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:

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

(42) (A) Every policy which provides medical, major medical, or similar comprehensive-type coverage shall provide medically necessary coverage for a peripheral artery disease screening test for any at-risk individual, as defined by the American College of Cardiology and the American Heart Association's joint committee on clinical practice guidelines.

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

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

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

(D) If the policy is a high deductible health plan as defined in 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.

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

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

(24) (A) Every policy which provides medical, major medical, or similar comprehensive-type coverage shall provide medically necessary coverage for a peripheral artery disease screening test for any at-risk individual, as defined by the American College of Cardiology and the American Heart Association's joint committee on clinical practice guidelines.

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

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

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

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

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

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

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

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

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

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

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