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2011-2012 Regular Sessions

I N S E N A T E

(PREFILED)

January 5, 2011

Introduced by Sen. STAVISKY -- read twice and ordered printed, and when printed to be committed to the Committee on Insurance

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,
3 subparagraph (B) of paragraph 11 as added by chapter 417 of the laws of
4 1989 and subparagraph (C) of paragraph 15 as amended by chapter 43 of
5 the laws of 1993, are amended to read as follows:
6 (B) Such coverage [may] SHALL NOT be subject to annual deductibles and
7 coinsurance [as may be deemed appropriate by the superintendent and as
8 are consistent with those established for other benefits within a given
9 policy].
10 (C) Such coverage [may] SHALL NOT be subject to annual deductibles and
11 coinsurance [as may be deemed appropriate by the superintendent and as
12 are consistent with those established for other benefits within a given
13 policy].
14 S 2. Subparagraph (B) of paragraph 11 and subparagraph (C) of para-
15 graph 14 of subsection (1) of section 3221 of the insurance law, as
16 amended by chapter 554 of the laws of 2002, are amended to read as
17 follows:
18 (B) Such coverage [may] SHALL NOT be subject to annual deductibles and
19 coinsurance [as may be deemed appropriate by the superintendent and as
20 are consistent with those established for other benefits within a given
21 policy].
22 (C) Such coverage [may] SHALL NOT be subject to annual deductibles and
23 coinsurance [as may be deemed appropriate by the superintendent and as

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

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

3 S 3. The closing paragraph of paragraph 1 of subsection (p) and para-
4 graph 1 of subsection (t) of section 4303 of the insurance law, as
5 amended by chapter 554 of the laws of 2002, are amended to read as
6 follows:

7 The coverage required in this paragraph [may] SHALL NOT be subject to
8 annual deductibles and coinsurance [as may be deemed appropriate by the
9 superintendent and as are consistent with those established for other
10 benefits within a given policy].

11 (1) A medical expense indemnity corporation, a hospital service corpo-
12 ration or a health service corporation which provides coverage for
13 hospital, surgical, or medical care shall provide coverage for an annual
14 cervical cytology screening for cervical cancer and its precursor states
15 for women aged eighteen and older. Such coverage [may] SHALL NOT be
16 subject to annual deductibles and coinsurance [as may be deemed appro-
17 priate by the superintendent and as are consistent with those estab-
18 lished for other benefits within a given contract].

19 S 4. Subsection (c) of section 4321 of the insurance law, as added by
20 chapter 504 of the laws of 1995, is amended to read as follows:

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

40 S 5. Subsections (c) and (d) of section 4322 of the insurance law, as
41 added by chapter 504 of the laws of 1995, are amended to read as
42 follows:

43 (c) The in-plan benefit system shall impose a ten dollar copayment on
44 all visits to a physician or other provider with the exception of visits
45 for pre-natal and post-natal care or well child visits provided pursuant
46 to paragraph two of subsection (j), MAMMOGRAPHY SCREENING PROVIDED
47 PURSUANT TO SUBSECTION (P), AND CERVICAL CYTOLOGY SCREENING PROVIDED
48 PURSUANT TO SUBSECTION (T) of section four thousand three hundred three
49 of this article for which no copayment shall apply. A copayment of ten
50 dollars shall be imposed on equipment, supplies and self-management
51 education for the treatment of diabetes. Coinsurance of ten percent
52 shall apply to visits for the diagnosis and treatment of mental, nervous
53 or emotional disorders or ailments. A thirty-five dollar copayment shall
54 be imposed on emergency services rendered in the emergency room of a
55 hospital; however, this copayment must be waived if hospital admission
56 results.

1 (d) The out-of-plan benefit system shall have an annual deductible
2 established at one thousand dollars per calendar year for an individual
3 and two thousand dollars per year for a family. Coinsurance shall be
4 established at twenty percent with the health maintenance organization
5 or insurer paying eighty percent of the usual, customary and reasonable
6 charges, or eighty percent of the amounts listed on a fee schedule filed
7 with and approved by the superintendent which provides a comparable
8 level of reimbursement. Coinsurance of ten percent shall apply to outpa-
9 tient visits for the diagnosis and treatment of mental, nervous or
10 emotional disorders or ailments. The benefits described in subparagraph
11 (F) of paragraph three, SUBPARAGRAPHS (D) AND (E) OF PARAGRAPH FOUR and
12 paragraphs seventeen and eighteen of subsection (b) of this section
13 shall not be subject to the deductible or coinsurance. The benefits
14 described in paragraph nine of subsection (b) of this section shall not
15 be subject to the deductible. The out-of-plan out-of-pocket maximum
16 deductible and coinsurance shall be established at three thousand
17 dollars per calendar year for an individual and five thousand dollars
18 per calendar year for a family. The out-of-plan lifetime benefit maximum
19 shall be established at five hundred thousand dollars.

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