STATE OF NEW YORK

3044

2019-2020 Regular Sessions

IN ASSEMBLY

January 28, 2019

Introduced by M. of A. GUNTHER -- read once and referred to the Committee on Insurance

AN ACT to amend the insurance law, in relation to substance use disorder coverage

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

Section 1. The opening paragraph of subparagraph (A) of paragraph 5 of subsection (1) of section 3221 of the insurance law, as amended by chapter 502 of the laws of 2007, is amended to read as follows:

Every insurer delivering a group or school blanket policy or issuing a group or school blanket policy for delivery, in this state, which provides coverage for inpatient hospital care or coverage for physician services shall provide as part of such policy broad-based coverage for the diagnosis and treatment of mental, nervous [~~or~~], emotional, or substance use disorders or ailments, however defined in such policy, at least equal to the coverage provided for other health conditions and:

§ 2. The opening paragraph of subsection (g) of section 4303 of the insurance law, as amended by chapter 502 of the laws of 2007, is amended to read as follows:

A hospital service corporation or a health service corporation, which provides group, group remittance or school blanket coverage for inpatient hospital care, shall provide as part of its contract broad-based coverage for the diagnosis and treatment of mental, nervous [~~or~~], emotional, or substance use disorders or ailments, however defined in such contract, at least equal to the coverage provided for other health conditions and shall include:

§ 3. Paragraph 1 of subsection (h) of section 4303 of the insurance law, as amended by chapter 502 of the laws of 2007, is amended to read as follows:

(1) A medical expense indemnity corporation or a health service corporation, which provides group, group remittance or school blanket cover-

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

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age for physician services, shall provide as part of its contract broad-based coverage for the diagnosis and treatment of mental, nervous [~~or~~], emotional**, or substance use** disorders or ailments, however defined in such contract, at least equal to the coverage provided for other health conditions and shall include: benefits for outpatient care provided by a psychiatrist or psychologist licensed to practice in this state, a licensed clinical social worker who meets the requirements of subsection (n) of this section, or a professional corporation or university faculty practice corporation thereof, which benefits may be limited to not less than twenty visits in any contract year, plan year or calendar year. Such coverage may be provided on a contract year, plan year or calendar year basis and shall be consistent with the provision of other benefits under the contract. Such coverage may be subject to annual deductibles, co-pays and coinsurance as may be deemed appropriate by the superintendent and shall be consistent with those imposed on other benefits under the contract. In the event the group remittance group or contract holder is provided coverage provided under this paragraph and under subparagraph (B) of paragraph one of subsection (g) of this section from the same health service corporation, or under a contract which is jointly underwritten by two health service corporations or by a health service corporation and a medical expense indemnity corporation, the aggregate of the benefits for out-patient care obtained under subparagraph (B) of paragraph one of subsection (g) of this section and this paragraph may be limited to not less than twenty visits in any contract year, plan year or calendar year.

§ 4. Paragraph 4 of subsection (i) of section 3216 of the insurance law is amended to read as follows:

(4) If a policy provides for reimbursement for psychiatric or psychological services or for diagnosis and treatment of mental, nervous, [~~or~~] emotional**, or substance use** disorders or ailments, however defined in the policy, the insured shall be entitled to reimbursement for such services, diagnosis or treatment whether performed by a physician, psychiatrist or a certified and registered psychologist, when the services rendered are within the lawful scope of their practice.

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