

# STATE OF NEW YORK

2465--A

2023-2024 Regular Sessions

## IN SENATE

January 20, 2023

Introduced by Sens. PERSAUD, CHU, JACKSON, KENNEDY, MYRIE, PALUMBO, SEPULVEDA -- read twice and ordered printed, and when printed to be committed to the Committee on Insurance -- recommitted to the Committee on Insurance in accordance with Senate Rule 6, sec. 8 -- reported favorably from said committee and committed to the Committee on Finance -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

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:

1 Section 1. Subparagraph (D) of paragraph 11 of subsection (i) of  
2 section 3216 of the insurance law, as amended by chapter 219 of the laws  
3 of 2011, is amended to read as follows:  
4 (D) In addition to subparagraph (A), (B) or (C) of this paragraph,  
5 every policy that provides coverage for hospital, surgical or medical  
6 care, except for a grandfathered health plan under subparagraph (E) of  
7 this paragraph, shall provide coverage for the following mammography  
8 screening services, and such coverage shall not be subject to annual  
9 deductibles or coinsurance:  
10 (i) evidence-based items or services for mammography that have in  
11 effect a rating of 'A' or 'B' in the current recommendations of the  
12 United States preventive services task force; [~~and~~]  
13 (ii) with respect to women, such additional preventive care and  
14 screenings for mammography not described in item (i) of this subpara-  
15 graph and as provided for in comprehensive guidelines supported by the  
16 health resources and services administration[~~-~~]; and  
17 (iii) an additional screening including a mammogram, which may be  
18 provided by breast tomosynthesis, for covered persons whose mammogram,

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

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1 which occurred in the previous one hundred and twenty days, showed  
2 abnormalities due to dense breast, or when the provider deems another  
3 mammogram is needed.

4 § 2. Subparagraph (D) of paragraph 11 of subsection (1) of section  
5 3221 of the insurance law, as amended by chapter 219 of the laws of  
6 2011, is amended to read as follows:

7 (D) In addition to subparagraph (A), (B) or (C) of this paragraph,  
8 every group or blanket policy that provides coverage for hospital,  
9 surgical or medical care, except for a grandfathered health plan under  
10 subparagraph (E) of this paragraph, shall provide coverage for the  
11 following mammography screening services, and such coverage shall not be  
12 subject to annual deductibles or coinsurance:

13 (i) evidence-based items or services for mammography that have in  
14 effect a rating of 'A' or 'B' in the current recommendations of the  
15 United States preventive services task force; [~~and~~]

16 (ii) with respect to women, such additional preventive care and  
17 screenings for mammography not described in item (i) of this subpara-  
18 graph and as provided for in comprehensive guidelines supported by the  
19 health resources and services administration[~~+~~]; and

20 (iii) an additional screening including a mammogram, which may be  
21 provided by breast tomosynthesis, for covered persons whose mammogram,  
22 which occurred in the previous one hundred and twenty days, showed  
23 abnormalities due to dense breast, or when the provider deems another  
24 mammogram is needed.

25 § 3. Paragraph 3 of subsection (p) of section 4303 of the insurance  
26 law, as added by chapter 219 of the laws of 2011, is amended to read as  
27 follows:

28 (3) In addition to paragraph one or two of this subsection, every  
29 contract that provides coverage for hospital, surgical or medical care,  
30 except for a grandfathered health plan under paragraph four of this  
31 subsection, shall provide coverage for the following mammography screen-  
32 ing services, and such coverage shall not be subject to annual deduct-  
33 ibles or coinsurance:

34 (A) evidence-based items or services for mammography that have in  
35 effect a rating of 'A' or 'B' in the current recommendations of the  
36 United States preventive services task force; [~~and~~]

37 (B) with respect to women, such additional preventive care and screen-  
38 ings for mammography not described in subparagraph (A) of this paragraph  
39 and as provided for in comprehensive guidelines supported by the health  
40 resources and services administration[~~+~~]; and

41 (C) an additional screening including a mammogram, which may be  
42 provided by breast tomosynthesis, for covered persons whose mammogram,  
43 which occurred in the previous one hundred and twenty days, showed  
44 abnormalities due to dense breast, or when the provider deems another  
45 mammogram is needed.

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

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

52 § 5. This act shall take effect January 1, 2026 and shall apply to  
53 all policies and contracts issued, renewed, modified, altered or amended  
54 on or after such date.