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

639

2013-2014 Regular Sessions

I N S E N A T E

(PREFILED)

January 9, 2013

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:

Section 1. Subparagraph (B) of paragraph 11 and subparagraph (C) of paragraph 15 of subsection (i) of section 3216 of the insurance law, as amended by chapter 219 of the laws of 2011, are amended to read as follows:

(B) Such coverage required pursuant to subparagraph (A) or (C) 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].

(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 2. Subparagraph (B) of paragraph 11 and subparagraph (C) of paragraph 14 of subsection (1) of section 3221 of the insurance law, as amended by chapter 219 of the laws of 2011, are amended to read as follows:

(B) Such coverage required pursuant to subparagraph (A) or (C) 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].

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

LBD03550-01-3

(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

of this article, preventive health services provided pursuant to subparagraph (F) of paragraph four of subsection (b) of this section or items or services for bone mineral density provided pursuant to subparagraph (D) of paragraph twenty-six of subsection (b) of this section for which no copayment shall apply. A copayment of ten dollars shall be imposed on equipment, supplies and self-management education for the treatment of diabetes. Coinsurance of ten percent shall apply to visits for the diagnosis and treatment of mental, nervous or emotional disorders or ailments. A thirty-five 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.

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

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