

STATE OF NEW YORK

3645

2025-2026 Regular Sessions

IN ASSEMBLY

January 29, 2025

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

AN ACT to amend the insurance law, in relation to requiring health insurance policies to include coverage of optional anesthesia for certain contraceptive and menstrual health procedures

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

1 Section 1. Clause (v) of subparagraph (E) of paragraph 17 of
2 subsection (i) of section 3216 of the insurance law, as amended by
3 section 3 of part M of chapter 57 of the laws of 2019, is amended to
4 read as follows:
5 (v) all FDA-approved menstrual health procedures and contraceptive
6 drugs, devices, and other products, including all over-the-counter
7 contraceptive drugs, devices, and products as prescribed or as otherwise
8 authorized under state or federal law; voluntary sterilization proce-
9 dures pursuant to 42 U.S.C. 18022 and identified in the comprehensive
10 guidelines supported by the health resources and services administration
11 and thereby incorporated in the essential health benefits benchmark
12 plan; patient education and counseling on contraception; and follow-up
13 services related to the drugs, devices, products, and procedures covered
14 under this clause, including, but not limited to, management of side
15 effects, counseling for continued adherence, and device insertion and
16 removal. Except as otherwise authorized under this clause, a contract
17 shall not impose any restrictions or delays on the coverage required
18 under this clause. However, where the FDA has approved one or more
19 therapeutic and pharmaceutical equivalent, as defined by the FDA,
20 versions of a contraceptive drug, device, or product, a contract is not
21 required to include all such therapeutic and pharmaceutical equivalent
22 versions in its formulary, so long as at least one is included and
23 covered without cost-sharing and in accordance with this clause. If the
24 covered therapeutic and pharmaceutical equivalent versions of a drug,

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

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1 device, or product are not available or are deemed medically inadvisable
2 a contract shall provide coverage for an alternate therapeutic and phar-
3 maceutical equivalent version of the contraceptive drug, device, or
4 product without cost-sharing. (a) This coverage shall include emergency
5 contraception without cost sharing when provided pursuant to a
6 prescription, or order under section sixty-eight hundred thirty-one of
7 the education law or when lawfully provided over-the-counter. (b) If the
8 attending health care provider, in [~~his or her~~] their reasonable profes-
9 sional judgment, determines that the use of a non-covered therapeutic or
10 pharmaceutical equivalent of a drug, device, or product is warranted,
11 the health care provider's determination shall be final. The superinten-
12 dent shall promulgate regulations establishing a process, including
13 timeframes, for an insured, an insured's designee or an insured's health
14 care provider to request coverage of a non-covered contraceptive drug,
15 device, or product. Such regulations shall include a requirement that
16 insurers use an exception form that shall meet criteria established by
17 the superintendent. (c) This coverage must allow for the dispensing of
18 up to twelve months worth of a contraceptive at one time. (d) This
19 coverage shall include optional anesthesia for vaginal, cervical, and
20 uterine medical procedures, including, but not limited to, loop electro-
21 surgical excision procedure, colposcopy, ablation, and intrauterine
22 device insertion. (e) For the purposes of this clause, "over-the-counter
23 contraceptive products" shall mean those products provided for in
24 comprehensive guidelines supported by the health resources and services
25 administration as of January twenty-first, two thousand nineteen.

26 § 2. Subparagraph (A) of paragraph 16 of subsection (1) of section
27 3221 of the insurance law, as amended by section 1 of part M of chapter
28 57 of the laws of 2019, is amended to read as follows:

29 (A) Every group or blanket policy that provides medical, major
30 medical, or similar comprehensive type coverage that is issued, amended,
31 renewed, effective or delivered on or after January first, two thousand
32 twenty, shall provide coverage for all of the following services,
33 menstrual health procedures, and contraceptive methods:

34 (1) All FDA-approved menstrual health procedures and contraceptive
35 drugs, devices, and other products. This includes all FDA-approved
36 over-the-counter contraceptive drugs, devices, and products as
37 prescribed or as otherwise authorized under state or federal law. The
38 following applies to this coverage:

39 (a) where the FDA has approved one or more therapeutic and pharmaceu-
40 tical equivalent, as defined by the FDA, versions of a contraceptive
41 drug, device, or product, a group or blanket policy is not required to
42 include all such therapeutic and pharmaceutical equivalent versions in
43 its formulary, so long as at least one is included and covered without
44 cost-sharing and in accordance with this paragraph;

45 (b) if the covered therapeutic and pharmaceutical equivalent versions
46 of a drug, device, or product are not available or are deemed medically
47 inadvisable a group or blanket policy shall provide coverage for an
48 alternate therapeutic and pharmaceutical equivalent version of the
49 contraceptive drug, device, or product without cost-sharing. If the
50 attending health care provider, in [~~his or her~~] their reasonable profes-
51 sional judgment, determines that the use of a non-covered therapeutic or
52 pharmaceutical equivalent of a drug, device, or product is warranted,
53 the health care provider's determination shall be final. The superinten-
54 dent shall promulgate regulations establishing a process, including
55 timeframes, for an insured, an insured's designee or an insured's health
56 care provider to request coverage of a non-covered contraceptive drug,

1 device, or product. Such regulations shall include a requirement that
2 insurers use an exception form that shall meet criteria established by
3 the superintendent;

4 (c) this coverage shall include emergency contraception without cost-
5 sharing when provided pursuant to a prescription or order under section
6 sixty-eight hundred thirty-one of the education law or when lawfully
7 provided over the counter; ~~and~~

8 (d) this coverage must allow for the dispensing of up to twelve months
9 worth of a contraceptive at one time; and

10 (e) this coverage shall include optional anesthesia for vaginal,
11 cervical, and uterine medical procedures, including, but not limited to,
12 loop electrosurgical excision procedure, colposcopy, ablation, and
13 intrauterine device insertion;

14 (2) Voluntary sterilization procedures pursuant to 42 U.S.C. 18022 and
15 identified in the comprehensive guidelines supported by the health
16 resources and services administration and thereby incorporated in the
17 essential health benefits benchmark plan;

18 (3) Patient education and counseling on contraception; and

19 (4) Follow-up services related to the drugs, devices, products, and
20 procedures covered under this paragraph, including, but not limited to,
21 management of side effects, counseling for continued adherence, and
22 device insertion and removal.

23 § 3. The opening paragraph and subparagraph (A) of paragraph 1 of
24 subsection (cc) of section 4303 of the insurance law, as amended by
25 section 2 of part M of chapter 57 of the laws of 2019, are amended to
26 read as follows:

27 Every contract that provides medical, major medical, or similar
28 comprehensive type coverage that is issued, amended, renewed, effective
29 or delivered on or after January first, two thousand twenty, shall
30 provide coverage for all of the following services, menstrual health
31 procedures, and contraceptive methods:

32 (A) All FDA-approved menstrual health procedures and contraceptive
33 drugs, devices, and other products. This includes all FDA-approved
34 over-the-counter contraceptive drugs, devices, and products as
35 prescribed or as otherwise authorized under state or federal law. The
36 following applies to this coverage:

37 (i) where the FDA has approved one or more therapeutic and pharmaceu-
38 tical equivalent, as defined by the FDA, versions of a contraceptive
39 drug, device, or product, a contract is not required to include all such
40 therapeutic and pharmaceutical equivalent versions in its formulary, so
41 long as at least one is included and covered without cost-sharing and in
42 accordance with this subsection;

43 (ii) if the covered therapeutic and pharmaceutical equivalent versions
44 of a drug, device, or product are not available or are deemed medically
45 inadvisable a contract shall provide coverage for an alternate therapeu-
46 tic and pharmaceutical equivalent version of the contraceptive drug,
47 device, or product without cost-sharing. If the attending health care
48 provider, in ~~his or her~~ their reasonable professional judgment, deter-
49 mines that the use of a non-covered therapeutic or pharmaceutical equiv-
50 alent of a drug, device, or product is warranted, the health care
51 provider's determination shall be final. The superintendent shall
52 promulgate regulations establishing a process, including timeframes, for
53 an insured, an insured's designee or an insured's health care provider
54 to request coverage of a non-covered contraceptive drug, device, or
55 product. Such regulations shall include a requirement that insurers use

1 an exception form that shall meet criteria established by the super-
2 intendent;

3 (iii) this coverage shall include emergency contraception without
4 cost-sharing when provided pursuant to a prescription or order under
5 section sixty-eight hundred thirty-one of the education law or when
6 lawfully provided over the counter; [~~and~~]

7 (iv) this coverage must allow for the dispensing of up to twelve
8 months worth of a contraceptive at one time; and

9 (v) this coverage shall include optional anesthesia for vaginal,
10 cervical, and uterine medical procedures, including, but not limited to,
11 loop electrosurgical excision procedure, colposcopy, ablation, and
12 intrauterine device insertion;

13 § 4. This act shall take effect immediately.