

STATE OF NEW YORK

7304

2025-2026 Regular Sessions

IN ASSEMBLY

March 25, 2025

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

AN ACT to amend the insurance law, in relation to prohibiting private insurers from charging co-payments for an annual pediatric eye exam completed by an optometrist or ophthalmologist

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

1 Section 1. Subparagraphs (B) and (C) of paragraph 17 of subsection (i)
2 of section 3216 of the insurance law, as amended by chapter 219 of the
3 laws of 2011, are amended to read as follows:

4 (B) For the purposes of subparagraphs (A), (C) and (D) of this para-
5 graph, preventive and primary care services means the following services
6 rendered to a covered child of an insured from the date of birth through
7 the attainment of nineteen years;

8 (i) an initial hospital check-up and well-child visits scheduled in
9 accordance with the prevailing clinical standards of a national associ-
10 ation of pediatric physicians designated by the commissioner of health
11 (except for any standard that would limit the specialty or forum of
12 licensure of the practitioner providing the service other than the
13 limits under state law). Coverage for such services rendered shall be
14 provided only to the extent that such services are provided by or under
15 the supervision of a physician, or other professional licensed under
16 article one hundred thirty-nine of the education law whose scope of
17 practice pursuant to such law includes the authority to provide the
18 specified services. Coverage shall be provided for such services
19 rendered in a hospital, as defined in section twenty-eight hundred one
20 of the public health law, or in an office of a physician or other
21 professional licensed under article one hundred thirty-nine of the
22 education law whose scope of practice pursuant to such law includes the
23 authority to provide the specified services;

24 (ii) at each visit, services in accordance with the prevailing clin-
25 ical standards of such designated association, including a medical
26 history, a complete physical examination, developmental assessment,
27 anticipatory guidance, appropriate immunizations and laboratory tests

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

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1 which tests are ordered at the time of the visit and performed in the
2 practitioner's office, as authorized by law, or in a clinical laborato-
3 ry; ~~and~~

4 (iii) necessary immunizations, as determined by the superintendent in
5 consultation with the commissioner of health, consisting of at least
6 adequate dosages of vaccine against diphtheria, pertussis, tetanus,
7 polio, measles, rubella, mumps, haemophilus influenzae type b and hepa-
8 titis b, which meet the standards approved by the United States public
9 health service for such biological products~~[-]~~; ~~and~~

10 (iv) a pediatric eye examination by an optometrist or ophthalmologist
11 once every calendar year, regardless of whether or not a period of three
12 hundred sixty-five days has passed since the previous examination.

13 (C) Such coverage required pursuant to subparagraph (A) or (B) of this
14 paragraph shall not be subject to annual deductibles or coinsurance.

15 Coverage required pursuant to clause (iv) of subparagraph (B) of this
16 paragraph shall not be subject to a co-payment.

17 § 2. Subparagraphs (B) and (C) of paragraph 8 of subsection (l) of
18 section 3221 of the insurance law, as amended by chapter 219 of the
19 laws of 2011, is amended to read as follows:

20 (B) In subparagraphs (A), (C) and (D) of this paragraph, preventive
21 and primary care services means the following services rendered to a
22 covered child of an insured from the date of birth through the attain-
23 ment of nineteen years of age:

24 (i) an initial hospital check-up and well-child visits scheduled in
25 accordance with the prevailing clinical standards of a national associ-
26 ation of pediatric physicians designated by the commissioner of health
27 (except for any standard that would limit the specialty or forum of
28 licensure of the practitioner providing the service other than the
29 limits under state law). Coverage for such services rendered shall be
30 provided only to the extent that such services are provided by or under
31 the supervision of a physician, or other professional licensed under
32 article one hundred thirty-nine of the education law whose scope of
33 practice pursuant to such law includes the authority to provide the
34 specified services. Coverage shall be provided for such services
35 rendered in a hospital, as defined in section twenty-eight hundred one
36 of the public health law, or in an office of a physician or other
37 professional licensed under article one hundred thirty-nine of the
38 education law whose scope of practice pursuant to such law includes the
39 authority to provide the specified services;

40 (ii) at each visit, services in accordance with the prevailing clin-
41 ical standards of such designated association, including a medical
42 history, a complete physical examination, developmental assessment,
43 anticipatory guidance, appropriate immunizations and laboratory tests
44 which tests are ordered at the time of the visit and performed in the
45 practitioner's office, as authorized by law, or in a clinical laborato-
46 ry; ~~and~~

47 (iii) necessary immunizations, as determined by the superintendent in
48 consultation with the commissioner of health, consisting of at least
49 adequate dosages of vaccine against diphtheria, pertussis, tetanus,
50 polio, measles, rubella, mumps, haemophilus influenzae type b and hepa-
51 titis b, which meet the standards approved by the United States public
52 health service for such biological products~~[-]~~; ~~and~~

53 (iv) a pediatric eye examination by an optometrist or ophthalmologist
54 once every calendar year, regardless of whether or not a period of three
55 hundred sixty-five days has passed since the previous examination.

(C) Such coverage required pursuant to subparagraph (A) or (B) of this paragraph shall not be subject to annual deductibles or coinsurance. Coverage required pursuant to clause (iv) of subparagraph (B) of this paragraph shall not be subject to a co-payment.

§ 3. Paragraph 2 of subsection (j) of section 4303 of the insurance law, as amended by chapter 219 of the laws of 2011, is amended to read as follows:

(2) For purposes of this paragraph and paragraph one of this subsection, preventive and primary care services shall mean the following services rendered to a covered child of a subscriber from the date of birth through the attainment of nineteen years of age:

(A) an initial hospital check-up and well-child visits scheduled in accordance with the prevailing clinical standards of a national association of pediatric physicians designated by the commissioner of health (except for any standard that would limit the specialty or forum of licensure of the practitioner providing the service other than the limits under state law). Coverage for such services rendered shall be provided only to the extent that such services are provided by or under the supervision of a physician, or other professional licensed under article one hundred thirty-nine of the education law whose scope of practice pursuant to such law includes the authority to provide the specified services. Coverage shall be provided for such services rendered in a hospital, as defined in section twenty-eight hundred one of the public health law, or in an office of a physician or other professional licensed under article one hundred thirty-nine of the education law whose scope of practice pursuant to such law includes the authority to provide the specified services,

(B) at each visit, services in accordance with the prevailing clinical standards of such designated association, including a medical history, a complete physical examination, developmental assessment, anticipatory guidance, appropriate immunizations and laboratory tests which tests are ordered at the time of the visit and performed in the practitioner's office, as authorized by law, or in a clinical laboratory, ~~[and]~~

(C) necessary immunizations, as determined by the superintendent in consultation with the commissioner of health, consisting of at least adequate dosages of vaccine against diphtheria, pertussis, tetanus, polio, measles, rubella, mumps, haemophilus influenzae type b and hepatitis b, which meet the standards approved by the United States public health service for such biological products~~[-]~~, and

(D) a pediatric eye examination by an optometrist or ophthalmologist once every calendar year, regardless of whether or not a period of three hundred sixty-five days has passed since the previous examination.

(E) Such coverage required pursuant to this paragraph and paragraph one of this subsection shall not be subject to annual deductibles or coinsurance. Coverage required pursuant to subparagraph (D) of this paragraph shall not be subject to a co-payment.

~~[(E)]~~ (F) Such coverage required pursuant to this paragraph and paragraph one of this subsection shall not restrict or eliminate existing coverage provided by the contract.

§ 4. This act shall take effect on the one hundred eightieth day after it shall have become a law. Effective immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized to be made and completed on or before such effective date.