STATE OF NEW YORK

5727--A

2019-2020 Regular Sessions

IN ASSEMBLY

February 14, 2019

Introduced by M. of A. ROZIC, ABINANTI, AUBRY, BLAKE, BRONSON, COLTON, COOK, CRESPO, JAFFEE, M. G. MILLER, O'DONNELL, OTIS, SIMON, WEPRIN -- Multi-Sponsored by -- M. of A. ARROYO, BARNWELL, CROUCH, GUNTHER, PERRY, RAIA, RIVERA -- read once and referred to the Committee on Insurance -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the insurance law, in relation to requiring health insurance policies to fully cover comprehensive genetic testing for ovarian and prostate cancers in certain cases

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

Section 1. This act shall be known and may be cited as the "Ana Lucia act".

§ 2. Paragraph 11-a of subsection (i) of section 3216 of the insurance law is amended by adding a new subparagraph (C) to read as follows:

(C) (i) Such policy shall provide additional full coverage for comprehensive genetic testing for prostatic cancer only if recommended by a doctor, a board-certified geneticist or a board-certified genetic counselor.

(ii) All costs associated with such additional full coverage shall not be subject to annual deductibles and coinsurance but shall be borne solely by the insurer.

§ 3. Paragraph 11-a of subsection (l) of section 3221 of the insurance law is amended by adding a new subparagraph (C) to read as follows:

(C)(i) Such policy shall provide additional full coverage for comprehensive genetic testing for prostatic cancer only if recommended by a doctor, a board-certified geneticist or a board-certified genetic counselor.

(ii) All costs associated with such additional full coverage shall not be subject to annual deductibles and coinsurance but shall be borne solely by the insurer.

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

LBD01111-02-9

§ 4. Subsection (z-1) of section 4303 of the insurance law is amended by adding a new paragraph 3 to read as follows:

(3)(A) Such policy shall provide additional full coverage for comprehensive genetic testing for prostatic cancer only if recommended by a doctor, a board-certified geneticist or a board-certified genetic counselor.

(B) All costs associated with such additional full coverage shall not be subject to annual deductibles and coinsurance but shall be borne solely by the insurer.

§ 5. 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 full coverage for genetic screening for ovarian cancer only if recommended by a doctor, a board-certified geneticist or a board-certified genetic counselor.

(B) Such additional coverage shall not be subject to annual deductibles and coinsurance but shall be borne solely by the insurer.

§ 6. 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 full coverage or genetic screening for ovarian cancer only if recommended by a doctor, a board-certified geneticist or a board-certified genetic counselor.

(B) Such additional coverage shall not be subject to annual deductibles and coinsurance but shall be borne solely by the insurer.

§ 7. 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 full coverage for genetic screening for ovarian cancer only if recommended by a doctor, a board-certified geneticist or a board-certified genetic counselor.

(2) Such additional coverage shall not be subject to annual deductibles and coinsurance but shall be borne solely by the insurer.

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