

**NEW YORK STATE
DEPARTMENT OF FINANCIAL SERVICES
FIFTY-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, Adrienne A. Harris, Superintendent of Financial Services of the State of New York, pursuant to the authority granted by Sections 202 and 302 of the Financial Services Law and Sections 301, 3216, 3217, 3221, and 4303 of the Insurance Law, do hereby promulgate the Fifty-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 upon the filing of the Notice of Emergency Adoption with the Secretary of State, to read as follows:

(ALL MATERIAL IS NEW)

Section 52.16(p) is added as follows:

(p)(1) No policy or contract delivered or issued for delivery in this State that provides hospital, surgical, or medical expense insurance coverage shall impose, and no insured shall be required to pay, copayments, coinsurance, or annual deductibles for the following services when covered under the policy or contract:

(i) in-network laboratory tests to diagnose the novel coronavirus (COVID-19); and

(ii) visits to diagnose the novel coronavirus (COVID-19) at the following locations, including through telehealth: an in-network provider's office, an in-network urgent care center, any other in-network outpatient provider setting able to diagnose the novel coronavirus (COVID-19), or an emergency department of a hospital. Copayments, coinsurance, or annual deductibles may be imposed in accordance with the applicable policy or contract for any follow-up care or treatment for the novel coronavirus (COVID-19), including an inpatient hospital admission, as otherwise permitted by law.

(2) An insurer shall provide written notification to its in-network providers that they shall not collect any deductible, copayment, or coinsurance in accordance with this subdivision.

**Statement of the Reasons for the Emergency Measure
Fifty-Seventh Amendment to 11 NYCRR 52
(Insurance Regulation 62)**

While New York State has made incredible progress in the fight against COVID-19, to continue to effectively monitor infection levels and encourage the public to test for COVID-19, it is essential that cost-sharing not serve as a barrier to testing for COVID-19.

A component of the federal government’s recently released National COVID-19 Preparedness Plan to combat the virus is the protection and treatment of people who test positive for COVID-19. The government has secured millions of courses of the Pfizer anti-viral pill that has been shown to reduce the risk of hospitalization or death from COVID-19 by 89%. *See <https://www.whitehouse.gov/covidplan/>*. Obtaining the medication is dependent upon a positive COVID-19 test result. To ensure that New Yorkers are provided all medical intervention available to keep them safe, it is necessary to encourage the public to test for COVID-19 and eliminate cost-sharing so that it does not serve as a barrier to COVID-19 testing.

Consistent with the federal Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”), codified at 15 U.S.C. Section 9001 et seq., this amendment prohibits health care plans that provide hospital, surgical, or medical expense insurance policies or contracts from imposing, and provides that no insured shall be required to pay, copayments, coinsurance, or annual deductibles for covered in-network laboratory tests to diagnose COVID-19 and for visits to diagnose COVID-19 at the following locations, including through telehealth: an in-network provider’s office, an in-network urgent care center, any other in-network outpatient provider setting able to diagnose COVID-19, or an emergency department of a hospital. Copayments, coinsurance, or annual deductibles may be imposed in accordance with the applicable policy or contract for any follow-up care or treatment for COVID-19, including an inpatient hospital admission, as otherwise permitted by law. The amendment requires every health care plan to provide written notification of the requirements of the amendment to its in-network providers in order to ensure that the providers do not require any insured to pay a copayment, coinsurance, or annual deductible that is prohibited from being imposed under the amendment. This notification should ensure that providers do not collect a copayment, coinsurance, or annual deductible at any time, including when the services are provided, which is typically when such payment is collected.

Since the COVID-19 pandemic is constantly evolving, and to ensure that cost-sharing does not serve as a barrier to testing for COVID-19, it is imperative that this amendment be promulgated on an emergency basis for the preservation of public health.



Adrienne A. Harris
Superintendent of Financial Services

Date: March 16, 2022



Department of Financial Services

KATHY HOCHUL
Governor

ADRIENNE A. HARRIS
Superintendent

CERTIFICATION

I, Adrienne A. Harris, Superintendent of Financial Services, do hereby certify that the foregoing is the Fifty-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), entitled “Minimum Standards for Form, Content and Sale of Health Insurance, Including Standards of Full and Fair Disclosure,” signed by me on March 16, 2022, pursuant to the authority granted by Sections 202 and 302 of the Financial Services Law and Sections 301, 3216, 3217, 3221, and 4303 of the Insurance Law, to take effect upon filing the Notice of Emergency Adoption with the Secretary of State.

Pursuant to Section 202(6) of the State Administrative Procedure Act, the Fifty-Seventh Amendment to 11 NYCRR 52 (Insurance Regulation 62) is being promulgated as an emergency measure. A statement of the specific reasons for the finding of the need for emergency action is attached.

Adrienne A. Harris
Superintendent of Financial Services

Date: March 16, 2022