STATE OF NEW YORK

6151

2025-2026 Regular Sessions

IN SENATE

March 5, 2025

Introduced by Sens. PARKER, ADDABBO, PALUMBO -- 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 coverage for the detection of breast cancer

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

Section 1. Subparagraph (A) of paragraph 11 of subsection (i) of section 3216 of the insurance law, as amended by chapter 424 of the laws of 2024, is amended and a new subparagraph (G) is added to read as follows:

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

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

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

(iii) an annual mammogram, which may be provided by breast tomosynthesis, for covered persons aged [~~forty~~] thirty and older; and

(iv) upon the recommendation of a physician, screening and diagnostic imaging, including diagnostic mammograms, breast ultrasounds, or magnetic resonance imaging, recommended by nationally recognized clinical practice guidelines for the detection of breast cancer. For the purposes of this item, "nationally recognized clinical practice guidelines" means evidence-based 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

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

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

(G) Coverage shall also be provided, upon the recommendation of a physician, for follow-up diagnostic testing for the detection of breast cancer, including breast biopsies, in the event that a physician determines that a covered person has had an abnormal mammogram. Such follow-up diagnostic testing shall not be subject to annual deductibles or coinsurance.

§ 2. Subparagraph (A) of paragraph 11 of subsection (l) of section 3221 of the insurance law, as amended by chapter 424 of the laws of 2024, is amended and a new subparagraph (G) is added to read as follows:

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

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

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

(iii) an annual mammogram, which may be provided by breast tomosynthesis, for covered persons aged [~~forty~~] **thirty** and older;

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

(v) upon the recommendation of a physician, screening and diagnostic imaging, including diagnostic mammograms, breast ultrasounds, or magnetic resonance imaging, recommended by nationally recognized clinical practice guidelines for the detection of breast cancer. For the purposes of this item, "nationally recognized clinical practice guidelines" means evidence-based 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.

(G) Coverage shall also be provided, upon the recommendation of a physician, for follow-up diagnostic testing for the detection of breast cancer, including breast biopsies, in the event that a physician determines that a covered person has had an abnormal mammogram. Such follow-up diagnostic testing shall not be subject to annual deductibles or coinsurance.

§ 3. Subparagraphs (B), (C) and (D) of paragraph 1 of subsection (p) of section 4303 of the insurance law, as amended by chapter 424 of the laws of 2024, are amended and a new paragraph 6 is added to read as follows:

(B) a single baseline mammogram, which may be provided by breast tomosynthesis, for covered persons aged [~~thirty-five~~] **twenty-five** through [~~thirty-nine~~] **twenty-nine**, inclusive;

(C) an annual mammogram, which may be provided by breast tomosythesis, for covered persons aged [~~forty~~] **thirty** and older;

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

(6) Coverage shall also be provided, upon the recommendation of a physician, for follow-up diagnostic testing for the detection of breast cancer, including breast biopsies, in the event that a physician determines that a covered person has had an abnormal mammogram. Such follow-up diagnostic testing shall not be subject to annual deductibles or coinsurance.

§ 4. This act shall take effect on the ninetieth day after it shall have become a law and shall apply to all policies and contracts issued, renewed, modified, altered or amended on or after such date; provided, however, that if chapter 424 of the laws of 2024 shall not have taken effect on or before such date then sections one, two and three of this act shall take effect on the same date and in the same manner as such chapter of the laws of 2024, takes effect.