STATE OF NEW YORK

9150

IN ASSEMBLY

January 31, 2022

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

AN ACT to amend the insurance law and the social services law, in relation to requiring certain insurance policies and Medicaid to allow patients a one hundred twenty-day window for additional breast exams when the provider deems another breast exam is needed

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

Section 1. Subparagraph (A) of paragraph 11 of subsection (i) of section 3216 of the insurance law, as amended by chapter 414 of the laws of 2017, is amended to read as follows:

(A) Every policy that provides coverage for hospital, surgical or medical care shall provide the following coverage for mammography screening for occult breast cancer:

(i) [~~upon the recommendation of a physician~~] **where a provider, licensed to issue prescriptions pursuant to section sixty-five hundred twenty-two of the education law, assessed the risk and then makes a recommendation for an additional screening including mammogram**, a mammogram, which may be provided by breast tomosynthesis, at any age for covered persons having a prior history of breast cancer **or dense breast** or who have a first degree relative with a prior history of breast cancer **or dense breast**;

(ii) a single baseline mammogram, which may be provided by breast tomosynthesis, for covered persons aged thirty-five through thirty-nine, inclusive; [~~and~~]

(iii) an annual mammogram, which may be provided by breast tomosynthesis, for covered persons aged forty and older**; and**

(iv) an additional screening including mammogram, which may be provided by breast tomosynthesis, for covered persons whose mammogram, which occurred in the previous one hundred twenty days, showed abnormalities due to dense breast or the provider deems another mammogram is needed.

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

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§ 2. Subparagraph (A) of paragraph 11 of subsection (l) of section 3221 of the insurance law, as amended by chapter 143 of the laws of 2019, is amended to read as follows:

(A) Every insurer delivering a group or blanket policy or issuing a group or blanket policy for delivery in this state that provides coverage for hospital, surgical or medical care shall provide the following coverage for mammography screening for occult breast cancer:

(i) [~~upon the recommendation of a physician~~] **where a provider, licensed to issue prescriptions pursuant to section sixty-five hundred twenty-two of the education law, assessed the risk and then makes a recommendation for an additional screening including mammogram**, a mammogram, which may be provided by breast tomosynthesis, at any age for covered persons having a prior history of breast cancer **or dense breast** or who have a first degree relative with a prior history of breast cancer **or dense breast**;

(ii) a single baseline mammogram, which may be provided by breast tomosynthesis, for covered persons aged thirty-five through thirty-nine, inclusive;

(iii) an annual mammogram, which may be provided by breast tomosynthesis, for covered persons aged forty and older; [~~and~~]

(iv) for large group policies that provide coverage for hospital, surgical or medical care, an annual mammogram for covered persons aged thirty-five through thirty-nine, inclusive, [~~upon the recommendation of a physician~~] **where a provider, licensed to issue prescriptions pursuant to section sixty-five hundred twenty-two of the education law, assessed the risk and then makes a recommendation for an additional screening including mammogram**, subject to the insurer's determination that the mammogram is medically necessary**; and**

(v) an additional screening including mammogram, which may be provided by breast tomosynthesis, for covered persons whose mammogram, which occurred in the previous one hundred twenty days, showed abnormalities due to dense breast or the provider deems another mammogram is needed.

§ 3. Subparagraph (E) of paragraph 1 of subsection (p) of section 4303 of the insurance law, as amended by chapter 143 of the laws of 2019, is amended to read as follows:

(E) **an additional screening including mammogram, which may be provided by breast tomosynthesis, for covered persons whose mammogram, which occurred in the previous one hundred twenty days, showed abnormalities due to dense breast or the provider deems another mammogram is needed.**

(F) The coverage required in this paragraph or paragraph two of this subsection shall not be subject to annual deductibles or coinsurance.

§ 4. Subdivision 2 of section 365-a of the social services law is amended by adding a new paragraph (jj) to read as follows:

(jj) a mammogram, which may be provided by breast tomosynthesis, for covered persons whose mammogram, which occurred in the previous one hundred twenty days, showed abnormalities due to dense breast or the provider deems another mammogram is needed.

§ 5. This act shall take effect on the thirtieth day after it shall have become a law, and shall apply to policies and contracts issued, renewed, modified, altered or amended on or after such effective date.