

552

2011-2012 Regular Sessions

I N A S S E M B L Y

(PREFILED)

January 5, 2011

Introduced by M. of A. DINOWITZ, CLARK, V. LOPEZ, GALEF, MILLMAN,
CUSICK, CYMBROWITZ, McENENY, ZEBROWSKI, ORTIZ, ENGLEBRIGHT -- Multi-
Sponsored by -- M. of A. BING, BRENNAN, CAHILL, CANESTRARI, COLTON,
COOK, GLICK, GOTTFRIED, JACOBS, PHEFFER, RAIA, SCARBOROUGH, WEISENBERG
-- read once and referred to the Committee on Insurance

AN ACT to amend the insurance law, in relation to providing insurance
coverage for colorectal cancer early detection

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

1 Section 1. Paragraph 27 of subsection (i) of section 3216 of the
2 insurance law, as added by chapter 457 of the laws of 2010, is renum-
3 bered paragraph 28 and a new paragraph 29 is added to read as follows:
4 (29) (A) EVERY POLICY WHICH PROVIDES COVERAGE PURSUANT TO THIS SECTION
5 SHALL PROVIDE COVERAGE TO ANY NAMED SUBSCRIBER OR OTHER PERSON COVERED
6 THEREUNDER FOR EXPENSES INCURRED IN CONDUCTING COLORECTAL CANCER EXAM-
7 INATIONS AND LABORATORY TESTS AT REGULAR INTERVALS, INCLUDING EXPENSES
8 INCURRED IN CONDUCTING PHYSICIAN CONSULTATIONS FOR COLORECTAL CANCER
9 PRIOR TO SUCH EXAMINATIONS AND TESTS, FOR PERSONS FIFTY YEARS OF AGE OR
10 OLDER AND FOR PERSONS OF ANY AGE WHO ARE CONSIDERED TO BE AT HIGH RISK
11 FOR COLORECTAL CANCER. THE METHODS OF SCREENING FOR WHICH BENEFITS SHALL
12 BE PROVIDED SHALL INCLUDE BUT NOT BE LIMITED TO:
13 (I) A SCREENING FECAL OCCULT BLOOD TEST;
14 (II) FLEXIBLE SIGMOIDOSCOPY;
15 (III) COLONOSCOPY;
16 (IV) BARIUM ENEMA; OR
17 (V) THE MOST RELIABLE, MEDICALLY RECOGNIZED SCREENING TEST AVAILABLE;
18 AND
19 (VI) ANY COMBINATION THEREOF.
20 THE METHOD AND FREQUENCY OF SCREENING TO BE UTILIZED SHALL BE IN
21 ACCORD WITH THE MOST RECENTLY PUBLISHED GUIDELINES OF THE AMERICAN

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

LBD04462-01-1

1 COLLEGE OF GASTROENTEROLOGY OR THE AMERICAN GASTROENTEROLOGICAL ASSOCI-
2 ATION IN CONSULTATION WITH THE AMERICAN CANCER SOCIETY.

3 (B) AS USED IN THIS PARAGRAPH, "HIGH RISK FOR COLORECTAL CANCER" SHALL
4 MEAN A PERSON HAS,

5 (I) A FAMILY HISTORY OF FAMILIAL ADENOMATOUS POLYPOSIS; HEREDITARY
6 NON-POLYPOSIS COLON CANCER; OR BREAST, OVARIAN, ENDOMETRIAL OR COLON
7 CANCER OR POLYPS;

8 (II) CHRONIC INFLAMMATORY BOWEL DISEASE; OR

9 (III) A BACKGROUND, ETHNICITY OR LIFESTYLE THAT THE PHYSICIAN BELIEVES
10 PUTS THE PERSON AT ELEVATED RISK FOR COLORECTAL CANCER.

11 S 2. Subsection (k) of section 3221 of the insurance law is amended by
12 adding a new paragraph 17 to read as follows:

13 (17) (A) EVERY POLICY WHICH PROVIDES COVERAGE PURSUANT TO THIS SECTION
14 SHALL PROVIDE COVERAGE TO ANY NAMED SUBSCRIBER OR OTHER PERSON COVERED
15 THEREUNDER FOR EXPENSES INCURRED IN CONDUCTING COLORECTAL CANCER EXAM-
16 INATIONS AND LABORATORY TESTS AT REGULAR INTERVALS, INCLUDING EXPENSES
17 INCURRED IN CONDUCTING PHYSICIAN CONSULTATIONS FOR COLORECTAL CANCER
18 PRIOR TO SUCH EXAMINATIONS AND TESTS, FOR PERSONS FIFTY YEARS OF AGE OR
19 OLDER AND FOR PERSONS OF ANY AGE WHO ARE CONSIDERED TO BE AT HIGH RISK
20 FOR COLORECTAL CANCER. THE METHODS OF SCREENING FOR WHICH BENEFITS SHALL
21 BE PROVIDED SHALL INCLUDE BUT NOT BE LIMITED TO:

22 (I) A SCREENING FECAL OCCULT BLOOD TEST;

23 (II) FLEXIBLE SIGMOIDOSCOPY;

24 (III) COLONOSCOPY;

25 (IV) BARIUM ENEMA; OR

26 (V) THE MOST RELIABLE, MEDICALLY RECOGNIZED SCREENING TEST AVAILABLE;
27 AND

28 (VI) ANY COMBINATION THEREOF.

29 THE METHOD AND FREQUENCY OF SCREENING TO BE UTILIZED SHALL BE IN
30 ACCORD WITH THE MOST RECENTLY PUBLISHED GUIDELINES OF THE AMERICAN
31 COLLEGE OF GASTROENTEROLOGY OR THE AMERICAN GASTROENTEROLOGICAL ASSOCI-
32 ATION IN CONSULTATION WITH THE AMERICAN CANCER SOCIETY.

33 (B) AS USED IN THIS PARAGRAPH, "HIGH RISK FOR COLORECTAL CANCER" SHALL
34 MEAN A PERSON HAS,

35 (I) A FAMILY HISTORY OF FAMILIAL ADENOMATOUS POLYPOSIS; HEREDITARY
36 NON-POLYPOSIS COLON CANCER; OR BREAST, OVARIAN, ENDOMETRIAL OR COLON
37 CANCER OR POLYPS;

38 (II) CHRONIC INFLAMMATORY BOWEL DISEASE; OR

39 (III) A BACKGROUND, ETHNICITY OR LIFESTYLE THAT THE PHYSICIAN BELIEVES
40 PUTS THE PERSON AT ELEVATED RISK FOR COLORECTAL CANCER.

41 S 3. Subsection (a) of section 4303 of the insurance law is amended by
42 adding a new paragraph 4 to read as follows:

43 (4) TO PERSONS FIFTY YEARS OF AGE OR OLDER FOR SERVICES RELATED TO THE
44 CONDUCTING OF COLORECTAL CANCER EXAMINATIONS AND LABORATORY TESTS AT
45 REGULAR INTERVALS, INCLUDING EXPENSES INCURRED IN CONDUCTING PHYSICIAN
46 CONSULTATIONS FOR COLORECTAL CANCER PRIOR TO SUCH EXAMINATIONS AND
47 TESTS, INCLUDING BUT NOT LIMITED TO, COLONOSCOPIES, COLOSCOPIES, SCREEN-
48 ING FECAL OCCULT BLOOD TESTS, FLEXIBLE SIGMOIDOSCOPIES OR BARIUM ENEMAS.

49 S 4. The superintendent of insurance shall require an insurer, health
50 carrier or health benefit plan to notify enrollees annually of colorec-
51 tal cancer screenings covered by such enrollees' health benefit plan and
52 the most recently published guidelines of the American College of
53 Gastroenterology or the American Gastroenterological Association in
54 consultation with the American Cancer Society for colorectal cancer
55 screenings or notify enrollees at intervals consistent with the most
56 recently published guidelines of the American College of Gastroenterolo-

1 gy or the American Gastroenterological Association in consultation with
2 the American Cancer Society of colorectal cancer screenings which are
3 covered by such enrollees' health benefit plans. The notice shall be
4 delivered by mail unless the enrollee and health carrier have agreed on
5 another method of notification. The superintendent of insurance is
6 authorized to promulgate necessary rules and regulations for the
7 purposes of providing such notification.
8 S 5. This act shall take effect immediately and shall apply to any
9 policy issued, delivered, renewed, and/or modified on or after the
10 effective date of this act.