

841--A

2011-2012 Regular Sessions

I N   S E N A T E

(PREFILED)

January 5, 2011

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Introduced by Sens. STAVISKY, OPPENHEIMER -- read twice and ordered printed, and when printed to be committed to the Committee on Insurance -- recommitted to the Committee on Insurance in accordance with Senate Rule 6, sec. 8 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the insurance law, in relation to cancer screening deductibles and copayments

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1     Section 1. Subparagraph (B) of paragraph 11 and subparagraph (C) of  
2     paragraph 15 of subsection (i) of section 3216 of the insurance law, as  
3     amended by chapter 219 of the laws of 2011, are amended to read as  
4     follows:  
5     (B) Such coverage required pursuant to subparagraph (A) or (C) of this  
6     paragraph [may] SHALL NOT be subject to annual deductibles and coinsu-  
7     rance [as may be deemed appropriate by the superintendent and as are  
8     consistent with those established for other benefits within a given  
9     policy].  
10    (C) Such coverage required pursuant to subparagraph (A) or (B) of this  
11    paragraph [may] SHALL NOT be subject to annual deductibles and coinsu-  
12    rance [as may be deemed appropriate by the superintendent and as are  
13    consistent with those established for other benefits within a given  
14    policy].  
15    S 2. Subparagraph (B) of paragraph 11 and subparagraph (C) of para-  
16    graph 14 of subsection (1) of section 3221 of the insurance law, as  
17    amended by chapter 219 of the laws of 2011, are amended to read as  
18    follows:  
19    (B) Such coverage required pursuant to subparagraph (A) or (C) of this  
20    paragraph [may] SHALL NOT be subject to annual deductibles and coinsu-  
21    rance [as may be deemed appropriate by the superintendent and as are

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

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1 consistent with those established for other benefits within a given  
2 policy].

3 (C) Such coverage required pursuant to subparagraph (A) or (B) of this  
4 paragraph [may] SHALL NOT be subject to annual deductibles and coinsu-  
5 rance [as may be deemed appropriate by the superintendent and as are  
6 consistent with those established for other benefits within a given  
7 policy].

8 S 3. Subparagraph (D) of paragraph 1 of subsection (p) and paragraph 1  
9 of subsection (t) of section 4303 of the insurance law, as amended by  
10 chapter 219 of the laws of 2011, are amended to read as follows:

11 (D) The coverage required in this paragraph or paragraph two of this  
12 subsection [may] SHALL NOT be subject to annual deductibles and coinsu-  
13 rance [as may be deemed appropriate by the superintendent and as are  
14 consistent with those established for other benefits within a given  
15 contract].

16 (1) A medical expense indemnity corporation, a hospital service corpo-  
17 ration or a health service corporation that provides coverage for hospi-  
18 tal, surgical, or medical care shall provide coverage for an annual  
19 cervical cytology screening for cervical cancer and its precursor states  
20 for women aged eighteen and older. Such coverage required by this para-  
21 graph [may] SHALL NOT be subject to annual deductibles and coinsurance  
22 [as may be deemed appropriate by the superintendent and as are consist-  
23 ent with those established for other benefits within a given contract].

24 S 4. Subsection (c) of section 4321 of the insurance law, as amended  
25 by chapter 219 of the laws of 2011, is amended to read as follows:

26 (c) The health maintenance organization shall impose a fifteen dollar  
27 copayment on all visits to a physician or other provider with the excep-  
28 tion of visits for pre-natal and post-natal care, well child visits  
29 provided pursuant to paragraph two of subsection (j), MAMMOGRAPHY  
30 SCREENING PROVIDED PURSUANT TO SUBSECTION (P), AND CERVICAL CYTOLOGY  
31 SCREENING PROVIDED PURSUANT TO SUBSECTION (T) of section four thousand  
32 three hundred three of this article, preventive health services provided  
33 pursuant to subparagraph (F) of paragraph four of subsection (b) of  
34 section four thousand three hundred twenty-two of this article, or items  
35 or services for bone mineral density provided pursuant to subparagraph  
36 (D) of paragraph twenty-six of subsection (b) of section four thousand  
37 three hundred twenty-two of this article for which no copayment shall  
38 apply. A copayment of fifteen dollars shall be imposed on equipment,  
39 supplies and self-management education for the treatment of diabetes. A  
40 fifty dollar copayment shall be imposed on emergency services rendered  
41 in the emergency room of a hospital; however, this copayment must be  
42 waived if hospital admission results. Surgical services shall be subject  
43 to a copayment of the lesser of twenty percent of the cost of such  
44 services or two hundred dollars per occurrence. A five hundred dollar  
45 copayment shall be imposed on inpatient hospital services per continuous  
46 hospital confinement. Ambulatory surgical services shall be subject to a  
47 facility copayment charge of seventy-five dollars. Coinsurance of ten  
48 percent shall apply to visits for the diagnosis and treatment of mental,  
49 nervous or emotional disorders or ailments.

50 S 5. Subsections (c) and (d) of section 4322 of the insurance law, as  
51 amended by chapter 219 of the laws of 2011, are amended to read as  
52 follows:

53 (c) The in-plan benefit system shall impose a ten dollar copayment on  
54 all visits to a physician or other provider with the exception of visits  
55 for pre-natal and post-natal care, well child visits provided pursuant  
56 to paragraph two of subsection (j), MAMMOGRAPHY SCREENING PROVIDED

1 PURSUANT TO SUBSECTION (P), AND CERVICAL CYTOLOGY SCREENING PROVIDED  
2 PURSUANT TO SUBSECTION (T) of section four thousand three hundred three  
3 of this article, preventive health services provided pursuant to subpar-  
4 agraph (F) of paragraph four of subsection (b) of this section or items  
5 or services for bone mineral density provided pursuant to subparagraph  
6 (D) of paragraph twenty-six of subsection (b) of this section for which  
7 no copayment shall apply. A copayment of ten dollars shall be imposed on  
8 equipment, supplies and self-management education for the treatment of  
9 diabetes. Coinsurance of ten percent shall apply to visits for the diag-  
10 nosis and treatment of mental, nervous or emotional disorders or  
11 ailments. A thirty-five dollar copayment shall be imposed on emergency  
12 services rendered in the emergency room of a hospital; however, this  
13 copayment must be waived if hospital admission results.

14 (d) The out-of-plan benefit system shall have an annual deductible  
15 established at one thousand dollars per calendar year for an individual  
16 and two thousand dollars per year for a family. Coinsurance shall be  
17 established at twenty percent with the health maintenance organization  
18 or insurer paying eighty percent of the usual, customary and reasonable  
19 charges, or eighty percent of the amounts listed on a fee schedule filed  
20 with and approved by the superintendent which provides a comparable  
21 level of reimbursement. Coinsurance of ten percent shall apply to outpa-  
22 tient visits for the diagnosis and treatment of mental, nervous or  
23 emotional disorders or ailments. The benefits described in subparagraph  
24 (F) of paragraph three, SUBPARAGRAPHS (D) AND (E) OF PARAGRAPH FOUR and  
25 paragraphs seventeen and eighteen of subsection (b) of this section  
26 shall not be subject to the deductible or coinsurance. The benefits  
27 described in paragraph nine of subsection (b) of this section shall not  
28 be subject to the deductible. The out-of-plan out-of-pocket maximum  
29 deductible and coinsurance shall be established at three thousand  
30 dollars per calendar year for an individual and five thousand dollars  
31 per calendar year for a family. The out-of-plan lifetime benefit maximum  
32 shall be established at five hundred thousand dollars for benefits that  
33 are not essential health benefits. A lifetime limit on the dollar amount  
34 of essential health benefits for any individual shall not be estab-  
35 lished. For purposes of this subsection, "essential health benefits"  
36 shall have the meaning ascribed by section 1302(b) of the Affordable  
37 Care Act, 42 U.S.C. S 18022(b).

38 S 6. This act shall take effect immediately and the provisions of this  
39 act shall apply to policies and contracts issued, renewed, modified,  
40 altered or amended on or after such effective date.