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

337

2011-2012 Regular Sessions

I N A S S E M B L Y

(PREFILED)

January 5, 2011

Introduced by M. of A. PAULIN, SPANO, JACOBS, GUNTHER, PHEFFER, ROSENTHAL, SCHIMEL, GALEF, JAFFEE, MAYERSOHN, ROBINSON, BOYLAND, CASTRO, COLTON, KELLNER, LANCMAN, MAGNARELLI, MAISEL, TITONE, ZEBROWSKI -- Multi-Sponsored by -- M. of A. CAHILL, DESTITO, GOTTFRIED, HIKIND, LUPARDO, McENENY, SCARBOROUGH, SWEENEY, WEISENBERG, WRIGHT -- read once and referred to the Committee on Insurance

AN ACT to amend the insurance law, in relation to coverage for cervical cytology screening for insureds by certain corporations and insurance policies

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

Section 1. Subparagraph (A) of paragraph 15 of subsection (i) of section 3216 of the insurance law, as amended by chapter 43 of the laws of 1993, is amended to read as follows:

(A) Every policy which provides hospital, surgical or medical care coverage or provides reimbursement for laboratory tests or reimbursement for diagnostic X-ray services shall provide coverage for [an annual] cervical cytology screening for cervical cancer and its precursor states [for women aged eighteen and older] ACCORDING TO THE FOLLOWING: (I) FOR WOMEN YOUNGER THAN THIRTY YEARS, AT LEAST ONCE EVERY TWO YEARS; (II) FOR WOMEN AGED THIRTY YEARS AND OLDER WHO HAVE HAD THREE CONSECUTIVE CERVICAL CYTOLOGY TEST RESULTS THAT ARE SATISFACTORY AND NEGATIVE FOR INTRAEPITHELIAL LESIONS AND MALIGNANCY, AT LEAST ONCE EVERY THREE YEARS; AND (III) FOR OTHER WOMEN AGED THIRTY YEARS AND OLDER, AND FOR WOMEN WITH RISK FACTORS THAT REQUIRE MORE FREQUENT SCREENING IN THE REASONABLE MEDICAL JUDGMENT OF THEIR ATTENDING HEALTH CARE PROFESSIONAL, AS DETERMINED BY THAT HEALTH CARE PROFESSIONAL.

S 2. Subparagraph (A) of paragraph 14 of subsection (l) of section 3221 of the insurance law, as amended by chapter 554 of the laws of 2002, is amended to read as follows:

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

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(A) Every group or blanket policy delivered or issued for delivery in this state which provides hospital, surgical or medical coverage shall provide coverage for [an annual] cervical cytology screening for cervical cancer and its precursor states [for women aged eighteen and older] ACCORDING TO THE FOLLOWING: (I) FOR WOMEN YOUNGER THAN THIRTY YEARS, AT LEAST ONCE EVERY TWO YEARS; (II) FOR WOMEN AGED THIRTY YEARS AND OLDER WHO HAVE HAD THREE CONSECUTIVE CERVICAL CYTOLOGY TEST RESULTS THAT ARE SATISFACTORY AND NEGATIVE FOR INTRAEPITHELIAL LESIONS AND MALIGNANCY, AT LEAST ONCE EVERY THREE YEARS; AND (III) FOR OTHER WOMEN AGED THIRTY YEARS AND OLDER, AND FOR WOMEN WITH RISK FACTORS THAT REQUIRE MORE FREQUENT SCREENING IN THE REASONABLE MEDICAL JUDGMENT OF THEIR ATTENDING HEALTH CARE PROFESSIONAL, AS DETERMINED BY THAT HEALTH CARE PROFESSIONAL.

S 3. Paragraph 1 of subsection (t) of section 4303 of the insurance law, as amended by chapter 554 of the laws of 2002, is amended to read as follows:

(1) A medical expense indemnity corporation, a hospital service corporation or a health service corporation which provides coverage for hospital, surgical, or medical care shall provide coverage for [an annual] cervical cytology screening for cervical cancer and its precursor states ACCORDING TO THE FOLLOWING: (I) for women [aged eighteen and older] YOUNGER THAN THIRTY YEARS, AT LEAST ONCE EVERY TWO YEARS; (II) FOR WOMEN AGED THIRTY YEARS OR OLDER WHO HAVE HAD THREE CONSECUTIVE CERVICAL CYTOLOGY TEST RESULTS THAT ARE SATISFACTORY AND NEGATIVE FOR INTRAEPITHELIAL LESIONS AND MALIGNANCY AT LEAST ONCE EVERY THREE YEARS; AND (III) FOR OTHER WOMEN AGED THIRTY YEARS AND OLDER, AND FOR WOMEN WITH RISK FACTORS THAT REQUIRE MORE FREQUENT SCREENING IN THE REASONABLE MEDICAL JUDGMENT OF THEIR ATTENDING HEALTH CARE PROFESSIONAL, AS DETERMINED BY THAT HEALTH CARE PROFESSIONAL. Such coverage 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 contract.

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