

STATE OF NEW YORK

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2025-2026 Regular Sessions

IN ASSEMBLY

October 17, 2025

Introduced by M. of A. ALVAREZ, TAPIA -- read once and referred to the Committee on Health -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT in relation to establishing the New York-Dominican health partnership act, creating a commission to study and develop a framework for authorizing New York state-funded health services for eligible seniors and individuals with disabilities residing part-time or full-time in the Dominican Republic through a pilot partnership with the Seguro Nacional de Salud (SeNaSa), the primary public health insurer of the Dominican Republic, and to explore bilateral health collaboration between the state of New York and the Dominican Republic; and providing for the repeal of such provisions upon expiration thereof

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

1 Section 1. Short title. This act shall be known and may be cited as
2 the "New York-Dominican health partnership act".

3 § 2. Legislative findings and intent. 1. The legislature finds that:

4 (a) A significant number of New York state residents, particularly
5 seniors aged 65 years and older and individuals with disabilities who
6 are enrolled in the New York state Medicaid program, maintain close
7 cultural, familial, and residential ties with the Dominican Republic,
8 often residing six months or more of each year in the Dominican Republic
9 while remaining eligible for health care and social services in New York
10 state;

11 (b) Such dual-residence patterns create significant gaps in health
12 care continuity, as the federal Medicaid program does not authorize
13 payment for medical services rendered outside the United States, result-
14 ing in eligible beneficiaries delaying or forgoing necessary primary and
15 preventive care while residing abroad;

16 (c) The absence of accessible, affordable primary and preventive care
17 for these populations while residing in the Dominican Republic often

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

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1 leads to the progression of manageable health conditions into acute or
2 emergency situations requiring costly interventions upon the benefici-
3 ary's return to New York state, thereby increasing overall Medicaid
4 expenditures;

5 (d) Medical services in the Dominican Republic can often be delivered
6 at substantially lower costs than comparable services in New York state,
7 while maintaining acceptable quality standards, particularly when coor-
8 dinated through accredited facilities and the Dominican Republic's
9 established public health insurance infrastructure;

10 (e) The Dominican Republic operates a comprehensive three-tiered
11 public health insurance system managed by the Seguro Nacional de Salud
12 (SeNaSa), which serves over seven million beneficiaries and maintains an
13 extensive network of certified public and private health care providers
14 throughout the country;

15 (f) SeNaSa operates under the regulatory oversight of the Superinten-
16 dencia de Salud y Riesgos Laborales (SISALRIL) and provides coverage
17 through multiple regimes, including the Contributory Subsidized Regime
18 (Regimen Contributivo Subsidiado), which provides coverage for self-em-
19 ployed workers and individuals with limited income who have not contrib-
20 uted to the social security system through payroll taxes;

21 (g) A bilateral health partnership between New York state and the
22 Dominican Republic, utilizing SeNaSa's established infrastructure and
23 provider network, represents an innovative approach to addressing health
24 care access gaps while potentially generating long-term savings for the
25 New York state Medicaid program;

26 (h) There are approximately eight hundred thousand dual-eligible medi-
27 care-Medicaid enrollees in New York state, many of whom are seniors of
28 Dominican heritage who maintain connections to the Dominican Republic;
29 and

30 (i) An initial pilot program funded entirely with state-only dollars
31 could demonstrate proof of concept for such partnerships, including the
32 viability of cross-border payment systems, care coordination mechanisms,
33 quality assurance protocols, and cost-effectiveness, thereby providing
34 the evidentiary basis for a potential federal section 1115 demonstration
35 waiver application to the Centers for Medicare and Medicaid Services.

36 2. It is the intent of this legislation to:

37 (a) Establish a commission to evaluate the feasibility and develop a
38 framework for a state-only funded pilot program that would provide
39 primary and preventive health care services to eligible New York state
40 Medicaid beneficiaries aged 65 years and older who reside part-time or
41 full-time in the Dominican Republic;

42 (b) Explore the establishment of a formal partnership between the New
43 York state Medicaid program and the Seguro Nacional de Salud (SeNaSa) of
44 the Dominican Republic to deliver covered health care services through
45 SeNaSa's Contributory Subsidized Regime tier and its network of certi-
46 fied providers;

47 (c) Improve health care accessibility and affordability for eligible
48 New York state residents residing abroad by ensuring continuity of care
49 and access to primary and preventive services that would otherwise be
50 unavailable or unaffordable;

51 (d) Reduce overall Medicaid expenditures by preventing the escalation
52 of manageable health conditions into acute or emergency situations
53 requiring costly interventions upon beneficiaries' return to New York
54 state;

(e) Strengthen bilateral cooperation between the state of New York and the Dominican Republic in public health, health care delivery, medical education, and elder care;

(f) Develop the operational infrastructure, including payment mechanisms, provider credentialing, care coordination protocols, and quality measurement systems, necessary to support a cross-border health care partnership; and

(g) Generate sufficient evidence of cost-effectiveness and program viability to support a future application to the Centers for Medicare and Medicaid Services for a section 1115 demonstration waiver and potential designation as a designated state health program (DSHP), which could provide federal matching funds of up to 50 percent of program costs.

3. Nothing in this act shall be construed to expand eligibility for federal Medicaid expenditures outside the United States, unless expressly authorized by federal law or waiver. The pilot program contemplated by this act shall be funded exclusively with state-only appropriations until such time as federal approval and matching funds are obtained.

§ 3. Definitions. As used in this act, the following terms shall have the following meanings:

1. "Commission" means the New York-Dominican health partnership commission established pursuant to section four of this act.

2. "Contributory subsidized regime" means the tier of coverage within the Dominican Social Security System (Sistema Dominicano de Seguridad Social) that provides health coverage for self-employed workers, independent professionals, technical workers, and others with average wages equivalent to or higher than the national minimum wage who have not contributed to the system through payroll taxes, funded through contributions from the worker and a state subsidy.

3. "Covered services" means primary care, preventive care, chronic disease management, and such other health care services as the commission may recommend for inclusion in the pilot program, excluding acute care, emergency care, surgical interventions, and other services to be specified by the commission.

4. "Designated state health program" or "DSHP" means a state-funded health program that may be approved by the Centers for Medicare and Medicaid Services under a section 1115 demonstration waiver as eligible for federal financial participation.

5. "Dominican Ministry of Public Health" or "Ministerio de Salud Publica" means the cabinet-level ministry of the government of the Dominican Republic responsible for public health policy and regulation.

6. "Dual-eligible beneficiary" means an individual who is enrolled in both the Medicare program under Title XVIII of the Social Security Act and the Medicaid program under Title XIX of the Social Security Act.

7. "Eligible beneficiary" means a New York state resident who: (a) is 65 years of age or older; (b) is enrolled in the New York state Medicaid program; (c) resides in the Dominican Republic for a minimum of six months per calendar year; (d) does not qualify for or is not enrolled in any private, senior, or retiree health insurance program in the Dominican Republic; and (e) meets such other eligibility criteria as the commission may recommend.

8. "Pilot program" means the New York-Dominican health partnership pilot program to be developed pursuant to the recommendations of the commission.

9. "Primary care" means basic health care services including general medical examinations, health screenings, diagnosis and treatment of

1 common illnesses and injuries, management of chronic conditions, health
2 education, and preventive care.

3 10. "Preventive care" means health care services intended to prevent
4 illness or detect health conditions at an early stage, including immuni-
5 zations, health screenings, wellness visits, and chronic disease
6 prevention programs.

7 11. "Seguro Nacional de Salud" or "SeNaSa" means the national health
8 insurance agency of the Dominican Republic, the public autonomous insti-
9 tution responsible for administering health risks for beneficiaries of
10 the subsidized, contributory, and contributory subsidized regimes of the
11 Dominican Social Security System, established pursuant to Law No. 87-01
12 of the Dominican Republic.

13 12. "Section 1115 demonstration waiver" means a demonstration project
14 authorized by section 1115 of the Social Security Act that permits a
15 state to waive certain federal Medicaid requirements to test exper-
16 imental, pilot, or demonstration projects likely to promote the objec-
17 tives of the Medicaid program.

18 13. "Superintendencia de Salud y Riesgos Laborales" or "SISALRIL"
19 means the Superintendency of Health and Occupational Risks, the Domini-
20 can regulatory agency responsible for oversight of health insurance
21 providers in the Dominican Republic.

22 § 4. Establishment of the New York-Dominican health partnership
23 commission. 1. There is hereby established the New York-Dominican health
24 partnership commission ("the commission").

25 2. The commission shall consist of 12 members, appointed as follows:

26 (a) The commissioner of health, or their designee;

27 (b) The director of the office for the aging, or their designee;

28 (c) The commissioner of temporary and disability assistance, or their
29 designee;

30 (d) The Medicaid director of the New York state department of health,
31 or their designee;

32 (e) The director of the division of the budget, or their designee;

33 (f) Two members appointed by the speaker of the assembly, one of whom
34 shall have expertise in health policy or Medicaid administration and one
35 of whom shall represent the Dominican community in New York state;

36 (g) Two members appointed by the temporary president of the senate,
37 one of whom shall have expertise in health policy or Medicaid adminis-
38 tration and one of whom shall represent the Dominican community in New
39 York state;

40 (h) One member appointed by the governor who shall have expertise in
41 international health policy, health economics, or cross-border health
42 care programs;

43 (i) One member representative designated by the Consulate General of
44 the Dominican Republic in New York, who shall serve in an advisory
45 capacity and may participate in commission deliberations but shall not
46 have voting privileges on matters pertaining to New York state appropri-
47 ations or policy; and

48 (j) One expert in international health policy or global health from a
49 New York-based university or academic medical center.

50 3. The commissioner of health, or their designee, shall serve as chair
51 of the commission. The commission shall select from among its voting
52 members a vice-chairperson.

53 4. Members shall be appointed within 60 days of the effective date of
54 this act. Vacancies shall be filled in the same manner as original
55 appointments within 30 days of the occurrence of such vacancy.

1 5. Members shall serve without compensation but shall be entitled to
2 reimbursement for necessary expenses incurred in the performance of
3 their duties.

4 6. A majority of the voting members of the commission shall constitute
5 a quorum for the transaction of business. The commission shall meet at
6 least quarterly and at such other times as the chair shall determine.

7 7. The department of health shall provide staff support to the commis-
8 sion and shall be responsible for administrative coordination of commis-
9 sion activities.

10 § 5. Duties of the commission. The commission shall:

11 1. Conduct a comprehensive feasibility study examining:

12 (a) The legal requirements and regulatory framework necessary to
13 establish a bilateral health partnership between the state of New York
14 and the Dominican Republic;

15 (b) The cost-effectiveness of providing primary and preventive care
16 services to eligible beneficiaries through SeNaSa's Contributory Subsi-
17 dized Regime compared to the current pattern of delayed care and subse-
18 quent acute interventions in New York state;

19 (c) The estimated number of New York state Medicaid beneficiaries aged
20 65 and older who reside in the Dominican Republic for six months or more
21 per year and who would be eligible for the pilot program;

22 (d) The current health care utilization patterns and costs associated
23 with such beneficiaries, including emergency department visits, hospi-
24 talizations, and other acute care episodes upon return to New York
25 state;

26 (e) The capacity, quality standards, and accreditation status of
27 SeNaSa's provider network and whether such standards meet or can be
28 adapted to meet New York state public health and quality requirements;

29 (f) The comparative cost of primary and preventive care services in
30 the Dominican Republic versus New York state; and

31 (g) Potential barriers to implementation, including legal, regulatory,
32 administrative, technological, and cultural considerations.

33 2. Develop a detailed pilot program framework including:

34 (a) Eligibility criteria for beneficiary participation, including
35 residency requirements, Medicaid enrollment verification, attestation of
36 time spent in the Dominican Republic, and exclusion criteria related to
37 alternative insurance coverage;

38 (b) A defined scope of covered services, including specific primary
39 care, preventive care, and chronic disease management services to be
40 provided under the pilot program, with explicit exclusions for acute
41 care, emergency care, surgical interventions, and other services;

42 (c) Proposed enrollment procedures, including outreach strategies,
43 enrollment verification, and beneficiary education;

44 (d) A recommended pilot program size, including the number of benefi-
45 ciaries to be enrolled and geographic targeting considerations;

46 (e) Quality assurance and utilization review mechanisms to ensure that
47 services meet acceptable standards of care;

48 (f) Care coordination protocols, including mechanisms for communi-
49 cation between Dominican providers and New York state providers, medical
50 records sharing, and continuity of care during beneficiary transitions
51 between countries;

52 (g) Payment mechanisms and contracting requirements, including
53 proposed reimbursement rates, claims processing procedures, and finan-
54 cial controls; and

55 (h) Performance metrics and evaluation criteria to assess pilot
56 program success.

1 3. Explore and recommend models for:

2 (a) A formal partnership agreement or memorandum of understanding
3 between the New York state department of health and SeNaSa for the
4 provision of covered services to eligible New York state Medicaid bene-
5 ficiaries;

6 (b) Provider credentialing and facility accreditation systems to
7 ensure that Dominican health facilities and providers participating in
8 the pilot program meet New York state public health and quality stand-
9 ards, or acceptable equivalent standards;

10 (c) Reciprocal telehealth programs to enable remote consultations
11 between beneficiaries in the Dominican Republic and New York state-based
12 providers, and to facilitate care coordination;

13 (d) Health information exchange systems to enable secure sharing of
14 medical records and care coordination information between participating
15 providers in both jurisdictions;

16 (e) Long-term care partnerships and geriatrics exchange programs to
17 address the specialized needs of the senior population; and

18 (f) Future opportunities for federal collaboration or waivers under
19 section 1115 of the Social Security Act, including potential designation
20 as a designated state health program.

21 4. Assess potential fiscal impacts including:

22 (a) Estimated state-only costs for the pilot program, including admin-
23 istrative costs, payments to SeNaSa for covered services, care coordi-
24 nation costs, and evaluation costs;

25 (b) Projected savings to the New York state Medicaid program resulting
26 from reduced acute care episodes, emergency department visits, and
27 hospitalizations among pilot program participants;

28 (c) Net fiscal impact of the pilot program to New York state, compar-
29 ing total costs to projected savings;

30 (d) Economic benefits to both New York state and the Dominican Repub-
31 lic; and

32 (e) Potential federal savings that could result from reduced acute
33 care costs if a portion of pilot program participants are dual-eligible
34 for medicare, recognizing that any federal savings would accrue to the
35 medicare program and not directly to New York state.

36 5. Develop recommendations for:

37 (a) Any statutory or regulatory changes required at the state level to
38 authorize and implement the pilot program;

39 (b) Proposed memoranda of understanding or bilateral agreements
40 between the New York state department of health and the Dominican Minis-
41 try of Public Health, SeNaSa, and any other relevant Dominican govern-
42 mental entities;

43 (c) A state-only appropriation amount necessary to fund the pilot
44 program for an initial three-year demonstration period;

45 (d) A timeline and implementation plan for pilot program launch and
46 operation;

47 (e) A strategy for eventual application to the Centers for Medicare
48 and Medicaid Services for a section 1115 demonstration waiver to obtain
49 federal financial participation, including potential designation as a
50 designated state health program; and

51 (f) Criteria for evaluating pilot program success and determining
52 whether to continue, expand, or terminate the program.

53 6. Consult with:

54 (a) Representatives of SeNaSa and other appropriate Dominican govern-
55 ment officials regarding the feasibility and structure of a partnership;

(b) The Centers for Medicare and Medicaid Services regarding potential pathways for federal approval and financial participation;

(c) New York state Medicaid beneficiaries who reside part-time in the Dominican Republic regarding their health care needs and experiences;

(d) Dominican community organizations in New York state;

(e) Health care providers in both New York state and the Dominican Republic; and

(f) Experts in international health policy, Medicaid administration, and cross-border health care programs.

§ 6. Reporting. 1. The commission shall submit an interim report of its preliminary findings and recommendations to the governor, the speaker of the assembly, the temporary president of the senate, and the chairs of the health and aging committees of both houses no later than nine months after the effective date of this act.

2. The commission shall submit a final report of its findings and recommendations to the governor, the speaker of the assembly, the temporary president of the senate, and the chairs of the health and aging committees of both houses no later than 18 months after the effective date of this act.

3. Such final report shall include:

(a) an executive summary of findings and recommendations;

(b) a detailed feasibility analysis;

(c) a proposed pilot program design, including eligibility criteria, covered services, enrollment procedures, and operational framework;

(d) draft statutory language for any legislation necessary to authorize and implement the pilot program;

(e) draft memorandum of understanding with SeNaSa and other relevant Dominican entities;

(f) fiscal impact estimates, including projected costs and savings;

(g) an implementation timeline and operational plan;

(h) evaluation framework and performance metrics;

(i) a strategy for federal waiver application; and

(j) any dissenting views of commission members.

§ 7. Cooperation of agencies. All departments, divisions, boards, bureaus, commissions, and agencies of the state and its political subdivisions shall provide the commission with any information and assistance it may require in carrying out its duties under this act. The department of health shall have primary responsibility for coordinating such cooperation and providing data related to Medicaid enrollment, utilization, and expenditures for the populations of interest.

§ 8. Severability. If any provision of this act, or the application of such provision to any person or circumstance, shall be held invalid, illegal or unenforceable, the remainder of this act, and the application of such provision to persons or circumstances other than those as to which it is held invalid, illegal or unenforceable, shall not be affected thereby.

§ 9. This act shall take effect immediately and shall expire and be deemed repealed two years after such date.