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:

Section 1. Subparagraph (D) of paragraph 11 of subsection (i) of section 3216 of the insurance law, as amended by chapter 219 of the laws of 2011, is amended to read as follows:

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

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

(ii) with respect to women, such additional preventive care and screenings for mammography not described in item (i) of this subparagraph and as provided for in comprehensive guidelines supported by the health resources and services administration[~~.~~]**; and**

(iii) an additional screening including a mammogram, which may be 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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which occurred in the previous one hundred and twenty days, showed abnormalities due to dense breast, or when the provider deems another mammogram is needed.

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

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

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

(ii) with respect to women, such additional preventive care and screenings for mammography not described in item (i) of this subparagraph and as provided for in comprehensive guidelines supported by the health resources and services administration[~~.~~]**; and**

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

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

(3) In addition to paragraph one or two of this subsection, every contract that provides coverage for hospital, surgical or medical care, except for a grandfathered health plan under paragraph four of this subsection, shall provide coverage for the following mammography screening services, and such coverage shall not be subject to annual deductibles or coinsurance:

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

(B) with respect to women, such additional preventive care and screenings for mammography not described in subparagraph (A) of this paragraph and as provided for in comprehensive guidelines supported by the health resources and services administration[~~.~~]**; and**

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

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

(nn) 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 when the provider deems another mammogram is needed.

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