

STATE OF NEW YORK

10747

IN ASSEMBLY

March 27, 2026

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

AN ACT to amend the insurance law, in relation to requiring health insurance plans to cover a medically necessary peripheral artery disease screening test for any at-risk individual

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

1 Section 1. Subsection (i) of section 3216 of the insurance law is
2 amended by adding a new paragraph 42 to read as follows:

3 (42) (A) Every policy which provides medical, major medical, or simi-
4 lar comprehensive-type coverage shall provide medically necessary cover-
5 age for a peripheral artery disease screening test for any at-risk indi-
6 vidual, as defined by the American College of Cardiology and the
7 American Heart Association's joint committee on clinical practice guide-
8 lines.

9 (B) Notwithstanding any other provision of law, any policy that
10 provides coverage required by this paragraph shall not impose patient
11 cost sharing for follow-up screening or diagnostic services for periph-
12 eral artery disease.

13 (C) (i) Nothing in this paragraph shall be construed to prevent
14 medical management or utilization review of the services, including
15 preauthorization, to ensure that such services are consistent with
16 nationally recognized clinical practice guidelines for the detection of
17 peripheral artery disease.

18 (ii) For the purposes of this subparagraph, the term "nationally
19 recognized clinical practice guidelines" means evidence-based, peer
20 reviewed clinical practice guidelines informed by a systematic review of
21 evidence and an assessment of the benefits, and risks of alternative
22 care options intended to optimize patient care developed by independent
23 organizations or medical professional societies utilizing a transparent
24 methodology and reporting structure and with a conflict of interest
25 policy.

26 (D) If the policy is a high deductible health plan as defined in
27 section 223(c)(2) of the Internal Revenue Code of 1986, such coverage

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

LBD15315-01-6

1 may be subject to the plan's annual deductible if application of this
2 requirement would result in ineligibility for a health savings account.

3 § 2. Subsection (1) of section 3221 of the insurance law is amended by
4 adding a new paragraph (24) to read as follows:

5 (24) (A) Every policy which provides medical, major medical, or simi-
6 lar comprehensive-type coverage shall provide medically necessary cover-
7 age for a peripheral artery disease screening test for any at-risk indi-
8 vidual, as defined by the American College of Cardiology and the
9 American Heart Association's joint committee on clinical practice guide-
10 lines.

11 (B) Notwithstanding any other provision of law, any policy that
12 provides coverage required by this paragraph shall not impose patient
13 cost sharing for follow-up screening or diagnostic services for periph-
14 eral artery disease.

15 (C) (i) Nothing in this paragraph shall be construed to prevent
16 medical management or utilization review of the services, including
17 preauthorization, to ensure that such services are consistent with
18 nationally recognized clinical practice guidelines for the detection of
19 peripheral artery disease.

20 (ii) For the purposes of this subparagraph, the term "nationally
21 recognized clinical practice guidelines" means evidence-based, peer
22 reviewed clinical practice guidelines informed by a systematic review of
23 evidence and an assessment of the benefits, and risks of alternative
24 care options intended to optimize patient care developed by independent
25 organizations or medical professional societies utilizing a transparent
26 methodology and reporting structure and with a conflict of interest
27 policy.

28 (D) If the policy is a high deductible health plan as defined in
29 section 223(c)(2) of the Internal Revenue Code of 1986, such coverage
30 may be subject to the plan's annual deductible if application of this
31 requirement would result in ineligibility for a health savings account.

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

34 (yy) (1) Every contract under this section which provides medical,
35 major medical, or similar comprehensive-type coverage shall provide
36 medically necessary coverage for a peripheral artery disease screening
37 test for any at-risk individual, as defined by the American College of
38 Cardiology and the American Heart Association's joint committee on clin-
39 ical practice guidelines.

40 (2) Notwithstanding any other provision of law, any contract under
41 this section that provides coverage required by this subsection shall
42 not impose patient cost sharing for follow-up screening or diagnostic
43 services for peripheral artery disease.

44 (3) (A) Nothing in this subsection shall be construed to prevent
45 medical management or utilization review of the services, including
46 preauthorization, to ensure that such services are consistent with
47 nationally recognized clinical practice guidelines for the detection of
48 peripheral artery disease.

49 (B) For the purposes of this paragraph, the term "nationally recog-
50 nized clinical practice guidelines" means evidence-based, peer reviewed
51 clinical practice guidelines informed by a systematic review of evidence
52 and an assessment of the benefits, and risks of alternative care options
53 intended to optimize patient care developed by independent organizations
54 or medical professional societies utilizing a transparent methodology
55 and reporting structure and with a conflict of interest policy.

1 (4) If the contract is a high deductible health plan as defined in
2 section 223(c)(2) of the Internal Revenue Code of 1986, such coverage
3 may be subject to the plan's annual deductible if application of this
4 requirement would result in ineligibility for a health savings account.

5 § 4. This act shall take effect January 1, 2027, and shall apply to
6 all policies and contracts issued, renewed, modified, altered or amended
7 on or after such date.