

STATE OF NEW YORK

9589

IN SENATE

March 26, 2026

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

AN ACT to amend the public health law and the social services law, in relation to coverage for New Yorkers losing insurance due to the implementation of HR 1

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

1 Section 1. Title 7 of article 2 of the public health law is amended by
2 adding a new section 268-i to read as follows:

3 § 268-i. State premium assistance program. No later than January
4 first, two thousand twenty-seven, the marketplace shall establish and
5 administer a state premium assistance program that offers equivalent
6 financial assistance to individuals who are lawfully present in the
7 United States and who are ineligible for the basic health program,
8 premium tax credits, or cost sharing reductions, based on their immi-
9 gration status. The state premium assistance program shall offer equiv-
10 alent levels of assistance as the federal premium tax credits and cost-
11 sharing reductions based on the enrollees' incomes.

12 § 2. Paragraph (d) of subdivision 3 of section 369-gg of the social
13 services law, as separately amended by section 2 of part BBB of chapter
14 56 and section 86 of chapter 669 of the laws of 2022, is amended to read
15 as follows:

16 (d) (i) except as provided by [~~subparagraph (ii)~~] subparagraphs (iv)
17 and (v) of this paragraph, has household income at or below two hundred
18 percent of the federal poverty line defined and annually revised by the
19 United States department of health and human services for a household of
20 the same size; and has household income that exceeds one hundred thir-
21 ty-three percent of the federal poverty line defined and annually
22 revised by the United States department of health and human services for
23 a household of the same size; however, MAGI eligible noncitizens
24 lawfully present in the United States with household incomes at or below
25 one hundred thirty-three percent of the federal poverty line shall be
26 eligible to receive coverage for health care services pursuant to the
27 provisions of this title if such noncitizen would be ineligible for

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

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1 medical assistance under title eleven of this article due to their immi-
2 gration status;

3 ~~(ii) [subject to federal approval and the use of state funds, unless~~
4 ~~the commissioner may use funds under subdivision seven of this section,~~
5 ~~has household income at or below two hundred fifty percent of the feder-~~
6 ~~al poverty line defined and annually revised by the United States~~
7 ~~department of health and human services for a household of the same~~
8 ~~size, and has household income that exceeds one hundred thirty-three~~
9 ~~percent of the federal poverty line defined and annually revised by the~~
10 ~~United States department of health and human services for a household of~~
11 ~~the same size; however, MAGI eligible aliens lawfully present in the~~
12 ~~United States with household incomes at or below one hundred thirty-~~
13 ~~three percent of the federal poverty line shall be eligible to receive~~
14 ~~coverage for health care services pursuant to the provisions of this~~
15 ~~title if such alien would be ineligible for medical assistance under~~
16 ~~title eleven of this article due to their immigration status;~~

17 ~~(iii)~~ subject to federal approval if required and the use of state
18 funds, unless the commissioner may use funds under subdivision seven of
19 this section, a pregnant individual who is eligible for and receiving
20 coverage for health care services pursuant to this title is eligible to
21 continue to receive health care services pursuant to this title during
22 the pregnancy and for a period of one year following the end of the
23 pregnancy without regard to any change in the income of the household
24 that includes the pregnant individual, even if such change would render
25 the pregnant individual ineligible to receive health care services
26 pursuant to this title;

27 ~~(iv)~~ (iii) subject to federal approval, a child born to an individ-
28 ual eligible for and receiving coverage for health care services pursu-
29 ant to this title who would be eligible for coverage pursuant to subpar-
30 agraphs ~~(2)~~ two or ~~(4)~~ four of paragraph (b) of subdivision ~~(1)~~ one
31 of section three hundred ~~and~~ sixty-six of ~~the social services law~~
32 this article shall be deemed to have applied for medical assistance and
33 to have been found eligible for such assistance on the date of such
34 birth and to remain eligible for such assistance for a period of one
35 year~~[-]~~;

36 (iv) subject to the use of state funds, an individual who is perma-
37 rently residing in New York state under color of law with a household
38 income between one hundred thirty-three and two hundred percent of the
39 federal poverty line shall be eligible to receive coverage for health
40 care services pursuant to this title regardless of the availability of
41 federal funding;

42 (v) subject to the use of state funds, an individual who is a citizen,
43 or lawfully present, or is permanently residing under color of law with
44 a household income between two hundred and two hundred fifty percent of
45 the federal poverty line shall be eligible to receive coverage for
46 health care services pursuant to this title regardless of the availabil-
47 ity of federal funding.

48 An applicant who fails to make an applicable premium payment, if any,
49 shall lose eligibility to receive coverage for health care services in
50 accordance with time frames and procedures determined by the commission-
51 er.

52 § 2-a. Paragraph (d) of subdivision 3 of section 369-gg of the social
53 services law, as separately amended by section 3 of part BBB of chapter
54 56 and section 86-a of chapter 669 of the laws of 2022, is amended to
55 read as follows:

1 (d) (i) except as provided by [~~subparagraph (ii)~~] subparagraphs (iv)
2 and (v) of this paragraph, has household income at or below two hundred
3 percent of the federal poverty line defined and annually revised by the
4 United States department of health and human services for a household of
5 the same size; and has household income that exceeds one hundred thirty-
6 ty-three percent of the federal poverty line defined and annually
7 revised by the United States department of health and human services for
8 a household of the same size; however, MAGI eligible noncitizens
9 lawfully present in the United States with household incomes at or below
10 one hundred thirty-three percent of the federal poverty line shall be
11 eligible to receive coverage for health care services pursuant to the
12 provisions of this title if such noncitizen would be ineligible for
13 medical assistance under title eleven of this article due to their immi-
14 gration status;

15 (ii) [~~subject to federal approval and the use of state funds, unless~~
16 ~~the commissioner may use funds under subdivision seven of this section,~~
17 ~~has household income at or below two hundred fifty percent of the feder-~~
18 ~~al poverty line defined and annually revised by the United States~~
19 ~~department of health and human services for a household of the same~~
20 ~~size, and has household income that exceeds one hundred thirty-three~~
21 ~~percent of the federal poverty line defined and annually revised by the~~
22 ~~United States department of health and human services for a household of~~
23 ~~the same size; however, MAGI eligible aliens lawfully present in the~~
24 ~~United States with household incomes at or below one hundred thirty-~~
25 ~~three percent of the federal poverty line shall be eligible to receive~~
26 ~~coverage for health care services pursuant to the provisions of this~~
27 ~~title if such alien would be ineligible for medical assistance under~~
28 ~~title eleven of this article due to their immigration status;~~

29 ~~(iii)~~] subject to federal approval if required and the use of state
30 funds, unless the commissioner may use funds under subdivision seven of
31 this section, a pregnant individual who is eligible for and receiving
32 coverage for health care services pursuant to this title is eligible to
33 continue to receive health care services pursuant to this title during
34 the pregnancy and for a period of one year following the end of the
35 pregnancy without regard to any change in the income of the household
36 that includes the pregnant individual, even if such change would render
37 the pregnant individual ineligible to receive health care services
38 pursuant to this title;

39 [~~(iv)~~] (iii) subject to federal approval, a child born to an individ-
40 ual eligible for and receiving coverage for health care services pursu-
41 ant to this title who would be eligible for coverage pursuant to subpar-
42 agraphs [~~(2)~~] two or [~~(4)~~] four of paragraph (b) of subdivision [~~1~~] one
43 of section three hundred [~~and~~] sixty-six of [~~the social services law~~]
44 this article shall be deemed to have applied for medical assistance and
45 to have been found eligible for such assistance on the date of such
46 birth and to remain eligible for such assistance for a period of one
47 year[~~-~~];

48 (iv) subject to the use of state funds, an individual who is perma-
49 rently residing in New York state under color of law with a household
50 income between one hundred thirty-three and two hundred percent of the
51 federal poverty line shall be eligible to receive coverage for health
52 care services pursuant to this title regardless of the availability of
53 federal funding;

54 (v) subject to the use of state funds, an individual who is a citizen,
55 or lawfully present, or is permanently residing under color of law with
56 a household income between two hundred and two hundred fifty percent of

1 the federal poverty line shall be eligible to receive coverage for
2 health care services pursuant to this title regardless of the availabil-
3 ity of federal funding.

4 An applicant who fails to make an applicable premium payment shall
5 lose eligibility to receive coverage for health care services in accord-
6 ance with time frames and procedures determined by the commissioner.

7 § 3. Paragraph (b) of subdivision 5 of section 369-gg of the social
8 services law, as amended by section 7-a of part BBB of chapter 56 of the
9 laws of 2022, is amended to read as follows:

10 (b) The commissioner shall establish [~~cost-sharing~~] cost-sharing obli-
11 gations for enrollees, subject to federal approval; provided federal
12 approval shall not be required for individuals receiving state funded
13 coverage for health services. There shall be no cost-sharing obligations
14 for enrollees for dental and vision services as defined in subparagraph
15 (ii) of paragraph (c) of subdivision one of this section; services and
16 supports as defined in subparagraph (iii) of paragraph (c) of subdivi-
17 sion one of this section; and health care services authorized under
18 subparagraphs (ii) and (iii) [~~and (iv)~~] of paragraph (d) of subdivision
19 three of this section.

20 § 3-a. The opening paragraph of paragraph (a) and paragraph (b) of
21 subdivision 5 of section 369-gg of the social services law, the opening
22 paragraph of paragraph (a) as amended by section 51 of part C of chapter
23 60 of the laws of 2014, and paragraph (b) as amended by section 7-b of
24 part BBB of chapter 56 of the laws of 2022, are amended to read as
25 follows:

26 Subject to federal approval, the commissioner shall establish premium
27 payments enrollees shall pay to approved organizations for coverage of
28 health care services pursuant to this title; provided federal approval
29 shall not be required for individuals receiving state funded coverage
30 for health services. Such premium payments shall be established in the
31 following manner:

32 (b) The commissioner shall establish [~~cost-sharing~~] cost-sharing obli-
33 gations for enrollees, subject to federal approval; provided federal
34 approval shall not be required for individuals receiving state funded
35 coverage for health services. There shall be no cost-sharing obligations
36 for services and supports as defined in subparagraph (iii) of paragraph
37 (c) of subdivision one of this section; and health care services author-
38 ized under subparagraphs (ii) and (iii) [~~and (iv)~~] of paragraph (d) of
39 subdivision three of this section.

40 § 4. Subdivision 7 of section 369-gg of the social services law, as
41 amended by section 2 of part H of chapter 57 of the laws of 2021, is
42 amended to read as follows:

43 7. Any funds transferred by the secretary of health and human services
44 to the state pursuant to 42 U.S.C. 18051(d) shall be deposited in trust.
45 Funds from the trust shall be used for providing health benefits through
46 an approved organization, which, at a minimum, shall include essential
47 health benefits as defined in 42 U.S.C. 18022(b); to reduce the premi-
48 ums, if any, and [~~cost-sharing~~] cost-sharing of participants in the
49 basic health program[~~, or for such other purposes as may be allowed by~~
50 ~~the secretary of health and human services~~]. Health benefits available
51 through the basic health program shall be provided by one or more
52 approved organizations pursuant to an agreement with the department of
53 health and shall meet the requirements of applicable federal and state
54 laws and regulations.

55 § 4-a. Subdivision 7 of section 369-gg of the social services law, as
56 amended by section 51 of part C of chapter 60 of the laws of 2014, and

1 as renumbered by section 28 of part B of chapter 57 of the laws of 2015,
2 is amended to read as follows:

3 7. Any funds transferred by the secretary of health and human services
4 to the state pursuant to 42 U.S.C. 18051(d) shall be deposited in trust.
5 Funds from the trust shall be used for providing health benefits through
6 an approved organization, which, at a minimum, shall include essential
7 health benefits as defined in 42 U.S.C. 18022(b); to reduce the premiums
8 and [~~cost-sharing~~] ~~cost-sharing~~ of participants in the basic health
9 program; or for such other purposes as may be allowed by the secretary
10 of health and human services. Health benefits available through the
11 basic health program shall be provided by one or more approved organiza-
12 tions pursuant to an agreement with the department of health and shall
13 meet the requirements of applicable federal and state laws and regu-
14 lations.

15 § 5. This act shall take effect July 1, 2026; provided however that
16 the amendments to paragraph (d) of subdivision three of section 369-gg
17 of the social services law made by section two of this act shall be
18 subject to the expiration and reversion of such paragraph pursuant to
19 section 3 of part H of chapter 57 of the laws of 2021, as amended, when
20 upon such date the provisions of section two-a of this act shall take
21 effect; provided further that the amendments to paragraph (b) of subdi-
22 vision five of section 369-gg of the social services law made by section
23 three of this act shall be subject to the expiration and reversion of
24 such paragraph pursuant to section 3 of part H of chapter 57 of the laws
25 of 2021, as amended, when upon such date the provisions of section
26 three-a of this act shall take effect; provided further that the amend-
27 ments to subdivision seven of section 369-gg of the social services law
28 made by section four of this act shall be subject to the expiration and
29 reversion of such paragraph pursuant to section 3 of part H of chapter
30 57 of the laws of 2021, as amended, when upon such date the provisions
31 of section four-a of this act shall take effect.