

# STATE OF NEW YORK

8051

## IN SENATE

March 13, 2020

Introduced by Sens. SANDERS, KENNEDY -- read twice and ordered printed,  
and when printed to be committed to the Committee on Insurance

AN ACT to amend the insurance law, in relation to providing insurance  
coverage for colorectal cancer early detection

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

1 Section 1. Paragraph 27 of subsection (i) of section 3216 of the  
2 insurance law, as added by chapter 457 of the laws of 2010, is renum-  
3 bered paragraph 36, paragraph 28 of subsection (i) of section 3216 of  
4 the insurance law, as amended by chapter 11 of the laws of 2012, is  
5 renumbered paragraph 37, paragraph 34 of subsection (i) of section 3216  
6 of the insurance law, as added by section 10 of part MM of chapter 57 of  
7 the laws of 2018, is renumbered paragraph 38 and a new paragraph 39 is  
8 added to read as follows:

9 (39) (A) Every policy which provides coverage pursuant to this section  
10 shall provide coverage to any named subscriber or other person covered  
11 thereunder for expenses incurred in conducting colorectal cancer exam-  
12 inations and laboratory tests at regular intervals, including expenses  
13 incurred in conducting physician consultations for colorectal cancer  
14 prior to such examinations and tests, for persons fifty years of age or  
15 older and for persons of any age who are considered to be at high risk  
16 for colorectal cancer. The methods of screening for which benefits shall  
17 be provided shall include but not be limited to:

18 (i) a screening fecal occult blood test;

19 (ii) flexible sigmoidoscopy;

20 (iii) colonoscopy;

21 (iv) barium enema; or

22 (v) the most reliable, medically recognized screening test available;

23 and

24 (vi) any combination thereof.

25 The method and frequency of screening to be utilized shall be in  
26 accord with the most recently published guidelines of the American  
27 College of Gastroenterology or the American Gastroenterological Associ-  
28 ation in consultation with the American Cancer Society.

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

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1 (B) As used in this paragraph, "high risk for colorectal cancer" shall  
2 mean a person has,

3 (i) a family history of familial adenomatous polyposis; hereditary  
4 non-polyposis colon cancer; or breast, ovarian, endometrial or colon  
5 cancer or polyps;

6 (ii) chronic inflammatory bowel disease; or

7 (iii) a background, ethnicity or lifestyle that the physician believes  
8 puts the person at elevated risk for colorectal cancer.

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

11 (22) (A) Every policy which provides coverage pursuant to this section  
12 shall provide coverage to any named subscriber or other person covered  
13 thereunder for expenses incurred in conducting colorectal cancer exam-  
14 inations and laboratory tests at regular intervals, including expenses  
15 incurred in conducting physician consultations for colorectal cancer  
16 prior to such examinations and tests, for persons fifty years of age or  
17 older and for persons of any age who are considered to be at high risk  
18 for colorectal cancer. The methods of screening for which benefits shall  
19 be provided shall include but not be limited to:

20 (i) a screening fecal occult blood test;

21 (ii) flexible sigmoidoscopy;

22 (iii) colonoscopy;

23 (iv) barium enema; or

24 (v) the most reliable, medically recognized screening test available;  
25 and

26 (vi) any combination thereof.

27 The method and frequency of screening to be utilized shall be in  
28 accord with the most recently published guidelines of the American  
29 College of Gastroenterology or the American Gastroenterological Associ-  
30 ation in consultation with the American Cancer Society.

31 (B) As used in this paragraph, "high risk for colorectal cancer" shall  
32 mean a person has,

33 (i) a family history of familial adenomatous polyposis; hereditary  
34 non-polyposis colon cancer; or breast, ovarian, endometrial or colon  
35 cancer or polyps;

36 (ii) chronic inflammatory bowel disease; or

37 (iii) a background, ethnicity or lifestyle that the physician believes  
38 puts the person at elevated risk for colorectal cancer.

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

41 (4) To persons fifty years of age or older for services related to the  
42 conducting of colorectal cancer examinations and laboratory tests at  
43 regular intervals, including expenses incurred in conducting physician  
44 consultations for colorectal cancer prior to such examinations and  
45 tests, including but not limited to, colonoscopies, coloscopies, screen-  
46 ing fecal occult blood tests, flexible sigmoidoscopies or barium enemas.

47 § 4. The superintendent of financial services shall require an insur-  
48 er, health carrier or health benefit plan to notify enrollees annually  
49 of colorectal cancer screenings covered by such enrollees' health bene-  
50 fit plan and the most recently published guidelines of the American  
51 College of Gastroenterology or the American Gastroenterological Associ-  
52 ation in consultation with the American Cancer Society for colorectal  
53 cancer screenings or notify enrollees at intervals consistent with the  
54 most recently published guidelines of the American College of Gastroen-  
55 terology or the American Gastroenterological Association in consultation  
56 with the American Cancer Society of colorectal cancer screenings which

1 are covered by such enrollees' health benefit plans. The notice shall  
2 be delivered by mail unless the enrollee and health carrier have agreed  
3 on another method of notification. The superintendent of financial  
4 services is authorized to promulgate necessary rules and regulations for  
5 the purposes of providing such notification.

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