

# STATE OF NEW YORK

8751--B

## IN SENATE

January 8, 2026

Introduced by Sen. SEPULVEDA -- 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 -- 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 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 for a period of time in the Dominican Republic while  
9 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  
18 leads to the progression of manageable health conditions into acute or

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

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1 emergency situations requiring costly interventions upon the benefici-  
2 ary's return to New York state, thereby increasing overall Medicaid  
3 expenditures;

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

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

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

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

25 (h) There are approximately eight hundred thousand dual-eligible medi-  
26 care-Medicaid enrollees in New York state. A portion of whom are seniors  
27 of Dominican heritage who maintain connections to the Dominican Repub-  
28 lic; and

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

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

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

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

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

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

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

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

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

11 3. Nothing in this act shall be construed to expand eligibility for  
12 federal Medicaid expenditures outside the United States, unless express-  
13 ly authorized by federal law or waiver. Nothing shall expand New York  
14 State Medicaid residency eligibility. The pilot program contemplated by  
15 this act shall be funded exclusively with state-only appropriations  
16 until such time as federal approval and matching funds are obtained.

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

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

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

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

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

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

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

43 7. "Eligible beneficiary" means a New York state resident who: (a) is  
44 65 years of age or older; (b) is enrolled in the New York state Medicaid  
45 program; (c) resides in the Dominican Republic for a period of time  
46 while still maintaining Medicaid eligibility; (d) does not qualify for  
47 or is not enrolled in any private, senior, or retiree health insurance  
48 program in the Dominican Republic; and (e) meets such other eligibility  
49 criteria as the commission may recommend.

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

53 9. "Primary care" means basic health care services including general  
54 medical examinations, health screenings, diagnosis and treatment of  
55 common illnesses and injuries, management of chronic conditions, health  
56 education, and preventive care.

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

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

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

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

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

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

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

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

26 (c) The commissioner of temporary and disability assistance, or their  
27 designee;

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

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

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

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

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

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

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

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

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

54 5. Members shall serve without compensation but shall be entitled to  
55 reimbursement for necessary expenses incurred in the performance of  
56 their duties.

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

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

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

8 1. Conduct a comprehensive feasibility study examining:

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

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

16 (c) The estimated number of New York state Medicaid beneficiaries aged  
17 65 and older who reside in the Dominican Republic for six months or more  
18 per year and who would be eligible for the pilot program;

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

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

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

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

30 2. Develop a detailed pilot program framework including:

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

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

39 (c) Proposed enrollment procedures, including outreach strategies,  
40 enrollment verification, and beneficiary education;

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

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

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

49 (g) Payment mechanisms and contracting requirements, including  
50 proposed reimbursement rates, claims processing procedures, and finan-  
51 cial controls; and

52 (h) Performance metrics and evaluation criteria to assess pilot  
53 program success.

54 3. Explore and recommend models for:

55 (a) A formal partnership agreement or memorandum of understanding  
56 between the New York state department of health and SeNaSa for the

1 provision of covered services to eligible New York state Medicaid bene-  
2 ficiaries;

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

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

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

13 (e) Geriatrics exchange programs to address the specialized needs of  
14 the senior population; and

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

18 4. Assess potential fiscal impacts including:

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

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

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

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

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

33 5. Develop recommendations for:

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

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

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

42 (d) A timeline and implementation plan for pilot program launch and  
43 operation;

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

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

50 6. Consult with:

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

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

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

- 1 (d) Dominican community organizations in New York state;  
2 (e) Health care providers in both New York state and the Dominican  
3 Republic; and  
4 (f) Experts in international health policy, Medicaid administration,  
5 and cross-border health care programs.

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

11 2. The commission shall submit a final report of its findings and  
12 recommendations to the governor, the speaker of the assembly, the tempo-  
13 rary president of the senate, and the chairs of the health and aging  
14 committees of both houses no later than 2 years after the effective date  
15 of this act.

16 3. Such final report shall include:

- 17 (a) an executive summary of findings and recommendations;  
18 (b) a detailed feasibility analysis;  
19 (c) a proposed pilot program design, including eligibility criteria,  
20 covered services, enrollment procedures, and operational framework;  
21 (d) draft statutory language for any legislation necessary to author-  
22 ize and implement the pilot program;  
23 (e) draft memorandum of understanding with SeNaSa and other relevant  
24 Dominican entities;  
25 (f) fiscal impact estimates, including projected costs and savings;  
26 (g) an implementation timeline and operational plan;  
27 (h) evaluation framework and performance metrics;  
28 (i) a strategy for federal waiver application; and  
29 (j) any dissenting views of commission members.

30 § 7. Cooperation of agencies. All departments, divisions, boards,  
31 bureaus, commissions, and agencies of the state and its political subdi-  
32 visions shall provide the commission with any information and assistance  
33 it may require in carrying out its duties under this act. The depart-  
34 ment of health shall have primary responsibility for coordinating such  
35 cooperation and providing data related to Medicaid enrollment, utiliza-  
36 tion, and expenditures for the populations of interest.

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

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