S T A T E O F N E W Y O R K

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I N A S S E M B L Y

March 22, 2012

Introduced by M. of A. LUPARDO -- read once and referred to the Committee on Insurance

AN ACT to amend the insurance law, in relation to health insurance coverage of outpatient care provided by licensed marriage and family therapists

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

Section 1. Item (ii) of subparagraph (A) of paragraph 5 of subsection (1) of section 3221 of the insurance law, as amended by chapter 502 of the laws of 2007, is amended to read as follows:

(ii) where the policy provides coverage for physician services, it shall include benefits for outpatient care provided by a psychiatrist or psychologist licensed to practice in this state, MARRIAGE AND FAMILY THERAPIST LICENSED PURSUANT TO ARTICLE ONE HUNDRED SIXTY-THREE OF THE EDUCATION LAW, OR a licensed clinical social worker who meets the requirements of subparagraph (D) of paragraph four of this subsection, or a professional corporation or university faculty practice corporation thereof. Such benefits may be limited to not less than twenty visits in any contract year, plan year, or calendar year.

S 2. Paragraph 1 of subsection (h) of section 4303 of the insurance law, as amended by chapter 502 of the laws of 2007, is amended to read as follows:

(1) A medical expense indemnity corporation or a health service corporation, which provides group, group remittance or school blanket coverage for physician services, shall provide as part of its contract broad-based coverage for the diagnosis and treatment of mental, nervous or emotional disorders or ailments, however defined in such contract, at least equal to the coverage provided for other health conditions and shall include: benefits for outpatient care provided by a psychiatrist or psychologist licensed to practice in this state, MARRIAGE AND FAMILY THERAPIST LICENSED PURSUANT TO ARTICLE ONE HUNDRED SIXTY-THREE OF THE EDUCATION LAW, OR a licensed clinical social worker who meets the requirements of subsection (n) of this section, or a professional corporation or university faculty practice corporation thereof, which bene-

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

LBD13963-01-2

fits may be limited to not less than twenty visits in any contract year, plan year or calendar year. Such coverage may be provided on a contract year, plan year or calendar year basis and shall be consistent with the provision of other benefits under the contract. Such coverage may be subject to annual deductibles, co-pays and coinsurance as may be deemed appropriate by the superintendent and shall be consistent with those imposed on other benefits under the contract. In the event the group remittance group or contract holder is provided coverage provided under this paragraph and under subparagraph (B) of paragraph one of subsection (g) of this section from the same health service corporation, or under a contract which is jointly underwritten by two health service corporations or by a health service corporation and a medical expense indemnity corporation, the aggregate of the benefits for out-patient care obtained under subparagraph (B) of paragraph one of subsection (g) of this section and this paragraph may be limited to not less than twenty visits in any contract year, plan year or calendar year.

S 3. This act shall take effect on the first of January next succeeding the date on which it shall have become a law and shall apply to policies and contracts issued, renewed, modified, altered or amended on or after such effective date.