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:

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

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

(a) A significant number of New York state residents, particularly seniors aged 65 years and older and individuals with disabilities who are enrolled in the New York state Medicaid program, maintain close cultural, familial, and residential ties with the Dominican Republic, often residing for a period of time in the Dominican Republic while remaining eligible for health care and social services in New York state;

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

(c) The absence of accessible, affordable primary and preventive care for these populations while residing in the Dominican Republic often 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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emergency situations requiring costly interventions upon the beneficiary's return to New York state, thereby increasing overall Medicaid expenditures;

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

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

(f) SeNaSa operates under the regulatory oversight of the Superintendencia de Salud y Riesgos Laborales (SISALRIL) and provides coverage through multiple regimes, including the Contributory Subsidized Regime (Regimen Contributivo Subsidiado), which provides coverage for self-employed workers and individuals with limited income who have not contributed to the social security system through payroll taxes;

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

(h) There are approximately eight hundred thousand dual-eligible medicare-Medicaid enrollees in New York state. A portion of whom are seniors of Dominican heritage who maintain connections to the Dominican Republic; and

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

2. It is the intent of this legislation to:

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

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

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

(d) Reduce overall Medicaid expenditures by preventing the escalation of manageable health conditions into acute or emergency situations requiring costly interventions upon beneficiaries' return to New York 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. Nothing shall expand New York State Medicaid residency eligibility. 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, including 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 period of time while still maintaining Medicaid eligibility; (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 common illnesses and injuries, management of chronic conditions, health education, and preventive care.

10. "Preventive care" means health care services intended to prevent illness or detect health conditions at an early stage, including immunizations, health screenings, wellness visits, and chronic disease prevention programs.

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

12. "Section 1115 demonstration waiver" means a demonstration project authorized by section 1115 of the Social Security Act that permits a state to waive certain federal Medicaid requirements to test experimental, pilot, or demonstration projects likely to promote the objectives of the Medicaid program.

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

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

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

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

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

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

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

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

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

(g) Two members appointed by the temporary president of the senate, one of whom shall have expertise in health policy or Medicaid administration and one of whom shall represent the Dominican community in New York state;

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

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

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

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

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

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

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

7. The department of health shall provide staff support to the commission and shall be responsible for administrative coordination of commission activities.

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

1. Conduct a comprehensive feasibility study examining:

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

(b) The cost-effectiveness of providing primary and preventive care services to eligible beneficiaries through SeNaSa's Contributory Subsidized Regime compared to the current pattern of delayed care and subsequent acute interventions in New York state;

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

(d) The current health care utilization patterns and costs associated with such beneficiaries, including emergency department visits, hospitalizations, and other acute care episodes upon return to New York state;

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

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

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

2. Develop a detailed pilot program framework including:

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

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

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

(d) A recommended pilot program size, including the number of beneficiaries to be enrolled and geographic targeting considerations;

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

(f) Care coordination protocols, including mechanisms for communication between Dominican providers and New York state providers, medical records sharing, and continuity of care during beneficiary transitions between countries;

(g) Payment mechanisms and contracting requirements, including proposed reimbursement rates, claims processing procedures, and financial controls; and

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

3. Explore and recommend models for:

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

provision of covered services to eligible New York state Medicaid beneficiaries;

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

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

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

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

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

4. Assess potential fiscal impacts including:

(a) Estimated state-only costs for the pilot program, including administrative costs, payments to SeNaSa for covered services, care coordination costs, and evaluation costs;

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

(c) Net fiscal impact of the pilot program to New York state, comparing total costs to projected savings;

(d) Economic benefits to both New York state and the Dominican Republic; and

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

5. Develop recommendations for:

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

(b) Proposed memoranda of understanding or bilateral agreements between the New York state department of health and the Dominican Ministry of Public Health, SeNaSa, and any other relevant Dominican governmental entities;

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

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

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

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

6. Consult with:

(a) Representatives of SeNaSa and other appropriate Dominican government 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 twelve 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 2 years 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 three years after such date.