



Legislation Text

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Int. No. 113

By the Speaker (Council Member Miller) and Council Members Quinn, Brewer, Clarke, DeBlasio, Gennaro, Jackson, Katz, Martinez, Monserrate, Nelson, Perkins, Rivera, Seabrook, Sears and Gerson

A Local Law to amend the administrative code of the city of New York, in relation to information distribution and annual reporting with respect to the availability and utilization of clinical preventive medical services provided to city employees, retirees and covered family members by health maintenance organizations, health insurance companies and medicare plan providers under contract with the city of New York to provide health insurance coverage to such employees, retirees and covered family members.

Be it enacted by the Council as follows:

Section 1. Legislative declaration of intent. Clinical medical services for the prevention and early detection of disease have been associated with substantial reductions in morbidity and mortality. A significant portion of illnesses and deaths among New Yorkers are preventable through the use of clinical preventive medical services, including screening tests, counseling services, immunizations and pharmacological regimens. Moreover, clinical preventive medical services are highly cost effective because they reduce the need for emergency care, lessen the severity of disease or trauma and diminish the need for complex and expensive medical care. To encourage the utilization of clinical preventive medical services by city employees, retirees and their families at appropriate intervals, it is the intention of the Council to mandate that health maintenance organizations, health insurance companies and Medicare plan providers under contract with the city of New York fully inform city employees, retirees and their families of the clinical preventive care services provided or covered by such plans, and, on no less than an annual basis, make available to such eligible city employees, retirees and their families, clear and concise written material on the availability and benefits of such clinical preventive medical services.

§2. Chapter 1 of title 17 of the administrative code of the city of New York is amended by adding a new

section 17-184 to read as follows:

§17-184 Notification and reporting on clinical preventive medical services offered to city employees. a.

When used in this section, the following terms shall have the following meanings:

(1) “City agency” shall mean a city, county, borough, administration, department, division bureau, board or commission, or a corporation, institution or agency of government.

(2) “Clinical preventative medical services” shall mean:

i) Childhood immunizations including diphtheria and tetanus toxoids with pertussis vaccine, oral poliovirus vaccine, hemophilus influenza B conjugate vaccine, measles, mumps and rubella vaccine and hepatitis B vaccine;

ii) Adult immunizations including influenza vaccine, pneumococcal vaccine, hepatitis B vaccine, diphtheria and tetanus toxoid and rubella screening of women of childbearing age;

iii) Coronary artery disease risk factor screening and/or counseling, including cholesterol, exercise and/or hypertension;

iv) Smoking cessation services;

v) Cancer screening, particularly breast and cervix screening for women, prostate screening for men and colorectal sickle cell risk factor screening;

vi) Prenatal and perinatal care, family planning, prevention and full reproductive services; and

vii) Appropriate risk factor screening and prevention services for conditions including but not limited to lead toxicity, sexually transmitted diseases, human immunodeficiency virus and alcohol and other substance abuse screening and prevention.

(3) “Health insurance company” shall mean an organization licensed under article 11 of the state insurance law to provide payment for health care services, including a participating provider organization and a point-of-service provider;

(4) “Health maintenance organization” (HMO) shall mean an organization that provides managed,

pre-paid hospital and medical services to its members as defined by article 44 of the state public health law;

(5) “Medicare plan provider” shall mean a medicare supplemental plan provider offering coverage pursuant to title XVIII of the social security act which provides health insurance for persons over age sixty-five, and shall include a medicare health maintenance organization provider;

(6) “Participating provider organization” shall mean an organization of health care providers who agree to accept payments for medical services provided pursuant to a health care plan, along with copayments from plan enrollees, as payment in full for medical services provided pursuant to such plan; and

(7) “Point-of-service plan provider” shall mean a health care provider which allows enrollees in its health care plan to use either a network provider participating in its health care plan and have prepaid comprehensive coverage and minimal out-of-pocket costs for services or use an out-of-network provider not participating in its health plan and have less comprehensive coverage and be subject to deductibles and other payments.

b. The city shall only enter into a contract for the provision of health insurance coverage to employees and retirees of the city of New York, and eligible family members, with those HMOs, health insurance companies or medicare plan providers that agree to:

(1) make available, on an annual basis, information to the office of labor relations, office of employee benefits that fully details the clinical preventive medical services provided or covered by such HMO, health insurance company or medicare plan provider, including any changes to such services which may have occurred subsequent to last reporting of such information;

(2) mail, or otherwise cause to be delivered, at least annually, to city employees, retirees and their adult eligible family members covered by such HMO, health insurance company or medicare plan provider, literature on clinical preventive medical services provided or covered by such HMO, health insurance company or medicare plan provider with respect to city employees, retirees, and their eligible family members, and the importance of utilizing such services. Such literature shall be printed in multiple

languages and shall include, at a minimum, those clinical preventive medical services provided or covered by such HMO, health insurance company or medicare plan provider which should be utilized by the following populations:

- a) women seeking prenatal and perinatal care;
- b) infants up to twenty-four months of age;
- c) children and adolescents two to nineteen years of age;
- d) adults twenty to sixty-four years of age; and
- e) adults over sixty-four years of age.

(3) notify city employees, retirees, and their adult eligible family members of any changes in the clinical preventive medical services provided or covered by such HMO, health insurance company or medicare plan provider, including the addition or removal of such services as such changes become effective;

(4) maintain statistical data on the utilization by city employees, retirees and their eligible family members of the recommended clinical medical preventive services promulgated pursuant to subdivision d of this section during each calendar year, and report to the commissioner, on or before March first of each calendar year, such data with respect to such utilization during the preceding calendar year;

(5) make a reasonable good faith effort to encourage city employees and retirees to utilize the clinical preventive medical services provided or covered by such provider.

c. Every contract entered into by or on behalf of the city with an HMO, health insurance company or medicare plan provider shall contain a provision or provisions detailing the conditions set forth in subdivision b of this section.

d. No later than thirty days following the effective date of the local law that added this section, the commissioner shall promulgate a list of recommended clinical preventive medical services, including those set forth in a(2) of this section. The commissioner shall update and distribute such list to the office of labor

relations, office of employee benefits on an annual basis.

e. The office of labor relations, office of employee benefits, must distribute to each city agency the information required in subdivision b(1) of this section to be made available by such agencies for use by their employees and retirees in enrolling in or transferring from or to a health insurance plan with an HMO, health insurance company or medicare plan provider doing business with the city.

f. The city shall provide written notification of the requirements of subdivisions b and c of this section, as well as the list of recommended clinical medical preventive services promulgated pursuant to subdivision d of this section, to any HMO, health insurance company or medicare plan provider seeking to contract with the city of New York for the provision of health insurance to city employees, retirees and eligible family members.

g. This section shall not apply to any contract entered into by the city and a HMO, health insurance company or medicare plan provider prior to the effective date of the local law that added this section; provided, however, that any renewal, amendment or modification of such contract occurring on or after such effective date shall be subject to the conditions specified in this section.

h. If any subsection, section, clause, phrase, or other portion of this local law that added this section is for any reason declared unconstitutional or invalid in whole or in part by any court of competent jurisdiction, such portion shall be deemed severable and such unconstitutionality or invalidity shall not affect the validity of the remaining portions of this law, which shall remain in full force and effect.

§ 3. This local law shall take effect immediately; provided, however, that any rules consistent with this local law and necessary to its implementation may be promulgated prior to such effective date.