

# STATE OF NEW YORK

2000--A

Cal. No. 235

2025-2026 Regular Sessions

## IN SENATE

January 14, 2025

Introduced by Sens. ADDABBO, CLEARE, COMRIE, COONEY, HARCKHAM, PARKER, SALAZAR, SKOUFIS -- read twice and ordered printed, and when printed to be committed to the Committee on Insurance -- reported favorably from said committee, ordered to first and second report, ordered to a third reading, passed by Senate and delivered to the Assembly, recalled, vote reconsidered, restored to third reading, amended and ordered reprinted, retaining its place in the order of third reading

AN ACT to amend the insurance law, in relation to mandatory health insurance coverage for follow-up screening or diagnostic services for lung cancer

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 41 to read as follows:

3 (41) (A) Every policy which provides medical, major medical, or simi-  
4 lar comprehensive-type coverage shall provide coverage for follow-up  
5 screening or diagnostic services for lung cancer upon the recommendation  
6 of a health care provider acting within the provider's scope of practice  
7 pursuant to title eight of the education law, and as recommended by  
8 nationally recognized clinical practice guidelines for the detection of  
9 lung cancer.

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

14 (C) For the purposes of this paragraph, "nationally recognized clin-  
15 ical practice guidelines" means evidence-based, peer reviewed clinical  
16 practice guidelines informed by a systematic review of evidence and an  
17 assessment of the benefits, and risks of alternative care options  
18 intended to optimize patient care developed by independent organizations

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

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1 or medical professional societies utilizing a transparent methodology  
2 and reporting structure and with a conflict of interest policy.

3 (D) Nothing in this paragraph shall be construed to prevent medical  
4 management or utilization review of the services, including preauthori-  
5 zation, to ensure that such services are consistent with nationally  
6 recognized clinical practice guidelines for the detection of lung  
7 cancer.

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

12 § 2. Subsection (l) of section 3221 of the insurance law is amended by  
13 adding a new paragraph 23 to read as follows:

14 (23) (A) Every policy which provides medical, major medical, or simi-  
15 lar comprehensive-type coverage shall provide coverage for follow-up  
16 screening or diagnostic services for lung cancer upon the recommendation  
17 of a health care provider acting within the provider's scope of practice  
18 pursuant to title eight of the education law, and as recommended by  
19 nationally recognized clinical practice guidelines for the detection of  
20 lung cancer.

21 (B) Notwithstanding any other provision of law, any policy that  
22 provides coverage required by this paragraph shall not impose patient  
23 cost sharing for follow-up screening or diagnostic services for lung  
24 cancer.

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

32 (D) Nothing in this paragraph shall be construed to prevent medical  
33 management or utilization review of the services, including preauthori-  
34 zation, to ensure that such services are consistent with nationally  
35 recognized clinical practice guidelines for the detection of lung  
36 cancer.

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

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

43 (ww) (1) Every policy which provides medical, major medical, or simi-  
44 lar comprehensive-type coverage shall provide coverage for follow-up  
45 screening or diagnostic services for lung cancer upon the recommendation  
46 of a health care provider acting within the provider's scope of practice  
47 pursuant to title eight of the education law, and as recommended by  
48 nationally recognized clinical practice guidelines for the detection of  
49 lung cancer.

50 (2) Notwithstanding any other provision of law, any policy that  
51 provides coverage required by this subsection shall not impose patient  
52 cost sharing for follow-up screening or diagnostic services for lung  
53 cancer.

54 (3) For the purposes of this paragraph, "nationally recognized clin-  
55 ical practice guidelines" means evidence-based, peer reviewed clinical  
56 practice guidelines informed by a systematic review of evidence and an

1 assessment of the benefits, and risks of alternative care options  
2 intended to optimize patient care developed by independent organizations  
3 or medical professional societies utilizing a transparent methodology  
4 and reporting structure and with a conflict of interest policy.

5 (4) Nothing in this paragraph shall be construed to prevent medical  
6 management or utilization review of the services, including preauthori-  
7 zation, to ensure that such services are consistent with nationally  
8 recognized clinical practice guidelines for the detection of lung  
9 cancer.

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

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