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April 28, 2025

RE: AN ACT to amend the insurance law, in relation to coverage of primary and preventative obstetric and gynecological care

S.6499 (Cleare)

MEMORANDUM IN OPPOSITION

Submitted on behalf of the Blue Cross and Blue Shield Plans

The New York State Conference of Blue Cross and Blue Shield Plans opposes enactment of this legislation, as it waives cost-sharing for cervical cancer screenings that are not recommended by current clinical guidelines. Specifically, this bill seeks to: (1) prohibit the imposition of deductibles and copays for cervical cytology screenings covered under New York law; and (2) clarify that the coverage of treatment for osteoporosis is required. Since such services, when clinically supported, are already provided for under current law, any increase in utilization facilitated by this bill would be in excess of evidence-based practices. Nonetheless, these unnecessary tests and treatments would result in additional costs that would be passed along to all insurance enrollees by way of increased premiums – despite having no positive impact on women's health.

This bill would waive cost-sharing for annual cervical cytology screenings. Since 2010, the Affordable Care Act ("ACA") has required non-grandfathered health plans to cover preventive care and screenings, including those with an "A" or "B" rating from the United States Preventive Services Task Force ("USPSTF") and, for women, additional screenings provided for in the comprehensive guidelines supported by the Health and Resources and Services Administration ("HRSA"). The USPSTF is an independent, volunteer panel of national experts in disease prevention and evidence-based medicine, working to improve health of people nationwide by making evidence-based recommendations about clinical preventive services.[1] HRSA is an agency of the U.S. Department of Health and Human Services, tasked administering programs to provide equitable health care in the nation's highest-need communities.[2] Pursuant to the ACA (which has

[1] U.S. Preventive Services Task Force, "About the USPSTF," *available at* https://www.uspreventiveservicestaskforce.org/uspstf/about-uspstf.
[2] Health Resources and Services Administration, *About HRSA, available at* https://www.hrsa.gov/about.

been incorporated into New York state law), health plans must cover preventive care services recommended by the USPSTF and HRSA at no cost to the enrollee.[3]

The USPSTF and HRSA both currently recommend screening for cervical cancer every three years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, they recommend screening every three years with cervical cytology alone, every five years with high-risk human papillomavirus ("HPV") testing alone, or every five years for HPV testing and cervical cytology testing together ("co-testing"). The American College of Obstetricians and Gynecologists ("ACOG") endorsed the USPSTF's recommendation regarding cervical cancer screening, as it expanded the recommended options for cervical cancer screenings for individuals aged 30 years or older.[4]

Coverage of cervical cancer screenings was first added to the Insurance Law in 1992.[5] However, this mandate has not been updated as recommendations on cervical cancer screenings have changed. The law requires coverage of cervical cancer screening beginning at age 18, with annual exams and cervical cytology screening.[6] The law codified the clinical guidelines of many organizations at that time on cervical cancer screening.[7] However, with the advent of HPV testing and updated medical evidence, the USPSTF and HRSA recommendations and the recommendations of other organizations have shifted to incorporate HPV testing and/or co-testing into the recommendations, along with less frequent testing.[8]

Codification of coverage requirements for specific preventive care recommendations into the Insurance Law does not allow for those requirements to change as clinical guidelines and new evidence become available. Insurance coverage should follow the most recent and up-to-date clinical guidelines regarding recommended preventive care and not be stuck tied to recommendations from over 30 years ago. This bill is case-in-point for that problem as it would waive cost-sharing for cervical cytology testing that is not recommended by the USPSTF, HRSA, or other organizations. Such costs would ultimately be passed along to consumers by way of increased premiums, while doing little to enhance women's access to appropriate preventative care services.

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[3] 42 U.S.C. § 300gg-13; 45 C.F.R. § 147.130; and N.Y. Insurance Law §§ 3216(i)(17)(E), 3221(l)(8)(E), and 4303(j)(3).

[4] The American College of Obstetricians and Gynecologists, *Practice Advisory: Updated Cervical Cancer Screening Guidelines*, Reaffirmed Apr. 2023, *available at* https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/04/updated-cervical-cancer-screening-guidelines.

[5] Chapter 771 of the Laws of 1992.

[6] N.Y. Insurance Law §§ 3216(i)(15), 3221(l)(14), and 4303(t).

[7] U.S. Preventive Services Task Force, Recommendations of Other Groups, *Final Recommendation Statement – Cervical Cancer: Screening*, 1996 (Archived), *available at* https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening-1996.

[8] U.S. Preventive Services Task Force, *Final Recommendation Statement - Cervical Cancer: Screening*, August 21, 2018, *available at* https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening.

For the foregoing reasons, the New York State Conference of Blue Cross and Blue Shield Plans opposes this bill and urges that it not be enacted.

Respectfully submitted,

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