STATE OF NEW YORK

11688

IN ASSEMBLY

September 2, 2026

Introduced by COMMITTEE ON RULES -- (at request of M. of A. Weprin) -- read once and referred to the Committee on Insurance

AN ACT to amend the insurance law, in relation to reducing inequities in access to medical procedures

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

Section 1. Section 3217-b of the insurance law is amended by adding a new subsection (q) to read as follows:

(q) (1) No insurer, health maintenance organization, or any other entity subject to this article shall, by contract, written policy, or procedure, reduce the payment of a negotiated rate for evaluation and management or procedural services furnished by a participating provider that are otherwise covered services, solely because the provider also billed other health care services, including but not limited to minor procedures, on the same day as the evaluation and management or procedural services.

(2) Any provision of a participating provider agreement that allows for a reduction in reimbursement as prohibited by this subsection shall be void and unenforceable.

(3) With respect to an insured enrolled in a health benefit plan under which the insurer or utilization review organization only provides administrative services, the obligations created by this subsection shall be limited to recommending to the third-party payor that coverage and payment should be authorized in accordance with the prohibitions set forth herein.

§ 2. This act shall take effect immediately and shall apply to all contracts and policies issued, renewed, modified, or amended on or after such effective date.

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

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