

STATE OF NEW YORK

10480

IN SENATE

May 15, 2026

Introduced by Sen. SCARCELLA-SPANTON -- read twice and ordered printed,
and when printed to be committed to the Committee on Insurance

AN ACT to amend the insurance law, in relation to mandatory health
insurance coverage for coronary artery calcium diagnostic testing

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

1 Section 1. Subsection (i) of section 3216 of the insurance law is
2 amended by adding a new paragraph 42 to read as follows:

3 (42) (A) Every policy which provides medical, major medical, or simi-
4 lar comprehensive-type coverage shall provide coverage for coronary
5 artery calcium diagnostic testing upon the recommendation of a health
6 care provider acting within such provider's scope of practice pursuant
7 to title eight of the education law, and as recommended by nationally
8 recognized clinical practice guidelines for the prevention of cardiovas-
9 cular disease.

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 coronary artery calcium diagnostic testing.

13 (C) For the purposes of this paragraph, the term "nationally recog-
14 nized clinical practice guidelines" shall mean evidence-based, peer
15 reviewed clinical practice guidelines informed by a systematic review of
16 evidence and an assessment of the benefits, and risks of alternative
17 care options intended to optimize patient care developed by independent
18 organizations or medical professional societies utilizing a transparent
19 methodology and reporting structure and with a conflict of interest
20 policy.

21 (D) Nothing in this paragraph shall be construed to prevent medical
22 management or utilization review of the services, including preauthori-
23 zation, to ensure that such services are consistent with nationally
24 recognized clinical practice guidelines for the prevention of cardiovas-
25 cular disease.

26 (E) If the policy is a high deductible health plan as defined in
27 section 223(c)(2) of the Internal Revenue Code of 1986, such coverage

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

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1 may be subject to the plan's annual deductible if application of this
2 requirement would result in ineligibility for a health savings account.

3 § 2. Subsection (l) of section 3221 of the insurance law is amended by
4 adding a new paragraph 24 to read as follows:

5 (24) (A) Every policy which provides medical, major medical, or simi-
6 lar comprehensive-type coverage shall provide coverage for coronary
7 artery calcium diagnostic testing upon the recommendation of a health
8 care provider acting within such provider's scope of practice pursuant
9 to title eight of the education law, and as recommended by nationally
10 recognized clinical practice guidelines for the prevention of cardiovas-
11 cular disease.

12 (B) Notwithstanding any other provision of law, any policy that
13 provides coverage required by this paragraph shall not impose patient
14 cost sharing for coronary artery calcium diagnostic testing.

15 (C) For the purposes of this paragraph, the term "nationally recog-
16 nized clinical practice guidelines" shall mean evidence-based, peer
17 reviewed clinical practice guidelines informed by a systematic review of
18 evidence and an assessment of the benefits, and risks of alternative
19 care options intended to optimize patient care developed by independent
20 organizations or medical professional societies utilizing a transparent
21 methodology and reporting structure and with a conflict of interest
22 policy.

23 (D) Nothing in this paragraph shall be construed to prevent medical
24 management or utilization review of the services, including preauthori-
25 zation, to ensure that such services are consistent with nationally
26 recognized clinical practice guidelines for the prevention of cardiovas-
27 cular disease.

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

32 § 3. Section 4303 of the insurance law is amended by adding a new
33 subsection (yy) to read as follows:

34 (yy) (1) Every contract which provides medical, major medical, or
35 similar comprehensive-type coverage shall provide coverage for coronary
36 artery calcium diagnostic testing upon the recommendation of a health
37 care provider acting within such provider's scope of practice pursuant
38 to title eight of the education law, and as recommended by nationally
39 recognized clinical practice guidelines for the prevention of cardiovas-
40 cular disease.

41 (2) Notwithstanding any other provision of law, any contract that
42 provides coverage required by this subsection shall not impose patient
43 cost sharing for coronary artery calcium diagnostic testing.

44 (3) For the purposes of this subsection, the term "nationally recog-
45 nized clinical practice guidelines" shall mean evidence-based, peer
46 reviewed clinical practice guidelines informed by a systematic review of
47 evidence and an assessment of the benefits, and risks of alternative
48 care options intended to optimize patient care developed by independent
49 organizations or medical professional societies utilizing a transparent
50 methodology and reporting structure and with a conflict of interest
51 policy.

52 (4) Nothing in this subsection shall be construed to prevent medical
53 management or utilization review of the services, including preauthori-
54 zation, to ensure that such services are consistent with nationally
55 recognized clinical practice guidelines for the prevention of cardiovas-
56 cular disease.

1 (5) If the contract is a high deductible health plan as defined in
2 section 223(c)(2) of the Internal Revenue Code of 1986, such coverage
3 may be subject to the plan's annual deductible if application of this
4 requirement would result in ineligibility for a health savings account.
5 § 4. This act shall take effect January 1, 2027 and shall apply to all
6 policies and contracts issued, renewed, modified, altered or amended on
7 or after such date.