

STATE OF NEW YORK

9562

IN SENATE

March 25, 2026

Introduced by Sen. CLEARE -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the public health law, in relation to minimum wage increases for home care aides and independent dispute resolution for disputing billing or contracts

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

1 Section 1. Section 3614-f of the public health law is amended by
2 adding seven new subdivisions 5, 6, 7, 8, 9, 10 and 11 to read as
3 follows:

4 5. The commissioner shall require for review and approval contracts
5 for home care services provided to a licensed home care services agency
6 from a managed care organization or a managed long term care plan at
7 least three months prior to any modification to contract related to
8 billing, rates or services, the expiration of any contract, contract
9 amendment, modification of any contract, or related to an increase in
10 the minimum wage requirements established in subdivision two of this
11 section or any wage or benefit provisions of the labor law.

12 6. The commissioner shall establish a dispute resolution process by
13 which a dispute for a bill or contract for home care services provided
14 by a licensed home care services agency with a managed care organization
15 or a managed long term care plan may be resolved. The commissioner shall
16 have the power to grant and revoke certifications of independent dispute
17 resolution entities to conduct the dispute resolution process. The
18 commissioner shall promulgate regulations establishing standards for the
19 dispute resolution process, including a process for certifying and
20 selecting independent dispute resolution entities. Disputes shall be
21 submitted to an independent dispute resolution entity within ninety days
22 of the date the managed care plan or managed long term care plan
23 proposed billing or contractual amendments to a licensed home care
24 services agency.

25 7. In determining the appropriate amount to pay under a contract for
26 home care services, an independent dispute resolution entity shall
27 consider all relevant factors including, but not limited to:

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

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1 (a) a direct care related payment which shall reflect the total direct
2 care related costs for home care aides and other direct care related
3 staff necessary to comply with federal and state statutory and regulato-
4 ry requirements for such providers, and which shall include:

5 (i) base hourly wage guaranteed home care aides pursuant to subdivi-
6 sion two of this section or any wage or benefit provisions of the labor
7 law;

8 (ii) overtime costs;

9 (iii) employee benefits, including both paid time off and supplemental
10 benefits or benefits as determined by collective bargaining agreements;

11 (iv) federal insurance contributions act;

12 (v) Medicare;

13 (vi) federal unemployment tax act;

14 (vii) worker wage parity as provided by section thirty-six hundred
15 fourteen-c of this article, as applicable;

16 (viii) other payroll taxes;

17 (ix) fair labor standards act compliance;

18 (x) New York state labor law compliance;

19 (xi) state unemployment insurance;

20 (xii) disability insurance;

21 (xiii) workers' compensation;

22 (xiv) travel time and travel reimbursement;

23 (xv) the metropolitan transportation authority tax, if applicable;

24 (xvi) related increases tied to base wages; and

25 (xvii) workers shortages;

26 (b) a component to reflect operational expenses necessary to comply
27 with federal and state statutory and regulatory requirements for such
28 providers, and which shall include:

29 (i) operational supervision and support, including but not limited to
30 nursing staff, home health aide supervision and team support; and

31 (ii) other operational support, including but not limited to quality
32 assurance and improvement programs, education and recruitment; and

33 (c) a component to reflect administrative and general operating
34 expenses which shall include rent and facilities management and business
35 support including, but not limited to, information technology, human
36 resources, legal, compliance, finance, management, operating margins and
37 communications.

38 8. A licensed home care services agency may submit a dispute regarding
39 a bill or contract for home care services for review to an independent
40 dispute resolution entity. The independent dispute resolution entity
41 shall determine if a bill or contract addresses the criteria and factors
42 for reasonable contract set forth in subdivision seven of this section
43 for home care services between a licensed home care services agency and
44 managed care organization or a managed long term care plan. The inde-
45 pendent dispute resolution entity shall make a determination within
46 thirty business days of receipt of the dispute for review. The determi-
47 nation shall be binding on both the licensed home care services agency
48 and managed care organization or a managed long term care plan. Any
49 contract or bill subject to the dispute shall be amended and a copy
50 filed with the commissioner of health within thirty days.

51 9. A reasonable payment for dispute resolution to the independent
52 dispute resolution entity shall be paid by the managed care organization
53 or a managed long term care plan party to any dispute submitted to an
54 independent dispute resolution entity.

55 10. A managed care organization or a managed long term care plan party
56 to any dispute submitted to an independent dispute resolution entity by

1 licensed home care services agency regarding a contract with such
2 managed care organization or managed long term care plan managed agency
3 may not retaliate or take any action which would discriminate in any
4 business activity against such licensed home care services agency in
5 contracts, billing or other actions as a result of the licensed home
6 care agency seeking a dispute resolution for a contract with such
7 managed care organization or a managed long term care plan.

8 11. If approved by the federal centers for Medicare and Medicaid
9 services, directed payments shall be made to such providers of Medicaid
10 services for any increases in the minimum wage established in subdivi-
11 sion two of this section or any minimum wage or other provisions of the
12 labor law, through contracts with managed care organizations provided
13 that the commissioner ensures that such directed payments are in accord-
14 ance with the terms of this section.

15 § 2. Severability. If any provision of this act, or any application of
16 any provision of this act, is held to be invalid, or to violate or be
17 inconsistent with any federal law or regulation, that shall not affect
18 the validity or effectiveness of any other provision of this act, or any
19 other application of any provision of this act which can be given effect
20 without that provision or application; and to that end, the provisions
21 and applications of this act are severable.

22 § 3. This act shall take effect immediately.