

# STATE OF NEW YORK

6377--A

2025-2026 Regular Sessions

## IN SENATE

March 12, 2025

Introduced by Sen. HOYLMAN-SIGAL -- read twice and ordered printed, and when printed to be committed to the Committee on Health -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the social services 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. The executive law is amended by adding a new section 296-e to read as follows:

§ 296-e. Unlawful discriminatory practices in relation to health care. 1. For the purposes of this section, the term "health care entity" means:

(a) a hospital or provider as defined by section twenty-eight hundred one of the public health law; including those defined in section two hundred ninety-two of this article; 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

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

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1 hundred fifty-seven, one hundred sixty-three, one hundred sixty-four, or  
2 one hundred sixty-seven of the education law; or

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

5 2. It shall be an unlawful discriminatory practice for any health care  
6 entity to refuse services or to otherwise discriminate against any  
7 person on the basis of such person's age, race, creed, color, national  
8 origin, citizenship or immigration status, sexual orientation, gender  
9 identity or expression, military status, sex, disability, predisposing  
10 genetic characteristics, familial status, marital status, or status as a  
11 victim of domestic violence.

12 § 3. The section heading and the opening paragraph and paragraphs 4, 7  
13 and 8 of subsection (a) of section 3243 of the insurance law, as added  
14 by section 2 of subpart D of part J of chapter 57 of the laws of 2019,  
15 are amended and four new paragraphs 9, 10, 11 and 12 are added to read  
16 as follows:

17 Discrimination because of race, national origin, age, disability, sex  
18 or marital status in hospital, surgical or medical expense insurance.

19 With regard to an accident and health insurance policy that provides  
20 hospital, surgical, or medical expense coverage or a policy of student  
21 accident and health insurance, as defined in subsection (a) of section  
22 three thousand two hundred forty of this article, delivered or issued  
23 for delivery in this state, no insurer shall because of race, color,  
24 creed, national origin, sex, marital status, disability, preexisting  
25 condition, or based on pregnancy, false pregnancy, termination of preg-  
26 nancy, or recovery therefrom, childbirth or related medical conditions:

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

34 (7) fix any lower rate or discriminate in the fees or commissions of  
35 insurance agents or insurance brokers for writing or renewing such a  
36 policy; [~~or~~]

37 (8) engage in sexual stereotyping[~~-~~];

38 (9) include a policy clause that purports to deny, limit, or exclude  
39 coverage based on an insured's sexual orientation, gender identity or  
40 expression, or transgender status;

41 (10) deny, limit, or otherwise exclude medically necessary services or  
42 treatment otherwise covered by a policy on the basis that the treatment  
43 is for gender dysphoria or gender incongruence; provided further that an  
44 insurer shall provide an insured with the utilization review appeal  
45 rights required by insurance law and public health law articles 49 for  
46 gender dysphoria or gender incongruence treatment that is denied based  
47 on medical necessity;

48 (11) designate an insured's sexual orientation, gender identity or  
49 expression, or transgender status as a pre-existing condition for the  
50 purpose of denying, limiting, or excluding coverage; or

51 (12) deny a claim from an insured of one gender or sex for a service  
52 that is typically or exclusively provided to an individual of another  
53 gender or sex unless the insurer has taken reasonable steps, including  
54 requesting additional information, to determine whether the insured is  
55 eligible for the services prior to denial of such claim.

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

(ww)(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.

§ 5. 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.

§ 6. Subsection (i) of section 3216 of the insurance law is amended by adding a new paragraph 41 to read as follows:

(41)(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.

§ 7. This act shall take effect immediately.