

# Various Bills in opposition

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<b>BILL</b> Various Bills in opposition
<b>SUBJECT</b> Health Care Insurance Coverage Mandates (to be amended as needed)
<b>DATE</b> May 19, 2025
<b>OPPOSE</b>

- S.634B (Liu) / A.1206-B (Kim) - Requires certain health insurance policies to provide coverage for diabetes and prediabetes screening

- S.4961 (Bailey) - Provides insurance coverage for cranial prostheses for a diagnosed health condition, chronic illness, or injury

- S.5114 (Hinchey) / A.5389 (Weprin) - Requires all policies that provide coverage for inpatient hospital care to include benefits for child and family treatment and support services and children's home and community based services

- S.6441 (Skoufis) / A.6917 (McDonald) - Requires certain health insurance policies include coverage for services provided by pharmacists related to contraceptives

- S.7915 (Gounardes) / A.771-A (Rosenthal) - Requires insurance coverage for early egg and peanut allergen introduction dietary supplements for infants at no cost

- S.7807-A (Gounardes) / A.5392-B (Rosenthal) - Defines epinephrine device as a single-use device or nasal spray device used for the automatic injection or administration of a premeasured dose of epinephrine into the human body for the purpose of emergency treatment of a person appearing to experience anaphylactic symptoms

- A.128-A (Gonzalez-Rojas) - Requires insurance coverage for one rescue and one maintenance inhaler at no cost

- A.622-A (Kim) - Relates to mandatory health insurance coverage for acupuncture services

- A.6484-A (Weprin) - Relates to copayment and coinsurance charged for physical and occupational therapy services

- S.6551 (Bailey) / A.6561A (Weprin) - Includes image-guided biopsies under certain insurance coverage for breast cancer screening

- A.2384 (Eichenstein) - Requires insurers to provide insurance coverage for treatment of rare diseases, life-threatening conditions or diseases, degenerative and disabling conditions, or diagnoses involving medically fragile children, by a provider of the patient's choice
- A.4677 (Jackson) - Requires insurance coverage for lactation support services by a certified lactation consultant who evaluate and manage lactation and infant feeding problems and provide preventative clinical consulting to prevent or minimize the occurrence of potential problems
- S.6494 (Cleare) / A.5140 (Solages) - Requires health insurance policies to include coverage for doula services as required coverage for maternity care
- S.7731 (Webb) / A.7384 (Reyes) - Requires insurance coverage of a hospitalized birthing parent's interhospital transport to accompany such birthing parent's newborn infant experiencing a condition necessitating transport
- S.4917 (Scarcella-Spanton) / A.8144 (Paulin) - Requires health insurance contracts cover postpartum pelvic floor physical therapy
- S.5565 (Bailey) / A.6586 (Weprin) - Requires health insurance policies and Medicaid to cover patient navigation services
- S.1763-A (Fernandez) / A.3148 (Gonzalez-Rojas) - Relates to cost sharing fees for outpatient treatment at a substance use treatment program
- S.1001 (Brouk) / A.3319 (Bronson) – Relates to including outpatient care provided by creative arts therapists in certain insurance policies
- S.3323 (Scarcella-Spanton) / A.3280 (Bichotte Hermelyn) - Requires insurance policies to provide coverage for transvaginal ultrasounds during pregnancy
- S.3654-A (Bailey) / A.7321-A (Weprin) – Requires health insurers to provide coverage for speech therapy for stuttering
- S.4072 (Bynoe) / A.7572 (Gonzalez-Rojas) – Relates to insurance coverage of certain procedures to detect breast cancer
- S.3185 (Rivera) / A.1921 (Paulin) – Provides insurance coverage for chronic pain
- S.2648 (Addabbo) / A.6919 (Woerner) – Relates to insurance coverage for dental night guards
- S.2334 (Rivera) / A.7953 (Forrest) – Provides for coverage of screenings for elevated lead levels • S.6499 (Cleare) – Provides for coverage of primary and preventative obstetric and gynecological care

- S.5045 (Bailey) - Provides that no policy of group accident, group health or group accident and health shall impose copayments for physical or occupational therapy greater than copays for similar services provided by a physician
- S.5545 (Hoylman-Sigal) /A.885 (Paulin) – Establishes "The Equity in Fertility Treatment Act"; relates to the definition of infertility and health insurance coverage for the treatment of infertility
- S.520 (Persaud) /A.686 (Solages) – Ensures ovarian cancer survivors have the right to access screenings for health conditions
- S.2000 (Addabbo) / A.1195 (Peoples-Stokes) – Relates to mandatory health insurance coverage for follow-up screening or diagnostic services for lung cancer
- S.3100 (Rivera) /A.5255 (Reyes) – Provides for coverage for the treatment of asthma
- S.4850 (C.Ryan) /A.1158-A (Seawight) – Includes second degree relatives in certain criteria for breast cancer screenings to be covered under insurance plans
- S.868 (Bailey) /A.2449 (Cruz) – Requires certain health insurance policies to include coverage for the cost of certain infant and baby formulas
- S.1634 (Rivera) /A.1915-A (Paulin) – Requires health care plans and payors to have a minimum of twelve and one-half percent of their total expenditures on physical and mental health annually be for primary care services.

The Business Council opposes the above-mentioned bills which mandate state-regulated health insurance policies include coverage for specific treatments or services or restrict cost sharing. While the merits of any single mandate may be sound and not overwhelming alone, the collective imposition of more than three dozen existing unfunded mandates on private insurance purchased by small and medium-sized businesses significantly drives up costs of coverage at a time that New Yorkers are struggling with an affordability crisis.

Creating new health insurance coverage mandates increases costs for New York's small and medium sized businesses and their employees. This forces employers and employees to purchase coverage that they may not need or want and exacerbates their ability to find affordable health insurance. Many plans already cover these services or treatments, but by mandating their coverage, lawmakers are requiring every plan to include coverage thus increasing health insurance premiums for all plans. Mandates like this only apply to fully insured policies that are either purchased by individuals on the marketplace or received through a small or medium-sized business; they do not mandate coverage under self-insured health plans.

In New York, more than 50% of the commercial market is covered under a self-insured plan. Large companies generally self-insure, which allows them to customize a plan to meet the specific needs of their employees, contract with providers or provider networks, and directly pay claims to providers. Because self-insured health plans are regulated under federal law (ERISA), they are not subject to state health insurance benefit mandates.

Further, some of the mandates passed or currently under consideration by the Legislature go beyond evidence-based guidelines recommended by major national health organizations or even conflicts with guidance from medical professionals and health organizations.

New York State has no process to estimate the cost of health care mandates prior to their passage by the Legislature or their adoption into law. Because a fiscal analysis is not required or completed, there is a lack of understanding by lawmakers of the cost to increased cost of health insurance premiums and the impact to employers, their employees, and consumers. If we truly want to start addressing the cost of health care insurance coverage, New York should join the other 29 states that have processes to estimate the cost of health care mandates before adoption. Before adopting additional health care mandates, it would be prudent for lawmakers to pass a law to examine the cost of existing mandates and require a fiscal impact statement to any future mandates before adoption of such legislation.

**Additional health insurance coverage mandates, no matter how laudable, only aggravate New York's affordability crisis and threaten small businesses. At a time when New Yorkers are dealing with an affordability crisis, we should be looking for ways to make things more affordable for New Yorkers, not more expensive.**

Because these bills will increase the cost of healthcare for small businesses and their employees, The Business Council opposes their passage