STATE OF NEW YORK

2883--A

2019-2020 Regular Sessions

IN ASSEMBLY

January 28, 2019

Introduced by M. of A. DINOWITZ, GALEF, CUSICK, CYMBROWITZ, ZEBROWSKI, ORTIZ, ENGLEBRIGHT, ROZIC -- Multi-Sponsored by -- M. of A. BARNWELL, CAHILL, COLTON, COOK, GLICK, GOTTFRIED -- read once and referred to the Committee on Insurance -- recommitted to the Committee on Insurance in accordance with Assembly Rule 3, sec. 2 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

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 Assembly, do enact as follows:

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

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

(i) a screening fecal occult blood test;

(ii) flexible sigmoidoscopy;

(iii) colonoscopy;

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

LBD00642-04-0

(iv) barium enema; or
(v) the most reliable, medically recognized screening test available; and
(vi) any combination thereof.
The method and frequency of screening to be utilized shall be in accord with the most recently published guidelines of the American College of Gastroenterology or the American Gastroenterological Association in consultation with the American Cancer Society.
(B) As used in this paragraph, "high risk for colorectal cancer" shall mean a person has,
(i) a family history of familial adenomatous polyposis; hereditary non-polyposis colon cancer; or breast, ovarian, endometrial or colon cancer or polyps;
(ii) chronic inflammatory bowel disease; or
(iii) a background, ethnicity or lifestyle that the physician believes puts the person at elevated risk for colorectal cancer.

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

(22) (A) Every policy which provides coverage pursuant to this section shall provide coverage to any named subscriber or other person covered thereunder for expenses incurred in conducting colorectal cancer examinations and laboratory tests at regular intervals, including expenses incurred in conducting physician consultations for colorectal cancer prior to such examinations and tests, for persons thirty-five years of age or older and for persons of any age who are considered to be at high risk for colorectal cancer. The methods of screening for which benefits shall be provided shall include but not be limited to:
(i) a screening fecal occult blood test;
(ii) flexible sigmoidoscopy;
(iii) colonoscopy;
(iv) barium enema; or
(v) the most reliable, medically recognized screening test available; and
(vi) any combination thereof.
The method and frequency of screening to be utilized shall be in accord with the most recently published guidelines of the American College of Gastroenterology or the American Gastroenterological Association in consultation with the American Cancer Society.
(B) As used in this paragraph, "high risk for colorectal cancer" shall mean a person has,
(i) a family history of familial adenomatous polyposis; hereditary non-polyposis colon cancer; or breast, ovarian, endometrial or colon cancer or polyps;
(ii) chronic inflammatory bowel disease; or
(iii) a background, ethnicity or lifestyle that the physician believes puts the person at elevated risk for colorectal cancer.

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

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

§ 4. The superintendent of financial services shall require an insurer, health carrier or health benefit plan to notify enrollees annually

of colorectal cancer screenings covered by such enrollees' health benefit plan and the most recently published guidelines of the American College of Gastroenterology or the American Gastroenterological Association in consultation with the American Cancer Society for colorectal cancer screenings or notify enrollees at intervals consistent with the most recently published guidelines of the American College of Gastroenterology or the American Gastroenterological Association in consultation with the American Cancer Society of colorectal cancer screenings which are covered by such enrollees' health benefit plans. The notice shall be delivered by mail unless the enrollee and health carrier have agreed on another method of notification. The superintendent of financial services is authorized to promulgate necessary rules and regulations for the purposes of providing such notification.

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