

STATE OF NEW YORK

7298

2025-2026 Regular Sessions

IN ASSEMBLY

March 25, 2025

Introduced by M. of A. WOERNER -- read once and referred to the Committee on Insurance

AN ACT to amend the financial services law, in relation to including ambulance services to the emergency room as part of emergency services for the purposes of surprise bills

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

1 Section 1. Subsection (b) of section 603 of the financial services
2 law, as added by section 26 of part H of chapter 60 of the laws of 2014,
3 is amended to read as follows:

4 (b) "Emergency services" means, with respect to an emergency condi-
5 tion: (1) a medical screening examination as required under section
6 1867 of the social security act, 42 U.S.C. § 1395dd, which is within the
7 capability of the emergency department of a hospital, including ancil-
8 lary services routinely available to the emergency department to evalu-
9 ate such emergency medical condition; ~~[and]~~ (2) within the capabilities
10 of the staff and facilities available at the hospital, such further
11 medical examination and treatment as are required under section 1867 of
12 the social security act, 42 U.S.C. § 1395dd, to stabilize the patient;
13 and (3) public or private ambulance services to the emergency room for
14 treatment of an emergency condition.

15 § 2. Paragraphs 1 and 2 of subsection (a) of section 605 of the finan-
16 cial services law, as amended by section 5 of subpart A of part AA of
17 chapter 57 of the laws of 2022, are amended to read as follows:

18 (1) When a health care plan receives a bill for emergency services
19 from a non-participating provider, including a bill for ambulance
20 services or inpatient services which follow an emergency room visit, the
21 health care plan shall pay an amount that it determines is reasonable
22 for the emergency services, including ambulance services or inpatient
23 services which follow an emergency room visit, rendered by the non-par-
24 ticipating provider, in accordance with section three thousand two

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

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1 hundred twenty-four-a of the insurance law, except for the insured's
2 co-payment, coinsurance or deductible, if any, and shall ensure that the
3 insured shall incur no greater out-of-pocket costs for the emergency
4 services, including ambulance services or inpatient services which
5 follow an emergency room visit, than the insured would have incurred
6 with a participating provider. The non-participating provider may bill
7 the health care plan for the services rendered. Upon receipt of the
8 bill, the health care plan shall pay the non-participating provider the
9 amount prescribed by this section and any subsequent amount determined
10 to be owed to the provider in relation to the emergency services
11 provided, including ambulance services or inpatient services which
12 follow an emergency room visit.

13 (2) A non-participating provider or a health care plan may submit a
14 dispute regarding a fee or payment for emergency services, including
15 ambulance services or inpatient services which follow an emergency room
16 visit, for review to an independent dispute resolution entity.

17 § 2-a. Paragraphs 1 and 2 of subsection (a) of section 605 of the
18 financial services law, as amended by section 13 of subpart A of part II
19 of chapter 57 of the laws of 2023, are amended to read as follows:

20 (1) When a health care plan receives a bill for emergency services
21 from a non-participating provider, including a bill for ambulance
22 services or inpatient services which follow an emergency room visit, or
23 a bill for services from a mobile crisis intervention services provider
24 licensed, certified, or designated by the office of mental health or the
25 office of addiction services and supports, the health care plan shall
26 pay an amount that it determines is reasonable for the emergency
27 services, including ambulance services or inpatient services which
28 follow an emergency room visit or for the mobile crisis intervention
29 services, rendered by the non-participating provider, in accordance with
30 section three thousand two hundred twenty-four-a of the insurance law,
31 except for the insured's co-payment, coinsurance or deductible, if any,
32 and shall ensure that the insured shall incur no greater out-of-pocket
33 costs for the emergency services, including ambulance services or inpa-
34 tient services which follow an emergency room visit or for the mobile
35 crisis intervention services, than the insured would have incurred with
36 a participating provider. The non-participating provider may bill the
37 health care plan for the services rendered. Upon receipt of the bill,
38 the health care plan shall pay the non-participating provider the amount
39 prescribed by this section and any subsequent amount determined to be
40 owed to the provider in relation to the emergency services provided,
41 including ambulance services or inpatient services which follow an emer-
42 gency room visit or for the mobile crisis intervention services.

43 (2) A non-participating provider or a health care plan may submit a
44 dispute regarding a fee or payment for emergency services, including
45 ambulance services or inpatient services which follow an emergency room
46 visit, or for services rendered by a mobile crisis intervention services
47 provider licensed, certified, or designated by the office of mental
48 health or the office of addiction services and supports, for review to
49 an independent dispute resolution entity.

50 § 3. Paragraph 1 of subsection (b) of section 605 of the financial
51 services law, as amended by section 2 of part YY of chapter 56 of the
52 laws of 2020, is amended to read as follows:

53 (1) A patient that is not an insured or the patient's physician may
54 submit a dispute regarding a fee for emergency services, including ambu-
55 lance services or inpatient services which follow an emergency room

1 visit, for review to an independent dispute resolution entity upon
2 approval of the superintendent.

3 § 4. Subsection (b) of section 606 of the financial services law, as
4 amended by section 7 of subpart A of part AA of chapter 57 of the laws
5 of 2022, is amended to read as follows:

6 (b) A non-participating provider shall not bill an insured for emer-
7 gency services, including ambulance services or inpatient services which
8 follow an emergency room visit, except for any applicable copayment,
9 coinsurance or deductible that would be owed if the insured utilized a
10 participating provider.

11 § 4-a. Subsection (b) of section 606 of the financial services law, as
12 amended by section 14 of subpart A of part II of chapter 57 of the laws
13 of 2023, is amended to read as follows:

14 (b) A non-participating provider shall not bill an insured for emer-
15 gency services, including ambulance services or inpatient services which
16 follow an emergency room visit, or for services rendered by a mobile
17 crisis intervention services provider licensed, certified, or designated
18 by the office of mental health or the office of addiction services and
19 supports, except for any applicable copayment, coinsurance or deductible
20 that would be owed if the insured utilized a participating provider.

21 § 5. This act shall take effect immediately and shall apply to poli-
22 cies and contracts issued, renewed, amended, modified or altered on or
23 after such date; provided however, that section two-a of this act shall
24 take effect on the same date and in the same manner as section 13 of
25 subpart A of part II of chapter 57 of the laws of 2023, takes effect;
26 and provided further however, that section four-a shall take effect on
27 the same date and in the same manner as section 14 of subpart A of part
28 II of chapter 57 of the laws of 2023, takes effect.