STATE OF NEW YORK

7918--A

2025-2026 Regular Sessions

IN SENATE

May 14, 2025

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

AN ACT to amend the insurance law and the social services law, in relation to reimbursement for anesthesia services

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

Section 1. The insurance law is amended by adding a new section 3246 to read as follows:

§ 3246. Reimbursement for anesthesia services. (a) An insurer issuing a policy of hospital, medical, or surgical expense insurance pursuant to this section or any other section of law shall not impose arbitrary time caps on reimbursement for anesthesia services provided during medically necessary procedures.

(b) Reimbursement for anesthesia services shall be determined based on medical necessity as determined by the insurer, taking into consideration the complexity of the procedure as evidenced by the submission of medical records submitted by the attending anesthesiologist or licensed anesthesia provider.

(c) (1) An insurer issuing a policy of hospital, medical, or surgical expense insurance pursuant to this section or any other section of law shall be prohibited from denying payment for anesthesia services solely because the duration of care exceeded a pre-set time limit.

(2) Notwithstanding paragraph one of this subsection, an insurer may use a time related reimbursement methodology for anesthesia services if such methodology is based upon criteria established by an independent organization, including the criteria used by the centers for Medicare and Medicaid services to reimburse anesthesia services under title XVIII of the United States Social Security Act (Medicare). If an insurer uses a time related reimbursement methodology, it should have an established

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

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process for the submission of additional medical records and the sharing of electronic medical records to assess whether an increase to the reimbursement is warranted.

§ 2. The insurance law is amended by adding a new section 4331 to read as follows:

§ 4331. Reimbursement for anesthesia services. (a) Every corporation subject to the provisions of this article that provide hospital, medical, or surgical expense insurance coverage shall not impose arbitrary time caps on reimbursement for anesthesia services provided during medically necessary procedures.

(b) Reimbursement for anesthesia services shall be determined based on medical necessity as determined by the corporation, taking into consideration the complexity of the procedure as evidenced by the submission of medical records submitted by the attending anesthesiologist or licensed anesthesia provider.

(c)(1) A corporation issuing hospital, medical, or surgical expense insurance coverage shall be prohibited from denying payment for anesthesia services solely because the duration of care exceeded a pre-set time limit.

(2) Notwithstanding paragraph one of this subsection, a corporation may use a time related reimbursement methodology for anesthesia services if such methodology is based upon criteria established by an independent organization, including the criteria used by the centers for Medicare and Medicaid services to reimburse anesthesia services under title XVIII of the United States Social Security Act (Medicare). If a corporation uses a time related reimbursement methodology, it should have an established process for the submission of additional medical records and the sharing of electronic medical records to assess whether an increase to the reimbursement is warranted.

§ 3. The social services law is amended by adding a new section 365-q to read as follows:

§ 365-q. Reimbursement for anesthesia services. 1. Any medical assistance provider whose medical assistance includes the provision of anesthesia, including such assistance furnished through a managed care program, shall not be subject to arbitrary time caps on reimbursement when furnished during medically necessary procedures, and such payment shall not be denied for such assistance solely because the duration of such assistance exceeded a pre-set time limit.

2. Notwithstanding subdivision one of this section, a managed care provider may use a time related reimbursement methodology for anesthesia services if such methodology is based upon criteria established by an independent organization, including the criteria used by the centers for Medicare and Medicaid services to reimburse anesthesia services under title XVIII of the United States Social Security Act (Medicare). If a managed care provider uses a time related reimbursement methodology, it should have an established process for the submission of additional medical records and the sharing of electronic medical records to assess whether an increase to the reimbursement is warranted.

§ 4. This act shall take effect January 1, 2026.