STATE OF NEW YORK

2000--A

Cal. No. 235

2025-2026 Regular Sessions

IN SENATE

January 14, 2025

Introduced by Sens. ADDABBO, CLEARE, COMRIE, COONEY, HARCKHAM, PARKER, SALAZAR, SKOUFIS -- read twice and ordered printed, and when printed to be committed to the Committee on Insurance -- reported favorably from said committee, ordered to first and second report, ordered to a third reading, passed by Senate and delivered to the Assembly, recalled, vote reconsidered, restored to third reading, amended and ordered reprinted, retaining its place in the order of third reading

AN ACT to amend the insurance law, in relation to mandatory health insurance coverage for follow-up screening or diagnostic services for lung cancer

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

Section 1. Subsection (i) of section 3216 of the insurance law is amended by adding a new paragraph 41 to read as follows:

(41) (A) Every policy which provides medical, major medical, or similar comprehensive-type coverage shall provide coverage for follow-up screening or diagnostic services for lung cancer upon the recommendation of a health care provider acting within the provider's scope of practice pursuant to title eight of the education law, and as recommended by nationally recognized clinical practice guidelines for the detection of lung cancer.

(B) Notwithstanding any other provision of law, any policy that provides coverage required by this paragraph shall not impose patient cost sharing for follow-up screening or diagnostic services for lung cancer.

(C) For the purposes of this paragraph, "nationally recognized clinical practice guidelines" means evidence-based, peer reviewed clinical practice guidelines informed by a systematic review of evidence and an assessment of the benefits, and risks of alternative care options intended to optimize patient care developed by independent organizations

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

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or medical professional societies utilizing a transparent methodology and reporting structure and with a conflict of interest policy.

(D) Nothing in this paragraph shall be construed to prevent medical management or utilization review of the services, including preauthorization, to ensure that such services are consistent with nationally recognized clinical practice guidelines for the detection of lung cancer.

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

§ 2. Subsection (l) of section 3221 of the insurance law is amended by adding a new paragraph 23 to read as follows:

(23) (A) Every policy which provides medical, major medical, or similar comprehensive-type coverage shall provide coverage for follow-up screening or diagnostic services for lung cancer upon the recommendation of a health care provider acting within the provider's scope of practice pursuant to title eight of the education law, and as recommended by nationally recognized clinical practice guidelines for the detection of lung cancer.

(B) Notwithstanding any other provision of law, any policy that provides coverage required by this paragraph shall not impose patient cost sharing for follow-up screening or diagnostic services for lung cancer.

(C) For the purposes of this paragraph, "nationally recognized clinical practice guidelines" means evidence-based, peer reviewed clinical practice guidelines informed by a systematic review of evidence and an assessment of the benefits, and risks of alternative care options intended to optimize patient care developed by independent organizations or medical professional societies utilizing a transparent methodology and reporting structure and with a conflict of interest policy.

(D) Nothing in this paragraph shall be construed to prevent medical management or utilization review of the services, including preauthorization, to ensure that such services are consistent with nationally recognized clinical practice guidelines for the detection of lung cancer.

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

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

(ww) (1) Every policy which provides medical, major medical, or similar comprehensive-type coverage shall provide coverage for follow-up screening or diagnostic services for lung cancer upon the recommendation of a health care provider acting within the provider's scope of practice pursuant to title eight of the education law, and as recommended by nationally recognized clinical practice guidelines for the detection of lung cancer.

(2) Notwithstanding any other provision of law, any policy that provides coverage required by this subsection shall not impose patient cost sharing for follow-up screening or diagnostic services for lung cancer.

(3) For the purposes of this paragraph, "nationally recognized clinical practice guidelines" means evidence-based, peer reviewed clinical practice guidelines informed by a systematic review of evidence and an

assessment of the benefits, and risks of alternative care options intended to optimize patient care developed by independent organizations or medical professional societies utilizing a transparent methodology and reporting structure and with a conflict of interest policy.

(4) Nothing in this paragraph shall be construed to prevent medical management or utilization review of the services, including preauthorization, to ensure that such services are consistent with nationally recognized clinical practice guidelines for the detection of lung cancer.

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

§ 4. This act shall take effect January 1, 2027 and shall apply to all policies and contracts issued, renewed, modified, altered or amended on or after such date.