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March 4, 2026

RE: AN ACT to amend the public health law, in relation to ensuring ovarian cancer survivors have the right access to screenings for health conditions

A.686 (Solages)
S.520 (Persaud)

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 the enactment of this legislation, which would prohibit a person with a personal cancer history from being denied genetic testing or genomic tumor profiling. Although the bill does not specifically mention insurance coverage, it would provide that no one with a personal history of ovarian cancer shall be "denied" genetic testing, which may be interpreted to apply to insurance coverage. If interpreted in this manner, this bill would be yet another costly insurance mandate that will require significant premium increases for all New Yorkers and includes a cost to New York State under the Affordable Care Act ("ACA").

This bill would provide that a person with a personal history of ovarian cancer shall not be denied genetic testing or genomic tumor profiling for inherited germline mutations and acquired somatic mutations. Further, it would prohibit frequency caps or other limitations. The bill provides that genetic testing includes testing for (1) genetic mutations in BRCA1 and BRCA2 genes; (2) genetic mutations associated with Lynch syndrome; (3) rearrangement analysis of all coding exons associated with ovarian cancer; and (4) additional mutations if medically necessary as determined by the patient's treating health care professional.

While the bill does not appear to directly address insurance coverage, it does provide that no person shall be denied genetic testing, with a list of certain tests that are available to the patient with a personal history of ovarian cancer. This bill does not take into account whether such testing is being done in accordance with evidence-based clinical practice guidelines. Genetic testing and genomic tumor profiling is an evolving area of science and medicine. To arbitrarily prohibit a denial without ensuring that such genetic testing is being conducted in accordance with evidence-

based clinical guidelines would result in unnecessary care and added costs to the already overburdened health care system.

If interpreted to require coverage as this bill would prohibit denials, in particular coverage that is not subject to utilization review to determine whether the service is medically necessary, this legislation would create an unfunded mandate not just on health plans, but on the entire State since this benefit is not covered as an EHB under the ACA. Under the ACA, the State must pay the full cost of any State mandates that are in addition to EHB for all individual and small group health insurance coverage, meaning the cost of this benefit for those markets would be entirely funded by New York taxpayer dollars.[1] New York consumers and employers in large group plans would also pay the cost of this benefit through premium increases.

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,

HINMAN STRAUB ADVISORS, LLC.
Legislative Counsel for the Blue Cross and Blue Shield Plans of New York

[1] 42 U.S.C. § 18031(d)(3) and 45 C.F.R. § 155.170.