STATE OF NEW YORK

1702

2017-2018 Regular Sessions

IN SENATE

January 10, 2017

Introduced by Sen. PARKER -- 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 coverage for the detection of breast cancer

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Subparagraph (A) of paragraph 11 of subsection (i) of section 3216 of the insurance law, as amended by chapter 219 of the laws of 2011, is amended and a new subparagraph (G) is added to read as follows:

(A) Every policy that provides coverage for hospital, surgical or medical care shall provide the following coverage for mammography screening for occult breast cancer:

(i) upon the recommendation of a physician, a mammogram at any age for covered persons having a prior history of breast cancer or who have a first degree relative with a prior history of breast cancer;

(ii) a single baseline mammogram for covered persons aged [~~thirty-five~~] twenty-five through [~~thirty-nine~~] twenty-nine, inclusive; and

(iii) an annual mammogram for covered persons aged [~~forty~~] thirty and older.

(G) Coverage shall also be provided, upon the recommendation of a physician, for follow-up diagnostic testing for the detection of breast cancer, including breast biopsies, in the event that a physician determines that a covered person has had an abnormal mammogram. Such follow-up diagnostic testing shall not be subject to annual deductibles or coinsurance.

§ 2. Subparagraph (A) of paragraph 11 of subsection (l) of section 3221 of the insurance law, as amended by chapter 219 of the laws of 2011, is amended and a new subparagraph (G) is added to read as follows:

(A) Every insurer delivering a group or blanket policy or issuing a group or blanket policy for delivery in this state that provides cover-

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

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age for hospital, surgical or medical care shall provide the following coverage for mammography screening for occult breast cancer:

(i) upon the recommendation of a physician, a mammogram at any age for covered persons having a prior history of breast cancer or who have a first degree relative with a prior history of breast cancer;

(ii) a single baseline mammogram for covered persons aged [~~thirty-five~~] twenty-five through [~~thirty-nine~~] twenty-nine, inclusive; and

(iii) an annual mammogram for covered persons aged [~~forty~~] thirty and older.

(G) Coverage shall also be provided, upon the recommendation of a physician, for follow-up diagnostic testing for the detection of breast cancer, including breast biopsies, in the event that a physician determines that a covered person has had an abnormal mammogram. Such follow-up diagnostic testing shall not be subject to annual deductibles or coinsurance.

§ 3. Paragraph 1 of subsection (p) of section 4303 of the insurance law, as amended by chapter 219 of the laws of 2011, subparagraph (D) as amended by chapter 74 of the laws of 2016, is amended and a new paragraph 6 is added to read as follows:

(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 the following coverage for mammography screening for occult breast cancer:

(A) upon the recommendation of a physician, a mammogram at any age for covered persons having a prior history of breast cancer or who have a first degree relative with a prior history of breast cancer;

(B) a single baseline mammogram for covered persons aged [~~thirty-five~~] twenty-five through [~~thirty-nine~~] twenty-nine, inclusive; and

(C) an annual mammogram for covered persons aged [~~forty~~] thirty and older.

(D) The coverage required in this paragraph or paragraph two of this subsection shall not be subject to annual deductibles or coinsurance.

(6) Coverage shall also be provided, upon the recommendation of a physician, for follow-up diagnostic testing for the detection of breast cancer, including breast biopsies, in the event that a physician determines that a covered person has had an abnormal mammogram. Such follow-up diagnostic testing shall not be subject to annual deductibles or coinsurance.

§ 4. This act shall take effect on the ninetieth day after it shall have become a law and shall apply to all policies and contracts issued, renewed, modified, altered or amended on or after such date.