STATE OF NEW YORK

2807

2019-2020 Regular Sessions

IN ASSEMBLY

January 25, 2019

Introduced by M. of A. GLICK, DINOWITZ, JAFFEE, L. ROSENTHAL, GOTTFRIED -- Multi-Sponsored by -- M. of A. CYMBROWITZ, GALEF, O'DONNELL, PAULIN, SIMON -- read once and referred to the Committee on Insurance

AN ACT to amend the insurance law, in relation to requiring that provision be made for pregnancy termination procedures in every individual or group policy or contract which provides coverage or indemnity for hospital, surgical or medical care and which offers maternity care coverage

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

Section 1. Subsection (i) of section 3216 of the insurance law is amended by adding a new paragraph 10-a to read as follows:

(10-a) (A) Every policy which provides hospital, surgical or medical coverage and which offers maternity care coverage pursuant to paragraph ten of this subsection shall also provide coverage for pregnancy termination procedures which are performed by a licensed physician, upon the policyholder or upon his spouse or upon a nonspouse who is dependent upon the policyholder, in any licensed hospital or medical facility approved by the state commissioner of health, to the same extent that coverage is provided for illness or disease under the policy, subject to the provisions of this paragraph.

(B) Provision for such coverage shall be subject to any guidelines which are now or hereafter issued by the medical specialty societies recognized by the American Board of Medical Specialties of obstetrics and gynecology, for pregnancy terminations and abortions.

(C) Such coverage shall be provided in a manner which ensures the confidentiality and privacy of the occurrence of the procedures performed to the person for whom coverage is provided.

(D) Such coverage may be subject to annual deductibles and coinsurance as may be deemed appropriate by the superintendent and as are consistent with those established for other benefits within a given policy, but

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

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such coverage shall not be subject to the reimbursement period limitation or minimum period of coverage limitation applicable to maternity care coverage.

(E) Coverage under this paragraph shall not restrict or eliminate existing coverage provided by the policy and nothing in this paragraph shall be construed to deny or restrict in any way any existing right or benefit provided under law or by contract.

§ 2. Subsection (k) of section 3221 of the insurance law is amended by adding a new paragraph 5-a to read as follows:

(5-a) (A) Every group or blanket policy delivered or issued for delivery in this state which provides hospital, surgical or medical coverage and which offers maternity care coverage pursuant to paragraph five of this subsection shall also provide coverage for pregnancy termination procedures which are performed by a licensed physician, upon the policy beneficiary certificate holder or upon his spouse or upon a nonspouse who is dependent upon the policy beneficiary certificate holder, in any licensed hospital or medical facility approved by the state commissioner of health, to the same extent that coverage is provided for illness or disease under the policy, subject to the provisions of this paragraph.

(B) Provision for such coverage shall be subject to any guidelines which are now or hereafter issued by the medical specialty societies recognized by the American Board of Medical Specialties of obstetrics and gynecology, for pregnancy terminations and abortions.

(C) Such coverage shall be provided in a manner which ensures the confidentiality and privacy of the occurrence of the procedures performed to the person for whom coverage is provided.

(D) Such coverage may be subject to annual deductibles and coinsurance as may be deemed appropriate by the superintendent and as are consistent with those established for other benefits within a given policy, but such coverage shall not be subject to the reimbursement period limitation or minimum period of coverage limitation applicable to maternity care coverage.

(E) Coverage under this paragraph shall not restrict or eliminate existing coverage provided by the policy and nothing in this paragraph shall be construed to deny or restrict in any way any existing right or benefit provided under law or by contract.

§ 3. Section 4303 of the insurance law is amended by adding a new subsection (c-1) to read as follows:

(c-1) (A) Every contract issued by a corporation subject to the provisions of this article which provides hospital service, medical expense indemnity, or both, and which offers maternity care coverage pursuant to subsection (c) of this section shall also provide coverage for pregnancy termination procedures which are performed by a licensed physician, upon the contract beneficiary certificate holder or upon his spouse or upon a nonspouse who is dependent upon the contract beneficiary certificate holder, in any licensed hospital or medical facility approved by the state commissioner of health, to the same extent that coverage is provided for illness or disease under the contract, subject to the provisions of this subsection.

(B) Provision for such coverage shall be subject to any guidelines which are now or hereafter issued by the medical specialty societies recognized by the American Board of Medical Specialties of obstetrics and gynecology, for pregnancy terminations and abortions.

(C) Such coverage shall be provided in a manner which ensures the confidentiality and privacy of the occurrence of the procedures performed to the person for whom coverage is provided.

(D) Such coverage may be subject to annual deductibles and coinsurance as may be deemed appropriate by the superintendent and as are consistent with those established for other benefits within a given contract, but such coverage shall not be subject to the reimbursement period limitation or minimum period of coverage limitation applicable to maternity care coverage.

(E) Coverage under this subsection shall not restrict or eliminate existing coverage provided by the contract and nothing in this subsection shall be construed to deny or restrict in any way any existing right or benefit provided under law or by contract.

§ 4. This act shall take effect on the first of January next succeeding the date on which it shall have become a law and shall only apply to policies and contracts issued, renewed, modified, altered or amended on or after such date.