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:

Section 1. Subparagraph (E) of paragraph 1 of subsection (p) of section 4303 of the insurance law, as amended by chapter 143 of the laws of 2019, is amended to read as follows:

(E) The coverage required in this paragraph or paragraph two of this subsection [~~shall not~~] may be subject to annual deductibles or coinsurance.

§ 2. Subparagraph (F) of paragraph 1 of subsection (p) of section 4303 of the insurance law, as amended by chapter 424 of the laws of 2024, is amended to read as follows:

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

§ 3. Subparagraph (C) of paragraph 14 of subsection (l) of section 3221 of the insurance law, as amended by chapter 219 of the laws of 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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(C) Such coverage required pursuant to subparagraph (A) or (B) of this paragraph may **not** be subject to annual deductibles and coinsurance [~~**as may be deemed appropriate by the superintendent and as are consistent with those established for other benefits within a given policy**~~].

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

(1) A medical expense indemnity corporation, a hospital service corporation or a health service corporation that provides coverage for hospital, surgical, or medical care shall provide coverage for an annual cervical cytology screening for cervical cancer and its precursor states for [~~**women**~~] **people** aged eighteen and older **who have a cervix**. Such coverage required by this paragraph may **not** be subject to annual deductibles and coinsurance [~~**as may be deemed appropriate by the superintendent and as are consistent with those established for other benefits within a given contract**~~].

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

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

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

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

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

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

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

(1) Provided, however, if the group or entity, on whose behalf the contract is issued is operated, supervised or controlled by or in connection with a religious organization or denominational group or entity, then nothing in this subsection shall require the contract to cover any contraceptive drugs or devices that are contrary to the religious tenets of such group or entity. If the insurer or health maintenance organization delivering the contract or issuing the contract for delivery in this state is operated, sponsored or controlled by or in connection with a religious organization or denominational group or entity, then nothing in this subsection shall require the contract to cover any contraceptive drugs or devices that are contrary to the religious tenets of such insurer or health maintenance organization.

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

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

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

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

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

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

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

certificates only through the addition of a rider. The per member premium rate for coverage provided by this rider shall be the same for all policies and certificates of an insurer to which the rider is attached, except that an insurer may rate the riders issued with its small group policies separately from the riders issued with its large group policies.

(A) Provided, however, if the group or entity, on whose behalf the contract is issued is operated, supervised or controlled by or in connection with a religious organization or denominational group or entity, then nothing in this paragraph shall require the contract to cover any contraceptive drugs or devices that are contrary to the religious tenets of such group or entity. If the insurer or health maintenance organization delivering the contract or issuing the contract for delivery in this state is operated, sponsored or controlled by or in connection with a religious organization or denominational group or entity, then nothing in this paragraph shall require the contract to cover any contraceptive drugs or devices that are contrary to the religious tenets of such insurer or health maintenance organization.

(B) (i) Where a group policyholder makes an election not to purchase coverage for contraceptive drugs or devices in accordance with subparagraph (A) of this paragraph each certificateholder covered under the policy issued to that group policyholder shall have the right to directly purchase the rider required by this paragraph from the insurer which issued the group policy. The certificateholder's cost of purchasing such rider shall be the same as that which would have been applicable had the group policyholder not exercised such election not to purchase coverage.

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

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

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