

STATE OF NEW YORK

3820--B

2025-2026 Regular Sessions

IN SENATE

January 30, 2025

Introduced by Sens. RIVERA, GIANARIS, BRISPORT, FERNANDEZ, HINCHEY, HOYLMAN-SIGAL, KRUEGER, MAYER, PERSAUD, RAMOS, STAVISKY, WEBB -- read twice and ordered printed, and when printed to be committed to the Committee on Insurance -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the insurance law, in relation to requiring health insurance policies include coverage for anesthesia for the duration of a medical procedure

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Subsection (i) of section 3216 of the insurance law is amended by adding a new paragraph 41 to read as follows:

(41) (A) Every policy that provides coverage for hospital, surgical or medical care shall provide the coverage for anesthesia, as defined by the American Medical Association's current procedural terminology codes, for the entire duration of anesthesia time and shall not impose a limit on the time of anesthesia. For the purposes of this paragraph anesthesia time shall mean the period during which an anesthesia provider is present with the patient. Anesthesia time starts when the anesthesia provider begins to prepare the patient for anesthesia services in the operating room or an equivalent area and ends when the anesthesia provider is no longer furnishing anesthesia services to the patient, that is, when the patient may be placed safely under postoperative or post-anesthesia care. In counting anesthesia time for services furnished, the anesthesia provider may include blocks of time around an interruption in anesthesia time provided the anesthesia provider is furnishing continuous anesthesia care within the time periods around the interruption. For purposes of this subsection, anesthesia provider means those authorized under state law and regulation to provide anesthesia services.

EXPLANATION--Matter in italics (underscored) is new; matter in brackets [-] is old law to be omitted.

LBD08023-04-5

1 (B) No insurer shall establish, implement, or enforce any policy,
2 practice, or procedure that imposes a time limit for the payment of
3 anesthesia services provided during a medical or surgical procedure.

4 (C) Payment for anesthesia service shall be defined by the prevailing
5 medical coding and billing standards in the professional medical billing
6 community, including but not limited to, current American Medical Asso-
7 ciation current procedural terminology codes, the Medicare Claims Proc-
8 essing Manual, and the American Society of Anesthesiologists guidance.
9 Payment for anesthesia services is based on base plus time units togeth-
10 er multiplied by an anesthesia conversion factor, as defined in the
11 individual contract between the insurer and anesthesia provider or
12 group. Anesthesia time units are recognized with appropriate time inter-
13 vals. Each time unit interval must be no more than fifteen minutes in
14 length. The sum of the time unit intervals must add up to the duration
15 of the anesthesia time as defined in subparagraph (A) of this paragraph.

16 § 2. Subsection (1) of section 3221 of the insurance law is amended by
17 adding a new paragraph 23 to read as follows:

18 (23) (A) Every insurer delivering a group or blanket policy or issuing
19 a group or blanket policy for delivery in this state that provides
20 coverage for hospital, surgical or medical care shall provide the cover-
21 age for anesthesia, as defined by the American Medical Association's
22 current procedural terminology codes, for the entire duration of anes-
23 thesia time and shall not impose a limit on the time of anesthesia. For
24 the purposes of this paragraph anesthesia time shall mean the period
25 during which an anesthesia provider is present with the patient. Anes-
26 thesia time starts when the anesthesia provider begins to prepare the
27 patient for anesthesia services in the operating room or an equivalent
28 area and ends when the anesthesia provider is no longer furnishing anes-
29 thesia services to the patient, that is, when the patient may be placed
30 safely under postoperative or post-anesthesia care. In counting anes-
31 thesia time for services furnished, the anesthesia provider may include
32 blocks of time around an interruption in anesthesia time provided the
33 anesthesia provider is furnishing continuous anesthesia care within the
34 time periods around the interruption. For purposes of this paragraph,
35 anesthesia provider means those authorized under state law and regu-
36 lation to provide anesthesia services.

37 (B) No insurer shall establish, implement, or enforce any policy,
38 practice, or procedure that imposes a time limit for the payment of
39 anesthesia services provided during a medical or surgical procedure.

40 (C) Payment for anesthesia service shall be defined by the prevailing
41 medical coding and billing standards in the professional medical billing
42 community, including but not limited to, current American Medical Asso-
43 ciation current procedural terminology codes, the Medicare Claims Proc-
44 essing Manual, and the American Society of Anesthesiologists guidance.
45 Payment for anesthesia services is based on base plus time units togeth-
46 er multiplied by an anesthesia conversion factor, as defined in the
47 individual contract between the insurer and anesthesia provider or
48 group. Anesthesia time units are recognized with appropriate time inter-
49 vals. Each time unit interval must be no more than fifteen minutes in
50 length. The sum of the time unit intervals must add up to the duration
51 of the anesthesia time as defined in subparagraph (A) of this paragraph.

52 § 3. Section 4303 of the insurance law is amended by adding a new
53 subsection (ww) to read as follows:

54 (ww) A medical expense indemnity corporation, a hospital service
55 corporation or a health service corporation that provides coverage for
56 hospital, surgical or medical care shall provide the coverage for anes-

1 thesia, as defined by the American Medical Association's current proce-
2 dural terminology codes, for the entire duration of anesthesia time and
3 shall not impose a limit on the time of anesthesia. For the purposes of
4 this subsection anesthesia time shall mean the period during which an
5 anesthesia provider is present with the patient. Anesthesia time starts
6 when the anesthesia provider begins to prepare the patient for anes-
7 thesia services in the operating room or an equivalent area and ends
8 when the anesthesia provider is no longer furnishing anesthesia services
9 to the patient, that is, when the patient may be placed safely under
10 postoperative or post-anesthesia care. In counting anesthesia time for
11 services furnished, the anesthesia provider may include blocks of time
12 around an interruption in anesthesia time provided the anesthesia
13 provider is furnishing continuous anesthesia care within the time peri-
14 ods around the interruption. For purposes of this subsection, anesthesia
15 provider means those authorized under state law and regulation to
16 provide anesthesia services.

17 § 4. This act shall take effect immediately.