

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.

LBD02876-03-5

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

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

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

12 § 2. Subsection (1) of section 3221 of the insurance law is amended by
13 adding a new paragraph 23 to read as follows:

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

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

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

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

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

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

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

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

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

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

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

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

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