STATE OF NEW YORK

7298

2025-2026 Regular Sessions

IN ASSEMBLY

March 25, 2025

Introduced by M. of A. WOERNER -- read once and referred to the Committee on Insurance

AN ACT to amend the financial services law, in relation to including ambulance services to the emergency room as part of emergency services for the purposes of surprise bills

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

Section 1. Subsection (b) of section 603 of the financial services law, as added by section 26 of part H of chapter 60 of the laws of 2014, is amended to read as follows:

(b) "Emergency services" means, with respect to an emergency condition: (1) a medical screening examination as required under section 1867 of the social security act, 42 U.S.C. § 1395dd, which is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate such emergency medical condition; [~~and~~] (2) within the capabilities of the staff and facilities available at the hospital, such further medical examination and treatment as are required under section 1867 of the social security act, 42 U.S.C. § 1395dd, to stabilize the patient**; and (3) public or private ambulance services to the emergency room for treatment of an emergency condition**.

§ 2. Paragraphs 1 and 2 of subsection (a) of section 605 of the financial services law, as amended by section 5 of subpart A of part AA of chapter 57 of the laws of 2022, are amended to read as follows:

(1) When a health care plan receives a bill for emergency services from a non-participating provider, including a bill for **ambulance services or** inpatient services which follow an emergency room visit, the health care plan shall pay an amount that it determines is reasonable for the emergency services, including **ambulance services or** inpatient services which follow an emergency room visit, rendered by the non-participating provider, in accordance with section three thousand two

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

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hundred twenty-four-a of the insurance law, except for the insured's co-payment, coinsurance or deductible, if any, and shall ensure that the insured shall incur no greater out-of-pocket costs for the emergency services, including **ambulance services or** inpatient services which follow an emergency room visit, than the insured would have incurred with a participating provider. The non-participating provider may bill the health care plan for the services rendered. Upon receipt of the bill, the health care plan shall pay the non-participating provider the amount prescribed by this section and any subsequent amount determined to be owed to the provider in relation to the emergency services provided, including **ambulance services or** inpatient services which follow an emergency room visit.

(2) A non-participating provider or a health care plan may submit a dispute regarding a fee or payment for emergency services, including **ambulance services or** inpatient services which follow an emergency room visit, for review to an independent dispute resolution entity.

§ 2-a. Paragraphs 1 and 2 of subsection (a) of section 605 of the financial services law, as amended by section 13 of subpart A of part II of chapter 57 of the laws of 2023, are amended to read as follows:

(1) When a health care plan receives a bill for emergency services from a non-participating provider, including a bill for **ambulance services or** inpatient services which follow an emergency room visit, or a bill for services from a mobile crisis intervention services provider licensed, certified, or designated by the office of mental health or the office of addiction services and supports, the health care plan shall pay an amount that it determines is reasonable for the emergency services, including **ambulance services or** inpatient services which follow an emergency room visit or for the mobile crisis intervention services, rendered by the non-participating provider, in accordance with section three thousand two hundred twenty-four-a of the insurance law, except for the insured's co-payment, coinsurance or deductible, if any, and shall ensure that the insured shall incur no greater out-of-pocket costs for the emergency services, including **ambulance services or** inpatient services which follow an emergency room visit or for the mobile crisis intervention services, than the insured would have incurred with a participating provider. The non-participating provider may bill the health care plan for the services rendered. Upon receipt of the bill, the health care plan shall pay the non-participating provider the amount prescribed by this section and any subsequent amount determined to be owed to the provider in relation to the emergency services provided, including **ambulance services or** inpatient services which follow an emergency room visit or for the mobile crisis intervention services.

(2) A non-participating provider or a health care plan may submit a dispute regarding a fee or payment for emergency services, including **ambulance services or** inpatient services which follow an emergency room visit, or for services rendered by a mobile crisis intervention services provider licensed, certified, or designated by the office of mental health or the office of addiction services and supports, for review to an independent dispute resolution entity.

§ 3. Paragraph 1 of subsection (b) of section 605 of the financial services law, as amended by section 2 of part YY of chapter 56 of the laws of 2020, is amended to read as follows:

(1) A patient that is not an insured or the patient's physician may submit a dispute regarding a fee for emergency services, including **ambulance services or** inpatient services which follow an emergency room

visit, for review to an independent dispute resolution entity upon approval of the superintendent.

§ 4. Subsection (b) of section 606 of the financial services law, as amended by section 7 of subpart A of part AA of chapter 57 of the laws of 2022, is amended to read as follows:

(b) A non-participating provider shall not bill an insured for emergency services, including **ambulance services or** inpatient services which follow an emergency room visit, except for any applicable copayment, coinsurance or deductible that would be owed if the insured utilized a participating provider.

§ 4-a. Subsection (b) of section 606 of the financial services law, as amended by section 14 of subpart A of part II of chapter 57 of the laws of 2023, is amended to read as follows:

(b) A non-participating provider shall not bill an insured for emergency services, including **ambulance services or** inpatient services which follow an emergency room visit, or for services rendered by a mobile crisis intervention services provider licensed, certified, or designated by the office of mental health or the office of addiction services and supports, except for any applicable copayment, coinsurance or deductible that would be owed if the insured utilized a participating provider.

§ 5. This act shall take effect immediately and shall apply to policies and contracts issued, renewed, amended, modified or altered on or after such date; provided however, that section two-a of this act shall take effect on the same date and in the same manner as section 13 of subpart A of part II of chapter 57 of the laws of 2023, takes effect; and provided further however, that section four-a shall take effect on the same date and in the same manner as section 14 of subpart A of part II of chapter 57 of the laws of 2023, takes effect.