# STATE OF NEW YORK

7562--A

2025-2026 Regular Sessions

# IN ASSEMBLY

April 1, 2025

Introduced by M. of A. REYES -- read once and referred to the Committee on Insurance -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the insurance law, in relation to requiring health insurance policies include coverage for anesthesia for the duration of a medical procedure

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

Section 1. Subsection (i) of section 3216 of the insurance law is amended by adding a new paragraph 41 to read as follows:

**(41) (A) Every policy that provides coverage for hospital, surgical or medical care shall provide the coverage for anesthesia, as defined by the American Medical Association's current procedural terminology codes, for the entire duration of anesthesia time and shall not impose a limit on the time of anesthesia. For the purposes of this paragraph anesthesia time shall mean the period during which an anesthesia provider is present with the patient. Anesthesia time starts when the anesthesia provider begins to prepare the patient for anesthesia services in the operating room or an equivalent area and ends when the anesthesia provider is no longer furnishing anesthesia services to the patient, that is, when the patient may be placed safely under postoperative or post-anesthesia care. In counting anesthesia time for services furnished, the anesthesia provider may include blocks of time around an interruption in anesthesia time provided the anesthesia provider is furnishing continuous anesthesia care within the time periods around the interruption. For purposes of this subsection, anesthesia provider means those authorized under state law and regulation to provide anesthesia services.**

**(B) No insurer shall establish, implement, or enforce any policy, practice, or procedure that imposes a time limit for the payment of anesthesia services provided during a medical or surgical procedure.**

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

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(C) Payment for anesthesia service shall be defined by the prevailing medical coding and billing standards in the professional medical billing community, including but not limited to, current American Medical Association current procedural terminology codes, the Medicare Claims Processing Manual, and the American Society of Anesthesiologists guidance. Payment for anesthesia services is based on base plus time units together multiplied by an anesthesia conversion factor, as defined in the individual contract between the insurer and anesthesia provider or group. Anesthesia time units are recognized with appropriate time intervals. Each time unit interval must be no more than fifteen minutes in length. The sum of the time unit intervals must add up to the duration of the anesthesia time as defined in subparagraph (A) of this paragraph.

§ 2. Subsection (l) of section 3221 of the insurance law is amended by adding a new paragraph 23 to read as follows:

(23) (A) Every insurer delivering a group or blanket policy or issuing a group or blanket policy for delivery in this state that provides coverage for hospital, surgical or medical care shall provide the coverage for anesthesia, as defined by the American Medical Association's current procedural terminology codes, for the entire duration of anesthesia time and shall not impose a limit on the time of anesthesia. For the purposes of this paragraph anesthesia time shall mean the period during which an anesthesia provider is present with the patient. Anesthesia time starts when the anesthesia provider begins to prepare the patient for anesthesia services in the operating room or an equivalent area and ends when the anesthesia provider is no longer furnishing anesthesia services to the patient, that is, when the patient may be placed safely under postoperative or post-anesthesia care. In counting anesthesia time for services furnished, the anesthesia provider may include blocks of time around an interruption in anesthesia time provided the anesthesia provider is furnishing continuous anesthesia care within the time periods around the interruption. For purposes of this paragraph, anesthesia provider means those authorized under state law and regulation to provide anesthesia services.

(B) No insurer shall establish, implement, or enforce any policy, practice, or procedure that imposes a time limit for the payment of anesthesia services provided during a medical or surgical procedure.

(C) Payment for anesthesia service shall be defined by the prevailing medical coding and billing standards in the professional medical billing community, including but not limited to, current American Medical Association current procedural terminology codes, the Medicare Claims Processing Manual, and the American Society of Anesthesiologists guidance. Payment for anesthesia services is based on base plus time units together multiplied by an anesthesia conversion factor, as defined in the individual contract between the insurer and anesthesia provider or group. Anesthesia time units are recognized with appropriate time intervals. Each time unit interval must be no more than fifteen minutes in length. The sum of the time unit intervals must add up to the duration of the anesthesia time as defined in subparagraph (A) of this paragraph.

§ 3. Section 4303 of the insurance law is amended by adding a new subsection (ww) to read as follows:

(ww) A medical expense indemnity corporation, a hospital service corporation or a health service corporation that provides coverage for hospital, surgical or medical care shall provide the coverage for anesthesia, as defined by the American Medical Association's current procedural terminology codes, for the entire duration of anesthesia time and shall not impose a limit on the time of anesthesia. For the purposes of

this subsection anesthesia time shall mean the period during which an anesthesia provider is present with the patient. Anesthesia time starts when the anesthesia provider begins to prepare the patient for anesthesia services in the operating room or an equivalent area and ends when the anesthesia provider is no longer furnishing anesthesia services to the patient, that is, when the patient may be placed safely under postoperative or post-anesthesia care. In counting anesthesia time for services furnished, the anesthesia provider may include blocks of time around an interruption in anesthesia time provided the anesthesia provider is furnishing continuous anesthesia care within the time periods around the interruption. For purposes of this subsection, anesthesia provider means those authorized under state law and regulation to provide anesthesia services.

§ 4. This act shall take effect immediately.