

**NEW YORK STATE  
DEPARTMENT OF FINANCIAL SERVICES  
FIFTY-SIXTH 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, Linda A. Lacewell, Superintendent of Financial Services, pursuant to the authority granted by Sections 202 and 302 of the Financial Services Law, Sections 301, 3216, 3217, 3221, and 4303 of the Insurance Law, and Subpart D of Part J of Chapter 57 of the Laws of 2019, do hereby promulgate the Fifty-Sixth 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 90 days after publication of the Notice of Adoption in the State Register and to apply to all policies and contracts issued, renewed, or amended on or after that date, to read as follows:

**(ALL MATERIAL IS NEW)**

**Sections 52.75 and 52.76 are added as follows:**

**§ 52.75 Prohibition on discrimination based on sexual orientation, gender identity or expression, or transgender status.**

(a) In addition to the prohibitions against discrimination set forth in section 52.72 of this Part, an insurer shall not discriminate based on an insured's or prospective insured's actual or perceived sexual orientation, gender identity or expression, or transgender status. Discrimination prohibited by this section includes any of the following:

(1) including a policy clause that purports to deny, limit, or exclude coverage based on an insured's sexual orientation, gender identity or expression, or transgender status;

(2) denying, limiting, or otherwise excluding medically necessary services or treatment otherwise covered by a policy on the basis that the treatment is for gender dysphoria; provided further that an insurer shall provide an insured with the utilization review appeal rights required by Insurance Law and Public Health Law Articles 49 for gender dysphoria treatment that is denied based on medical necessity;

(3) designating an insured's sexual orientation, gender identity or expression, or transgender status as a pre-existing condition for the purpose of denying, limiting, or excluding coverage; or

(4) denying a claim from an insured of one gender or sex for a service that is typically or exclusively provided to an individual of another gender or sex unless the insurer has taken reasonable steps, including requesting additional information, to determine whether the insured is eligible for the services prior to denial of such claim.

**§ 52.76 Coverage for preventive care and screenings.**

(a)(1) Every policy that provides hospital, surgical, or medical care coverage, except for a grandfathered health plan, shall provide coverage for preventive care and screenings for insureds pursuant to Insurance Law sections 3216(i)(17)(E), 3221(l)(8)(E) and (F), and 4303(j)(3), including coverage for preexposure prophylaxis with effective antiretroviral therapy for persons who are at high risk of HIV acquisition. Such coverage shall not be subject to cost-sharing.

(2) A policy shall cover preventive care and screenings described in Insurance Law sections 3216(i)(17)(E), 3221(l)(8)(E) and (F), and 4303(j)(3) upon any policy issuance or renewal that occurs six months after the date the recommendation or guideline described in Insurance Law sections 3216(i)(17)(E), 3221(l)(8)(E) and (F), and 4303(j)(3) is issued.

(3) A policy that provides coverage for preventive care and screenings specified in any recommendation or guideline described in Insurance Law sections 3216(i)(17)(E), 3221(l)(8)(E) and (F), and 4303(j)(3) shall provide coverage through the last day of the policy year, even if the recommendation or guideline changes during the policy year.

(4) For purposes of this section, “grandfathered health plan” shall have the meaning set forth in Insurance Law sections 3216(i)(17)(F), 3221(l)(8)(G), and 4303(j)(4).



ANDREW M. CUOMO  
Governor

## Department of Financial Services

LINDA A. LACEWELL  
Superintendent

### CERTIFICATION

I, Linda A. Lacewell, Superintendent of Financial Services, do hereby certify that the foregoing is the Fifty-Sixth Amendment to Part 52 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 April 14, 2020 pursuant to the authority granted by Sections 202 and 302 of the Financial Services Law, Sections 301, 3216, 3217, 3221, 4303 of the Insurance Law, and Subpart D of Part J of Chapter 57 of the Laws of 2019, to take effect 90 days after publication of the Notice of Adoption in the State Register and to apply to all policies and contracts issued, renewed, or amended on or after that date.

Pursuant to the provisions of the State Administrative Procedure Act, prior notice of the proposed rule was published in the New York State Register on December 18, 2019. No other publication or prior notice is required by statute.

Linda A. Lacewell  
Superintendent of Financial Services

Date: April 14, 2020