

STATE OF NEW YORK

9068

IN SENATE

June 15, 2018

Introduced by Sen. BENJAMIN -- read twice and ordered printed, and when printed to be committed to the Committee on Rules

AN ACT to amend the labor law, in relation to entitling employees to take one day off every ten years to obtain a colonoscopy; and to amend the insurance law, in relation to providing insurance coverage for colonoscopies

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

1 Section 1. This act shall be known and may be cited as "45 saves
2 lives".

3 § 2. The labor law is amended by adding a new section 202-n to read as
4 follows:

5 § 202-n. Leave of absence for colonoscopies. 1. For the purposes of
6 this section, the following terms shall have the following meanings:

7 (a) "Employee" means a person who performs services for hire for an
8 employer, for an average of twenty or more hours per week, and includes
9 all individuals employed at any site owned or operated by an employer
10 but shall not include an independent contractor.

11 (b) "Employer" means a person or entity that employs twenty or more
12 employees at at least one site and includes an individual, corporation,
13 partnership, association, nonprofit organization, group of persons,
14 state, county, town, city, school district, public authority or other
15 governmental subdivision of any kind.

16 2. An employer shall grant one day of leave of absence every ten years
17 to all employees forty-five years of age or older for the purposes of
18 such employees' obtainment of a colonoscopy.

19 3. An employer shall not retaliate against an employee for requesting
20 or obtaining a leave of absence under this section.

21 4. This section shall not affect an employee's rights with respect to
22 any other employee benefit otherwise provided by law.

23 § 3. Subsection (i) of section 3216 of the insurance law is amended by
24 adding a new paragraph 35 to read as follows:

25 (35) Every policy which provides coverage pursuant to this section
26 shall provide coverage to any named subscriber or other person covered

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

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1 thereunder forty-five years of age or older for expenses incurred in
2 obtaining a colonoscopy. Provided, however, that if a subscriber or
3 person covered thereunder is a member of a high-risk group predisposed
4 to colon cancer based on family or genetic history, such coverage shall
5 be required at age forty, provided that for individuals with a family
6 history of colon cancer in a first degree relative such coverage shall
7 be required ten years before the first degree relative who developed
8 colon cancer at the youngest age if this would require coverage before
9 the age of forty. Such coverage shall include diagnostic and therapeutic
10 colonoscopies, polyp removal and ancillary fees. Ancillary fees for
11 colonoscopies shall include, but not be limited to, ambulatory, surgery
12 center and hospital fees, anesthesia and pathology costs and polyp exam-
13 ination and biopsy. Such coverage shall not be required for fecal immu-
14 nochemical testing. Such coverage shall not be subject to deductibles,
15 coinsurance or copayments.

16 § 4. Subsection (k) of section 3221 of the insurance law is amended by
17 adding a new paragraph 22 to read as follows:

18 (22) Every policy which provides coverage pursuant to this section
19 shall provide coverage to any named subscriber or other person covered
20 thereunder forty-five years of age or older for expenses incurred in
21 obtaining a colonoscopy. Provided, however, that if a subscriber or
22 person covered thereunder is a member of a high-risk group predisposed
23 to colon cancer based on family or genetic history, such coverage shall
24 be required at age forty, provided that for individuals with a family
25 history of colon cancer in a first degree relative such coverage shall
26 be required ten years before the first degree relative who developed
27 colon cancer at the youngest age if this would require coverage before
28 the age of forty. Such coverage shall include diagnostic and therapeutic
29 colonoscopies, polyp removal and ancillary fees. Ancillary fees for
30 colonoscopies shall include, but not be limited to, ambulatory, surgery
31 center and hospital fees, anesthesia and pathology costs and polyp exam-
32 ination and biopsy. Such coverage shall not be required for fecal immu-
33 nochemical testing. Such coverage shall not be subject to deductibles,
34 coinsurance or copayments.

35 § 5. Subsection (a) of section 4303 of the insurance law is amended by
36 adding a new paragraph 4 to read as follows:

37 (4) For colonoscopies to persons forty-five years of age or older.
38 Provided, however, that if a subscriber or person covered thereunder is
39 a member of a high-risk group predisposed to colon cancer based on fami-
40 ly or genetic history, such coverage shall be required at age forty,
41 provided that for individuals with a family history of colon cancer in a
42 first degree relative such coverage shall be required ten years before
43 the first degree relative who developed colon cancer at the youngest age
44 if this would require coverage before the age of forty. Such coverage
45 shall include diagnostic and therapeutic colonoscopies, polyp removal
46 and ancillary fees. Ancillary fees for colonoscopies shall include, but
47 not be limited to, ambulatory, surgery center and hospital fees, anes-
48 thesia and pathology costs and polyp examination and biopsy. Such cover-
49 age shall not be required for fecal immunochemical testing. Such cover-
50 age shall not be subject to deductibles, coinsurance or copayments.

51 § 6. This act shall take effect immediately and shall apply to any
52 policy issued, delivered, renewed, and/or modified on or after the
53 effective date of this act.