

139--A

2011-2012 Regular Sessions

I N S E N A T E

(PREFILED)

January 5, 2011

Introduced by Sen. MAZIARZ -- 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 health insurance coverage for craniofacial disorders

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

1 Section 1. Subsection (i) of section 3216 of the insurance law is
2 amended by adding a new paragraph 29 to read as follows:
3 (29)(A) EVERY POLICY DELIVERED OR ISSUED FOR DELIVERY IN THIS STATE
4 WHICH PROVIDES MEDICAL COVERAGE THAT INCLUDES COVERAGE FOR PHYSICIAN
5 SERVICES IN A PHYSICIAN'S OFFICE AND EVERY POLICY WHICH PROVIDES MAJOR
6 MEDICAL OR SIMILAR COMPREHENSIVE-TYPE COVERAGE SHALL PROVIDE COVERAGE
7 FOR DIAGNOSIS AND MEDICALLY NECESSARY TREATMENT, INCLUDING SURGICAL AND
8 NONSURGICAL PROCEDURES, FOR A MUSCULOSKELETAL DISORDER THAT AFFECTS ANY
9 BONE OR JOINT IN THE FACE, NECK OR HEAD AND IS THE RESULT OF ACCIDENT,
10 TRAUMA, CONGENITAL DEFECT, DEVELOPMENTAL DEFECT, OR PATHOLOGY. SUBJECT
11 TO SUBPARAGRAPH (B) OF THIS PARAGRAPH, THIS COVERAGE SHALL BE THE SAME
12 AS THAT PROVIDED UNDER THE HEALTH INSURANCE PLAN FOR ANY OTHER MUSCU-
13 LOSKELETAL DISORDER IN THE BODY AND MAY BE PROVIDED WHEN PRESCRIBED OR
14 ADMINISTERED BY A PHYSICIAN OR A DENTIST. THIS PARAGRAPH SHALL NOT BE
15 CONSTRUED TO REQUIRE COVERAGE FOR DENTAL SERVICES FOR THE DIAGNOSIS OR
16 TREATMENT OF DENTAL DISORDERS OR DENTAL PATHOLOGY PRIMARILY AFFECTING
17 THE GUMS, TEETH, OR ALVEOLAR RIDGE.
18 (B) A REFERRAL FROM A HEALTH CARE PROVIDER UNDER CONTRACT WITH THE
19 POLICY MAY BE REQUIRED.
20 S 2. Subsection (k) of section 3221 of the insurance law is amended by
21 adding a new paragraph 18 to read as follows:

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

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1 (18)(A) EVERY GROUP OR BLANKET POLICY DELIVERED OR ISSUED FOR DELIVERY
2 IN THIS STATE WHICH PROVIDES MEDICAL COVERAGE THAT INCLUDES COVERAGE FOR
3 PHYSICIAN SERVICES IN A PHYSICIAN'S OFFICE OR MAJOR MEDICAL OR SIMILAR
4 COMPREHENSIVE-TYPE COVERAGE SHALL PROVIDE COVERAGE FOR DIAGNOSIS AND
5 MEDICALLY NECESSARY TREATMENT, INCLUDING SURGICAL AND NONSURGICAL PROCE-
6 DURES, FOR A MUSCULOSKELETAL DISORDER THAT AFFECTS ANY BONE OR JOINT IN
7 THE FACE, NECK OR HEAD AND IS THE RESULT OF ACCIDENT, TRAUMA, CONGENITAL
8 DEFECT, DEVELOPMENTAL DEFECT, OR PATHOLOGY. SUBJECT TO SUBPARAGRAPH (B)
9 OF THIS PARAGRAPH, THIS COVERAGE SHALL BE THE SAME AS THAT PROVIDED
10 UNDER THE HEALTH INSURANCE PLAN FOR ANY OTHER MUSCULOSKELETAL DISORDER
11 IN THE BODY AND MAY BE PROVIDED WHEN PRESCRIBED OR ADMINISTERED BY A
12 PHYSICIAN OR A DENTIST. THIS PARAGRAPH SHALL NOT BE CONSTRUED TO REQUIRE
13 COVERAGE FOR DENTAL SERVICES FOR THE DIAGNOSIS OR TREATMENT OF DENTAL
14 DISORDERS OR DENTAL PATHOLOGY PRIMARILY AFFECTING THE GUMS, TEETH, OR
15 ALVEOLAR RIDGE.

16 (B) A REFERRAL FROM A HEALTH CARE PROVIDER UNDER CONTRACT WITH THE
17 POLICY MAY BE REQUIRED.

18 S 3. Section 4303 of the insurance law is amended by adding a new
19 subsection (ii) to read as follows:

20 (II)(1) A HOSPITAL SERVICE CORPORATION, MEDICAL EXPENSE INDEMNITY
21 CORPORATION OR HEALTH SERVICE CORPORATION WHICH PROVIDES MEDICAL COVER-
22 AGE THAT INCLUDES COVERAGE FOR PHYSICIAN SERVICES IN A PHYSICIAN'S
23 OFFICE OR MAJOR MEDICAL OR SIMILAR COMPREHENSIVE-TYPE COVERAGE SHALL
24 PROVIDE COVERAGE FOR DIAGNOSIS AND MEDICALLY NECESSARY TREATMENT,
25 INCLUDING SURGICAL AND NONSURGICAL PROCEDURES, FOR A MUSCULOSKELETAL
26 DISORDER THAT AFFECTS ANY BONE OR JOINT IN THE FACE, NECK OR HEAD AND IS
27 THE RESULT OF ACCIDENT, TRAUMA, CONGENITAL DEFECT, DEVELOPMENTAL DEFECT,
28 OR PATHOLOGY. SUBJECT TO PARAGRAPH TWO OF THIS SUBSECTION, THIS COVERAGE
29 SHALL BE THE SAME AS THAT PROVIDED UNDER THE HEALTH INSURANCE PLAN FOR
30 ANY OTHER MUSCULOSKELETAL DISORDER IN THE BODY AND MAY BE PROVIDED WHEN
31 PRESCRIBED OR ADMINISTERED BY A PHYSICIAN OR A DENTIST. THIS SUBSECTION
32 SHALL NOT BE CONSTRUED TO REQUIRE COVERAGE FOR DENTAL SERVICES FOR THE
33 DIAGNOSIS OR TREATMENT OF DENTAL DISORDERS OR DENTAL PATHOLOGY PRIMARILY
34 AFFECTING THE GUMS, TEETH, OR ALVEOLAR RIDGE.

35 (2) A REFERRAL FROM A HEALTH CARE PROVIDER UNDER CONTRACT WITH THE
36 POLICY MAY BE REQUIRED.

37 S 4. This act shall take effect on the first of January next succeed-
38 ing the date on which it shall have become a law and shall apply to all
39 policies issued, renewed, altered or modified on or after such date.