STATE OF NEW YORK

6596--C

2025-2026 Regular Sessions

IN ASSEMBLY

March 6, 2025

Introduced by M. of A. ROSENTHAL, CRUZ, GONZALEZ-ROJAS, SEAWRIGHT, LUNSFORD, DAVILA, SIMONE, REYES, ROMERO, P. CARROLL, MEEKS, KELLES, LEVENBERG, HEVESI, SHIMSKY, BORES, SIMON, LEE, MORENO -- read once and referred to the Committee on Health -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- recommitted to the Committee on Health in accordance with Assembly Rule 3, sec. 2 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- again reported from said committee with amendments, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the social services law and the public health law, in relation to requiring Medicaid to cover gender-affirming care regardless of federal funding; to amend the executive law, in relation to prohibiting discriminatory practices by health care entities; and to amend the insurance law, in relation to prohibiting discriminatory practices by insurers and to coverage for treatment for gender dysphoria or gender incongruence

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

Section 1. Subdivision 2 of section 365-a of the social services law is amended by adding a new paragraph (oo) to read as follows:

(oo) all medically necessary gender-affirming care regardless of whether any federal funds are available for such coverage.

§ 2. Subdivision 7 of section 2510 of the public health law, as amended by section 1 of part DDD of chapter 56 of the laws of 2022, is amended to read as follows:

7. "Covered health care services" means: the services of physicians, optometrists, nurses, nurse practitioners, midwives and other related professional personnel which are provided on an outpatient basis, including routine well-child visits; diagnosis and treatment of illness and injury; inpatient health care services; laboratory tests; diagnostic

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

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x-rays; prescription and non-prescription drugs, ostomy and other medical supplies and durable medical equipment; radiation therapy; chemotherapy; hemodialysis; outpatient blood clotting factor products and other treatments and services furnished in connection with the care of hemophilia and other blood clotting protein deficiencies; emergency room services; ambulance services; hospice services; emergency, preventive and routine dental care, including orthodontia but excluding cosmetic surgery; emergency, preventive and routine vision care, including eyeglasses; speech and hearing services; inpatient and outpatient mental health, alcohol and substance abuse services, including children and family treatment and support services, children's home and community based services, assertive community treatment services and residential rehabilitation for youth services which shall be reimbursed in accordance with the ambulatory patient group (APG) rate-setting methodology as utilized by the department of health, the office of addiction services and supports, or the office of mental health for rate-setting purposes or any such other fees established pursuant to article forty-three of the mental hygiene law; **all gender-affirming care regardless of whether any federal funds are available for such coverage;** and health-related services provided by voluntary foster care agency health facilities licensed pursuant to article twenty-nine-I of this chapter; as defined by the commissioner. "Covered health care services" shall not include drugs, procedures and supplies for the treatment of erectile dysfunction when provided to, or prescribed for use by, a person who is required to register as a sex offender pursuant to article six-C of the correction law, provided that any denial of coverage of such drugs, procedures or supplies shall provide the patient with the means of obtaining additional information concerning both the denial and the means of challenging such denial.

§ 3. Subdivision 9 of section 292 of the executive law, as amended by chapter 89 of the laws of 2015, is amended and a new subdivision 43 is added to read as follows:

9. The term "place of public accommodation, resort or amusement" shall include, regardless of whether the owner or operator of such place is a state or local government entity or a private individual or entity, except as hereinafter specified, all places included in the meaning of such terms as: inns, taverns, road houses, hotels, motels, whether conducted for the entertainment of transient guests or for the accommodation of those seeking health, recreation or rest, or restaurants, or eating houses, or any place where food is sold for consumption on the premises; buffets, saloons, barrooms, or any store, park or enclosure where spirituous or malt liquors are sold; ice cream parlors, confectionaries, soda fountains, and all stores where ice cream, ice and fruit preparations or their derivatives, or where beverages of any kind are retailed for consumption on the premises; wholesale and retail stores and establishments dealing with goods or services of any kind, dispensaries, clinics, hospitals, **health care entities,** bath-houses, swimming pools, laundries and all other cleaning establishments, barber shops, beauty parlors, theatres, motion picture houses, airdromes, roof gardens, music halls, race courses, skating rinks, amusement and recreation parks, trailer camps, resort camps, fairs, bowling alleys, golf courses, gymnasiums, shooting galleries, billiard and pool parlors; garages, all public conveyances operated on land or water or in the air, as well as the stations and terminals thereof; travel or tour advisory services, agencies or bureaus; public halls, public rooms, public elevators, and any public areas of any building or structure. Such term shall

not include kindergartens, primary and secondary schools, high schools, academies, colleges and universities, extension courses, and all educational institutions under the supervision of the regents of the state of New York; any such kindergarten, primary and secondary school, academy, college, university, professional school, extension course or other education facility, supported in whole or in part by public funds or by contributions solicited from the general public; or any institution, club or place of accommodation which proves that it is in its nature distinctly private. In no event shall an institution, club or place of accommodation be considered in its nature distinctly private if it has more than one hundred members, provides regular meal service and regularly receives payment for dues, fees, use of space, facilities, services, meals or beverages directly or indirectly from or on behalf of a nonmember for the furtherance of trade or business. An institution, club, or place of accommodation which is not deemed distinctly private pursuant to this subdivision may nevertheless apply such selective criteria as it chooses in the use of its facilities, in evaluating applicants for membership and in the conduct of its activities, so long as such selective criteria do not constitute discriminatory practices under this article or any other provision of law. For the purposes of this section, a corporation incorporated under the benevolent orders law or described in the benevolent orders law but formed under any other law of this state or a religious corporation incorporated under the education law or the religious corporations law shall be deemed to be in its nature distinctly private.

No institution, club, organization or place of accommodation which sponsors or conducts any amateur athletic contest or sparring exhibition and advertises or bills such contest or exhibition as a New York state championship contest or uses the words "New York state" in its announcements shall be deemed a private exhibition within the meaning of this section.

43. The term "health care entity" means:

(a) a hospital or provider as defined by section twenty-eight hundred one of the public health law; or

(b) a professional licensed under article one hundred thirty-one, one hundred thirty-one-B, one hundred thirty-one-C, one hundred thirty-two, one hundred thirty-three, one hundred thirty-four, one hundred thirty-six, one hundred thirty-seven, one hundred thirty-seven-A, one hundred thirty-nine, one hundred forty, one hundred forty-one, one hundred forty-three, one hundred forty-four, one hundred fifty-three, one hundred fifty-seven, one hundred sixty-three, one hundred sixty-four, or one hundred sixty-seven of the education law; or

(c) an issuer or provider of coverage for health insurance, as defined by section seven thousand seven hundred five of the insurance law.

§ 4. Paragraph (a) of subdivision 2 of section 296 of the executive law, as separately amended by chapters 202 and 748 of the laws of 2022, is amended to read as follows:

(a) It shall be an unlawful discriminatory practice for any person, being the owner, lessee, proprietor, manager, superintendent, agent or employee of any place of public accommodation, resort or amusement, because of the race, creed, color, national origin, citizenship or immigration status, sexual orientation, gender identity or expression, military status, sex, disability, **predisposing genetic characteristics, familial status,** marital status, or status as a victim of domestic violence, of any person, directly or indirectly, to refuse, withhold from or deny to such person any of the accommodations, advantages,

facilities or privileges thereof, including the extension of credit, or, directly or indirectly, to publish, circulate, issue, display, post or mail any written or printed communication, notice or advertisement, to the effect that any of the accommodations, advantages, facilities and privileges of any such place shall be refused, withheld from or denied to any person on account of race, creed, color, national origin, citizenship or immigration status, sexual orientation, gender identity or expression, military status, sex, disability [~~or~~]**, predisposing genetic characteristics, familial status,** marital status, or that the patronage or custom thereat of any person of or purporting to be of any particular race, creed, color, national origin, citizenship or immigration status, sexual orientation, gender identity or expression, military status, sex or marital status, or having a disability is unwelcome, objectionable or not acceptable, desired or solicited.

§ 5. The section heading and the opening paragraph and paragraph 4 of subsection (a) of section 3243 of the insurance law, as added by section 2 of subpart D of part J of chapter 57 of the laws of 2019, are amended and a new subsection (c) is added to read as follows:

Discrimination [~~because of sex or marital status~~] in hospital, surgical or medical expense insurance.

With regard to an accident and health insurance policy that provides hospital, surgical, or medical expense coverage or a policy of student accident and health insurance, as defined in subsection (a) of section three thousand two hundred forty of this article, delivered or issued for delivery in this state, no insurer shall because of [~~sex, marital status~~] **age, race, creed, color, national origin, citizenship or immigration status, sexual orientation, gender identity or expression, military status, sex, disability, predisposing genetic characteristics, familial status, marital status, or status as a victim of domestic violence, pre-existing condition,** or based on pregnancy, false pregnancy, termination of pregnancy, or recovery therefrom, childbirth or related medical conditions:

(4) insert in the policy any condition, or make any stipulation, whereby the insured binds [~~his or herself~~] **themselves**, or [~~his or her~~] **such insured's** heirs, executors, administrators or assigns, to accept any sum or service less than the full value or amount of such policy in case of a claim thereon except such conditions and stipulations as are imposed upon others in similar cases; and any such stipulation or condition so made or inserted shall be void;

(c) 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 or gender incongruence; provided further that an insurer shall provide an insured with the utilization review appeal rights required by insurance law and public health law articles forty-nine for gender dysphoria or gender incongruence 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.

§ 6. Section 4303 of the insurance law is amended by adding a new subsection (yy) to read as follows:

(yy) (1) Every policy which provides hospital, surgical, or medical coverage shall provide medically necessary services or treatment otherwise covered by a policy on the basis that the treatment is for gender dysphoria or gender incongruence.

(2) Coverage for gender dysphoria or gender incongruence shall not be subject to annual deductibles or coinsurance, including co-payments, unless the policy is a high deductible health plan as defined in section 223(c)(2) of the internal revenue code of 1986, in which case coverage for gender dysphoria or gender incongruence may be subject to the plan's annual deductible.

§ 7. Subsection (k) of section 3221 of the insurance law is amended by adding a new paragraph 24 to read as follows:

(24) (A) Every policy which provides hospital, surgical, or medical coverage shall also provide coverage for medically necessary services or treatments for gender dysphoria or gender incongruence that are otherwise covered by the policy.

(B) Coverage for the treatment of gender dysphoria or gender incongruence shall not be subject to annual deductibles or coinsurance, including co-payments, unless the policy is a high deductible health plan as defined in section 223(c)(2) of the internal revenue code of 1986, in which case coverage for gender dysphoria or gender incongruence may be subject to the plan's annual deductible.

§ 8. Subsection (i) of section 3216 of the insurance law is amended by adding a new paragraph 42 to read as follows:

(42) (A) Every policy which provides hospital, surgical, or medical coverage shall also provide coverage for medically necessary services or treatments for gender dysphoria or gender incongruence that are otherwise covered by the policy.

(B) Coverage for gender dysphoria or gender incongruence shall not be subject to annual deductibles or coinsurance, including co-payments, unless the policy is a high deductible health plan as defined in section 223(c)(2) of the internal revenue code of 1986, in which case coverage for gender dysphoria or gender incongruence may be subject to the plan's annual deductible.

§ 9. Severability. If any clause, sentence, paragraph, section or part of this act shall be adjudged by any court of competent jurisdiction to be invalid and after exhaustion of all further judicial review, the judgment shall not affect, impair or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, section or part of this act directly involved in the controversy in which the judgment shall have been rendered.

§ 10. This act shall take effect immediately.