

# STATE OF NEW YORK

8505

2025-2026 Regular Sessions

## IN ASSEMBLY

May 20, 2025

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

AN ACT to amend the insurance law, in relation to requiring health insurance coverage for mammography by either mammogram and breast ultrasound or breast tomosynthesis for persons with certain breast densities

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

1 Section 1. Subparagraph (A) of paragraph 11 of subsection (i) of  
2 section 3216 of the insurance law, as amended by chapter 414 of the laws  
3 of 2017, is amended to read as follows:

4 (A) Every policy that provides coverage for hospital, surgical or  
5 medical care shall provide the following coverage for mammography  
6 screening for occult breast cancer:

7 (i) upon the recommendation of a physician, a mammogram, which may be  
8 provided by breast tomosynthesis, at any age for covered persons having  
9 a prior history of breast cancer or who have a first degree relative  
10 with a prior history of breast cancer;

11 (ii) a single baseline mammogram, which may be provided by breast  
12 tomosynthesis, for covered persons aged thirty-five through thirty-nine,  
13 inclusive; [~~and~~]

14 (iii) an annual mammogram, which may be provided by breast tomosynthe-  
15 sis, for covered persons aged forty and older; and

16 (iv) either: a. an annual mammogram and breast ultrasound; or b.  
17 breast tomosynthesis for covered persons with heterogeneously dense or  
18 extremely dense breasts.

19 § 2. Subparagraph (A) of paragraph 11 of subsection (i) of section  
20 3216 of the insurance law, as amended by chapter 424 of the laws of  
21 2024, is amended to read as follows:

22 (A) Every policy that provides coverage for hospital, surgical or  
23 medical care shall provide the following coverage for mammography  
24 screening for occult breast cancer:

25 (i) upon the recommendation of a physician, a mammogram, which may be  
26 provided by breast tomosynthesis, at any age for covered persons having

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

LBD06157-01-5

1 a prior history of breast cancer or who have a first degree relative  
2 with a prior history of breast cancer;

3 (ii) a single baseline mammogram, which may be provided by breast  
4 tomosynthesis, for covered persons aged thirty-five through thirty-nine,  
5 inclusive;

6 (iii) an annual mammogram, which may be provided by breast tomosynthe-  
7 sis, for covered persons aged forty and older; [~~and~~]

8 (iv) upon the recommendation of a physician, screening and diagnostic  
9 imaging, including diagnostic mammograms, breast ultrasounds, or magnet-  
10 ic resonance imaging, recommended by nationally recognized clinical  
11 practice guidelines for the detection of breast cancer. For the purposes  
12 of this item, "nationally recognized clinical practice guidelines" means  
13 evidence-based clinical practice guidelines informed by a systematic  
14 review of evidence and an assessment of the benefits, and risks of  
15 alternative care options intended to optimize patient care developed by  
16 independent organizations or medical professional societies utilizing a  
17 transparent methodology and reporting structure and with a conflict of  
18 interest policy; and

19 (v) either: a. an annual mammogram and breast ultrasound; or b. breast  
20 tomosynthesis for covered persons with heterogeneously dense or extreme-  
21 ly dense breasts.

22 § 3. Subparagraph (A) of paragraph 11 of subsection (1) of section  
23 3221 of the insurance law, as amended by chapter 143 of the laws of  
24 2019, is amended to read as follows:

25 (A) Every insurer delivering a group or blanket policy or issuing a  
26 group or blanket policy for delivery in this state that provides cover-  
27 age for hospital, surgical or medical care shall provide the following  
28 coverage for mammography screening for occult breast cancer:

29 (i) upon the recommendation of a physician, a mammogram, which may be  
30 provided by breast tomosynthesis, at any age for covered persons having  
31 a prior history of breast cancer or who have a first degree relative  
32 with a prior history of breast cancer;

33 (ii) a single baseline mammogram, which may be provided by breast  
34 tomosynthesis, for covered persons aged thirty-five through thirty-nine,  
35 inclusive;

36 (iii) an annual mammogram, which may be provided by breast tomosynthe-  
37 sis, for covered persons aged forty and older; [~~and~~]

38 (iv) for large group policies that provide coverage for hospital,  
39 surgical or medical care, an annual mammogram for covered persons aged  
40 thirty-five through thirty-nine, inclusive, upon the recommendation of a  
41 physician, subject to the insurer's determination that the mammogram is  
42 medically necessary; and

43 (v) either: a. an annual mammogram and breast ultrasound; or b. breast  
44 tomosynthesis for covered persons with heterogeneously dense or extreme-  
45 ly dense breasts.

46 § 4. Subparagraph (A) of paragraph 11 of subsection (1) of section  
47 3221 of the insurance law, as amended by chapter 424 of the laws of  
48 2024, is amended to read as follows:

49 (A) Every insurer delivering a group or blanket policy or issuing a  
50 group or blanket policy for delivery in this state that provides cover-  
51 age for hospital, surgical or medical care shall provide the following  
52 coverage for mammography screening for occult breast cancer:

53 (i) upon the recommendation of a physician, a mammogram, which may be  
54 provided by breast tomosynthesis, at any age for covered persons having  
55 a prior history of breast cancer or who have a first degree relative  
56 with a prior history of breast cancer;

1 (ii) a single baseline mammogram, which may be provided by breast  
2 tomosynthesis, for covered persons aged thirty-five through thirty-nine,  
3 inclusive;

4 (iii) an annual mammogram, which may be provided by breast tomosynthe-  
5 sis, for covered persons aged forty and older;

6 (iv) for large group policies that provide coverage for hospital,  
7 surgical or medical care, an annual mammogram for covered persons aged  
8 thirty-five through thirty-nine, inclusive, upon the recommendation of a  
9 physician, subject to the insurer's determination that the mammogram is  
10 medically necessary; **[and]**

11 (v) upon the recommendation of a physician, screening and diagnostic  
12 imaging, including diagnostic mammograms, breast ultrasounds, or magnet-  
13 ic resonance imaging, recommended by nationally recognized clinical  
14 practice guidelines for the detection of breast cancer. For the purposes  
15 of this item, "nationally recognized clinical practice guidelines" means  
16 evidence-based clinical practice guidelines informed by a systematic  
17 review of evidence and an assessment of the benefits, and risks of  
18 alternative care options intended to optimize patient care developed by  
19 independent organizations or medical professional societies utilizing a  
20 transparent methodology and reporting structure and with a conflict of  
21 interest policy; **and**

22 **(vi) either: a. an annual mammogram and breast ultrasound; or b.**  
23 **breast tomosynthesis for covered persons with heterogeneously dense or**  
24 **extremely dense breasts.**

25 § 5. Paragraph 1 of subsection (p) of section 4303 of the insurance  
26 law, as amended by chapter 219 of the laws of 2011, subparagraph (A) as  
27 amended by chapter 414 of the laws of 2017, and subparagraphs (B), (C),  
28 (D), and (E) as amended by chapter 143 of the laws of 2019, is amended  
29 to read as follows:

30 (1) A medical expense indemnity corporation, a hospital service corpo-  
31 ration or a health service corporation that provides coverage for hospi-  
32 tal, surgical or medical care shall provide the following coverage for  
33 mammography screening for occult breast cancer:

34 (A) upon the recommendation of a physician, a mammogram, which may be  
35 provided by breast tomosynthesis, at any age for covered persons having  
36 a prior history of breast cancer or who have a first degree relative  
37 with a prior history of breast cancer;

38 (B) a single baseline mammogram, which may be provided by breast tomo-  
39 synthesis, for covered persons aged thirty-five through thirty-nine,  
40 inclusive;

41 (C) an annual mammogram, which may be provided by breast tomosynthesis,  
42 for covered persons aged forty and older;

43 (D) for large group contracts offered by a medical expense indemnity  
44 corporation, a hospital service corporation or a health service corpo-  
45 ration that provide coverage for hospital, surgical or medical care, an  
46 annual mammogram for covered persons aged thirty-five through thirty-  
47 nine, inclusive, upon the recommendation of a physician, subject to the  
48 corporation's determination that the mammogram is medically necessary;  
49 and

50 (E) **either: (i) an annual mammogram and breast ultrasound; or (ii)**  
51 **breast tomosynthesis for covered persons with heterogeneously dense or**  
52 **extremely dense breasts.**

53 (F) The coverage required in this paragraph or paragraph two of this  
54 subsection shall not be subject to annual deductibles or coinsurance.

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

4 (1) A medical expense indemnity corporation, a hospital service corpo-  
5 ration or a health service corporation that provides coverage for hospi-  
6 tal, surgical or medical care shall provide the following coverage for  
7 mammography screening for occult breast cancer:

8 (A) upon the recommendation of a physician, a mammogram, which may be  
9 provided by breast tomosynthesis, at any age for covered persons having  
10 a prior history of breast cancer or who have a first degree relative  
11 with a prior history of breast cancer;

12 (B) a single baseline mammogram, which may be provided by breast tomo-  
13 synthesis, for covered persons aged thirty-five through thirty-nine,  
14 inclusive;

15 (C) an annual mammogram, which may be provided by breast tomosynthesis,  
16 for covered persons aged forty and older;

17 (D) for large group contracts offered by a medical expense indemnity  
18 corporation, a hospital service corporation or a health service corpo-  
19 ration that provide coverage for hospital, surgical or medical care, an  
20 annual mammogram for covered persons aged thirty-five through thirty-  
21 nine, inclusive, upon the recommendation of a physician, subject to the  
22 corporation's determination that the mammogram is medically necessary;

23 (E) upon the recommendation of a physician, screening and diagnostic  
24 imaging, including diagnostic mammograms, breast ultrasounds, or magnet-  
25 ic resonance imaging, recommended by nationally recognized clinical  
26 practice guidelines for the detection of breast cancer. For the purposes  
27 of this subparagraph, "nationally recognized clinical practice guide-  
28 lines" means evidence-based clinical practice guidelines informed by a  
29 systematic review of evidence and an assessment of the benefits, and  
30 risks of alternative care options intended to optimize patient care  
31 developed by independent organizations or medical professional societies  
32 utilizing a transparent methodology and reporting structure and with a  
33 conflict of interest policy; and

34 (F) either: (i) an annual mammogram and breast ultrasound; or (ii)  
35 breast tomosynthesis for covered persons with heterogeneously dense or  
36 extremely dense breasts.

37 (G) The coverage required in this paragraph or paragraph two of this  
38 subsection shall not be subject to annual deductibles or coinsurance. If  
39 under federal law, application of this requirement would result in  
40 health savings account ineligibility under 26 USC 223, this requirement  
41 shall apply for health savings account-qualified high deductible health  
42 plans with respect to the deductible of such a plan after the enrollee  
43 has satisfied the minimum deductible under 26 USC 223, except for with  
44 respect to items or services that are preventive care pursuant to 26 USC  
45 223(c)(2)(C), in which case the requirements of this paragraph shall  
46 apply regardless of whether the minimum deductible under 26 USC 223 has  
47 been satisfied.

48 § 7. This act shall take effect on the sixtieth day after it shall  
49 have become a law and shall apply to all policies and contracts issued,  
50 renewed, modified, altered or amended on or after such date; provided,  
51 however, sections two, four, and six of this act shall take effect on  
52 the same date and in the same manner as sections 1, 3 and 5, respective-  
53 ly, of chapter 424 of the laws of 2024, takes effect.