

STATE OF NEW YORK

404

2021-2022 Regular Sessions

IN ASSEMBLY

(Prefiled)

January 6, 2021

Introduced by M. of A. ROZIC, PEOPLES-STOKES, AUBRY, ABINANTI, BARNWELL, COLTON, COOK, GUNTHER, JONES, OTIS, PERRY, SIMON, STECK, WEPRIN, GRIF-FIN, MONTESANO -- read once and referred to the Committee on Insurance

AN ACT to amend the insurance law, in relation to requiring health insurance policies to cover comprehensive tests for ovarian cancer in certain cases

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Subsection (i) of section 3216 of the insurance law is amended by adding a new paragraph 11-b to read as follows:

(11-b) (A) Every policy that provides coverage for hospital, surgical or medical care shall provide the following coverage for screening for ovarian cancer:

(i) upon the recommendation of a physician, a pelvic exam, genetic testing, ultrasound and blood testing at any age for covered persons having a high risk of developing ovarian cancer or who have a first degree relative with a prior history of ovarian cancer;

(ii) a single baseline ultrasound for covered persons aged thirty-five through thirty-nine, inclusive; and

(iii) an annual ultrasound for covered persons aged forty and older.

(B) Such coverage required pursuant to subparagraph (A) of this paragraph may be subject to annual deductibles and coinsurance as may be deemed appropriate by the superintendent and as are consistent with those established for other benefits within a given policy.

(C) (i) Such policy shall provide for additional coverage for computed tomography, barium enema X-rays, magnetic resonance imaging (MRI), positron emission tomography, laparoscopy, colonoscopy and biopsy if a person is believed to be at increased risk for ovarian cancer due to family history or prior personal history of ovarian cancer, positive

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

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1 genetic testing or other indications as determined by such person's
2 physician or nurse practitioner.

3 (ii) Such additional coverage may be subject to annual deductibles and
4 coinsurance as may be deemed appropriate by the superintendent and as
5 are consistent with those established for other benefits within a given
6 policy.

7 § 2. Subsection (l) of section 3221 of the insurance law is amended by
8 adding a new paragraph 11-b to read as follows:

9 (11-b) (A) Every insurer delivering a group or blanket policy or issu-
10 ing a group or blanket policy for delivery in this state that provides
11 coverage for hospital, surgical or medical care shall provide the
12 following coverage for screening for ovarian cancer:

13 (i) upon the recommendation of a physician, a pelvic exam, genetic
14 testing, ultrasound and blood testing at any age for covered persons
15 having a high risk of developing ovarian cancer or who have a first
16 degree relative with a prior history of ovarian cancer;

17 (ii) a single baseline ultrasound for covered persons aged thirty-five
18 through thirty-nine, inclusive; and

19 (iii) an annual ultrasound for covered persons aged forty and older.

20 (B) Such coverage required pursuant to subparagraph (A) of this para-
21 graph may be subject to annual deductibles and coinsurance as may be
22 deemed appropriate by the superintendent and as are consistent with
23 those established for other benefits within a given policy.

24 (C) (i) Such policy shall provide for additional coverage for computed
25 tomography, barium enema X-rays, magnetic resonance imaging (MRI), posi-
26 tron emission tomography, laparoscopy, colonoscopy and biopsy if a
27 person is believed to be at increased risk for ovarian cancer due to
28 family history or prior personal history of ovarian cancer, positive
29 genetic testing or other indications as determined by such person's
30 physician or nurse practitioner.

31 (ii) Such additional coverage may be subject to annual deductibles and
32 coinsurance as may be deemed appropriate by the superintendent and as
33 are consistent with those established for other benefits within a given
34 policy.

35 § 3. Section 4303 of the insurance law is amended by adding a new
36 subsection (p-1) to read as follows:

37 (p-1) (1) A medical expense indemnity corporation, a hospital service
38 corporation or a health service corporation that provides coverage for
39 hospital, surgical or medical care shall provide the following coverage
40 for screening for ovarian cancer:

41 (A) upon the recommendation of a physician, a pelvic exam, genetic
42 testing, ultrasound and blood testing at any age for covered persons
43 having a high risk of developing ovarian cancer or who have a first
44 degree relative with a prior history of ovarian cancer;

45 (B) a single baseline ultrasound for covered persons aged thirty-five
46 through thirty-nine, inclusive; and

47 (C) an annual ultrasound for covered persons aged forty and older.

48 (2) Such coverage required pursuant to subparagraph (A) of this para-
49 graph may be subject to annual deductibles and coinsurance as may be
50 deemed appropriate by the superintendent and as are consistent with
51 those established for other benefits within a given policy.

52 (3) (A) Such policy shall provide for additional coverage for computed
53 tomography, barium enema X-rays, magnetic resonance imaging (MRI), posi-
54 tron emission tomography, laparoscopy, colonoscopy and biopsy if a
55 person is believed to be at increased risk for ovarian cancer due to
56 family history or prior personal history of ovarian cancer, positive

1 genetic testing or other indications as determined by such person's
2 physician or nurse practitioner.

3 (B) Such additional coverage may be subject to annual deductibles and
4 coinsurance as may be deemed appropriate by the superintendent and as
5 are consistent with those established for other benefits within a given
6 policy.

7 § 4. This act shall take effect on the sixtieth day after it shall
8 have become a law.