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April 10, 2026

RE: AN ACT to amend the insurance law and the social services law, in relation to elevated lead levels screening

A.7953 (Forrest)
S.2334 (Rivera)

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, which would unnecessarily add duplicative coverage of preventive care already required under the Affordable Care Act ("ACA"). Specifically, this bill would require any coverage for screening of elevated lead levels to be exempt from annual deductibles or coinsurance. While this bill is laudably aimed at preventing developmental challenges caused by elevated lead levels, codifying this benefit is unnecessary, as lead level screenings are already a preventive service required to be covered without cost-sharing under the ACA.

Since 2010, the ACA has required non-grandfathered health plans to cover certain preventive care services and screenings without requiring a deductible, copayment, or coinsurance, including those with an "A" or "B" rating from the United States Preventive Services Task Force ("USPSTF") and, for children, recommendations by the Health Resources & Services Administration ("HRSA") Bright Futures Program.[1] The HRSA Bright Futures program recommends lead screenings for all children at 12 months and 24 months.[2] The program also recommends screening for lead for children at risk of lead exposure at several well child visits from six (6) months through six (6) years of age.[3] As such, this preventive service is already covered without cost-sharing for children.

As coverage for lead screenings, including those for children at risk of lead exposure between the ages of six (6) months to six (6) years, is already covered without cost-sharing as preventive care, this bill is entirely unnecessary. Further, preventive care recommendations continually change

[1] 42 U.S.C. § 300gg-13.
[2]Health Resources & Services Administration: Bright Futures, "Periodicity Schedule," *available at*: https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf.
[3] *Id*.

given additional scientific research, and recommended services by the USPSTF or HRSA may be updated to reflect breakthroughs in medical studies. Codifying a preventive service recommended today presents challenges as recommendations are updated, and the law no longer reflects a best practice for preventive care.

For all the foregoing reasons, the New York Conference of Blue Cross and Blue Shield Plans opposes the enactment of this bill.

Respectfully submitted,

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Legislative Counsel for the Blue Cross and Blue Shield Plans of New York