

STATE OF NEW YORK

5939

2025-2026 Regular Sessions

IN ASSEMBLY

February 25, 2025

Introduced by M. of A. NORBER -- 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 (F) of paragraph 1 of subsection (p) of section 4303
8 of the insurance law, as amended by chapter 424 of the laws of 2024, is
9 amended to read as follows:

10 (F) The coverage required in this paragraph or paragraph two of this
11 subsection [~~shall not~~ may be subject to annual deductibles or coinsu-
12 rance. If under federal law, application of this requirement would
13 result in health savings account ineligibility under 26 USC 223, this
14 requirement shall apply for health savings account-qualified high deduc-
15 tible health plans with respect to the deductible of such a plan after
16 the enrollee has satisfied the minimum deductible under 26 USC 223,
17 except for with respect to items or services that are preventive care
18 pursuant to 26 USC 223(c)(2)(C), in which case the requirements of this
19 paragraph shall apply regardless of whether the minimum deductible under
20 26 USC 223 has been satisfied.

21 § 3. Subparagraph (C) of paragraph 14 of subsection (l) of section
22 3221 of the insurance law, as amended by chapter 219 of the laws of
23 2011, is amended to read as follows:

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

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

5 § 4. Paragraph 1 of subsection (t) of section 4303 of the insurance
6 law, as amended by chapter 219 of the laws of 2011, is amended to read
7 as follows:

8 (1) A medical expense indemnity corporation, a hospital service corpo-
9 ration or a health service corporation that provides coverage for hospi-
10 tal, surgical, or medical care shall provide coverage for an annual
11 cervical cytology screening for cervical cancer and its precursor states
12 for [~~women~~] people aged eighteen and older who have a cervix. Such
13 coverage required by this paragraph may not be subject to annual deduct-
14 ibles and coinsurance [~~as may be deemed appropriate by the superinten-
15 dent and as are consistent with those established for other benefits
16 within a given contract~~].

17 § 5. The opening paragraph of paragraph 13 of subsection (k) of
18 section 3221 of the insurance law, as amended by chapter 219 of the laws
19 of 2011, is amended to read as follows:

20 Every group or blanket policy delivered or issued for delivery in this
21 state that provides major medical or similar comprehensive-type coverage
22 shall provide such coverage for bone mineral density measurements or
23 tests, and if such contract otherwise includes coverage for prescription
24 drugs, drugs and devices approved by the federal food and drug adminis-
25 tration or generic equivalents as approved substitutes. In determining
26 appropriate coverage provided by subparagraphs (A), (B) and (C) of this
27 paragraph, the insurer or health maintenance organization shall adopt
28 standards that include the criteria of the federal Medicare program and
29 the criteria of the national institutes of health for the detection and
30 treatment of osteoporosis, provided that such coverage shall be further
31 determined as follows:

32 § 6. The opening paragraph of subsection (bb) of section 4303 of the
33 insurance law, as amended by chapter 219 of the laws of 2011, is amended
34 to read as follows:

35 A health service corporation or a medical service expense indemnity
36 corporation that provides major medical or similar comprehensive-type
37 coverage shall provide such coverage for bone mineral density measure-
38 ments or tests, and if such contract otherwise includes coverage for
39 prescription drugs, drugs and devices approved by the federal food and
40 drug administration or generic equivalents as approved substitutes. In
41 determining appropriate coverage provided by paragraphs one, two and
42 three of this subsection, the insurer or health maintenance organization
43 shall adopt standards that include the criteria of the federal Medicare
44 program and the criteria of the national institutes of health for the
45 detection and treatment of osteoporosis, provided that such coverage
46 shall be further determined as follows:

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

49 (cc) Every contract which provides coverage for prescription drugs
50 shall include coverage for the cost of contraceptive drugs or devices
51 approved by the federal food and drug administration or generic equiv-
52 alents approved as substitutes by such food and drug administration
53 under the prescription of a health care provider legally authorized to
54 prescribe under title eight of the education law. The coverage required
55 by this section shall be included in contracts and certificates only
56 through the addition of a rider. The per member premium rate for cover-

1 age provided by this rider shall be the same for all contracts and
2 certificates of an insurer or health maintenance organization to which
3 the rider is attached, except that an insurer or health maintenance
4 organization may rate the riders issued with its small group policies
5 separately from the riders issued with its large group contracts.

6 (1) Provided, however, if the group or entity, on whose behalf the
7 contract is issued is operated, supervised or controlled by or in
8 connection with a religious organization or denominational group or
9 entity, then nothing in this subsection shall require the contract to
10 cover any contraceptive drugs or devices that are contrary to the reli-
11 gious tenets of such group or entity. If the insurer or health mainte-
12 nance organization delivering the contract or issuing the contract for
13 delivery in this state is operated, sponsored or controlled by or in
14 connection with a religious organization or denominational group or
15 entity, then nothing in this subsection shall require the contract to
16 cover any contraceptive drugs or devices that are contrary to the reli-
17 gious tenets of such insurer or health maintenance organization.

18 (2)(A) Where a group contractholder makes an election not to purchase
19 coverage for contraceptive drugs or devices in accordance with paragraph
20 one of this subsection, each enrollee covered under the contract issued
21 to that group contractholder shall have the right to directly purchase
22 the rider required by this subsection from the insurer or health mainte-
23 nance organization which issued the group contract. The enrollee's cost
24 of purchasing such rider shall be the same as that which would have been
25 applicable had the group contractholder not exercised such election not
26 to purchase coverage.

27 (B) Where a group contractholder makes an election not to purchase
28 coverage for contraceptive drugs or devices in accordance with paragraph
29 one of this subsection, the insurer or health maintenance organization
30 that provides such coverage shall provide written notice to enrollees
31 upon enrollment with the insurer or health maintenance organization of
32 their right to directly purchase a rider for coverage for the cost of
33 contraceptive drugs or devices. The notice shall also advise the enrol-
34 lees of the additional premium for such coverage.

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

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

42 In determining appropriate coverage provided by subparagraphs (A), (B)
43 and (C) of this paragraph, the insurer or health maintenance organiza-
44 tion shall adopt standards that include the criteria of the federal
45 Medicare program and the criteria of the national institutes of health
46 for the detection and treatment of osteoporosis, provided that such
47 coverage shall be further determined as follows:

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

50 (16) Every group or blanket policy which provides coverage for
51 prescription drugs shall include coverage for the cost of contraceptive
52 drugs or devices approved by the federal food and drug administration or
53 generic equivalents approved as substitutes by such food and drug admin-
54 istration under the prescription of a health care provider legally
55 authorized to prescribe under title eight of the education law. The
56 coverage required by this section shall be included in policies and

1 certificates only through the addition of a rider. The per member premi-
2 um rate for coverage provided by this rider shall be the same for all
3 policies and certificates of an insurer to which the rider is attached,
4 except that an insurer may rate the riders issued with its small group
5 policies separately from the riders issued with its large group poli-
6 cies.

7 (A) Provided, however, if the group or entity, on whose behalf the
8 contract is issued is operated, supervised or controlled by or in
9 connection with a religious organization or denominational group or
10 entity, then nothing in this paragraph shall require the contract to
11 cover any contraceptive drugs or devices that are contrary to the reli-
12 gious tenets of such group or entity. If the insurer or health mainte-
13 nance organization delivering the contract or issuing the contract for
14 delivery in this state is operated, sponsored or controlled by or in
15 connection with a religious organization or denominational group or
16 entity, then nothing in this paragraph shall require the contract to
17 cover any contraceptive drugs or devices that are contrary to the reli-
18 gious tenets of such insurer or health maintenance organization.

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

27 (ii) Where a group policyholder makes an election not to purchase
28 coverage for contraceptive drugs or devices in accordance with subpara-
29 graph (A) of this paragraph, the insurer that provides such coverage
30 shall provide written notice to certificateholders upon enrollment with
31 the insurer of their right to directly purchase a rider for coverage for
32 the cost of contraceptive drugs or devices. The notice shall also advise
33 the certificateholders of the additional premium for such coverage.

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

38 § 10. This act shall take effect on the sixtieth day after it shall
39 have become a law and shall apply to all policies issued, renewed, modi-
40 fied or altered on or after such date; provided, however, that section
41 two of this act shall take effect on the same date and in the same
42 manner as section 5 of chapter 424 of the laws of 2024, takes effect.