# STATE OF NEW YORK

7573--A

2021-2022 Regular Sessions

# IN ASSEMBLY

May 14, 2021

Introduced by M. of A. GONZALEZ-ROJAS, GLICK, ROZIC, SIMON, CRUZ, GOTTFRIED, McMAHON, EPSTEIN, WEPRIN, GALLAGHER, SEAWRIGHT, FORREST, BURGOS, DICKENS, WOERNER, LAVINE, HEVESI, FERNANDEZ, QUART, SILLITTI, KELLES, REYES, BURDICK, PAULIN, THIELE, BICHOTTE HERMELYN, JACOBSON, AUBRY, ANDERSON, BRONSON, ABINANTI, BARRETT, CLARK, STECK, SEPTIMO, OTIS, LUNSFORD, HUNTER, MAMDANI, NIOU, COLTON, JACKSON, CARROLL, DINOWITZ, ZINERMAN, J. RIVERA, L. ROSENTHAL, MITAYNES, DAVILA, GALEF, RAMOS, JEAN-PIERRE -- 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 requiring that provision be made for pregnancy termination procedures in every individual or group policy or contract which provides coverage or indemnity for hospital, surgical or medical care and which offers maternity care coverage

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

Section 1. Legislative findings. The legislature finds that New York has a long history of advancing gender equity and, as part of that effort, reproductive health.

The legislature additionally finds that access to the full range of health benefits, as guaranteed under the laws of this state, provides all New Yorkers with the opportunity to lead healthier and more fulfilling lives.

The legislature also finds that neither a person's income level nor the type of health insurance they utilize should prevent them from having access to a full range of reproductive health care, including abortion care.

The legislature additionally finds that restrictions and barriers to health coverage for reproductive health care have a disproportionate

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

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impact on low-income people, people of color, immigrants, and young people and that these individuals are often already disadvantaged in their access to resources, information, and services.

The legislature also finds that the exclusion of coverage for reproductive health care services for women and those with the capacity to become pregnant is discrimination on the basis of sex and pregnancy.

The legislature finds that abortion care is part of pregnancy-related care, and failure to provide coverage for the full range of pregnancy-related care interferes with an individual's personal health care decision making, their overall health and well-being and with their constitutionally protected right to safe and legal abortion care.

§ 2. 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 which provides hospital, surgical, or medical coverage and which offers maternity care coverage pursuant to paragraph ten of this subsection shall also provide coverage for abortion services for an enrollee.**

**(B) Coverage for abortion shall not be subject to annual deductibles or coinsurance, including co-payments, unless the policy is a high deductible health plan as defined in section 223(c)(2) of the internal revenue code of 1986, in which case coverage for abortion may be subject to the plan's annual deductible.**

§ 3. 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 hospital, surgical, or medical coverage and which offers maternity care coverage pursuant to paragraph five of this subsection shall also provide coverage for abortion services for an enrollee.**

**(B) Coverage for abortion shall not be subject to annual deductibles or coinsurance, including co-payments, unless the policy is a high deductible health plan as defined in section 223(c)(2) of the internal revenue code of 1986, in which case coverage for abortion may be subject to the plan's annual deductible.**

**(C) Notwithstanding any other provision, a group policy that provides hospital, surgical, or medical expense coverage delivered or issued for delivery in this state to a religious employer, as defined in item one of subparagraph (E) of paragraph sixteen of subsection (l) of this section, may exclude coverage for abortion only if the insurer:**

**(i) Obtains an annual certification from the group policyholder that the policyholder is a religious employer and that the religious employer requests a policy without coverage for abortion;**

**(ii) Issues a rider to each certificateholder at no premium to be charged to the certificateholder or religious employer for the rider, that provides coverage for abortion subject to the same rules as would have been applied to the same category of treatment in the policy issued to the religious employer. The rider shall clearly and conspicuously specify that the religious employer does not administer abortion benefits, but that the insurer is issuing a rider for coverage of abortion, and shall provide the insurer's contact information for questions; and**

**(iii) Provides notice of the issuance of the policy and rider to the superintendent in a form and manner acceptable to the superintendent.**

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

**(ss)(1) Every policy which provides hospital, surgical, or medical coverage and which offers maternity care coverage pursuant to subsection**

(c) of this section shall also provide coverage for abortion services for an enrollee.

(2) Coverage for abortion shall not be subject to annual deductibles or coinsurance, including co-payments, unless the policy is a high deductible health plan as defined in section 223(c)(2) of the internal revenue code of 1986, in which case coverage for abortion may be subject to the plan's annual deductible.

(3) Notwithstanding any other provision, a group policy that provides hospital, surgical, or medical expense coverage delivered or issued for delivery in this state to a religious employer, as defined in paragraph five of subsection (cc) of this section, may exclude coverage for abortion only if the insurer:

(A) Obtains an annual certification from the group policyholder that the policyholder is a religious employer and that the religious employer requests a policy without coverage for abortion;

(B) Issues a rider to each certificateholder at no premium to be charged to the certificateholder or religious employer for the rider, that provides coverage for abortion subject to the same rules as would have been applied to the same category of treatment in the policy issued to the religious employer. The rider shall clearly and conspicuously specify that the religious employer does not administer abortion benefits, but that the insurer is issuing a rider for coverage of abortion, and shall provide the insurer's contact information for questions; and

(C) Provides notice of the issuance of the policy and rider to the superintendent in a form and manner acceptable to the superintendent.

§ 5. Severability. If any provision of this act, or any application of any provision of this act, is held to be invalid, or to violate or be inconsistent with any federal law or regulation, that shall not affect the validity or effectiveness of any other provision of this act, or of any other application of any provision of this act, which can be given effect without that provision or application; and to that end, the provisions and applications of this act are severable.

§ 6. 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.