STATE OF NEW YORK

3304

2021-2022 Regular Sessions

IN ASSEMBLY

January 22, 2021

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

AN ACT to amend the insurance law, in relation to health insurance coverage for craniofacial disorders

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 36 to read as follows:

(36)(A) Every policy delivered or issued for delivery in this state which provides medical coverage that includes coverage for physician services in a physician's office and every policy which provides major medical or similar comprehensive-type coverage shall provide coverage for diagnosis and medically necessary treatment, including surgical and nonsurgical procedures, for a musculoskeletal disorder that affects any bone or joint in the face, neck or head and is the result of accident, trauma, congenital defect, developmental defect, or pathology. Subject to subparagraph (B) of this paragraph, this coverage shall be the same as that provided under the health insurance plan for any other musculoskeletal disorder in the body and may be provided when prescribed or administered by a physician or a dentist. This paragraph shall not be construed to require coverage for dental services for the diagnosis or treatment of dental disorders or dental pathology primarily affecting the gums, teeth, or alveolar ridge.

(B) A referral from a health care provider under contract with the policy may be required.

§ 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 group or blanket policy delivered or issued for delivery in this state which provides medical coverage that includes coverage for physician services in a physician's office or major medical or similar comprehensive-type coverage shall provide coverage for diagnosis and

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

LBD06991-01-1

medically necessary treatment, including surgical and nonsurgical procedures, for a musculoskeletal disorder that affects any bone or joint in the face, neck or head and is the result of accident, trauma, congenital defect, developmental defect, or pathology. Subject to subparagraph (B) of this paragraph, this coverage shall be the same as that provided under the health insurance plan for any other musculoskeletal disorder in the body and may be provided when prescribed or administered by a physician or a dentist. This paragraph shall not be construed to require coverage for dental services for the diagnosis or treatment of dental disorders or dental pathology primarily affecting the gums, teeth, or alveolar ridge.

(B) A referral from a health care provider under contract with the policy may be required.

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

(ss)(1) A hospital service corporation, medical expense indemnity corporation or health service corporation which provides medical coverage that includes coverage for physician services in a physician's office or major medical or similar comprehensive-type coverage shall provide coverage for diagnosis and medically necessary treatment, including surgical and nonsurgical procedures, for a musculoskeletal disorder that affects any bone or joint in the face, neck or head and is the result of accident, trauma, congenital defect, developmental defect, or pathology. Subject to paragraph two of this subsection, this coverage shall be the same as that provided under the health insurance plan for any other musculoskeletal disorder in the body and may be provided when prescribed or administered by a physician or a dentist. This subsection shall not be construed to require coverage for dental services for the diagnosis or treatment of dental disorders or dental pathology primarily affecting the gums, teeth, or alveolar ridge.

(2) A referral from a health care provider under contract with the policy may be required.

§ 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 apply to all policies issued, renewed, altered or modified on or after such date.