

STATE OF NEW YORK

1195--A

2025-2026 Regular Sessions

IN ASSEMBLY

January 9, 2025

Introduced by M. of A. PEOPLES-STOKES, WEPRIN, REYES, SHIMSKY, SIMON, HEVESI, LUNSFORD, CRUZ, MEEKS, STECK, RAGA, LUPARDO, BUTTENSCHON, O'PHARROW, SIMONE, BURDICK, ZACCARO, LAVINE, BRONSON, EPSTEIN, STIRPE, SANTABARBARA, MAHER, SLATER -- read once and referred to the Committee on Insurance -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

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

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

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

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

10 § 2. Subsection (1) of section 3221 of the insurance law is amended by
11 adding a new paragraph 23 to read as follows:

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

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

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

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

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

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

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

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

52 (3) For the purposes of this paragraph, "nationally recognized clin-
53 ical practice guidelines" means evidence-based, peer reviewed clinical
54 practice guidelines informed by a systematic review of evidence and an
55 assessment of the benefits, and risks of alternative care options
56 intended to optimize patient care developed by independent organizations

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

3 (4) 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 (5) 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 § 4. This act shall take effect January 1, 2027 and shall apply to all
13 policies and contracts issued, renewed, modified, altered or amended on
14 or after such date.