STATE OF NEW YORK

217

2019-2020 Regular Sessions

IN SENATE

(Prefiled)

January 9, 2019

Introduced by Sens. BENJAMIN, KENNEDY, SEPULVEDA -- read twice and ordered printed, and when printed to be committed to the Committee on Labor

AN ACT to amend the labor law, in relation to entitling employees to take one day off every ten years to obtain a colonoscopy; and to amend the insurance law, in relation to providing insurance coverage for colonoscopies

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 "45 saves lives".

§ 2. The labor law is amended by adding a new section 202-n to read as follows:

§ 202-n. Leave of absence for colonoscopies. 1. For the purposes of this section, the following terms shall have the following meanings:

(a) "Employee" means a person who performs services for hire for an employer, for an average of twenty or more hours per week, and includes all individuals employed at any site owned or operated by an employer but shall not include an independent contractor.

(b) "Employer" means a person or entity that employs twenty or more employees at at least one site and includes an individual, corporation, partnership, association, nonprofit organization, group of persons, state, county, town, city, school district, public authority or other governmental subdivision of any kind.

2. An employer shall grant one day of leave of absence every ten years to all employees forty-five years of age or older for the purposes of such employees' obtainment of a colonoscopy.

3. An employer shall not retaliate against an employee for requesting or obtaining a leave of absence under this section.

4. This section shall not affect an employee's rights with respect to any other employee benefit otherwise provided by law.

§ 3. Subsection (i) of section 3216 of the insurance law is amended by adding a new paragraph 35 to read as follows:

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

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(35) Every policy which provides coverage pursuant to this section shall provide coverage to any named subscriber or other person covered thereunder forty-five years of age or older for expenses incurred in obtaining a colonoscopy. Provided, however, that if a subscriber or person covered thereunder is a member of a high-risk group predisposed to colon cancer based on family or genetic history, such coverage shall be required at age forty, provided that for individuals with a family history of colon cancer in a first degree relative such coverage shall be required ten years before the first degree relative who developed colon cancer at the youngest age if this would require coverage before the age of forty. Such coverage shall include diagnostic and therapeutic colonoscopies, polyp removal and ancillary fees. Ancillary fees for colonoscopies shall include, but not be limited to, ambulatory, surgery center and hospital fees, anesthesia and pathology costs and polyp examination and biopsy. Such coverage shall not be required for fecal immunochemical testing. Such coverage shall not be subject to deductibles, coinsurance or copayments.

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

(22) Every policy which provides coverage pursuant to this section shall provide coverage to any named subscriber or other person covered thereunder forty-five years of age or older for expenses incurred in obtaining a colonoscopy. Provided, however, that if a subscriber or person covered thereunder is a member of a high-risk group predisposed to colon cancer based on family or genetic history, such coverage shall be required at age forty, provided that for individuals with a family history of colon cancer in a first degree relative such coverage shall be required ten years before the first degree relative who developed colon cancer at the youngest age if this would require coverage before the age of forty. Such coverage shall include diagnostic and therapeutic colonoscopies, polyp removal and ancillary fees. Ancillary fees for colonoscopies shall include, but not be limited to, ambulatory, surgery center and hospital fees, anesthesia and pathology costs and polyp examination and biopsy. Such coverage shall not be required for fecal immunochemical testing. Such coverage shall not be subject to deductibles, coinsurance or copayments.

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

(4) For colonoscopies to persons forty-five years of age or older. Provided, however, that if a subscriber or person covered thereunder is a member of a high-risk group predisposed to colon cancer based on family or genetic history, such coverage shall be required at age forty, provided that for individuals with a family history of colon cancer in a first degree relative such coverage shall be required ten years before the first degree relative who developed colon cancer at the youngest age if this would require coverage before the age of forty. Such coverage shall include diagnostic and therapeutic colonoscopies, polyp removal and ancillary fees. Ancillary fees for colonoscopies shall include, but not be limited to, ambulatory, surgery center and hospital fees, anesthesia and pathology costs and polyp examination and biopsy. Such coverage shall not be required for fecal immunochemical testing. Such coverage shall not be subject to deductibles, coinsurance or copayments.

§ 6. 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.