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I N S E N A T E

April 13, 2012

Introduced by Sen. KENNEDY -- 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 providing insurance coverage for colorectal cancer early detection

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, 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 29 and a new paragraph 30 is added to read as follows:
4 (30) (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
22 COLLEGE OF GASTROENTEROLOGY OR THE AMERICAN GASTROENTEROLOGICAL ASSOCI-
23 ATION IN CONSULTATION WITH THE AMERICAN CANCER SOCIETY.
24 (B) AS USED IN THIS PARAGRAPH, "HIGH RISK FOR COLORECTAL CANCER" SHALL
25 MEAN A PERSON HAS,
26 (I) A FAMILY HISTORY OF FAMILIAL ADENOMATOUS POLYPOSIS; HEREDITARY
27 NON-POLYPOSIS COLON CANCER; OR BREAST, OVARIAN, ENDOMETRIAL OR COLON
28 CANCER OR POLYPS;
29 (II) CHRONIC INFLAMMATORY BOWEL DISEASE; OR
30 (III) A BACKGROUND, ETHNICITY OR LIFESTYLE THAT THE PHYSICIAN BELIEVES
31 PUTS THE PERSON AT ELEVATED RISK FOR COLORECTAL CANCER.

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

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1 S 2. Subsection (k) of section 3221 of the insurance law is amended by
2 adding a new paragraph 18 to read as follows:

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

12 (I) A SCREENING FECAL OCCULT BLOOD TEST;

13 (II) FLEXIBLE SIGMOIDOSCOPY;

14 (III) COLONOSCOPY;

15 (IV) BARIUM ENEMA; OR

16 (V) THE MOST RELIABLE, MEDICALLY RECOGNIZED SCREENING TEST AVAILABLE;
17 AND

18 (VI) ANY COMBINATION THEREOF.

19 THE METHOD AND FREQUENCY OF SCREENING TO BE UTILIZED SHALL BE IN
20 ACCORD WITH THE MOST RECENTLY PUBLISHED GUIDELINES OF THE AMERICAN
21 COLLEGE OF GASTROENTEROLOGY OR THE AMERICAN GASTROENTEROLOGICAL ASSOCI-
22 ATION IN CONSULTATION WITH THE AMERICAN CANCER SOCIETY.

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

25 (I) A FAMILY HISTORY OF FAMILIAL ADENOMATOUS POLYPOSIS; HEREDITARY
26 NON-POLYPOSIS COLON CANCER; OR BREAST, OVARIAN, ENDOMETRIAL OR COLON
27 CANCER OR POLYPS;

28 (II) CHRONIC INFLAMMATORY BOWEL DISEASE; OR

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

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

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

39 S 4. The superintendent of financial services shall require an insur-
40 er, health carrier or health benefit plan to notify enrollees annually
41 of colorectal cancer screenings covered by such enrollees' health bene-
42 fit plan and the most recently published guidelines of the American
43 College of Gastroenterology or the American Gastroenterological Associ-
44 ation in consultation with the American Cancer Society for colorectal
45 cancer screenings or notify enrollees at intervals consistent with the
46 most recently published guidelines of the American College of Gastroen-
47 terology or the American Gastroenterological Association in consultation
48 with the American Cancer Society of colorectal cancer screenings which
49 are covered by such enrollees' health benefit plans. The notice shall
50 be delivered by mail unless the enrollee and health carrier have agreed
51 on another method of notification. The superintendent of financial
52 services is authorized to promulgate necessary rules and regulations for
53 the purposes of providing such notification.

54 S 5. This act shall take effect immediately and shall apply to any
55 policy issued, delivered, renewed, and/or modified on or after the
56 effective date of this act.