STATE OF NEW YORK

7981

2025-2026 Regular Sessions

IN ASSEMBLY

April 16, 2025

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

AN ACT to amend the insurance law and the public health law, in relation to requiring providers to share electronic medical records with healthcare plans

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 (p) to read as follows:

(p) A contract between an insurer and a hospital shall include a provision that provides for medical records requested by the insurer or its utilization review agent to be made available electronically by the hospital in accordance with subdivision fifteen of section twenty-eight hundred three of the public health law, including direct access by the insurer or its utilization review agent to retrieve such records to perform utilization review pursuant to title one of article forty-nine of this chapter.

§ 2. Section 4325 of the insurance law is amended by adding a new subsection (p) to read as follows:

(p) A contract between a corporation and a hospital shall include a provision that provides for medical records requested by the corporation or its utilization review agent to be made available electronically by the hospital in accordance with subdivision fifteen of section twenty-eight hundred three of the public health law, including direct access by the corporation or its utilization review agent to retrieve such records to perform utilization review pursuant to title one of article forty-nine of this chapter.

§ 3. Subsection (g) of section 4905 of the insurance law, as amended by section 5 of subpart C of part AA of chapter 57 of the laws of 2022, is amended to read as follows:

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

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(g) When making prospective, concurrent and retrospective determinations, utilization review agents shall collect only such information as is necessary to make such determination and shall not routinely require health care providers to numerically code diagnoses or procedures to be considered for certification or routinely request copies of medical records of all patients reviewed. During prospective or concurrent review, copies of medical records shall only be required when necessary to verify that the health care services subject to such review are medically necessary. In such cases, only the necessary or relevant sections of the medical record shall be required. A utilization review agent may request copies of partial or complete medical records retrospectively. **Medical records requested by utilization review agents for purposes of this subsection shall be provided electronically by participating hospitals pursuant to subdivision fifteen of section twenty-eight hundred three of the public health law.**

§ 4. Section 4406-c of the public health law is amended by adding a new subdivision 14 to read as follows:

14. A contract between a health care plan and a hospital shall include a provision that provides for medical records requested by the health care plan or its utilization review agent to be made available electronically by the hospital in accordance with subdivision fifteen of section twenty-eight hundred three of this chapter, including direct access by the health care plan or its utilization review agent to retrieve such records to perform utilization review pursuant to title one of article forty-nine of this chapter.

§ 5. Section 2803 of the public health law is amended by adding a new subdivision 15 to read as follows:

15. (a) The commissioner shall require every general hospital subject to this article that participates in a health care plan's provider network to timely share electronic medical records with such health care plan or their utilization review agent for purposes of utilization review performed pursuant to article forty-nine of this chapter or article forty-nine of the insurance law. Such sharing and transmission of electronic medical records shall be set forth in the contract between the health care plan and the general hospital, in accordance with the requirements of this subdivision.

(b) Records disclosed pursuant to paragraph (a) of this subdivision shall:

(i) be used exclusively for individual claim care review, adjudication and to promote patient privacy and shall not be used for any auditing function or to detect any historical patterns of billing or abuse;

(ii) include the entire medical record and not exclude data which may limit access to admission, discharge, and treatment information; and

(iii) not be used by a health care plan to separately request additional information to support a coverage determination if the information is otherwise available in an electronic medical record.

(c) A health care plan using electronic medical records under this subdivision shall not seek information that they are not already permitted to receive. Health care plans shall prioritize the safeguarding of their enrollees' data, including their protected health information and personally identifiable information, and must implement interoperability protocols that ensure different billing systems promote access to records. To the extent feasible and necessary, health care plans shall also seek to be Health Information Trust Alliance (HITRUST) certified, which requires demonstrating and following global standards for data security and privacy compliance.

(d) For purposes of this subdivision, "health care plan" means a health maintenance organization certified pursuant to article forty-four of this chapter, an insurer licensed to write accident and health insurance pursuant to article thirty-two of the insurance law, a corporation organized pursuant to article forty-three of the insurance law, a municipal cooperative health benefit plan certified pursuant to article forty-seven of the insurance law, or a student health plan established or maintained pursuant to section one thousand one hundred twenty-four of the insurance law.

§ 6. Subdivision 7 of section 4905 of the public health law, as amended by section 6 of subpart C of part AA of chapter 57 of the laws of 2022, is amended to read as follows:

7. When making prospective, concurrent and retrospective determinations, utilization review agents shall collect only such information as is necessary to make such determination and shall not routinely require health care providers to numerically code diagnoses or procedures to be considered for certification or routinely request copies of medical records of all patients reviewed. During prospective or concurrent review, copies of medical records shall only be required when necessary to verify that the health care services subject to such review are medically necessary. In such cases, only the necessary or relevant sections of the medical record shall be required. A utilization review agent may request copies of partial or complete medical records retrospectively. **Medical records requested by utilization review agents for purposes of this subdivision shall be provided electronically by health care providers pursuant to subdivision fifteen of section twenty-eight hundred three of this chapter.**

§ 7. This act shall take effect on the ninetieth day after it shall have become a law; provided that sections one, two and four of this act shall apply to contracts issued, renewed, modified, altered or amended on or after such date.