

**NEW YORK STATE
DEPARTMENT OF FINANCIAL SERVICES
PROPOSED
FORTY-SEVENTH AMENDMENT TO 11 NYCRR 52
(INSURANCE REGULATION 62)**

**MINIMUM STANDARDS FOR FORM, CONTENT AND SALE OF HEALTH
INSURANCE, INCLUDING STANDARDS OF FULL AND FAIR DISCLOSURE**

I, Maria T. Vullo, Superintendent of Financial Services, pursuant to the authority granted by Sections 202 and 302 of the Financial Services Law and Sections 301, 3216(i)(17) and (33), 3217, 3221(l)(8), (16), and (19), and 4303(j), (cc), and (qq) of the Insurance Law, do hereby promulgate the Forty-Seventh Amendment to Part 52 of Title 11 of the Official Compilation of Codes, Rules and Regulations of the State of New York (Insurance Regulation 62), to take effect 60 days after publication of the Notice of Adoption in the State Register, to read as follows:

(ALL MATERIAL IS NEW)

Section 52.17(a)(36) and (37) are added as follows:

(36) For coverage of contraceptive items or services provided pursuant to Insurance Law section 3216(i)(17), 4303(j) or 4303(cc), an insurer shall allow coverage for the dispensing of an initial three-month supply of a contraceptive to an insured. For subsequent dispensing of the same contraceptive prescribed by the same health care provider and covered under the same policy or renewal thereof, an insurer shall allow coverage for the dispensing of the entire prescribed supply, up to 12 months, of the contraceptive to the insured at the same time.

(37) For coverage of in-network contraceptive items or services provided pursuant to Insurance Law section 3216(i)(17) or 4303(j), an insurer shall cover at least one form of contraception within each of the methods of contraception that the federal food and drug administration has identified for women without annual deductibles or coinsurance, including co-payments. If a woman's attending health care provider recommends a particular contraceptive item or service approved by the federal food and drug administration, based on a determination of medical necessity, that is subject to cost-sharing, then the insurer shall cover that item or service without annual deductibles or coinsurance, including co-payments. The insurer shall defer to the attending health care provider's determination of medical necessity.

Section 52.18(a)(11) and (12) are added as follows:

(11) For coverage of contraceptive items or services provided pursuant to Insurance Law section 3221(l)(8), 3221(l)(16), 4303(j) or 4303(cc), an insurer shall allow coverage for the dispensing of an initial three-month supply of a contraceptive to an insured. For subsequent dispensing of the same contraceptive prescribed by the same health care provider and covered under the same policy or renewal thereof, an insurer shall allow coverage for the dispensing of the entire prescribed supply, up to 12 months, of the contraceptive to the insured at the same time.

(12) For coverage of in-network contraceptive items or services provided pursuant to Insurance Law section 3221(l)(8) or 4303(j), an insurer shall cover at least one form of contraception within each of the methods of contraception that the federal food and drug administration has identified for women without annual deductibles or coinsurance, including co-payments. If a woman's attending health care provider recommends a particular contraceptive item or service approved by the federal food and drug administration, based on a determination of medical necessity, that is subject to cost-sharing, then the insurer shall cover that item or service without annual deductibles or coinsurance, including co-payments. The insurer shall defer to the attending health care provider's determination of medical necessity.