17B:27A-10

LEGISLATIVE HISTORY CHECKLIST

Compiled by the NJ State Law Library

LAWS OF: 1999 CHAPTER: 367

NJSA: 17B:27A-10 (Health Benefits Program boards)

BILL NO: A3568 (Substituted for S2208)

SPONSOR(S): Felice and Doria

DATE INTRODUCED: December 2, 1999

COMMITTEE: ASSEMBLY: Banking and Insurance

SENATE: ---

AMENDED DURING PASSAGE: No

DATE OF PASSAGE: ASSEMBLY: December 13, 1999

SENATE: January 10, 2000

DATE OF APPROVAL: January 14, 2000

FOLLOWING ARE ATTACHED IF AVAILABLE:

FINAL TEXT OF BILL: Original

(Amendments during passage denoted by superscript number)

A3568

SPONSORS STATEMENT: (Begins on page 5 of original bill)

Yes

COMMITTEE STATEMENT: ASSEMBLY: Yes

SENATE: No

FLOOR AMENDMENT STATEMENTS: No

LEGISLATIVE FISCAL ESTIMATE: No

S2208

SPONSORS STATEMENT: (Begins on page 5 of original bill)

Yes

COMMITTEE STATEMENT: ASSEMBLY: No.

SENATE: Yes

Identical to Assembly Statement for A3568

FLOOR AMENDMENT STATEMENTS: No

LEGISLATIVE FISCAL ESTIMATE: No

VETO MESSAGE: No

GOVERNOR'S PRESS RELEASE ON SIGNING: Yes

FOLLOWING WERE PRINTED:

To check for circulating copies, contact New Jersey State Government Publications at the State Library (609) 278-2640 ext. 103 or refdesk@njstatelib.org

| REPORTS: | No |
|---------------------|----|
| | No |
| HEARINGS: | No |
| NEWSPAPER ARTICLES: | |

P.L. 1999, CHAPTER 367, *approved January* **14**, **2000**Assembly, No. 3568

1 AN ACT concerning the governing boards of the New Jersey Individual

2 Health Coverage Program and the New Jersey Small Employer

3 Health Benefits Program and amending P.L.1992, c.161 and

4 P.L.1992, c.162.

5

6 **BE IT ENACTED** by the Senate and General Assembly of the State of New Jersey:

8

31

3233

34

35

36

37

3839

40

41

- 9 1. Section 9 of P.L.1992, c.161 (C.17B:27A-10) is amended to 10 read as follows:
- 9. a. There is created the New Jersey Individual Health Coverage Program. All carriers subject to the provisions of this act shall be members of the program.
- b. Within 30 days of the effective date of this act, the commissioner 14 15 shall give notice to all members of the time and place for the initial organizational meeting, which shall take place within 60 days of the 16 17 effective date. The board shall consist of nine representatives. The 18 commissioner or his designee shall serve as an ex officio member on the board. Four members of the board shall be appointed by the 19 20 Governor, with the advice and consent of the Senate: one of whom 21 shall be a representative of an employer, appointed upon the 22 recommendation of a business trade association, who is a person with 23 experience in the management or administration of an employee health 24 benefit plan; one of whom shall be a representative of organized labor, 25 appointed upon the recommendation of the A.F.L.-C.I.O., who is a person with experience in the management or administration of an 26 27 employee health benefit plan; and two of whom shall be consumers of 28 a health benefits plan who are reflective of the population in the State. Four board members who represent carriers shall be elected by the 29 30 members, subject to the approval of the commissioner, as follows: to
 - following entities shall be elected:

 (1) **[**until December 31, 1999, **]** a health service corporation **[**or a domestic mutual insurer which converted from a health service corporation in accordance with the provisions of sections 2 through 4 of P.L.1995, c.196 (C.17:48E-46 through C.17:48E-48). After that date, a domestic mutual insurer which, either directly or through a subsidiary health maintenance organization, is primarily engaged in the business of issuing health benefits plans **]**;

the extent there is one licensed in this State that is willing to have a representative serve on the board, a representative from each of the

(2) a health maintenance organization;

EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.

2

- 1 (3) [a mutual health] an insurer [of] authorized to write health
 2 insurance in this State subject to Subtitle 3 of Title 17B of the New
 3 Jersey Statutes; and
- 4 (4) a foreign health insurance company authorized to do business 5 in this State.

In approving the selection of the carrier representatives of the board, the commissioner shall assure that all members of the program are fairly represented.

9 Initially, two of the Governor's appointees and two of the carrier 10 representatives shall serve for a term of three years; one of the Governor's appointees and one of the carrier representatives shall 11 12 serve for a term of two years; and one of the Governor's appointees and one of the carrier representatives shall serve for a term of one 13 14 year. Thereafter, all board members shall serve for a term of three 15 years. Vacancies shall be filled in the same manner as the original appointments. 16

c. If the initial carrier representatives to the board are not elected at the organizational meeting, the commissioner shall appoint those members to the initial board within 15 days of the organizational meeting.

17

18

19

20

21

22

23

24

25

2627

2829

3031

32

33

34

35

3637

38

39

40

- d. Within 90 days after the appointment of the initial board, the board shall submit to the commissioner a plan of operation and thereafter, any amendments to the plan necessary or suitable to assure the fair, reasonable, and equitable administration of the program. The commissioner may disapprove the plan of operation, if the commissioner determines that it is not suitable to assure the fair, reasonable, and equitable administration of the program, and that it does not provide for the sharing of program losses on an equitable and proportionate basis in accordance with the provisions of section 11 of this act. The plan of operation or amendments thereto shall become effective unless disapproved in writing by the commissioner within 45 days of receipt by the commissioner.
- e. If the board fails to submit a suitable plan of operation within 90 days after its appointment, the commissioner shall adopt a temporary plan of operation pursuant to section 9 of P.L.1993, c.164 (C.17B:27A-16.2). The commissioner shall amend or rescind a temporary plan adopted under this subsection, at the time a plan of operation is submitted by the board.
- f. The plan of operation shall establish procedures for:
- (1) the handling and accounting of assets and moneys of the program, and an annual fiscal reporting to the commissioner;
- 42 (2) collecting assessments from members to provide for sharing 43 program losses in accordance with the provisions of section 11 of this 44 act and administrative expenses incurred or estimated to be incurred 45 during the period for which the assessment is made;

3

- 1 (3) approving the coverage, benefit levels, and contract forms for 2 individual health benefits plans in accordance with the provisions of 3 section 3 of this act;
 - (4) the imposition of an interest penalty for late payment of an assessment pursuant to section 11 of this act; and
 - (5) any additional matters at the discretion of the board.
- g. The board shall appoint an insurance producer licensed to sell health insurance pursuant to P.L.1987, c.293 (C.17:22A-1 et seq.) to advise the board on issues related to sales of individual health benefits plans issued pursuant to this act.

11 (cf: P.L.1995, c.196, s.6)

1213

14

40

4

5

- 2. Section 13 of P.L.1992, c.162 (C.17B:27A-29) is amended to read as follows:
- 15 13. a. Within 60 days of the effective date of this act, the commissioner shall give notice to all members of the time and place for 16 17 the initial organizational meeting, which shall take place within 90 days of the effective date. The members shall elect the initial board, subject 18 to the approval of the commissioner. The board shall consist of 10 19 20 elected public members and two ex officio members who include the 21 Commissioner of Health and Senior Services and the commissioner or 22 their designees. Initially, three of the public members of the board shall be elected for a three-year term, three shall be elected for a 23 two-year term, and three shall be elected for a one-year term. 24 Thereafter, all elected board members shall serve for a term of three 25
- years. The following categories shall be represented among the elected public members:
- 28 (1) Three carriers whose principal health insurance business is in 29 the small employer market;
- 30 (2) One carrier whose principal health insurance business is in the 31 large employer market;
- 32 (3) [Until December 31, 1999, a] A health [, hospital or medical] 33 service corporation [or a domestic mutual insurer which converted 34 from a health service corporation in accordance with the provisions of 35 sections 2 through 4 of P.L.1995, c.196 (C.17:48E-46 through C.17:48E-48). After that date, a health, hospital or medical service 36 corporation or a domestic mutual insurer which, either directly or 37 38 through a subsidiary health maintenance organization, is primarily 39 engaged in the business of issuing health benefits plans];
 - (4) Two health maintenance organizations; and
- 41 (5) (Deleted by amendment, P.L.1995, c.298).
- 42 (6) (Deleted by amendment, P.L.1995, c.298).
- 43 (7) Three persons representing small employers, at least one of 44 whom represents minority small employers.
- No carrier shall have more than one representative on the board.

1 The board shall hold an election for the two members added 2 pursuant to P.L.1995, c.298 within 90 days of the date of enactment 3 of that act. Initially, one of the two new members shall serve for a 4 term of one year and one of the two new members shall serve for a 5 term of two years. Thereafter, the new members shall serve for a term of three years. The terms of the risk-assuming carrier and reinsuring 6 carrier shall terminate upon the election of the two new members 7 added pursuant to P.L.1995, c.298, notwithstanding the provisions of 8 9 this section to the contrary. 10 In addition to the 10 elected public members, the board shall 11 include six public members appointed by the Governor with the advice 12 and consent of the Senate who shall include: 13 Two insurance producers licensed to sell health insurance pursuant 14 to P.L.1987, c.293 (C.17:22A-1 et seq.); 15 One representative of organized labor; One physician licensed to practice medicine and surgery in this 16 17 State; and Two persons who represent the general public and are not 18 19 employees of a health benefits plan provider. The public members shall be appointed for a term of three years, 20 21 except that of the members first appointed, two shall be appointed for 22 a term of one year, two for a term of two years and two for a term of 23 three years. 24 A vacancy in the membership of the board shall be filled for an 25 unexpired term in the manner provided for the original election or 26 appointment, as appropriate. 27 b. If the initial board is not elected at the organizational meeting, 28 the commissioner shall appoint the public members within 15 days of 29 the organizational meeting, in accordance with the provisions of paragraphs (1) through (7) of subsection a. of this section. 30 31 c. (Deleted by amendment, P.L.1995, c.298). 32 d. All meetings of the board shall be subject to the requirements of the "Open Public Meetings Act," P.L.1975, c.231 (C.10:4-6 et seq.). 33 34 e. At least two copies of the minutes of every meeting of the board shall be delivered forthwith to the commissioner. 35 (cf: P.L.1995, c.298, s.6) 36 37 38 3. This act shall take effect immediately. 39 40 41 **STATEMENT** 42 43 This bill continues, beyond December 31, 1999, a representative of a health service corporation (Horizon Blue Cross and Blue Shield of 44 45 New Jersey) on the governing boards of both the New Jersey

Individual Health Coverage and Small Employer Health Benefits

A3568

| 1 | Programs. Legislation enacted in 1995 provided for the transfer of the |
|----|--|
| 2 | health service corporation seat on both boards to that of a domestic |
| 3 | mutual insurer, which converted from a health service corporation. |
| 4 | Because that conversion did not occur, this bill allows for the |
| 5 | continued representation of a health service corporation member on |
| 6 | both boards. |
| 7 | In addition, in regard to the New Jersey Individual Health Coverage |
| 8 | Program Board, the bill changes the mutual health insurer member to |
| 9 | a health insurer member which may be a mutual or stock company. |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | Continues health service corporation member on Individual Health |
| 15 | Coverage and Small Employer Health Benefits Program boards. |

ASSEMBLY, No. 3568

STATE OF NEW JERSEY

208th LEGISLATURE

INTRODUCED DECEMBER 2, 1999

Sponsored by:

Assemblyman NICHOLAS R. FELICE District 40 (Bergen and Passaic) Assemblyman JOSEPH V. DORIA, JR. District 31 (Hudson)

Co-Sponsored by:

Senators Bassano and Codey

SYNOPSIS

Continues health service corporation member on Individual Health Coverage and Small Employer Health Benefits Program boards.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 1/11/2000)

- 1 AN ACT concerning the governing boards of the New Jersey Individual 2 Health Coverage Program and the New Jersey Small Employer
- 3 Health Benefits Program and amending P.L.1992, c.161 and

4 P.L.1992, c.162.

5

6 **BE IT ENACTED** by the Senate and General Assembly of the State 7 of New Jersey:

8

31

32

33

34

35

36

37

3839

40

41

- 9 1. Section 9 of P.L.1992, c.161 (C.17B:27A-10) is amended to 10 read as follows:
- 9. a. There is created the New Jersey Individual Health Coverage Program. All carriers subject to the provisions of this act shall be members of the program.
- 14 b. Within 30 days of the effective date of this act, the commissioner 15 shall give notice to all members of the time and place for the initial 16 organizational meeting, which shall take place within 60 days of the 17 effective date. The board shall consist of nine representatives. The 18 commissioner or his designee shall serve as an ex officio member on 19 the board. Four members of the board shall be appointed by the Governor, with the advice and consent of the Senate: one of whom 20 shall be a representative of an employer, appointed upon the 21 22 recommendation of a business trade association, who is a person with 23 experience in the management or administration of an employee health 24 benefit plan; one of whom shall be a representative of organized labor, 25 appointed upon the recommendation of the A.F.L.-C.I.O., who is a 26 person with experience in the management or administration of an 27 employee health benefit plan; and two of whom shall be consumers of 28 a health benefits plan who are reflective of the population in the State. 29 Four board members who represent carriers shall be elected by the 30 members, subject to the approval of the commissioner, as follows: to
 - (1) **[**until December 31, 1999, **]** a health service corporation **[**or a domestic mutual insurer which converted from a health service corporation in accordance with the provisions of sections 2 through 4 of P.L.1995, c.196 (C.17:48E-46 through C.17:48E-48). After that date, a domestic mutual insurer which, either directly or through a subsidiary health maintenance organization, is primarily engaged in the business of issuing health benefits plans **]**;

the extent there is one licensed in this State that is willing to have a

representative serve on the board, a representative from each of the

(2) a health maintenance organization;

following entities shall be elected:

EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.

- 1 (3) [a mutual health] an insurer [of] authorized to write health
 2 insurance in this State subject to Subtitle 3 of Title 17B of the New
 3 Jersey Statutes; and
- 4 (4) a foreign health insurance company authorized to do business 5 in this State.

In approving the selection of the carrier representatives of the board, the commissioner shall assure that all members of the program are fairly represented.

9 Initially, two of the Governor's appointees and two of the carrier 10 representatives shall serve for a term of three years; one of the Governor's appointees and one of the carrier representatives shall 11 serve for a term of two years; and one of the Governor's appointees 12 13 and one of the carrier representatives shall serve for a term of one 14 year. Thereafter, all board members shall serve for a term of three years. Vacancies shall be filled in the same manner as the original 15 appointments. 16

1718

19

20

21

22

23

24

25

26

2728

29

3031

32

33

34

35

3637

38

39

40

- c. If the initial carrier representatives to the board are not elected at the organizational meeting, the commissioner shall appoint those members to the initial board within 15 days of the organizational meeting.
- d. Within 90 days after the appointment of the initial board, the board shall submit to the commissioner a plan of operation and thereafter, any amendments to the plan necessary or suitable to assure the fair, reasonable, and equitable administration of the program. The commissioner may disapprove the plan of operation, if the commissioner determines that it is not suitable to assure the fair, reasonable, and equitable administration of the program, and that it does not provide for the sharing of program losses on an equitable and proportionate basis in accordance with the provisions of section 11 of this act. The plan of operation or amendments thereto shall become effective unless disapproved in writing by the commissioner within 45 days of receipt by the commissioner.
- e. If the board fails to submit a suitable plan of operation within 90 days after its appointment, the commissioner shall adopt a temporary plan of operation pursuant to section 9 of P.L.1993, c.164 (C.17B:27A-16.2). The commissioner shall amend or rescind a temporary plan adopted under this subsection, at the time a plan of operation is submitted by the board.
- f. The plan of operation shall establish procedures for:
- (1) the handling and accounting of assets and moneys of the program, and an annual fiscal reporting to the commissioner;
- 42 (2) collecting assessments from members to provide for sharing 43 program losses in accordance with the provisions of section 11 of this 44 act and administrative expenses incurred or estimated to be incurred 45 during the period for which the assessment is made;

- 1 (3) approving the coverage, benefit levels, and contract forms for 2 individual health benefits plans in accordance with the provisions of 3 section 3 of this act;
- 4 (4) the imposition of an interest penalty for late payment of an assessment pursuant to section 11 of this act; and
 - (5) any additional matters at the discretion of the board.
- g. The board shall appoint an insurance producer licensed to sell health insurance pursuant to P.L.1987, c.293 (C.17:22A-1 et seq.) to advise the board on issues related to sales of individual health benefits plans issued pursuant to this act.

11 (cf: P.L.1995, c.196, s.6)

1213

14

41

- 2. Section 13 of P.L.1992, c.162 (C.17B:27A-29) is amended to read as follows:
- 15 13. a. Within 60 days of the effective date of this act, the commissioner shall give notice to all members of the time and place for 16 17 the initial organizational meeting, which shall take place within 90 days of the effective date. The members shall elect the initial board, subject 18 19 to the approval of the commissioner. The board shall consist of 10 20 elected public members and two ex officio members who include the 21 Commissioner of Health and Senior Services and the commissioner or 22 their designees. Initially, three of the public members of the board 23 shall be elected for a three-year term, three shall be elected for a 24 two-year term, and three shall be elected for a one-year term. 25 Thereafter, all elected board members shall serve for a term of three
- years. The following categories shall be represented among the elected public members:
- 28 (1) Three carriers whose principal health insurance business is in 29 the small employer market;
- 30 (2) One carrier whose principal health insurance business is in the large employer market;
- 32 (3) [Until December 31, 1999, a] A health [, hospital or medical] 33 service corporation [or a domestic mutual insurer which converted 34 from a health service corporation in accordance with the provisions of sections 2 through 4 of P.L.1995, c.196 (C.17:48E-46 through 35 C.17:48E-48). After that date, a health, hospital or medical service 36 37 corporation or a domestic mutual insurer which, either directly or 38 through a subsidiary health maintenance organization, is primarily engaged in the business of issuing health benefits plans]; 39
- 40 (4) Two health maintenance organizations; and
 - (5) (Deleted by amendment, P.L.1995, c.298).
- 42 (6) (Deleted by amendment, P.L.1995, c.298).
- 43 (7) Three persons representing small employers, at least one of 44 whom represents minority small employers.
- No carrier shall have more than one representative on the board.

A3568 FELICE, DORIA

| 1 | The board shall hold an election for the two members added |
|----|--|
| 2 | pursuant to P.L.1995, c.298 within 90 days of the date of enactment |
| 3 | of that act. Initially, one of the two new members shall serve for a |
| 4 | term of one year and one of the two new members shall serve for a |
| 5 | term of two years. Thereafter, the new members shall serve for a term |
| 6 | of three years. The terms of the risk-assuming carrier and reinsuring |
| 7 | carrier shall terminate upon the election of the two new members |
| 8 | added pursuant to P.L.1995, c.298, notwithstanding the provisions of |
| 9 | this section to the contrary. |
| 0 | In addition to the 10 elected public members, the board shall |
| 1 | include six public members appointed by the Governor with the advice |
| 2 | and consent of the Senate who shall include: |
| 13 | Two insurance producers licensed to sell health insurance pursuant |
| 4 | to P.L.1987, c.293 (C.17:22A-1 et seq.); |
| 5 | One representative of organized labor; |
| 6 | One physician licensed to practice medicine and surgery in this |
| 17 | State; and |
| 8 | Two persons who represent the general public and are not |
| 9 | employees of a health benefits plan provider. |
| 20 | The public members shall be appointed for a term of three years, |
| 21 | except that of the members first appointed, two shall be appointed for |
| 22 | a term of one year, two for a term of two years and two for a term of |
| 23 | three years. |
| 24 | A vacancy in the membership of the board shall be filled for an |
| 25 | unexpired term in the manner provided for the original election or |
| 26 | appointment, as appropriate. |
| 27 | b. If the initial board is not elected at the organizational meeting, |
| 28 | the commissioner shall appoint the public members within 15 days of |
| 29 | the organizational meeting, in accordance with the provisions of |
| 30 | paragraphs (1) through (7) of subsection a. of this section. |
| 31 | c. (Deleted by amendment, P.L.1995, c.298). |
| 32 | d. All meetings of the board shall be subject to the requirements of |
| 33 | the "Open Public Meetings Act," P.L.1975, c.231 (C.10:4-6 et seq.). |
| 34 | e. At least two copies of the minutes of every meeting of the board |
| 35 | shall be delivered forthwith to the commissioner. |
| 36 | (cf: P.L.1995, c.298, s.6) |
| 37 | |
| 38 | 3. This act shall take effect immediately. |
| 39 | |
| 10 | |
| 11 | STATEMENT |
| 12 | |
| 13 | This bill continues, beyond December 31, 1999, a representative of |
| 14 | a health service corporation (Horizon Blue Cross and Blue Shield of |
| 15 | New Jersey) on the governing boards of both the New Jersey |
| 16 | Individual Health Coverage and Small Employer Health Benefits |

A3568 FELICE, DORIA

- 1 Programs. Legislation enacted in 1995 provided for the transfer of the
- 2 health service corporation seat on both boards to that of a domestic
- 3 mutual insurer, which converted from a health service corporation.
- 4 Because that conversion did not occur, this bill allows for the
- 5 continued representation of a health service corporation member on
- 6 both boards.
- 7 In addition, in regard to the New Jersey Individual Health Coverage
- 8 Program Board, the bill changes the mutual health insurer member to
- 9 a health insurer member which may be a mutual or stock company.

ASSEMBLY BANKING AND INSURANCE COMMITTEE

STATEMENT TO

ASSEMBLY, No. 3568

STATE OF NEW JERSEY

DATED: DECEMBER 2, 1999

The Assembly Banking and Insurance Committee reports favorably Assembly Bill No. 3568.

This bill continues, beyond December 31, 1999, a representative of a health service corporation (Horizon Blue Cross and Blue Shield of New Jersey) on the governing boards of both the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs. Legislation enacted in 1995 provided for the transfer of the health service corporation seat on both boards to that of a domestic mutual insurer, which converted from a health service corporation. Because that conversion did not occur, this bill allows for the continued representation of a health service corporation member on both boards.

In addition, in regard to the New Jersey Individual Health Coverage Program Board, the bill changes the mutual health insurer member to a health insurer member which may be a mutual or stock company.

SENATE, No. 2208

STATE OF NEW JERSEY

208th LEGISLATURE

INTRODUCED NOVEMBER 8, 1999

Sponsored by:

Senator C. LOUIS BASSANO District 21 (Essex and Union) Senator RICHARD J. CODEY

District 27 (Essex)

SYNOPSIS

Continues health service corporation member on Individual Health Coverage and Small Employer Health Benefits Program boards.

CURRENT VERSION OF TEXT

As introduced.



- 1 AN ACT concerning the governing boards of the New Jersey Individual 2 Health Coverage Program and the New Jersey Small Employer
- 3 Health Benefits Program and amending P.L.1992, c.161 and

4 P.L.1992, c.162.

5

6 **BE IT ENACTED** by the Senate and General Assembly of the State 7 of New Jersey:

8

31

32

33

34

35

36

3738

39

40

- 9 1. Section 9 of P.L.1992, c.161 (C.17B:27A-10) is amended to 10 read as follows:
- 9. a. There is created the New Jersey Individual Health Coverage Program. All carriers subject to the provisions of this act shall be members of the program.
- b. Within 30 days of the effective date of this act, the commissioner 14 15 shall give notice to all members of the time and place for the initial 16 organizational meeting, which shall take place within 60 days of the 17 effective date. The board shall consist of nine representatives. The 18 commissioner or his designee shall serve as an ex officio member on 19 the board. Four members of the board shall be appointed by the Governor, with the advice and consent of the Senate: one of whom 20 shall be a representative of an employer, appointed upon the 21 22 recommendation of a business trade association, who is a person with 23 experience in the management or administration of an employee health 24 benefit plan; one of whom shall be a representative of organized labor, 25 appointed upon the recommendation of the A.F.L.-C.I.O., who is a 26 person with experience in the management or administration of an 27 employee health benefit plan; and two of whom shall be consumers of 28 a health benefits plan who are reflective of the population in the State. 29 Four board members who represent carriers shall be elected by the 30 members, subject to the approval of the commissioner, as follows: to
 - (1) **[**until December 31, 1999,**]** a health service corporation **[**or a domestic mutual insurer which converted from a health service corporation in accordance with the provisions of sections 2 through 4 of P.L.1995, c.196 (C.17:48E-46 through C.17:48E-48). After that date, a domestic mutual insurer which, either directly or through a subsidiary health maintenance organization, is primarily engaged in the business of issuing health benefits plans **]**;

the extent there is one licensed in this State that is willing to have a

representative serve on the board, a representative from each of the

41 (2) a health maintenance organization;

following entities shall be elected:

42 (3) [a mutual health] an insurer [of] authorized to write health

EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

- 1 <u>insurance in</u> this State subject to Subtitle 3 of Title 17B of the New
- 2 Jersey Statutes; and

16 17

18 19

32

33

34

35

3637

38

39

- 3 (4) a foreign health insurance company authorized to do business4 in this State.
- In approving the selection of the carrier representatives of the board, the commissioner shall assure that all members of the program are fairly represented.
- 8 Initially, two of the Governor's appointees and two of the carrier 9 representatives shall serve for a term of three years; one of the Governor's appointees and one of the carrier representatives shall 10 serve for a term of two years; and one of the Governor's appointees 11 12 and one of the carrier representatives shall serve for a term of one 13 year. Thereafter, all board members shall serve for a term of three 14 years. Vacancies shall be filled in the same manner as the original 15 appointments.
 - c. If the initial carrier representatives to the board are not elected at the organizational meeting, the commissioner shall appoint those members to the initial board within 15 days of the organizational meeting.
- 20 d. Within 90 days after the appointment of the initial board, the 21 board shall submit to the commissioner a plan of operation and 22 thereafter, any amendments to the plan necessary or suitable to assure 23 the fair, reasonable, and equitable administration of the program. The 24 commissioner may disapprove the plan of operation, if the 25 commissioner determines that it is not suitable to assure the fair, 26 reasonable, and equitable administration of the program, and that it 27 does not provide for the sharing of program losses on an equitable and proportionate basis in accordance with the provisions of section 11 of 28 29 this act. The plan of operation or amendments thereto shall become 30 effective unless disapproved in writing by the commissioner within 45 31 days of receipt by the commissioner.
 - e. If the board fails to submit a suitable plan of operation within 90 days after its appointment, the commissioner shall adopt a temporary plan of operation pursuant to section 9 of P.L.1993, c.164 (C.17B:27A-16.2). The commissioner shall amend or rescind a temporary plan adopted under this subsection, at the time a plan of operation is submitted by the board.
 - f. The plan of operation shall establish procedures for:
 - (1) the handling and accounting of assets and moneys of the program, and an annual fiscal reporting to the commissioner;
- 41 (2) collecting assessments from members to provide for sharing 42 program losses in accordance with the provisions of section 11 of this 43 act and administrative expenses incurred or estimated to be incurred 44 during the period for which the assessment is made;

- 1 (3) approving the coverage, benefit levels, and contract forms for 2 individual health benefits plans in accordance with the provisions of 3 section 3 of this act;
- 4 (4) the imposition of an interest penalty for late payment of an assessment pursuant to section 11 of this act; and
 - (5) any additional matters at the discretion of the board.
- g. The board shall appoint an insurance producer licensed to sell health insurance pursuant to P.L.1987, c.293 (C.17:22A-1 et seq.) to advise the board on issues related to sales of individual health benefits plans issued pursuant to this act.
- 11 (cf: P.L.1995, c.196, s.6)

12

41

- 2. Section 13 of P.L.1992, c.162 (C.17B:27A-29) is amended to read as follows:
- 15 13. a. Within 60 days of the effective date of this act, the commissioner shall give notice to all members of the time and place for 16 17 the initial organizational meeting, which shall take place within 90 days of the effective date. The members shall elect the initial board, subject 18 19 to the approval of the commissioner. The board shall consist of 10 20 elected public members and two ex officio members who include the 21 Commissioner of Health and Senior Services and the commissioner or 22 their designees. Initially, three of the public members of the board shall be elected for a three-year term, three shall be elected for a 23 24 two-year term, and three shall be elected for a one-year term. 25 Thereafter, all elected board members shall serve for a term of three
- years. The following categories shall be represented among the elected public members:
- 28 (1) Three carriers whose principal health insurance business is in 29 the small employer market;
- 30 (2) One carrier whose principal health insurance business is in the large employer market;
- 32 (3) [Until December 31, 1999, a] A health [, hospital or medical] 33 service corporation [or a domestic mutual insurer which converted 34 from a health service corporation in accordance with the provisions of sections 2 through 4 of P.L.1995, c.196 (C.17:48E-46 through 35 C.17:48E-48). After that date, a health, hospital or medical service 36 37 corporation or a domestic mutual insurer which, either directly or 38 through a subsidiary health maintenance organization, is primarily engaged in the business of issuing health benefits plans]; 39
- 40 (4) Two health maintenance organizations; and
 - (5) (Deleted by amendment, P.L.1995, c.298).
- 42 (6) (Deleted by amendment, P.L.1995, c.298).
- 43 (7) Three persons representing small employers, at least one of 44 whom represents minority small employers.
- No carrier shall have more than one representative on the board.

| 1 | The board shall hold an election for the two members added |
|----|--|
| 2 | pursuant to P.L.1995, c.298 within 90 days of the date of enactment |
| 3 | of that act. Initially, one of the two new members shall serve for a |
| 4 | term of one year and one of the two new members shall serve for a |
| 5 | term of two years. Thereafter, the new members shall serve for a term |
| 6 | of three years. The terms of the risk-assuming carrier and reinsuring |
| 7 | carrier shall terminate upon the election of the two new members |
| 8 | added pursuant to P.L.1995, c.298, notwithstanding the provisions of |
| 9 | this section to the contrary. |
| 10 | In addition to the 10 elected public members, the board shall |
| 11 | include six public members appointed by the Governor with the advice |
| 12 | and consent of the Senate who shall include: |
| 13 | Two insurance producers licensed to sell health insurance pursuant |
| 14 | to P.L.1987, c.293 (C.17:22A-1 et seq.); |
| 15 | One representative of organized labor; |
| 16 | One physician licensed to practice medicine and surgery in this |
| 17 | State; and |
| 18 | Two persons who represent the general public and are not |
| 19 | employees of a health benefits plan provider. |
| 20 | The public members shall be appointed for a term of three years, |
| 21 | except that of the members first appointed, two shall be appointed for |
| 22 | a term of one year, two for a term of two years and two for a term of |
| 23 | three years. |
| 24 | A vacancy in the membership of the board shall be filled for an |
| 25 | unexpired term in the manner provided for the original election or |
| 26 | appointment, as appropriate. |
| 27 | b. If the initial board is not elected at the organizational meeting, |
| 28 | the commissioner shall appoint the public members within 15 days of |
| 29 | the organizational meeting, in accordance with the provisions of |
| 30 | paragraphs (1) through (7) of subsection a. of this section. |
| 31 | c. (Deleted by amendment, P.L.1995, c.298). |
| 32 | d. All meetings of the board shall be subject to the requirements of |
| 33 | the "Open Public Meetings Act," P.L.1975, c.231 (C.10:4-6 et seq.). |
| 34 | e. At least two copies of the minutes of every meeting of the board |
| 35 | shall be delivered forthwith to the commissioner. |
| 36 | (cf: P.L.1995, c.298, s.6) |
| 37 | |
| 38 | 3. This act shall take effect immediately. |
| 39 | |
| 40 | |
| 41 | STATEMENT |
| 42 | |
| 43 | This bill continues, beyond December 31, 1999, a representative of |
| 44 | a health service corporation (Horizon Blue Cross and Blue Shield of |
| 45 | New Jersey) on the governing boards of both the New Jersey |
| 46 | Individual Health Coverage and Small Employer Health Benefits |

S2208 BASSANO, CODEY

- 1 Programs. Legislation enacted in 1995 provided for the transfer of the
- 2 health service corporation seat on both boards to that of a domestic
- 3 mutual insurer, which converted from a health service corporation.
- 4 Because that conversion did not occur, this bill allows for the
- 5 continued representation of a health service corporation member on
- 6 both boards.
- 7 In addition, in regard to the New Jersey Individual Health Coverage
- 8 Program Board, the bill changes the mutual health insurer member to
- 9 a health insurer member which may be a mutual or stock company.

SENATE HEALTH COMMITTEE

STATEMENT TO

SENATE, No. 2208

STATE OF NEW JERSEY

DATED: DECEMBER 6, 1999

The Senate Health Committee reports favorably Senate Bill No. 2208.

This bill continues, beyond December 31, 1999, a representative of a health service corporation (Horizon Blue Cross and Blue Shield of New Jersey) on the governing boards of both the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs. Legislation enacted in 1995 provided for the transfer of the health service corporation seat on both boards to that of a domestic mutual insurer, which converted from a health service corporation. Because that conversion did not occur, this bill allows for the continued representation of a health service corporation member on both boards.

In addition, in regard to the New Jersey Individual Health Coverage Program Board, the bill changes the mutual health insurer member to a health insurer member which may be a mutual or stock company.

This bill is identical to Assembly Bill No. 3568 (Felice/Doria) which is pending before the Assembly.

PO BOX 004 TRENTON, NJ 08625

Office of the Governor NEWS RELEASE

CONTACT: Gene Herman 609-777-2600

RELEASE: January 14, 2000

S-279 (Girgenti) (Russo) - Clarifies duties and responsibilities of municipal prosecutors.

S-504 (Ciesla/Matheussen) (Blee/Malone) - Requires public school districts to provide transportation to all nonpublic schools in certain situations.

S-912 (Palaia/Bark) (Roberts/Geist) - Authorizes certain charges to office of county fire marshal and allows creation of arson investigation unit therein.

SCS for S-1196 (Kosco/Bryant/Furnari) (Cohen/DiGaetano) - Amends "Check Cashers Regulatory Act" to make it a crime to cash a check for consideration without a license and requires the revocation of license under certain circumstances; amends "Casino Control Act" to require casino licensees to file suspicious transaction report.

S-1492 (Sinagra/Bassano) (Cruz-Perez/Vandervalk) - "Physician- Dentist Fellowship and Education Program to Provide Health Care to Persons with Developmental Disabilities," appropriates \$2,500,000.

S-2217 (Gormley) (LeFevre/Blee) - Clarifies that cooperative to condominium conversions are not subject to realty transfer fee.

AS for SCS for S-949 (Blee/Cruz-Perez/Previte/Bryant/Gormley) (Jones/Asselta) - Makes Division of Criminal Justice investigators and probation officers eligible for body armor grants.

A-2965 (Bodine/Gregg) (Sinagra/Vitale) - Clarifies that only large water systems are required annually to mail drinking water quality information to customers; requires certain entities to post water quality test results.

A-3270 (Malone/Cottrell) (Singer/Allen) - Requires a board of education providing certain services to nonpublic school pupils to provide consultation with representatives of the nonpublic school on any change in the provision of services.

A-3408 (Biondi/Heck) (Kavanaugh/Robertson) - Provides sales tax exemptions for certain purchases by flood victims of Hurricane Floyd.

A-3571 (Blee) (Bryant/Matheussen) - Revises certain procedures for the receipt of State matching funds against contributions and donations made to institutions of higher education and institutional foundations.

- **S-1842** (Singer/Bark) (Malone/Conaway) Establishes a special license plate to aid Deborah Hospital Foundation.
- **S-1869** (O'Connor) (Asselta/Gregg) Makes permanent the Vietnam Veterans' Memorial Fund contribution gross income tax return check-off.
- SCS for S-2034 (Ciesla/Codey) (Moran/Impreveduto) Establishes certain licensing requirements for limousine drivers and additional requirements for owners of limousines.
- **A-2055** (Weinberg/Zisa) (Bassano/Singer) Establishes Prostate Cancer Awareness, Education and Research Program in DHSS; appropriates \$1 million.
- **A-3245** (Lance/Gregg) (Schluter) Appropriates \$200,000 for deer control research.
- **A-3410** (Lance/Smith) (Lynch) Authorizes municipalities to establish grant programs to provide relief to certain real property owners for damages due to floods, hurricanes and other natural disasters.
- **A-3568** (Felice/Doria) (Bassano/Codey) Continues health service corporation member on Individual Health Coverage and Small Employer Health Benefits Program boards.
- **A-3622** (Kramer) (Inverso) Excludes certain hedge fund activity income of corporations of foreign nations from taxation under the corporation business tax.
- **A-3636** (DeCroce/Ciesla) Exempts motor carrier employees from the State's statutory overtime wage rate requirements.