

# STATE OF NEW YORK

9312

2025-2026 Regular Sessions

## IN ASSEMBLY

December 10, 2025

Introduced by M. of A. SLATER -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to strengthening transparency regarding Medicaid network adequacy and protecting beneficiaries from disruptions in care

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

1 Section 1. This act shall be known and may be cited as the "Medicaid  
2 network access protection act".

3 § 2. The legislature finds that:

4 1. Medicaid represents the state's largest expenditure, yet many bene-  
5 ficiaries face difficulty accessing primary and specialty care, partic-  
6 ularly in the Hudson Valley and other suburban and rural regions.

7 2. Recent decisions by large healthcare systems - including Optum - to  
8 withdraw from Medicaid and Medicare Advantage networks highlight system-  
9 ic vulnerabilities and the need for stronger oversight to ensure conti-  
10 nuity of care and prevent taxpayer-funded access erosion.

11 3. Medicaid policy has prioritized coverage expansion without a  
12 publicly available, transparent evaluation of whether reimbursement  
13 levels and program structures support real-world access to providers.

14 4. Emergency room utilization increases significantly when patients  
15 cannot obtain routine care, driving up costs for the system and strain-  
16 ing hospital capacity.

17 5. Expanded transparency regarding Medicaid network adequacy is neces-  
18 sary to ensure Medicaid dollars are used to provide accessible, contin-  
19 uous patient care.

20 It is therefore the intent of this act to ensure New Yorkers have  
21 timely access to care and that Medicaid funding is used effectively to  
22 provide enrollees with access to care, regardless of where they are  
23 located in the state.

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

LBD14130-01-5

1 § 3. The public health law is amended by adding a new section 4403-h  
2 to read as follows:

3 § 4403-h. Network adequacy reviews. 1. The commissioner, in consulta-  
4 tion with the superintendent of financial services, the commissioner of  
5 addiction services and supports, and the commissioner of mental health,  
6 shall:

7 (a) Annually update network adequacy guidelines.

8 (b) Quarterly publicly publish the results of the department's network  
9 adequacy surveys of managed care organizations on the department's  
10 website and, within thirty days of such publication, the department  
11 shall also publish a summary of such survey. Such results shall have any  
12 personally identifiable information of patients and providers removed  
13 prior to being published.

14 2. Any organization withdrawing from a Medicaid managed care organiza-  
15 tion or Medicare advantage network shall provide a minimum of ninety  
16 days' notice to the department, the department of financial services,  
17 and all patients covered under such plan and who have received services  
18 from the organization in the past year.

19 § 4. Subparagraph 1 of paragraph (e) of subdivision 6 of section 4403  
20 of the public health law, as amended by section 10 of subpart B of part  
21 AA of chapter 57 of the laws of 2022, is amended to read as follows:

22 (1) If an enrollee's health care provider leaves the health mainte-  
23 nance organization's network of providers for reasons other than those  
24 for which the provider would not be eligible to receive a hearing pursu-  
25 ant to paragraph a of subdivision two of section forty-four hundred  
26 six-d of this chapter, the health maintenance organization shall provide  
27 written notice to the enrollee of the provider's disaffiliation and  
28 permit the enrollee to continue an ongoing course of treatment with the  
29 enrollee's current health care provider during a transitional period of:  
30 (i) [~~ninety~~] one hundred eighty days from the later of the date of the  
31 notice to the enrollee of the provider's disaffiliation from the organ-  
32 ization's network or the effective date of the provider's disaffiliation  
33 from the organization's network; or (ii) if the enrollee is pregnant at  
34 the time of the provider's disaffiliation, the duration of the pregnancy  
35 and post-partum care directly related to the delivery.

36 § 5. Paragraph (f) of subdivision 6 of section 4403 of the public  
37 health law, as added by chapter 705 of the laws of 1996, is amended to  
38 read as follows:

39 (f) If a new enrollee whose health care provider is not a member of  
40 the health maintenance organization's provider network enrolls in the  
41 health maintenance organization, the organization shall permit the  
42 enrollee to continue an ongoing course of treatment with the enrollee's  
43 current health care provider during a transitional period of up to  
44 [~~sixty~~] one hundred eighty days from the effective date of enrollment,  
45 if (i) the enrollee has a life-threatening disease or condition or a  
46 degenerative and disabling disease or condition or (ii) the enrollee has  
47 entered the second trimester of pregnancy at the effective date of  
48 enrollment, in which case the transitional period shall include the  
49 provision of post-partum care directly related to the delivery. If an  
50 enrollee elects to continue to receive care from such health care  
51 provider pursuant to this paragraph, such care shall be authorized by  
52 the health maintenance organization for the transitional period only if  
53 the health care provider agrees (A) to accept reimbursement from the  
54 health maintenance organization at rates established by the health main-  
55 tenance organization as payment in full, which rates shall be no more  
56 than the level of reimbursement applicable to similar providers within

1 the health maintenance organization's network for such services; (B) to  
2 adhere to the organization's quality assurance requirements and agrees  
3 to provide to the organization necessary medical information related to  
4 such care; and (C) to otherwise adhere to the organization's policies  
5 and procedures including, but not limited to procedures regarding refer-  
6 rals and obtaining pre-authorization and a treatment plan approved by  
7 the organization. In no event shall this paragraph be construed to  
8 require a health maintenance organization to provide coverage for bene-  
9 fits not otherwise covered or to diminish or impair pre-existing condi-  
10 tion limitations contained within the subscriber's contract.

11 § 6. This act shall take effect immediately.