STATE OF NEW YORK

10926

IN ASSEMBLY

April 9, 2026

Introduced by M. of A. PAULIN, LASHER, DINOWITZ, ANDERSON, BORES, BURDICK, CRUZ, DAVILA, DE LOS SANTOS, DILAN, FORREST, GALLAGHER, GLICK, GONZALEZ-ROJAS, HEVESI, HOOKS, KELLES, LEE, LEVENBERG, LUNSFORD, MITAYNES, MORENO, OTIS, POWERS, RAGA, RAMOS, REYES, ROSENTHAL, ROZIC, SAYEGH, SEAWRIGHT, SEPTIMO, SHIMSKY, SHRESTHA, SIMON, SIMONE, TAPIA, TORRES, WEPRIN -- read once and referred 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:

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

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

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

(d) (i) except as provided by [~~subparagraph (ii)~~] **subparagraphs (iv) and (v)** of this paragraph, has household income at or below two hundred percent of the federal poverty line defined and annually revised by the United States department of health and human services for a household of the same size; and has household income that exceeds one hundred thirty-three percent of the federal poverty line defined and annually revised by the United States department of health and human services for

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

LBD15269-03-6

a household of the same size; however, MAGI eligible noncitizens lawfully present in the United States with household incomes at or below one hundred thirty-three percent of the federal poverty line shall be eligible to receive coverage for health care services pursuant to the provisions of this title if such noncitizen would be ineligible for medical assistance under title eleven of this article due to their immigration status;

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

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

[~~(iv)~~] **(iii)** subject to federal approval, a child born to an individual eligible for and receiving coverage for health care services pursuant to this title who would be eligible for coverage pursuant to subparagraphs [~~(2)~~] **two** or [~~(4)~~] **four** of paragraph (b) of subdivision [~~1~~] **one** of section three hundred [~~and~~] sixty-six of [~~the social services law~~] **this article** shall be deemed to have applied for medical assistance and to have been found eligible for such assistance on the date of such birth and to remain eligible for such assistance for a period of one year[~~.~~]**;**

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

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

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

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

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

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

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

[~~(iv)~~] **(iii)** subject to federal approval, a child born to an individual eligible for and receiving coverage for health care services pursuant to this title who would be eligible for coverage pursuant to subparagraphs [~~(2)~~] **two** or [~~(4)~~] **four** of paragraph (b) of subdivision [~~1~~] **one** of section three hundred [~~and~~] sixty-six of [~~the social services law~~] **this article** shall be deemed to have applied for medical assistance and to have been found eligible for such assistance on the date of such birth and to remain eligible for such assistance for a period of one year[~~.~~]**;**

(iv) subject to the use of state funds, an individual who is permanently residing in New York state under color of law with a household income between one hundred thirty-three and two hundred percent of the federal poverty line shall be eligible to receive coverage for health

care services pursuant to this title regardless of the availability of federal funding;

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

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

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

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

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

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

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

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

7. Any funds transferred by the secretary of health and human services to the state pursuant to 42 U.S.C. 18051(d) shall be deposited in trust. Funds from the trust shall be used for providing health benefits through an approved organization, which, at a minimum, shall include essential health benefits as defined in 42 U.S.C. 18022(b); to reduce the premiums, if any, and [~~cost sharing~~] cost-sharing of participants in the basic health program[~~; or for such other purposes as may be allowed by the secretary of health and human services~~]. Health benefits available through the basic health program shall be provided by one or more

approved organizations pursuant to an agreement with the department of health and shall meet the requirements of applicable federal and state laws and regulations.

§ 4-a. Subdivision 7 of section 369-gg of the social services law, as amended by section 51 of part C of chapter 60 of the laws of 2014, and as renumbered by section 28 of part B of chapter 57 of the laws of 2015, is amended to read as follows:

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

§ 5. This act shall take effect July 1, 2026; provided however that the amendments to paragraph (d) of subdivision three of section 369-gg of the social services law made by section two of this act shall be subject to the expiration and reversion of such paragraph pursuant to section 3 of part H of chapter 57 of the laws of 2021, as amended, when upon such date the provisions of section two-a of this act shall take effect; provided further that the amendments to paragraph (b) of subdivision five of section 369-gg of the social services law made by section three of this act shall be subject to the expiration and reversion of such paragraph pursuant to section 3 of part H of chapter 57 of the laws of 2021, as amended, when upon such date the provisions of section three-a of this act shall take effect; provided further that the amendments to subdivision seven of section 369-gg of the social services law made by section four of this act shall be subject to the expiration and reversion of such paragraph pursuant to section 3 of part H of chapter 57 of the laws of 2021, as amended, when upon such date the provisions of section four-a of this act shall take effect.