

# STATE OF NEW YORK

6209

2023-2024 Regular Sessions

## IN ASSEMBLY

April 3, 2023

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

AN ACT to amend the insurance law, in relation to coverage of primary and preventative obstetric and gynecological care; and repealing certain provisions of such law relating thereto

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

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

4 (E) The coverage required in this paragraph or paragraph two of this  
5 subsection [~~shall not~~ may be subject to annual deductibles or coinsu-  
6 rance.

7 § 2. Subparagraph (C) of paragraph 14 of subsection (l) of section  
8 3221 of the insurance law, as amended by chapter 219 of the laws of  
9 2011, is amended to read as follows:

10 (C) Such coverage required pursuant to subparagraph (A) or (B) of this  
11 paragraph may not be subject to annual deductibles and coinsurance [~~as  
12 may be deemed appropriate by the superintendent and as are consistent  
13 with those established for other benefits within a given policy~~].

14 § 3. Paragraph 1 of subsection (t) of section 4303 of the insurance  
15 law, as amended by chapter 219 of the laws of 2011, is amended to read  
16 as follows:

17 (1) A medical expense indemnity corporation, a hospital service corpo-  
18 ration or a health service corporation that provides coverage for hospi-  
19 tal, surgical, or medical care shall provide coverage for an annual  
20 cervical cytology screening for cervical cancer and its precursor states  
21 for women aged eighteen and older. Such coverage required by this para-  
22 graph may not be subject to annual deductibles and coinsurance [~~as may  
23 be deemed appropriate by the superintendent and as are consistent with  
24 those established for other benefits within a given contract~~].

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

LBD10535-01-3

1 § 4. The opening paragraph of paragraph 13 of subsection (k) of  
2 section 3221 of the insurance law, as amended by chapter 219 of the laws  
3 of 2011, is amended to read as follows:

4 Every group or blanket policy delivered or issued for delivery in this  
5 state that provides major medical or similar comprehensive-type coverage  
6 shall provide such coverage for bone mineral density measurements or  
7 tests, and if such contract otherwise includes coverage for prescription  
8 drugs, drugs and devices approved by the federal food and drug adminis-  
9 tration or generic equivalents as approved substitutes. In determining  
10 appropriate coverage provided by subparagraphs (A), (B) and (C) of this  
11 paragraph, the insurer or health maintenance organization shall adopt  
12 standards that include the criteria of the federal Medicare program and  
13 the criteria of the national institutes of health for the detection and  
14 treatment of osteoporosis, provided that such coverage shall be further  
15 determined as follows:

16 § 5. The opening paragraph of subsection (bb) of section 4303 of the  
17 insurance law, as amended by chapter 219 of the laws of 2011, is amended  
18 to read as follows:

19 A health service corporation or a medical service expense indemnity  
20 corporation that provides major medical or similar comprehensive-type  
21 coverage shall provide such coverage for bone mineral density measure-  
22 ments or tests, and if such contract otherwise includes coverage for  
23 prescription drugs, drugs and devices approved by the federal food and  
24 drug administration or generic equivalents as approved substitutes. In  
25 determining appropriate coverage provided by paragraphs one, two and  
26 three of this subsection, the insurer or health maintenance organization  
27 shall adopt standards that include the criteria of the federal Medicare  
28 program and the criteria of the national institutes of health for the  
29 detection and treatment of osteoporosis, provided that such coverage  
30 shall be further determined as follows:

31 § 6. Subsection (cc) of section 4303 of the insurance law is REPEALED  
32 and a new subsection (cc) is added to read as follows:

33 (cc) Every contract which provides coverage for prescription drugs  
34 shall include coverage for the cost of contraceptive drugs or devices  
35 approved by the federal food and drug administration or generic equiv-  
36 alents approved as substitutes by such food and drug administration  
37 under the prescription of a health care provider legally authorized to  
38 prescribe under title eight of the education law. The coverage required  
39 by this section shall be included in contracts and certificates only  
40 through the addition of a rider. The per member premium rate for cover-  
41 age provided by this rider shall be the same for all contracts and  
42 certificates of an insurer or health maintenance organization to which  
43 the rider is attached, except that an insurer or health maintenance  
44 organization may rate the riders issued with its small group policies  
45 separately from the riders issued with its large group contracts.

46 (1) Provided, however, if the group or entity, on whose behalf the  
47 contract is issued is operated, supervised or controlled by or in  
48 connection with a religious organization or denominational group or  
49 entity, then nothing in this subsection shall require the contract to  
50 cover any contraceptive drugs or devices that are contrary to the reli-  
51 gious tenets of such group or entity. If the insurer or health mainte-  
52 nance organization delivering the contract or issuing the contract for  
53 delivery in this state is operated, sponsored or controlled by or in  
54 connection with a religious organization or denominational group or  
55 entity, then nothing in this subsection shall require the contract to

1 cover any contraceptive drugs or devices that are contrary to the reli-  
2 gious tenets of such insurer or health maintenance organization.

3 (2)(A) Where a group contractholder makes an election not to purchase  
4 coverage for contraceptive drugs or devices in accordance with paragraph  
5 one of this subsection, each enrollee covered under the contract issued  
6 to that group contractholder shall have the right to directly purchase  
7 the rider required by this subsection from the insurer or health mainte-  
8 nance organization which issued the group contract. The enrollee's cost  
9 of purchasing such rider shall be the same as that which would have been  
10 applicable had the group contractholder not exercised such election not  
11 to purchase coverage.

12 (B) Where a group contractholder makes an election not to purchase  
13 coverage for contraceptive drugs or devices in accordance with paragraph  
14 one of this subsection, the insurer or health maintenance organization  
15 that provides such coverage shall provide written notice to enrollees  
16 upon enrollment with the insurer or health maintenance organization of  
17 their right to directly purchase a rider for coverage for the cost of  
18 contraceptive drugs or devices. The notice shall also advise the enrol-  
19 lees of the additional premium for such coverage.

20 (3) Such coverage may be subject to reasonable annual deductibles and  
21 coinsurance as may be deemed appropriate by the superintendent and as  
22 are consistent with those established for other drugs or devices covered  
23 under the policy.

24 § 7. The second undesignated paragraph of paragraph 26 of subsection  
25 (b) of section 4322 of the insurance law, as amended by chapter 219 of  
26 the laws of 2011, is amended to read as follows:

27 In determining appropriate coverage provided by subparagraphs (A), (B)  
28 and (C) of this paragraph, the insurer or health maintenance organiza-  
29 tion shall adopt standards that include the criteria of the federal  
30 Medicare program and the criteria of the national institutes of health  
31 for the detection and treatment of osteoporosis, provided that such  
32 coverage shall be further determined as follows:

33 § 8. Paragraph 16 of subsection (1) of section 3221 of the insurance  
34 law is REPEALED and a new paragraph 16 is added to read as follows:

35 (16) Every group or blanket policy which provides coverage for  
36 prescription drugs shall include coverage for the cost of contraceptive  
37 drugs or devices approved by the federal food and drug administration or  
38 generic equivalents approved as substitutes by such food and drug admin-  
39 istration under the prescription of a health care provider legally  
40 authorized to prescribe under title eight of the education law. The  
41 coverage required by this section shall be included in policies and  
42 certificates only through the addition of a rider. The per member premi-  
43 um rate for coverage provided by this rider shall be the same for all  
44 policies and certificates of an insurer to which the rider is attached,  
45 except that an insurer may rate the riders issued with its small group  
46 policies separately from the riders issued with its large group poli-  
47 cies.

48 (A) Provided, however, if the group or entity, on whose behalf the  
49 contract is issued is operated, supervised or controlled by or in  
50 connection with a religious organization or denominational group or  
51 entity, then nothing in this paragraph shall require the contract to  
52 cover any contraceptive drugs or devices that are contrary to the reli-  
53 gious tenets of such group or entity. If the insurer or health mainte-  
54 nance organization delivering the contract or issuing the contract for  
55 delivery in this state is operated, sponsored or controlled by or in  
56 connection with a religious organization or denominational group or

1 entity, then nothing in this paragraph shall require the contract to  
2 cover any contraceptive drugs or devices that are contrary to the reli-  
3 gious tenets of such insurer or health maintenance organization.

4 (B) (i) Where a group policyholder makes an election not to purchase  
5 coverage for contraceptive drugs or devices in accordance with subpara-  
6 graph (A) of this paragraph each certificateholder covered under the  
7 policy issued to that group policyholder shall have the right to direct-  
8 ly purchase the rider required by this paragraph from the insurer which  
9 issued the group policy. The certificateholder's cost of purchasing such  
10 rider shall be the same as that which would have been applicable had the  
11 group policyholder not exercised such election not to purchase coverage.

12 (ii) Where a group policyholder makes an election not to purchase  
13 coverage for contraceptive drugs or devices in accordance with subpara-  
14 graph (A) of this paragraph, the insurer that provides such coverage  
15 shall provide written notice to certificateholders upon enrollment with  
16 the insurer of their right to directly purchase a rider for coverage for  
17 the cost of contraceptive drugs or devices. The notice shall also advise  
18 the certificateholders of the additional premium for such coverage.

19 (C) Such coverage may be subject to reasonable annual deductibles and  
20 coinsurance as may be deemed appropriate by the superintendent and as  
21 are consistent with those established for other drugs or devices covered  
22 under the policy.

23 § 9. This act shall take effect on the sixtieth day after it shall  
24 have become a law and shall apply to all policies issued, renewed, modi-  
25 fied or altered on or after such date.