STATE OF NEW YORK

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IN ASSEMBLY

January 13, 2017

Introduced by M. of A. ROZIC, AUBRY, ABINANTI, BARNWELL, COLTON, COOK, CRESPO, GRAF, GUNTHER, JAFFEE, JONES, LUPINACCI, MONTESANO, MOYA, OTIS, PERRY, SEPULVEDA, SKOUFIS, STECK, TITUS, WEPRIN -- Multi-Sponsored by -- M. of A. ARROYO, CROUCH, MAGEE, MOSLEY, RA, RIVERA, SIMANOWITZ, SKARTADOS, TITONE -- read once and referred to the Committee on Insurance

AN ACT to amend the insurance law, in relation to requiring health insurance policies to cover comprehensive tests for ovarian cancer in certain cases

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

Section 1. Subsection (i) of section 3216 of the insurance law is amended by adding a new paragraph 11-b to read as follows:

(11-b) (A) Every policy that provides coverage for hospital, surgical or medical care shall provide the following coverage for screening for ovarian cancer:

(i) upon the recommendation of a physician, a pelvic exam, genetic testing, ultrasound and blood testing at any age for covered persons having a high risk of developing ovarian cancer or who have a first degree relative with a prior history of ovarian cancer;

(ii) a single baseline ultrasound for covered persons aged thirty-five through thirty-nine, inclusive; and

(iii) an annual ultrasound for covered persons aged forty and older.

(B) Such coverage required pursuant to subparagraph (A) of this paragraph may 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) (i) Such policy shall provide for additional coverage for computed tomography, barium enema X-rays, magnetic resonance imaging (MRI), positron emission tomography, laparoscopy, colonoscopy and biopsy if a person is believed to be at increased risk for ovarian cancer due to

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

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family history or prior personal history of ovarian cancer, positive genetic testing or other indications as determined by such person's physician or nurse practitioner.

(ii) Such additional coverage may 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.

§ 2. Subsection (l) of section 3221 of the insurance law is amended by adding a new paragraph 11-b to read as follows:

(11-b) (A) Every insurer delivering a group or blanket policy or issuing a group or blanket policy for delivery in this state that provides coverage for hospital, surgical or medical care shall provide the following coverage for screening for ovarian cancer:

(i) upon the recommendation of a physician, a pelvic exam, genetic testing, ultrasound and blood testing at any age for covered persons having a high risk of developing ovarian cancer or who have a first degree relative with a prior history of ovarian cancer;

(ii) a single baseline ultrasound for covered persons aged thirty-five through thirty-nine, inclusive; and

(iii) an annual ultrasound for covered persons aged forty and older.

(B) Such coverage required pursuant to subparagraph (A) of this paragraph may 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) (i) Such policy shall provide for additional coverage for computed tomography, barium enema X-rays, magnetic resonance imaging (MRI), positron emission tomography, laparoscopy, colonoscopy and biopsy if a person is believed to be at increased risk for ovarian cancer due to family history or prior personal history of ovarian cancer, positive genetic testing or other indications as determined by such person's physician or nurse practitioner.

(ii) Such additional coverage may 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.

§ 3. Section 4303 of the insurance law is amended by adding a new subsection (p-1) to read as follows:

(p-1) (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 screening for ovarian cancer:

(A) upon the recommendation of a physician, a pelvic exam, genetic testing, ultrasound and blood testing at any age for covered persons having a high risk of developing ovarian cancer or who have a first degree relative with a prior history of ovarian cancer;

(B) a single baseline ultrasound for covered persons aged thirty-five through thirty-nine, inclusive; and

(C) an annual ultrasound for covered persons aged forty and older.

(2) Such coverage required pursuant to subparagraph (A) of this paragraph may 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.

(3) (A) Such policy shall provide for additional coverage for computed tomography, barium enema X-rays, magnetic resonance imaging (MRI), positron emission tomography, laparoscopy, colonoscopy and biopsy if a person is believed to be at increased risk for ovarian cancer due to

family history or prior personal history of ovarian cancer, positive genetic testing or other indications as determined by such person's physician or nurse practitioner.

(B) Such additional coverage may 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.

§ 4. This act shall take effect on the sixtieth day after it shall have become a law.