

# STATE OF NEW YORK

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6045--C

2017-2018 Regular Sessions

## IN SENATE

May 10, 2017

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Introduced by Sens. MARCHIONE, ALCANTARA, BRESLIN, CARLUCCI, FUNKE, HOYLMAN, KAMINSKY, LANZA, RANZENHOFER -- read twice and ordered printed, and when printed to be committed to the Committee on Insurance -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

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. Such group policies  
9 issued or delivered in this state shall also provide such comparable  
10 coverage for children with serious emotional disturbances. Such coverage  
11 shall be provided under the terms and conditions otherwise applicable  
12 under the policy, including network limitations or variations, exclu-  
13 sions, co-pays, coinsurance, deductibles or other specific cost sharing  
14 mechanisms. Provided further, where a policy provides both in-network  
15 and out-of-network benefits, the out-of-network benefits may have  
16 different coinsurance, co-pays, or deductibles, than the in-network  
17 benefits, regardless of whether the policy is written under one license  
18 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. 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. Such medical expense indemnity corporation or health service corporation shall also provide such comparable coverage for children with serious emotional

1 disturbances. Such coverage shall be provided under the terms and condi-  
2 tions otherwise applicable under the contract, including network limita-  
3 tions or variations, exclusions, co-pays, coinsurance, deductibles or  
4 other specific cost sharing mechanisms. Provided further, where a  
5 contract provides both in-network and out-of-network benefits, the out-  
6 of-network benefits may have different coinsurance, co-pays, or deduct-  
7 ibles, than the in-network benefits, regardless of whether the contract  
8 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.