STATE OF NEW YORK

10397

IN ASSEMBLY

March 3, 2026

Introduced by M. of A. LUNSFORD -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to the date of enrollment in the child health insurance plan program; and to repeal certain provisions of such law relating thereto

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

Section 1. Paragraph (g) of subdivision 2 of section 2511 of the public health law is REPEALED and a new paragraph (g) is added to read as follows:

(g) Notwithstanding any inconsistent provision of law, rule or regulation:

(i) A child under the age of nineteen who meets the eligibility criteria set forth in this subdivision or subdivision five of this section, as determined by an approved organization or the health insurance exchange marketplace, whichever is applicable, shall be enrolled retroactively to the first day of the month in which the child is deemed eligible pursuant to subparagraph (ii) of this paragraph, provided that the child or the applicant for insurance on the child's behalf submits a completed and signed application and required information and documentation.

(ii) A child under the age of nineteen shall be presumed eligible for subsidy payments under this subdivision or eligible for coverage under subdivision five of this section, provided that the child or the applicant for insurance on such child's behalf submits a completed and signed application. Once eligibility is determined by the approved organization or the health insurance exchange marketplace, whichever is applicable, on the basis of preliminary information, the child shall be enrolled retroactively to the first day of the month in which the child is deemed eligible. Such retroactive enrollment shall apply notwithstanding the timing of any enrollment period. All other procedures and standards regarding presumptive enrollment applicable to eligible children enrolled under this title and specified in state contracts with approved organizations or implemented by the health insurance exchange market-

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

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place, whichever is applicable, shall apply to presumptive enrollment of children under the age of nineteen.

§ 2. Subdivision 3 of section 2511 of the public health law, as amended by chapter 2 of the laws of 1998, is amended to read as follows:

3. Subsidy payments shall be made, pursuant to subdivision eight of this section, to approved organizations for the purposes of subsidizing the entire cost of coverage for eligible children meeting the criteria of subdivision two of this section. Notwithstanding any inconsistent provision of this subdivision, the total annual aggregate cost-sharing with respect to all eligible children in a family under this section shall not exceed amounts provided pursuant to applicable federal law. In order to be eligible for a subsidy payment pursuant to this subdivision a premium payment shall be paid for an eligible child in accordance with the provisions of subdivision nine of section twenty-five hundred ten of this title. Nothing herein shall preclude payment of the premium on behalf of an eligible child on a monthly, quarterly, semi-annual or annual basis. **Subsidy payments made pursuant to this subdivision shall include payment for covered health care services provided during any period of retroactive presumptive enrollment authorized pursuant to paragraph (g) of subdivision two of this section.**

§ 3. Subdivision 19 of section 2511 of the public health law, as added by chapter 451 of the laws of 2007, is amended to read as follows:

19. Claims submitted to an approved organization for payment for medical care, services, or supplies furnished by an out-of-network health care provider must be submitted within fifteen months of the date the medical care, services, or supplies were furnished to an eligible person to be valid and enforceable against the approved organization. If a claim by an out-of-network health care provider is not submitted within fifteen months of the date that the medical care, services or supplies were furnished and the claim is subsequently denied by the approved organization for that reason, such out-of-network health care provider shall not seek payment for such medical care, services or supplies from the enrollee. This deadline for claims submission shall not apply where the claims submission is warranted to address findings or recommendations identified in a state or federal audit except where such audit also indicates that an inappropriate provider payment was solely the fault of the out-of-network health care provider. **For purposes of this subdivision, medical care, services, or supplies provided during a period of retroactive presumptive enrollment authorized pursuant to paragraph (g) of subdivision two of this section shall be deemed to have been provided to an eligible person.**

§ 4. This act shall take effect immediately.