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 Assem-
bly, 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 414 of the laws
of 2017, 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; and
(iii) an annual mammogram, which may be provided by breast tomosynthe-
sis, for covered persons aged [forty] thirty and older.

(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 deter-
mines 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 143 of the laws of
2019, is amended and a new subparagraph (G) is added to read as follows:

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

LBD07272-01-1
(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; and

(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.

(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 143 of the laws of 2019, 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 tomosynthesis, 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; and

(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.