defines “policy holders” as a veteran of the armed forces who resides in the state of New York and whose need for a prosthetic device resulted from an injury suffered in the line of duty.

This bill was reported to Ways & Means.

G. The Comprehensive Contraception Coverage Act  
A.8135-B Cahill / S.6013-A Bonacic

This bill would require health insurance policies to include coverage of contraceptive drugs, devices, and products, as well as voluntary sterilization procedures, contraceptive education and counseling, and related follow up services, and would prohibit any cost-sharing requirements or other restrictions or delays with respect to this coverage. Additionally, this bill would allow a pharmacist to administer a non-patient-specific prescription to an insured person.

This bill passed the Assembly.

H. Registered Nurse First Assistant  
A.9198 Lavine / S.6392-A Little  
Chapter 23 of the Laws of 2016

This chapter amendment clarifies that policies delivered in this state that provide reimbursement for non-physician surgical first assistant services shall not deny such services on the basis that such services are performed by a registered nurse first assistant.

I. 90 Days of Inpatient Rehabilitation  
A.9211 Stirpe / S.6478-A Ritchie

This bill would require health insurers to provide coverage for at least ninety days of inpatient rehabilitation services for substance abuse disorders upon the prescription of a doctor.

This bill was reported to the Rules Committee.

J. Special Enrollment Period for Pregnancies  
A.9223 Simotas / S.6429-A Seward  
Chapter 11 of the Laws of 2016

Chapter 581 of the Laws of 2015 provides that pregnancy shall be an event that triggers a special enrollment period available to individuals for enrollment at any time in a qualified health plan in the state health insurance exchange. This chapter amendment clarifies that pregnancy would trigger a special enrollment period for eligible New Yorkers who have individual enrollee direct payment contracts.

K. Stop-Loss, Catastrophic, and Reinsurance policies  
A.9248 Seawright / S.6694 Seward  
Chapter 12 of the Laws of 2016

This chapter amendment provides that certain groups may renew stop-loss, catastrophic and reinsurance policies if the group was eligible for such policy on a certain date. Small groups between the size of 51-100 who had re-insurance policies in effect on 1/1/2015 may continue to eligible to renew or purchase a new re-insurance policy between 1/1/2016 and 1/1/2017 and renew such policy thereafter. Furthermore, this chapter amendment would provide that small group rating standards shall not apply to municipal corporations that have member employers with 100 or fewer employees and allows the municipal corporations to continue to be eligible to renew or purchase a health insurance policy for one year. This chapter amendment would also sunset the grandfathering for these groups in three years and direct the Department of Financial Services to conduct a review and submit a report regarding the impact of the prohibition on the sale of stop loss, catastrophic and reinsurance coverage to the small group market. This study shall be submitted by March 1, 2018.

L. Nursing Home Authorization  
A.9301 Gottfried / S.6429 Hannon

This bill would require insurers to make determinations on requests for nursing home care following an inpatient admission within 24 hours of receipt of a request as long as the request is made at least 24 hours prior to discharge from the hospital.

This bill was advanced to the Third Reading Calendar.

M. Prior Approval for LTC Policies  
*A.9683-B Mayer / S.7065-B Krueger*

This bill would require insurers to submit proposed new rates and any proposed increases or decreases for existing rates for long term care insurance policies to the Superintendent of the DFS for approval. The insurer would be required to give notice to policyholders before submitting the proposed rates to the Superintendent and there would be a 30 day comment period during which the public could contact the Superintendent and the insurer with comments about the proposed rates. The Superintendent would be required to approve, disapprove, or modify the proposed rates between thirty and sixty days from the date the insurer submitted the rates. Once the rates are approved insurers would have to provide policyholders with a 60-day notice before implementing any rate changes.

This bill was advanced to the Third Reading Calendar.

N. In-Vitro Fertilization  
*A.10137 Simotas / S.7219 Savino*

This bill would require large group policies to provide equitable coverage for diagnostic treatment of infertility, including procedures for in-vitro fertilization and other fertility preservation treatments. This bill would also repeal age requirements and provisions exempting in-vitro fertilization gamete intrafallopian tube transfers or zygote intrafallopian tube transfers from coverage requirements.

This bill was reported to the Rules Committee.

O. Coverage for Concurrent Symptoms  
*A.10268-A Hunter / S.7558 Hannon*

This bill would expand the current prior authorization exception for surgical and invasive procedures to include concurrent symptoms and side effects.

This bill passed the Assembly.

P. Auto-Enrollment Notifications  
*A.10476 Simotas / No Same As*

This bill would ensure that individuals auto-enrolled into health insurance policies are notified of the reproductive healthcare coverage differences between their new plan and their previous plan.

This bill was reported to the Codes Committee.

*Q. Coverage of Abuse-Deterrent Drugs  
A.10478 Cusick / S.6962-A Hannon  
Veto 283 of 2016*

This bill would require insurers to cover a minimum of one opioid abuse-deterrent opioid analgesic drug per opioid analgesic active ingredient.

This bill passed both Houses.

*R. Coverage of Breast Cancer Screenings  
A.10679 Barrett / S.8093 Flanagan  
Chapter 74 of the Laws of 2016*

This bill prohibits cost-sharing for screening and diagnostic imaging for the detection of breast cancer, including diagnostic mammograms, breast ultrasounds, or magnetic resonance imaging otherwise covered under the policy. This bill also requires any general hospital or extension clinic certified as a mammography facility under the federal Mammography Quality Standards Act (MQSA), to provide extended hours for screening mammography services. Furthermore, this bill provides that all public employees receive up to four hours of paid leave for annual breast cancer screenings.

*S. Long-Term Care Study  
A.10711 Stirpe / S.6802 Seward  
Veto 281 of 2016*

This bill would direct the Superintendent of the DFS to conduct a study regarding provisions of long term care insurance coverage in NYS.

This bill passed both Houses.

▪ **PROPERTY / CASUALTY INSURANCE** ▪

A. Redlining

*A.146 Gantt / No Same As*

This bill would prohibit an insurer from refusing to issue or renew, or from limiting the type or amount of coverage offered for, an automobile or homeowners' policy based upon the property's location, age, or market value unless the decision is based on sound actuarial data and is consistent with its treatment of risks of substantially similar hazards in all geographical locations it serves in this state. This bill would also set up a grievance procedure for consumers, agents, and brokers who feel that an insurer has violated these provisions to file a complaint with the Superintendent of Financial Services.

This bill was advanced to the Third Reading Calendar.

B. Boating Safety Courses

*A.584-A Thiele / S.789-A Lavalle*

This bill would authorize the Superintendent of the DFS to provide rate reductions to liability insurance policies upon the completion of a boating safety course or an advanced boating safety course which has been approved by the Commissioner of Parks, Recreation, and Historic Preservation.

This bill passed the Assembly.

C. Standardization of Policy Terms

*A.1230 Cahill / S.4221 Seward*

This bill would require the Superintendent of Financial Services, within six months of the effective date of this bill, to promulgate regulations which provide standardized definitions for commonly used terms and phrases found in homeowners policies and commercial lines policies that provide coverage for loss or damage to real property, personal property or other liabilities for loss or damage to property. Insurers would be required to use the standardized terms and phrases in policies issued or delivered on or after the date the regulations are finalized, which would be no later than January 1, 2018. The bill would also allow insurers to use alternative definitions at the discretion of the Superintendent, so long as such definitions are not any less favorable to the policyholder or claimant than those required under the regulations.

This bill passed the Assembly.

D. Private Right of Actions in Disaster Emergencies

*A.1329 Weinstein / S.4223 Seward*

This bill would allow an insured to bring an action to recover actual damages against his or her insurance company when the insurance company has committed an unfair claims settlement practice when the Governor has declared a disaster emergency. The court would also be able to award punitive damages and reasonably attorney's fees should the insured prevail.

This bill was advanced to the Third Reading Calendar.

E. Protections from Insurer Discrimination Based on Breeds of Dogs

*A.3696 Glick / S.487 Lavallo*

This bill would prohibit insurers from refusing to issue or renew a homeowner's liability insurance policy, from canceling such a policy, and from charging higher premiums based solely on the breed of dog owned by the policyholders unless such dog is designated as "dangerous" pursuant to the Agriculture and Markets Law or if prior paid claims have incurred as a result of such dog.

This bill was advanced to the Third Reading Calendar.

F. Disasters Task Force

*A.4172 Skoufis / S.3758 Latimer*

This bill would create an eighteen-member task force to examine how insurers who write homeowners and commercial insurance policies respond to disasters, in what ways state and local agencies such as the Department of Financial Services (DFS) and the Department of Homeland Security and Emergency Services (DHSES) can assist claimants in such response and whether policyholders and communities have adequate insurance. The members of the task force would include state and local government officials as well as representatives from the insurance industry and consumer advocacy groups. The task force would be required to submit a report to the Governor and the Legislature on its findings and recommendations one year after the effective date.

This bill passed the Assembly.

G. Hurricane Windstorm Deductibles

*A.7537-A Kaminsky / S.253-A LaValle*

This bill would require the Superintendent of the Department of Financial Services to promulgate, within 180 days of the effective date of this bill, regulations providing standards for hurricane windstorm deductibles which create, to the greatest extent possible, uniformity in the operation of such deductibles with respect to the triggering event.

This bill passed the Assembly.

H. Municipal Insurance Reciprocals

*A.9337-A McDonald / S.6789-A Breslin*

*Chapter 433 of the Laws of 2016*

This bill allows the New York Municipal Insurance Reciprocal to seek permission from the Department of Financial Services to return money from its assessments to its individual municipal members. Such reimbursement would occur yearly if more than enough money had been collected for the payment of claims arising within the jurisdictions of its municipal members. Current law requires a portion of this money to be credited to NYMIR operating reserves which have accreted over time.

I. Adjusters

*A.10197-A Perry / S.6464-A Golden*

This bill would establish that insurers and all independent adjusters that are issued a temporary permit to adjust claims within New York State must utilize cost data that is regionally appropriate for the area of the state where the loss or damage occurred. Furthermore, this bill would make it an unfair claims settlement practice for insurers to artificially lower cost data used for adjusted claims or use cost data that is not appropriate for the region of the state where the loss occurred.

This bill was advanced to the Third Reading Calendar.



## ▪ AUTO INSURANCE ▪

### A. Auto Sunshine

*A.328-B Weinstein / S.2987-A Martins*

This bill would provide lawmakers, regulators, and the public with a source of reliable and accessible data that would allow them to evaluate automobile insurance and insurance companies by requiring insurers writing private passenger auto insurance to report detailed financial information to the Department of Financial Services, who shall make the info public.

This bill was advanced to the Third Reading Calendar

### B. Flex Rating Sunset

*A.454-A Cymbrowitz / S.2257-A Larkin*

This bill would strengthen consumer protections and oversight of private passenger auto insurance premiums by allowing the law that authorizes flex rating to sunset on June 30, 2019.

This bill was advanced to the Third Reading Calendar.

### C. Fraud Fighters

*A.2085 Cahill / No Same As*

This bill would increase consumer protections by removing collateral estoppel from the no-fault law, expanding the situations in which the Department of Financial Services can decertify unscrupulous medical providers within the no-fault system, and creating a new Office of Public Auto Insurance Consumer Advocate in the Executive Branch to advocate on behalf of auto insurance consumers.

This bill was reported to the Ways & Means Committee.

### D. Zero Dollar Deductible

*A.3090 Cook / No Same As*

This bill would allow auto insurers to offer consumers a reduced dollar deductible, a zero dollar deductible, or a deductible that could reduce to zero over time. This bill would also require the insurer to disclose to the insured or potential insured how such a deductible would interact with the other provisions of the insured's policy, any additional cost to the insured for having such a deductible, the circumstances under which the deductible may be reduced or diminish, if and under what circumstances the deductible may be increased, and the effect that the deductible may have upon the insured's premium.

This bill passed the Assembly.

E. Supplementary Uninsured/Underinsured Motorist (SUM) Coverage  
A.3121 Morelle / S.4674 Seward

This bill would educate consumers about the availability of supplementary uninsured/underinsured motorist (SUM) coverage. It would allow SUM coverage to be purchased in the same amount as a motorist's bodily injury coverage and require insurers to provide motorists with a notice informing them of the availability of SUM coverage and the amount of SUM coverage that can be purchased.

This bill advanced to the Third Reading Calendar.

F. Notification to Policyholders Regarding Vehicle Repairs  
A.7738-A Magnarelli / S.5639-A DeFrancisco  
Chapter 236 of the Laws of 2016

This chapter requires insurers to notify policyholders, in a copy of its repair estimate, of their right to have their vehicle repaired at the shop of their choice.

G. Ridesharing  
A.8195-B Cahill / No Same As

This bill would authorize the issuance of group automobile insurance policies to transportation network companies operating outside of New York City. Minimum insurance requirements for Transportation Network Companies (TNC) would be as follows:

Period 1: A TNC Driver is logged in but has not accepted or picked up a passenger.

- The coverage limits are \$100,000 for death and bodily injury per person, \$300,000 for death and bodily injury per incident, and \$25,000 for property damage and coverage.

Period 2: A TNC Driver has accepted a passenger through the app.

- \$1.5 Million in Liability applies.

Period 3: A TNC Driver is transporting a passenger.

- \$1.5 Million in Liability applies.

This bill would require TNC's to purchase a group policy which would provide coverage when the app is turned on. The TNC would be the group policyholder.

This bill also includes provisions which would:

- Provide municipalities the authority to regulate the registration and licensing of TNCs;
  - Municipal officers and boards in cities, towns and villages of this state have express authority to enact ordinances regulating TNCs.
- Explicitly cover “unauthorized users” – persons other than the TNC driver utilizing the app;
- Provide a “livery buy-in,” allowing existing livery companies to purchase the TNC group insurance product defined in this bill;
- Require TNCs to provide the Department of Motor Vehicles with a list of vehicles driving for the company;
  - TNCs would be required to continually update the list
  - The DMV would be required to identify the transportation network company's insurance as an extra line of coverage with each respective personal vehicle.
- Clarify coverage responsibilities when a driver is using multiple apps at the same time; and,
- Add TNC drivers to the New York Black Car Operators' Injury Compensation Fund, Inc.

This bill was reported to the Codes Committee.

#### H. Carsharing

##### *A.10477 Moya / No Same As*

This bill would authorize insurers to issue group insurance coverage to personal motor vehicle sharing programs. This section also establishes the coverage that each group policy shall provide including first party coverage, liability, property, comprehensive, collision, and uninsured/underinsured motorist coverage. The bill provides that a program's group policy shall be primary over any other insurance available to a vehicle owner and renter.

This bill establishes requirements that programs must adhere to in order to operate in New York State including:

- Procuring group insurance coverage for each vehicle enrolled in the program which provides liability coverage of one million dollars and comprehensive and collision coverage;
- Providing the vehicle owners with proof of the program's compliance with the insurance requirements of this section;
- Providing each renter with access to the insurance identification card;
- Providing the vehicle owner, the vehicle owner's insurer, the renter's insurer and any third parties involved in accidents with a renter with records of the program use period for each vehicle in cases where a claim has been filed with the program's group insurer; and,
- Providing the department of motor vehicles with a list of the vehicles that are enrolled in the program.

This bill was reported to the Codes Committee.

## ▪ LIFE INSURANCE ▪

### A. Terms and Conditions

*A.6355-A Cook / No Same As*

This bill would require that agents fully explain the terms and conditions of a life insurance policy loan to the consumer; insurance agents and insureds would be required to sign a disclosure agreement which states that the agent has explained all of the terms of the loan agreement and that to the best of their knowledge, both parties are in full understanding of these terms.

This bill passed the Assembly.

### B. Distribution of Dividends

*A.9107 Brindisi / S.6601 Seward*

*Chapter 1 of the Laws of 2016*

This chapter amendment clarifies that domestic stock life insurance companies may distribute dividends out of their earned surplus when the total amount of such dividends does not exceed the greater of 30% of its net gain from operations. Additionally, this bill clarifies that domestic stock life insurance companies may distribute dividends out of their earned surplus so long as the total amount of such dividends does not exceed the lesser of 10% of its net gain from operations.

This chapter amendment allows the superintendent of the DFS to limit or disallow the distribution of dividends to policyholders if a domestic stock life insurance company's surplus to policyholders is not reasonable in relation to the company's outstanding liabilities, or if the company is financially distressed.

### C. Board of Directors

*A.9197 Skoufis / S.6395-A Seward*

*Chapter 8 of the Laws of 2016*

This chapter amendment clarifies when domestic stock life insurance companies can fill positions on their board of directors with members from a parent or holding company and ensures that such insurance company's holding company or parent corporation has a board of directors which meet the same requirements established for domestic stock life insurance companies and that such board of directors of the holding or parent corporation shall be subject to the same requirements established for domestic stock life insurance companies in NYS Insurance Law.

*D. State Insurance Advisory Board*

*A.10267-A Cahill / S.7536-A Seward*

*Chapter 515 of the Laws of 2016*

This bill establishes a State Insurance Advisory Board within the Department of Financial Services to assist in the development and growth of the insurance industry. The Board consisting of seventeen members will consider and recommend to the Superintendent:

- Ways to maintain and grow the insurance industry of the state, particularly focusing on the domestic insurance industry;
- Ways to encourage insurers to offer a diversity of affordable insurance & financial products throughout the state; and,
- Amendments to or new laws, regulations & guidance, or the repeal thereof, in furtherance of these goals.

*E. Reports on Examinations*

*A.10292-A Cahill / S.7534-A Seward*

*Veto 221 of 2016*

This bill would require that a report on examination of an insurance company by the Superintendent of the Department of Financial Services must include information regarding whether any fine or regulatory action will be imposed as a result of the examination and the amount of the fine or nature of the regulatory action.

▪ MISCELLANEOUS ▪

A. Personal Financial Information

*A.1340 Dinowitz / No Same As*

This bill would make it an unfair claim settlement practice for insurers to demand as standard practice, intrusive personal, financial and tax information of the insured to process ordinary theft claims unless there are special circumstances that warrant the disclosure of such documents in order to determine if the claim is fraudulent.

This bill was advanced to the Third Reading Calendar.

B. Domestic Violence Victims

*A.1358 Cymbrowitz / No Same As*

This bill would allow a domestic violence victim covered by an insurance policy where another person is the policyholder to designate alternative contact information for the purpose of receiving insurance claim or billing information. The victim would have to provide to the insurance company a signed statement made under oath that he or she is a victim of domestic violence and that disclosing his or her contact information would endanger him or her. The insurance company would be prohibited from disclosing to the policyholder the victim's contact information and the contact information of any person providing health care services to the victim or from mailing any information to any address other than the address provided by the victim. This prohibition would remain in effect until a written request is made by the victim to cancel the withholding of information.

This bill passed the Assembly.

C. Electronic Delivery of Notices

*A.8076-B Hevesi / S.5249-B Seward*

*Veto 274 of 2016*

This bill would permit insurers to deliver insurance notices and documents electronically with the consent of the policyholder, and allow property and casualty insurers to post state-approved policies on their company website.

This bill passed both Houses.

*D. Senior Citizen Third Party Notification  
A.10269 Cymbrowitz / S.2268 Golden  
Chapter 424 of the Laws of 2016*

This bill requires insurers to notify third-parties designated by senior citizens to receive notice of cancellation for non-payment of premium to receive such notice no less than 30 days before the effective date of the cancellation.

*E. Hazardous Financial Conditions of Insurers  
A.10442 Cahill / No Same As*

This bill would expand the standards which DFS utilizes to determine whether the continued operation of an insurer may be deemed hazardous and expand actions DFS may order an insurer to take when the insurer is in a hazardous financial condition.

This bill passed the Assembly.



## ▪ PUBLIC FORUMS ▪

### *“Hearing on the Legislative Role in Modernizing State Health Insurance Coverages under the Affordable Care Act”*

The New York State Assembly Standing Committee on Insurance has often reported legislation that would require health insurance companies to provide coverage for important health care. These proposals are often called “health insurance mandate” bills and cover a variety services such as breast cancer screening, treatment for autism spectrum disorders, fertility treatments, and vitamins and supplements to mitigate the symptoms of mitochondrial disease. Traditionally, the costs of any newly enacted health insurance benefits are calculated into the annual premium. The ability, however, to continue to offer innovations in coverage and modernization in care has been severely curtailed by the Essential Health Benefits (EHB) cap and associated directives under the Affordable Care Act. In effect, health care coverage has been frozen in accord with certain benefit plans as they existed in 2011.

Currently, there are over twenty bills pending in the Assembly Committee on Insurance that would add benefits over and above the Essential Health Benefits benchmark plan. Under most circumstances, should any of these legislatively-directed benefits become law, the Affordable Care Act provides that states must pay the additional premium cost of any new health insurance benefits or mandates that are required but not included in the EHB. Given the federal structure, the committee has been unable to responsibly advance such measures. Many proposals are unquestionably meritorious. Even Assemblymember Cahill, the Chair of the Assembly Committee on Insurance, sponsors such legislation, for example, to ensure that health insurers provide coverage of long term medical care for Lyme disease and other tick borne pathogens.

Health advocates, members of the New York State Assembly and others raised concerns over the need to assure all New Yorkers adequate coverage for proven protocols, treatments, medicines and procedures that might not have been included in a benefit package over six years ago. Accordingly, on April 7, 2016 the Assembly Standing Committee on Insurance and the Standing Committee on Health held a hearing to investigate and determine the process for evaluating, enacting and implementing new health insurance benefits in New York State in the context of the ACA provisions. The Members of the Committees sought guidance and recommendations on how to add new treatments absent from the state’s EHB benchmark plan to keep pace with evolving medical practices and patient needs without passing costs on to consumers, and taxpayers and without violating the prohibition of having those benefits paid in the usual and customary way through premium calculation and rate setting. The panel also sought information on how benefits trigger a cost to the state, the process used to calculate potential costs and whether potential savings from treatments focused on the lifetime of a patient can be counted to reduce the state’s costs. Furthermore, the panel considered how insurers add benefits to their policies absent legislation and sought recommendations from all parties regarding how to modernize health insurance as

medical technology advances and public sensibilities evolve.

The Insurance Committee remains committed to reviewing all possible avenues to ensure that New Yorkers have access to health insurance policies which provide robust and affordable coverage while minimizing impacts on New York's tax payers and promoting a competitive health insurance market. The Committee will continue to evaluate federal waivers, examine potential definitional changes within the state's current benchmark plan, and identify future funding streams for the purpose of subsidizing additional benefits. State agencies, insurers and consumers are urged to join the Assembly to keep health insurance coverage apace with technological, scientific and social advances.

## ▪ OUTLOOK FOR 2017 ▪

For the 2017 legislative session, the Insurance Committee will continue to advance legislation that protects New York's consumers while also strengthening the insurance market in this state.

Issues related to the emerging gig economy, including "ride-hailing," have generated questions related to liability, which the Insurance Committee will continue to evaluate. In the 2016 Legislative Session the Assembly Insurance Committee reported bills which would authorize Transportation Network Companies (TNCs) to operate in the state. The committee looks forward to advancing proper regulatory measures which would allow TNCs to join public transit, private taxis and limousine services in meeting the transportation needs of the state. It is imperative to set appropriate, modern and sensible statewide insurance minimum standards to ensure that drivers, passengers, and third parties are covered by adequate levels of insurance.

The persistent problem for small contractors to obtain commercial liability insurance deserves new attention. For too long sides have been chosen in an argument over why small building trade contractors are unable to obtain appropriate insurance coverage. It is time to replace rhetoric with fact and conflict with cooperation. The committee is dedicated to ensuring that required insurance coverage is affordable and accessible.

As world financial markets shrink, national borders evaporate and states continue to attempt to challenge the pre-eminence of New York as the financial capital of the world, the Committee will review policies and proposals to assure our continued dominance in that realm. Preserving and defending the primacy of state insurance regulation is a nationwide concern and no less so here in the Empire State. A balance must be reached that assures innovation is welcomed, while at the same time, carefully time-tested existing regulatory structures are preserved.

With so much of health care in flux, like consumers, health care providers need to know that basics are safe and predictable. The committee will work to bring long term stability to medical malpractice insurance.

The Committee will also monitor and ensure that the substance use disorder measures which go into effect in 2017 are implemented properly and provide medically necessary treatment for those in need. All New Yorkers, everywhere in the state deserve to have access to OASAS-certified chemical dependence treatment programs. Individuals who are receiving medically necessary inpatient treatment should be allowed to stay in treatment without worrying that their insurance company will suspend coverage.

While the immediate and long term fate of the Affordable Care Act is uncertain, states will continue to take a primary role in regulating private health insurance and administering public health insurance programs. Accordingly, the Committee will continue to investigate and determine a process for evaluating, enacting and implementing new health insurance benefits in New York State under the Affordable

Care Act. While the Health and Insurance Committees Hearing on the Legislative Role in Modernizing State Health Insurance Coverages under the Affordable Care Act provided useful information, a significant finding of that hearing was that there is still more work to do in the coming legislative session. That need for vigilance and creativity is even more pronounced, given the changed political landscape in our Nation's Capital. The committee will carefully monitor the health insurance marketplace to respond to federal changes to the ACA and will remain committed to the goal that individuals have seamless access to quality, affordable health care across all of New York State.

In the meantime, the Committee recognizes that it is essential that health insurance coverage is updated to reflect new health industry modernization as well as the ever evolving health care needs of the diverse New York State citizenship. As such, the Committee will continue to pursue all possible avenues to ensure that New Yorkers have access to health insurance policies which provide appropriate coverage without creating an undue and unacceptable impact on New York's taxpayers.

## APPENDIX A 2016 SUMMARY SHEET

### Summary of Action on all Bills Referred to the Insurance Committee

	<u>ASSEMBLY</u> <u>BILLS</u>	<u>SENATE</u> <u>BILLS</u>	<u>TOTAL</u> <u>BILLS</u>
<b>BILLS REPORTED WITH OR WITHOUT AMENDMENT</b>			
TO FLOOR; NOT RETURNING TO COMMITTEE (FAVORABLE)	12		12
TO WAYS AND MEANS	9		9
TO CODES	27		27
TO RULES	9		9
TO JUDICIARY	0		0
TOTAL	57		57
<b>BILLS HAVING COMMITTEE REFERENCE CHANGED</b>			
TO Ways and Means                      COMMITTEE	0		0
TO Codes                                      COMMITTEE	0		0
TOTAL	0		0
<b>SENATE BILLS SUBSTITUTED OR RECALLED</b>			
SUBSTITUTED		12	12
RECALLED		0	0
TOTAL		12	12
<b>BILLS DEFEATED IN COMMITTEE</b>			
	0	0	0
<b>BILLS HELD FOR CONSIDERATION with a roll-call vote</b>			
	18	0	18
<b>BILLS NEVER REPORTED, HELD IN COMMITTEE</b>			
	235	18	253
<b>BILLS HAVING ENACTING CLAUSES STRICKEN</b>			
	2	0	2
<b>MOTIONS TO DISCHARGE LOST</b>			
	0	0	0
<b>TOTAL BILLS IN COMMITTEE</b>	312	30	342
<b>TOTAL NUMBER OF COMMITTEE MEETINGS HELD</b>	10		

**APPENDIX B  
CHAPTERS OF 2016**

<b>Bill/ Sponsor</b>	<b>Description</b>	<b>Final Action</b>
A.2834-D / Titone S.3419-C / Young	Requires health insurance plans to disclose their clinical review criteria related to step therapy protocol override determinations to providers and patients.	Chapter 512
A.7738-A / Magnarelli S.5639 / DeFrancisco	Requires insurers to notify policyholders, in a copy of its repair estimate, of their right to have their vehicle repaired at the shop of their choice.	Chapter 236
A.9107 / Brindisi S.6601 / Seward	Clarifies when that domestic stock life insurance companies may distribute dividends out of their earned surplus.	Chapter 1
A.9197 / Skoufis S.6395-A / Seward	Clarifies when domestic stock life insurance companies can fill positions on their board of directors with members from a parent or holding company.	Chapter 8
A.9198 / Lavine S.6392-A / Little	Clarifies that policies delivered in this state that provide reimbursement for non-physician surgical first assistant services shall not deny such services on the basis that such services are performed by a registered nurse first assistant. This bill also repeals changes made to the Worker's Compensation Law	Chapter 23
A.9223 / Simotas S.6429-A / Seward	Authorizes pregnant individuals, certified by their healthcare professional to be pregnant, to enroll in an individual enrollee direct payment contract at any time. This bill clarifies that pregnancy would trigger a special enrollment period for eligible New Yorkers who have individual enrollee direct payment contracts.	Chapter 11
A.9248 / Seawright S.6694 / Seward	Provides that certain groups may renew stop-loss, catastrophic and reinsurance policies if the group was eligible for such policy on a certain date. The bill would also sunset the grandfathering for these groups in three years and require the DFS to contract with an independent entity to study the effects of the sale of stop-loss, catastrophic and reinsurance coverage on the small group market.	Chapter 12
A.9337-A / McDonald S.6789-A / Breslin	Authorizes the DFS to suspend the continued funding of an authorized reciprocal insurer's operating reserves for a fiscal year as long as that same amount is returned directly to municipal subscribers the following year.	Chapter 433

A.10267-A / Cahill S.7536-A / Seward	Creates a State Insurance Advisory Board.	Chapter 515
A.10269 / Cymbrowitz S.2268 / Golden	Requires insurers to notify third-parties designated by senior citizens to receive notice of cancellation for non-payment of premium to receive such notice no less than 30 days before the effective date of the cancellation.	Chapter 424
A.10679 / Barrett S.8093 / Flanagan	Prohibits cost-sharing for screening and diagnostic imaging for the detection of breast cancer, including diagnostic mammograms, breast ultrasounds, and MRI's. This bill also extends hours for screening mammography services and provides New York City public employees with four hours of paid leave for annual breast cancer screenings.	Chapter 74

**APPENDIX C**  
**BILLS THAT WERE REPORTED IN 2016**

<b>Bill/ Sponsor</b>	<b>Description</b>	<b>Action</b>
A.146 / Gantt No Same As	Would prohibit discrimination in the issuance of homeowners' insurance policies and clarifies the prohibition of refusal to issue policies based solely on geographical location.	Advanced to Third Reading
A.328-B / Weinstein S.2987-A / Martins	Would require significant disclosure of and public access to claims, financial, and compensation data from auto insurers.	Advanced to Third Reading
A.454-A / Cymbrowitz S.2257-A / Larkin	Would sunset the section of law that allows for flex rating for non-commercial auto policies on June 30, 2019.	Advanced to Third Reading
A.584-A / Thiele S.789-A / Lavalley	Would provide rate reductions to liability insurance policies upon the completion of a boating safety course or an advanced boating safety course.	Passed Assembly
A.1178-C / Gunther S.1708-C / Bonacic	Would mandate insurance providers to cover insureds costs of prosthetic devices as well as their repair costs, assessment, evaluation, treatment, and follow up care.	Passed Assembly
A.1230-A / Cahill S.4221-A / Seward	Would require the DFS to promulgate regulations that would standardize the definitions of terms and phrases commonly used in homeowners and certain commercial insurance policies.	Passed Assembly
A.1329 / Weinstein S.4223 / Seward	Would provide insureds with a private right of action when their insurance company commits an unfair claims settlement practice when the Governor has declared a disaster emergency.	Advanced to Third Reading
A.1340 / Dinowitz No Same As	Would restrict insurers from demanding intrusive personal, financial, and tax information from insureds as a standard practice in ordinary theft claims.	Advanced to Third Reading
A.1358 / Cymbrowitz No Same As	Would allow domestic violence victims covered by an insurance policy where another person is the policyholder to designate alternative contact information for the purpose of receiving insurance claim or billing information.	Passed Assembly
A.2085 / Cahill No Same As	Would increase consumer protections by removing collateral estoppel from the no-fault law, expanding the situations in which the Department of Financial Services can decertify unscrupulous medical providers in the no-fault system, and creating a new Office of Public Auto Insurance Consumer Advocate in the Executive Branch to advocate on behalf of auto insurance consumers.	Reported to Ways & Means



A.2834-D / Titone S.3419-C / Young	Requires health insurance plans to disclose their clinical review criteria related to step therapy protocol override determinations to providers and patients.	Chapter 512
A.3090 / Cook No Same As	Would allow auto insurers to offer consumers a reduced dollar deductible, a zero dollar deductible, or a deductible that could reduce to zero over time.	Passed Assembly
A.3121 / Morelle S.4674 / Seward	Would require insurers to make supplementary uninsured/underinsured motorist (SUM) coverage available in the same amount as the insured's bodily injury and to require the insured to designate if they want to purchase SUM coverage.	Advanced to Third Reading
A.3212 / Weprin S.7814 / Avella	Would require independent adjusters to meet the same continuing education requirements as public adjusters and prohibit insurance companies from steering consumers to specific home improvement contractors.	Advanced to Third Reading
A.3624 / Hevesi S.1671 / Seward	Would ensure that licensed health insurance producers are promptly paid compensation earned for placement of health insurance coverage.	Reported to Codes
A.3696 / Glick S.487/ Lavallo	Would prohibit insurers from penalizing policyholders based solely on the breed of dog owned by the policyholders unless such dog is designated as "dangerous" pursuant to the Agriculture and Markets Law or if prior paid claims have incurred as a result of such dog.	Advanced to Third Reading
A.4036-A / Quart S.2809-A / Lanza	Would allow patients to synchronize the refills of their prescriptions.	Passed Assembly
A.4172 / Skoufis S.3758 / Latimer	Would create a task force to examine and report on how insurers respond to disasters.	Passed Assembly
A.4458 / Skoufis S.1398 / Carlucci	Would prevent delays in the processing of insurance claims by establishing claim investigation and settlement standards for insurance companies to follow in the event of a disaster.	Passed Assembly
A.4944 / Perry No Same as	Would prohibit insurers from canceling or refusing to renew or condition its renewal of automobile insurance policies solely on the bases that there is a pending complaint filed by the insured, or that a claim filed by the insured with the insurer is in dispute.	Advanced to Third Reading
A.6355-A / Cook No Same as	Would require agents to fully explain the terms and conditions of a life insurance policy loan to the policyholder and that such information is disclosed in writing and is signed by the agent and the policyholder.	Passed Assembly
A.6376-A / Bronson S.2065-A / Young	Would require blanket health insurance policies to provide coverage for outpatient treatment by mental health practitioners.	Passed Assembly

A.6421-A / Joyner S.4724-A / Martins	Would provide that failure to appear for an IME or exam under oath shall not be basis of denial of claim if there are mitigating circumstances.	Advanced to Third Reading
A.6684 / Englebright S.1207 / DeFrancisco	Would require that no insurer providing collision or comprehensive loss shall require a repair facility to use a specific vendor or process for the procurement of parts or other materials necessary for the repair of a motor vehicle.	Advanced to Third Reading
A.7537-A / Kaminsky S.253-A / LaValle	Would require the Superintendent of Financial Services to establish uniform trigger standards for hurricane windstorm deductibles.	Passed Assembly
A.7545-C / Crespo No Same As	Would require health insurance companies to provide coverage for prosthetic limbs for veterans for rehabilitative and habilitative services.	Reported to Ways & Means
A.7707-A / Peoples-Stokes S.5382-A / Martins	Would protect consumers from the adverse effects of mid-year formulary changes.	Passed Assembly
A.7738-A / Magnarelli S.5639-A / DeFrancisco	Requires insurers to notify policyholders, in a copy of its repair estimate, of their right to have their vehicle repaired at the shop of their choice.	Chapter 236
A.8076-B / Hevesi S.5249-B / Seward	Would permit insurance notices to be delivered electronically and allow state-approved insurance policies to be accessed via the internet.	Veto Memo 274
A.8135-B / Cahill S.6013-A / Bonacic	Would require health insurance policies to provide coverage for contraceptives and prohibit restrictions of such coverage.	Passed Assembly
A.8195-B / Cahill No Same As	Would authorize the issuance of group automobile insurance policies to transportation network companies.	Reported to Codes
A.9107 / Brindisi S.6601/ Seward	Clarifies when that domestic stock life insurance companies may distribute dividends out of their earned surplus.	Chapter 1
A.9197 / Skoufis S.6395-A / Seward	Clarifies when domestic stock life insurance companies can fill positions on their board of directors with members from a parent or holding company.	Chapter 8
A.9198 / Lavine S.6392-A / Little	Clarifies that policies delivered in this state that provide reimbursement for non-physician surgical first assistant services shall not deny such services on the basis that such services are performed by a registered nurse first assistant. This bill also repeals changes made to the Worker's Compensation Law	Chapter 23
A.9211 / Stirpe S.6478-A / Ritchie	Would require health insurers to provide coverage for at least 90 days of inpatient rehabilitation services for substance abuse disorders upon the prescription of a doctor.	Reported to Rules

A.9223 / Simotas S.6429-A / Seward	Authorizes pregnant individuals, certified by their healthcare professional to be pregnant, to enroll in an individual enrollee direct payment contract at any time. This bill clarifies that pregnancy would trigger a special enrollment period for eligible New Yorkers who have individual enrollee direct payment contracts.	Chapter 11
A.9248 / Seawright S.6694 / Seward	Provides that certain groups may renew stop-loss, catastrophic and reinsurance policies if the group was eligible for such policy on a certain date. The bill would also sunset the grandfathering for these groups in three years and require the DFS to contract with an independent entity to study the effects of the sale of stop-loss, catastrophic and reinsurance coverage on the small group market.	Chapter 12
A.9301 / Gottfried S.6492 / Hannon	Would add nursing home care to the type of care for which an insurer must make a determination on authorization within twenty-four hours.	Advanced to Third Reading
A.9337-A / McDonald S.6789-A / Breslin	Authorizes the DFS to suspend the continued funding of an authorized reciprocal insurer's operating reserves for a fiscal year as long as that same amount is returned directly to municipal subscribers the following year.	Chapter 433
A.9683-B / Mayer S.7065-B / Krueger	Would require prior approval for rate increases for long term care insurance plans.	Advanced to Third Reading
A.10137/ Simotas S.7219 / Savino	Would require large group insurance policies to provide coverage for in-vitro fertilization.	Reported to Rules
A.10197-A / Perry S.6464-A / Golden	Would establish that all independent adjusters that are issued a temporary permit to adjust claims within NYS must utilize cost data that is regionally appropriate.	Advanced to Third Reading
A.10267-A / Cahill S.7536-A / Seward	Creates a State Insurance Advisory Board.	Chapter 515
A.10268-A / Hunter S.7558 / Hannon	Would expand the current prior authorization exception for surgical and invasive procedures to include concurrent symptoms and side effects.	Passed Assembly
A.10269 / Cymbrowitz S.2268 / Golden	Requires insurers to notify third-parties designated by senior citizens to receive notice of cancellation for non-payment of premium to receive such notice no less than 30 days before the effective date of the cancellation.	Chapter 424
A.10292-A / Cahill S.7534-A / Seward	Would establish that a company examination should be considered closed when the report on examination is adopted by the Superintendent of DFS.	Veto Memo 221

A.10378 / Cahill S.7940 / Seward	Would allow for renewal of a business-entity license without evidence of continuing-education credits if all entity sublicenses have a valid and appropriate insurance license as of the entity license renewal date.	Reported to Codes
A.10442 / Cahill No Same As	Would expand the standards which DFS utilizes to determine whether the continued operation of an insurer may be deemed hazardous and expand actions DFS may order an insurer to take when the insurer is in a hazardous financial condition.	Passed Assembly
A.10469 / Cahill S.7651 / Seward	Would exempt health insurers adjusting claims on behalf of a municipal cooperative health benefit plan from the definition of "independent adjuster."	Veto Memo 292
A.10470 / Cahill S.7868-A / Seward	Would subject hospital charges for emergency services to the independent dispute resolution process established to protect against excessive emergency charges.	Passed Assembly
A.10476 / Simotas No Same as	Would require that individuals auto-enrolled into a health insurance policy shall be notified of the reproductive healthcare coverage differences between their new plan and their previous plan.	Reported to Codes
A.10477 / Moya No Same as	Would enact the "personal motor vehicle sharing act."	Reported to Codes
A.10478 / Cusick S.6962-A / Hannon	Would require insurers to cover a minimum of one opioid abuse-deterrent opioid analgesic drug per opioid analgesic active ingredient.	Veto Memo 283
A.10524 / Cahill S.7867-A / Seward	Would exempt Part D Employer Group Waiver Plans from New York Insurance Law requirements.	Veto Memo 294
A.10679 / Barrett S.8093 / Flanagan	Prohibits cost-sharing for screening and diagnostic imaging for the detection of breast cancer, including diagnostic mammograms, breast ultrasounds, and MRI's. This bill also extends hours for screening mammography services and provides New York City public employees with four hours of paid leave for annual breast cancer screenings.	Chapter 74
A.10690 / Cancel No Same As	Would create a Homeowners' Bill of Rights to educate consumers about property/casualty insurance coverage and require the Department of Financial Services to develop a consumer's guide on insuring against catastrophic loss.	Advanced to Third Reading
A.10711 / Stirpe S.6802 / Seward	Would direct the Department of Financial Services to conduct a study regarding provisions of long term care insurance coverage in NYS.	Veto Memo 281

**APPENDIX D  
BILLS THAT WERE VETOED IN 2016**

<b>Bill/ Sponsor</b>	<b>Description</b>	<b>Final Action</b>
A.8076-B / Hevesi S.5249-B / Seward	Would permit insurance notices to be delivered electronically and allow state-approved insurance policies to be accessed via the internet.	Veto Memo 274
A.10292-A/ Cahill S.7534-A/ Seward	Would establish that a company examination should be considered closed when the report on examination is adopted by the Superintendent of DFS.	Veto Memo 221
A.10469 / Cahill S.7651 / Seward	Would exempt health insurers adjusting claims on behalf of a municipal cooperative health benefit plan from the definition of "independent adjuster."	Veto Memo 292
A.10478 / Cusick S.6962-A / Hannon	Would require insurers to cover a minimum of one opioid abuse-deterrent opioid analgesic drug per opioid analgesic active ingredient.	Veto Memo 283
A.10524 / Cahill S.7867-A / Seward	Would exempt Part D Employer Group Waiver Plans from New York Insurance Law requirements.	Veto Memo 294
A.10711 / Stirpe S.6802 / Seward	Would direct the Department of Financial Services to conduct a study regarding provisions of long term care insurance coverage in NYS.	Veto Memo 281

**- END OF REPORT -**