

STATE OF NEW YORK

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Introduced by M. of A. ROZIC, DE LA ROSA, COLTON, ENGLEBRIGHT, ORTIZ, SIMON, FAHY, HARRIS, BLAKE, JAFFEE, D'URSO, MAYER, GUNTHER, CRESPO, RIVERA, ABINANTI, BARRETT, SEPULVEDA, BRONSON -- Multi-Sponsored by -- M. of A. COOK, CROUCH, GIGLIO, HIKIND, LUPINACCI, NOLAN -- read once and referred to the Committee on Insurance -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- reported and referred to the Committee on Codes -- reported from committee, advanced to a third reading, amended and ordered reprinted, retaining its place on the order of third reading

AN ACT to amend the insurance law, in relation to coverage for eating disorders

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

1 Section 1. Subparagraph (B) of paragraph 5 of subsection (1) of
2 section 3221 of the insurance law, as amended by chapter 502 of the laws
3 of 2007, is amended to read as follows:
4 (B) (i) Every insurer delivering a group or school blanket policy or
5 issuing a group or school blanket policy for delivery, in this state,
6 which provides coverage for inpatient hospital care or coverage for
7 physician services, shall provide comparable coverage for adults and
8 children with biologically based mental illness or an eating disorder.
9 Such group policies issued or delivered in this state shall also provide
10 such comparable coverage for children with serious emotional disturb-
11 ances. Such coverage shall be provided under the terms and conditions
12 otherwise applicable under the policy, including network limitations or
13 variations, exclusions, co-pays, coinsurance, deductibles or other
14 specific cost sharing mechanisms. Provided further, where a policy
15 provides both in-network and out-of-network benefits, the out-of-network
16 benefits may have different coinsurance, co-pays, or deductibles, than
17 the in-network benefits, regardless of whether the policy is written
18 under one license or two licenses.

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

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(ii) For purposes of this paragraph, the term "biologically based mental illness" means a mental, nervous, or emotional condition that is caused by a biological disorder of the brain and results in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the illness. Such biologically based mental illnesses are defined as schizophrenia/psychotic disorders, major depression, bipolar disorder, delusional disorders, panic disorder, obsessive compulsive disorders[~~, bulimia, and anorexia~~] or an eating disorder.

(iii) For purposes of this paragraph, the term "eating disorder" means pica, rumination disorder, avoidant/restrictive food intake disorder, anorexia nervosa, bulimia nervosa, binge eating disorder, other specified feeding or eating disorder, and any other eating disorder contained in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

§ 2. Paragraph 2 of subsection (g) of section 4303 of the insurance law, as amended by chapter 502 of the laws of 2007, is amended to read as follows:

(2) (A) A hospital service corporation or a health service corporation, which provides group, group remittance or school blanket coverage for inpatient hospital care, shall provide comparable coverage for adults and children with biologically based mental illness or an eating disorder. Such hospital service corporation or health service corporation shall also provide such comparable coverage for children with serious emotional disturbances. Such coverage shall be provided under the terms and conditions otherwise applicable under the contract, including network limitations or variations, exclusions, co-pays, coinsurance, deductibles or other specific cost sharing mechanisms. Provided further, where a contract provides both in-network and out-of-network benefits, the out-of-network benefits may have different coinsurance, co-pays, or deductibles, than the in-network benefits, regardless of whether the contract is written under one license or two licenses.

(B) For purposes of this subsection, the term "biologically based mental illness" means a mental, nervous, or emotional condition that is caused by a biological disorder of the brain and results in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the illness. Such biologically based mental illnesses are defined as schizophrenia/psychotic disorders, major depression, bipolar disorder, delusional disorders, panic disorder, obsessive compulsive disorders[~~, anorexia, and bulimia~~] or an eating disorder.

(C) For purposes of this subsection, the term "eating disorder" means pica, rumination disorder, avoidant/restrictive food intake disorder, anorexia nervosa, bulimia nervosa, binge eating disorder, other specified feeding or eating disorder, and any other eating disorder contained in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

§ 3. Paragraph 2 of subsection (h) of section 4303 of the insurance law, as amended by chapter 502 of the laws of 2007, is amended to read as follows:

(2) (A) A medical expense indemnity corporation or a health service corporation, which provides group, group remittance or school blanket coverage for physician services, shall provide comparable coverage for adults and children with biologically based mental illness or an eating disorder. Such medical expense indemnity corporation or health service corporation shall also provide such comparable coverage for children

1 with serious emotional disturbances. Such coverage shall be provided
2 under the terms and conditions otherwise applicable under the contract,
3 including network limitations or variations, exclusions, co-pays, coin-
4 surance, deductibles or other specific cost sharing mechanisms. Provided
5 further, where a contract provides both in-network and out-of-network
6 benefits, the out-of-network benefits may have different coinsurance,
7 co-pays, or deductibles, than the in-network benefits, regardless of
8 whether the contract is written under one license or two licenses.

9 (B) For purposes of this subsection, the term "biologically based
10 mental illness" means a mental, nervous, or emotional condition that is
11 caused by a biological disorder of the brain and results in a clinically
12 significant, psychological syndrome or pattern that substantially limits
13 the functioning of the person with the illness. Such biologically based
14 mental illnesses are defined as schizophrenia/psychotic disorders, major
15 depression, bipolar disorder, delusional disorders, panic disorder,
16 obsessive compulsive disorder[~~, anorexia, and bulimia~~] or an eating
17 disorder.

18 (C) For purposes of this subsection, the term "eating disorder" means
19 pica, rumination disorder, avoidant/restrictive food intake disorder,
20 anorexia nervosa, bulimia nervosa, binge eating disorder, other speci-
21 fied feeding or eating disorder, and any other eating disorder contained
22 in the most recent version of the Diagnostic and Statistical Manual of
23 Mental Disorders published by the American Psychiatric Association.

24 § 4. This act shall take effect on the ninetieth day after it shall
25 have become a law; provided, however, that the provisions of this act
26 shall apply to policies and contracts issued, renewed, modified, altered
27 or amended on or after such effective date.