

2013-2014 Regular Sessions

I N   S E N A T E

(PREFILED)

January 9, 2013

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Introduced by Sen. STAVISKY -- 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 cancer screening deductibles and copayments

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

- 1     Section 1. Subparagraph (B) of paragraph 11 and subparagraph (C) of  
2 paragraph 15 of subsection (i) of section 3216 of the insurance law, as  
3 amended by chapter 219 of the laws of 2011, are amended to read as  
4 follows:  
5     (B) Such coverage required pursuant to subparagraph (A) or (C) of this  
6 paragraph [may] SHALL NOT be subject to annual deductibles and coinsu-  
7 rance [as may be deemed appropriate by the superintendent and as are  
8 consistent with those established for other benefits within a given  
9 policy].  
10     (C) Such coverage required pursuant to subparagraph (A) or (B) of this  
11 paragraph [may] SHALL NOT be subject to annual deductibles and coinsu-  
12 rance [as may be deemed appropriate by the superintendent and as are  
13 consistent with those established for other benefits within a given  
14 policy].  
15     S 2. Subparagraph (B) of paragraph 11 and subparagraph (C) of para-  
16 graph 14 of subsection (1) of section 3221 of the insurance law, as  
17 amended by chapter 219 of the laws of 2011, are amended to read as  
18 follows:  
19     (B) Such coverage required pursuant to subparagraph (A) or (C) of this  
20 paragraph [may] SHALL NOT be subject to annual deductibles and coinsu-  
21 rance [as may be deemed appropriate by the superintendent and as are  
22 consistent with those established for other benefits within a given  
23 policy].

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

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(C) Such coverage required pursuant to subparagraph (A) or (B) of this paragraph [may] SHALL NOT 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].

S 3. Subparagraph (D) of paragraph 1 of subsection (p) and paragraph 1 of subsection (t) of section 4303 of the insurance law, as amended by chapter 219 of the laws of 2011, are amended to read as follows:

(D) The coverage required in this paragraph or paragraph two of this subsection [may] SHALL NOT 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].

(1) A medical expense indemnity corporation, a hospital service corporation or a health service corporation that provides coverage for hospital, surgical, or medical care shall provide coverage for an annual cervical cytology screening for cervical cancer and its precursor states for women aged eighteen and older. Such coverage required by this paragraph [may] SHALL NOT 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. Subsection (c) of section 4321 of the insurance law, as amended by chapter 219 of the laws of 2011, is amended to read as follows:

(c) The health maintenance organization shall impose a fifteen dollar copayment on all visits to a physician or other provider with the exception of visits for pre-natal and post-natal care, well child visits provided pursuant to paragraph two of subsection (j), MAMMOGRAPHY SCREENING PROVIDED PURSUANT TO SUBSECTION (P), AND CERVICAL CYTOLOGY SCREENING PROVIDED PURSUANT TO SUBSECTION (T) of section four thousand three hundred three of this article, preventive health services provided pursuant to subparagraph (F) of paragraph four of subsection (b) of section four thousand three hundred twenty-two of this article, or items or services for bone mineral density provided pursuant to subparagraph (D) of paragraph twenty-six of subsection (b) of section four thousand three hundred twenty-two of this article for which no copayment shall apply. A copayment of fifteen dollars shall be imposed on equipment, supplies and self-management education for the treatment of diabetes. A fifty dollar copayment shall be imposed on emergency services rendered in the emergency room of a hospital; however, this copayment must be waived if hospital admission results. Surgical services shall be subject to a copayment of the lesser of twenty percent of the cost of such services or two hundred dollars per occurrence. A five hundred dollar copayment shall be imposed on inpatient hospital services per continuous hospital confinement. Ambulatory surgical services shall be subject to a facility copayment charge of seventy-five dollars. Coinsurance of ten percent shall apply to visits for the diagnosis and treatment of mental, nervous or emotional disorders or ailments.

S 5. Subsections (c) and (d) of section 4322 of the insurance law, as amended by chapter 219 of the laws of 2011, are amended to read as follows:

(c) The in-plan benefit system shall impose a ten dollar copayment on all visits to a physician or other provider with the exception of visits for pre-natal and post-natal care, well child visits provided pursuant to paragraph two of subsection (j), MAMMOGRAPHY SCREENING PROVIDED PURSUANT TO SUBSECTION (P), AND CERVICAL CYTOLOGY SCREENING PROVIDED PURSUANT TO SUBSECTION (T) of section four thousand three hundred three

1 of this article, preventive health services provided pursuant to subpar-  
2 agraph (F) of paragraph four of subsection (b) of this section or items  
3 or services for bone mineral density provided pursuant to subparagraph  
4 (D) of paragraph twenty-six of subsection (b) of this section for which  
5 no copayment shall apply. A copayment of ten dollars shall be imposed on  
6 equipment, supplies and self-management education for the treatment of  
7 diabetes. Coinsurance of ten percent shall apply to visits for the diag-  
8 nosis and treatment of mental, nervous or emotional disorders or  
9 ailments. A thirty-five dollar copayment shall be imposed on emergency  
10 services rendered in the emergency room of a hospital; however, this  
11 copayment must be waived if hospital admission results.

12 (d) The out-of-plan benefit system shall have an annual deductible  
13 established at one thousand dollars per calendar year for an individual  
14 and two thousand dollars per year for a family. Coinsurance shall be  
15 established at twenty percent with the health maintenance organization  
16 or insurer paying eighty percent of the usual, customary and reasonable  
17 charges, or eighty percent of the amounts listed on a fee schedule filed  
18 with and approved by the superintendent which provides a comparable  
19 level of reimbursement. Coinsurance of ten percent shall apply to outpa-  
20 tient visits for the diagnosis and treatment of mental, nervous or  
21 emotional disorders or ailments. The benefits described in subparagraph  
22 (F) of paragraph three, SUBPARAGRAPHS (D) AND (E) OF PARAGRAPH FOUR and  
23 paragraphs seventeen and eighteen of subsection (b) of this section  
24 shall not be subject to the deductible or coinsurance. The benefits  
25 described in paragraph nine of subsection (b) of this section shall not  
26 be subject to the deductible. The out-of-plan out-of-pocket maximum  
27 deductible and coinsurance shall be established at three thousand  
28 dollars per calendar year for an individual and five thousand dollars  
29 per calendar year for a family. The out-of-plan lifetime benefit maximum  
30 shall be established at five hundred thousand dollars for benefits that  
31 are not essential health benefits. A lifetime limit on the dollar amount  
32 of essential health benefits for any individual shall not be estab-  
33 lished. For purposes of this subsection, "essential health benefits"  
34 shall have the meaning ascribed by section 1302(b) of the Affordable  
35 Care Act, 42 U.S.C. S 18022(b).

36 S 6. This act shall take effect immediately and the provisions of this  
37 act shall apply to policies and contracts issued, renewed, modified,  
38 altered or amended on or after such effective date.